

bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE
OF SPEECH & LANGUAGE THERAPISTS

July 2020 | www.rcslt.org



Towards a diverse profession: creating equality,
inclusion and opportunity for all



SAFE TO SWALLOW SIMPLE TO PREPARE

Award-winning Softer Foods range



apetito

Wiltshire Farm Foods is part of the apetito family, providers of award winning meals to hospitals. apetito.co.uk

Wiltshire Farm Foods' Softer Foods range of texture modified meals help put the enjoyment back into mealtimes with distinct tastes and appealing plates.

Your patients with swallowing difficulties can rely on safe, nutritious meals delivered straight to their freezer.

80+ dishes in Levels, 4, 5 and 6

Energy-dense smaller portions

IDDSI compliant

**Quick and easy -
no more home blending**



WILTSHIRE

EST. **FARM** 1991

FOODS

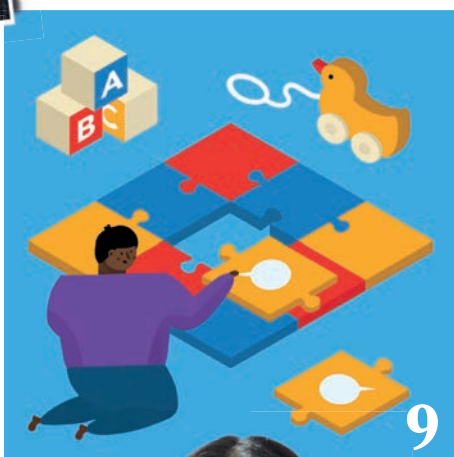
Order brochures for your patients

Call 0800 066 3702

or go online www.specialistnutrition.com

Contents

ISSUE 819



- 4 Letters**
- 5 The SLT COVID-19 response**
- 7 Opinion: Michael Smith** on the SLT gender gap
- 9 Opinion: Hayley Andrews and colleagues** on attitudes towards bilingualism
- 11 Opinion: Elizabeth Scanlan and Rachel Barry** on working with trans and non-binary clients
- 12 Berenice Napier and Pdraigin O'Flynn:** Working towards a diverse profession
- 17 In the Journals**
- 18 Research and Outcomes Forum**
- 21 Obituary**
- 23 Jois Stansfield:** RCSLT 75th anniversary
- 25 My working life:** Leigh Andrews



ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200
Email: bulletin@rcslt.org
Website: www.rcslt.org
ISSN: 1466-173X



President: Nick Hewer
Honorary life vice president: Lord Ramsbotham
Honorary vice presidents: Lord Shinkwin and John Bercow
Chair: Dr Della Money
Deputy chair: Mary Heritage
Honorary treasurer: Ann Whitehorn
CEO: Kamini Gadhok MBE

EDITORIAL
Editor: Victoria Briggs
Deputy editor: Amelia Dale
Commissioning editor for diversity: Siobhan Lewis
Contributing editors: Amit Kulkarni, Katie Chadd
Art editor: Yvey Bailey

PUBLISHING DIRECTOR
Joanna Marsh
PRODUCTION
Aysha Miah-Edwards
PRINTING
Buxton Press

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

COVER ILLUSTRATION
Camilla Ru

 **redactive**
PUBLISHERS
Redactive Publishing Ltd
Level 5, 78 Chamber Street,
London E1 8BL
020 7880 6200
www.redactive.co.uk

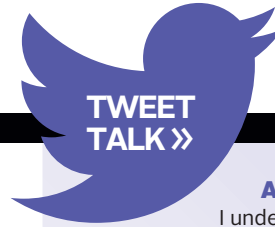
DISCLAIMER
©2020 *Bulletin* is the monthly magazine of the Royal College of Speech and Language Therapists. The views expressed in *Bulletin* are not necessarily the views of the RCSLT. Publication does not imply endorsement. Publication of advertisements in the *Bulletin* is not an endorsement of the advertiser or of the products and services. The publisher reserves the right to alter or withdraw any advertisement without consultation.



Victoria Briggs

EDITORIAL

Bulletin thrives on your letters and emails. Write to the editor, RCSLT, 2 White Hart Yard, London SE1 1NX. Email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).



Dialogue on diversity

At the end of last year, when the RCSLT's communications team drew up a list of monthly themes to celebrate the organisation's 75th anniversary (see: bit.ly/RCSLT75themes), 'diversity' was the topic we had scheduled for July. To mark the month, we'd planned to bring you an update of the progress made across the RCSLT's careers and diversity workstreams that we first reported on in last September's *Bulletin*, along with the list of projects the working groups had identified as priorities.

Fast forward to June 2020, one year on from the event at RCSLT HQ that gave rise to those workstreams. At the time of writing, a global movement—in response to the killing of George Floyd—is protesting racial injustice and inequality.

As a healthcare profession, having come through the first phase of the coronavirus pandemic, we now know all too well the disproportionate impact that COVID-19 has had on ethnic minority communities. Of the healthcare professionals who have died from coronavirus, an estimated 60% (*The Guardian*, 25 May 2020) were from a black, Asian or minority ethnic background.

We also know about the lack of ethnic, gender and socio-economic diversity that persists within the speech and language therapy profession. As we sent June's *Bulletin* off to print and started thinking about July's issue, the question for us here on the magazine was, what can we do about it?

This issue of *Bulletin* is one of the most important that we've published. One where we've consciously made space for those voices, experiences and perspectives that we don't hear enough about within these pages. Alongside the original diversity report that we'd planned to run, we've also shared the personal stories of four members from our diversity working groups on pages 14-15, and published three opinion pieces. We hope that collectively, together with the member tweets opposite, this issue of the mag can provide a platform for the wider dialogue we're having as a profession about inclusivity, equality and representation.

We know when it comes to inclusivity and visibility that there is work for us to do across the RCSLT's communication channels. It's one of the reasons why we're launching a column this issue that's specifically aimed at elevating minority voices within the profession and creating a dedicated space for the amplification of their experiences. Our new regular section 'Focus on diversity' is introduced on p16 by *Bulletin*'s new commissioning editor for diversity, Siobhan Lewis. On the same page we also bring you news of other RCSLT initiatives designed to progress our work in this space.

If you would like to contribute a column or an article that directly speaks to the issue of diversity in the profession, then please do get in touch. We look forward to hearing from you and sharing your perspectives.

Victoria Briggs
editor

bulletin@rcslt.org [@rcslt_bulletin](https://twitter.com/rcslt_bulletin)

Anne Onwusiri (@slt_anne)

I understand that people find it hard to articulate their thoughts on current events, but more acknowledgement and solidarity with the anti-racist movement happening at the moment would be nice. Especially as healthcare professionals. #BlackLivesMatter

It's a common fact that black people are more likely to be stopped and searched by the police. What happens to black people with communication difficulties?

They get lost in the system.

What I'm trying to say is I think as a collective SLTs need to be even more aware of these issues and be willing to have these open and hard conversations. Bilingualism and cultural diversity is mentioned a lot within speech and language therapy in a theoretical sense. But I don't feel there's enough of a discussion about the hard truths about current inequalities and their implications.

Sharon Adjei-Nicol (@AcquireSLT)

Compared to 2004 when I graduated, diversity in speech and language therapy has hugely improved but there is still work to do. In particular I'd love to see more BAME SLTs in leadership, teaching and research roles.

Robyn Haynes (@RobynSLT)

There are issues of representation and a lack of diversity in our profession that are highlighted against a backdrop of systemic inequality.

How can we best support our service users if we don't address these issues?

Helen Clarke (@re_communicate)

My main point would be how do we actively encourage young people of more diverse backgrounds to join a white, middle-class, female profession? I am white, female and middle class and acutely aware that many of my clients are male and have different cultures and expectations to me. Not that I've not been able to successfully build rapport and enact change.

I'd just love my clients to see themselves in the person they're talking to.

anj_thestudentSLT (@anjani_SSLT)

Why is it that when it comes to trying to diversify a profession / educate the system to be more representative of the people we support, things are moving 20mph with very little funding/resources to allow this to happen? I know why, but do you?

My experience of discussing this with higher-ups at my university has been disappointing to say the least. I'm sure now the spotlight has been held on how we can make speech and language therapy a more diverse profession things will progress. However, it doesn't stop me from being angry when people have... been trying for years to do this with little support / actual change happening!!!

Look at those around you who have been actively trying to make a change and acknowledge everything they have done and see how you can support them!

FOLLOW THE RCSLT ON [facebook](#) AND [twitter](#)

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS



The SLT COVID-19 response

This month's photo submissions from RCSLT members working on the frontline of the COVID-19 response.

1. Gabrielle Rossano had to put her hen do on hold: "Not quite what I imagined my hen weekend would look like, but a totally worthwhile experience working as an SLT at the Nightingale Hospital London, supporting patients both pre- and post-extubation." (@gabzrossano)

2. Alex McNeill and Marie Barnes were redeployed to the intensive care unit at Antrim Area Hospital in County Antrim, Northern Ireland. (@AlexMcNeillSLT, @mariesenrab)

3. Lydia wears an FFP3 mask while attending an urgent nasendoscopy at Wexham Park Hospital in Slough. (@LydiaHartVoice)

4. Fiona Buck, Laura McFiggans, Rachel Davies and Abbie Kerrigan wearing full PPE for urgent valve changes at Queen Alexandra Hospital in Portsmouth. (@SLTQA)

5. Jocelyn Harpur from South Eastern Health and Social Care Trust in Northern Ireland works as part of a COVID-19 testing team in a local MOT centre. (@jharpurslt)





DELLA MONEY & KAMINI GADHOK



DEREK MUNN

BLACK LIVES MATTER



Black Lives Matter is more than just a statement, it's a fact. It is also a powerful movement. One that the brutal killing of African-American George Floyd catalysed into a global expression of horror and outrage in the days following his death.

No longer just a US response to racial injustice and inequality, the rallying cry of 'Black Lives Matter' has echoed right around the world and, indeed, across our membership.

We stand in solidarity with the Black Lives Matter movement, protesting the killing of George Floyd, and that of so many others, as well as the wider injustices faced by minority groups.

George Floyd's death has had a significant impact, not just on the public discourse about racism and equality, but also on the RCSLT.

It has truly given us pause for reflection and made us look within ourselves as individuals, at our society and across our profession, and ask some very difficult questions.

We acknowledge that it is no longer enough to simply condemn racism—we must now be actively anti-racist.

In a statement we released (see bit.ly/RCSLT-BLM), we made some initial commitments for action that we have already started to work towards. But we also know that we are all on a journey and that this is

“...it is no longer enough to simply condemn racism—we must now be actively anti-racist”

just the beginning. Many changes that are required not only lie with the RCSLT and the speech and language therapy profession, but also the behaviours and culture of our workplaces, which will be reflected in the services we deliver to our diverse populations.

We thank our members who have been in touch and are actively supporting this work, and we will now look to all our members to support us in delivering on these commitments, so that together we can create a more diverse, inclusive and representative speech and language therapy profession for all.

Dr Della Money, RCSLT chair
Kamini Gadhok, MBE, RCSLT chief executive
Email: kamini.gadhok@rcslt.org

Strange days

If you look back at my last *Bulletin* column, written in January, you will see no mention of COVID-19. How quickly things change. As I write this one in early June, prediction seems more than ever an uncertain game.

The period of the lockdown has impacted the RCSLT's influencing work as much as other functions. First, the RCSLT, like the speech and language therapy profession, had to go into crisis response for the early weeks up to Easter. Priority one was the provision of the right protective equipment to protect both SLTs and those we work with. We also had to work fast on appropriate redeployment to use SLT skills to best effect. At the same time, we kept abreast of the implications for the whole profession—children's services, for example, and those working in the community and the independent sector—as we moved toward restarting services.

Second, the Spring of 2020 has brought home to people—perhaps particularly in England—the reality of the devolution settlement. The UK has four governments, not one, and they can and will make their own decisions. So partial school reopening happened first only in England; you could drive across England for leisure but not cross the Welsh or Scottish border; and so on. Influencing also happens times four.

Third, much of government 'business as usual' took a back seat. This was brought home to us in relation to mental health law reform, a priority area where a ministerial decision was imminent. One solitary civil servant had been left holding the whole area, with everyone else redeployed.

Looking ahead, there is a UK Spending Review in the autumn and elections in Scotland and Wales next year. There will be new challenges when it comes to influencing locally to ensure speech and language therapy services get the right priority, and nationally to ensure that recognition for 'NHS heroes' includes heroes in every profession.

“The UK has four governments, not one, and they can and will make their own decisions”

Derek Munn, RCSLT director of policy and public affairs
Email: derek.munn@rcslt.org



Michael Smith

Opinion

Michael Smith gives a personal view of the gender gap he has experienced within the speech and language therapy profession

It's a woman's world



ILLUSTRATION BY Sara Gelfgren

On my first day at university induction, I walked into a large room full of women and saw another guy. Having come through the health access course with only one other man I was excited to say the least. Five minutes later he had left—he was in the wrong place. This experience delightfully sums up

my university speech and language therapy journey.

My first placement was in a nursery in a deprived area. On my first day the supervisor commented that it would be good for the children to have a male role model. This was an experience that was repeated many times throughout my course. As a lone male SLT in

a world dominated by women, the pressure to be a good role model for the predominantly male caseload is a huge privilege and honour. However, this is also accompanied by a level of pressure to always present oneself as the epitome of the profession, potentially causing undue stress.

According to the HCPC, there are only 522 male SLTs out of total of workforce of 16,517 (HCPC, 2020). Addressing this huge gender gap is a genuinely daunting task. The RCSLT has recently promoted gender diversity with an excellent interview with Professor Pam Enderby (available online at bit.ly/2Y8Urod). However, there is much more to do.

522
male SLTs out of
a total workforce
of 16,517

HCPC, 2020

From my experience, I believe the gender diversity issue arises, in part, from the fact that most SLTs tend to be middle class.

I was born and raised in a council house by a mother who did not work and a father who worked in a factory. I consider myself to be working class. This subsequently affects the language I use in both my personal and professional life. My experience in higher education has been littered with feedback addressing the language with which I communicate, stating it 'needs' to be more 'professional'. I use colloquial terms and have a regional accent; however, the vernacular I communicate with is, I believe, clear, understandable and friendly.

I have developed a particular interest in autism and the social, emotional and mental health of children. I feel that being relatable is vital to creating a productive therapeutic alliance within this

client group. Given the lower socioeconomic status of many of these children, and the reduced uptake and awareness of services from these families, it seems that being relatable will not only produce better outcomes, but also promote awareness and potentially increase access to services (Kelly et al, 2019; Islam et al, 2019).

Addressing aspects of this communicational divide is important if we are to increase diversity in the profession, particularly if we want it to appeal to working-class men.

The *Oxford Language Report* (2018) highlights the word gap between the UK's different socioeconomic demographic groups. It stipulates that the variance and range of both vocabulary and language ability across the demographics, as reported by teaching staff, is increasing. It could be suggested that men from working-class backgrounds could be more relatable, and could act as potential role models to children from lower socioeconomic groups. The ability of these SLTs to provide therapy to young people, predominantly boys, would be maximised with the young people able to relate to, and be inspired by, male SLTs. ■

Michael Smith, newly qualified SLT
Email: mjs007uk@yahoo.com



References

Oxford University Press 2018. *Why closing the word gap matters: Oxford Language Report*. bit.ly/2UtBDxJ

Kelly, B., Williams, S., Collins, S., Mushtaq, F., Mon-Williams, M., Wright, B., Mason, D. and Wright, J., 2019. The association between socioeconomic status and autism diagnosis in the UK for children aged 5–8 years of age: Findings from the Born in Bradford cohort. *Autism*, 23(1), pp.131-140. bit.ly/3h8igbD

Islam, S., Small, N., Bryant, M., Bridges, S., Hancock, N. and Dickerson, J., 2019. Assessing community readiness for early intervention programmes to promote social and emotional health in children. *Health Expectations*, 22(3), pp.575-584. bit.ly/3he4jED

Take your Speech Therapy Clinic to the next level

Simplify, Automate & Grow Your Practice

Power Diary is the **online practice management system** trusted by over 27,000 health practitioners.
Affordable, easy-to-use and suitable for solo practitioners, through to large, multi-location clinics.



Includes everything you need to get your clinic running smoothly...

Calendar & Appointment Management • SMS & Email Appointment reminders • Online Bookings
Integrates with Xero, Google Calendar, MailChimp & Stripe • Integrated Invoices & Payments • Treatment Notes
Client Database • Reports & Analytics • Works on any device • 12 Month Money-Back Guarantee!

Entire Video Library Online



- **56+ titles**
- **Most videos only ~ £7.77**
prices vary depending on exchange rates
- **No expiration: forever access**
- **Works on tablets, smart phones and computers**
- **All of our best-selling videos included**
- **No software or DVD drive required**



[StutteringHelp.org/Streaming](https://www.stutteringhelp.org/streaming)

Hayley
Andrews, Florence
King & Niamh
Desmond

Opinion

Hayley Andrews, Florence King and Niamh Desmond discuss their project to reduce the negative impact of misperceptions around bilingualism

Now you're talkin': changing attitudes to bilingualism

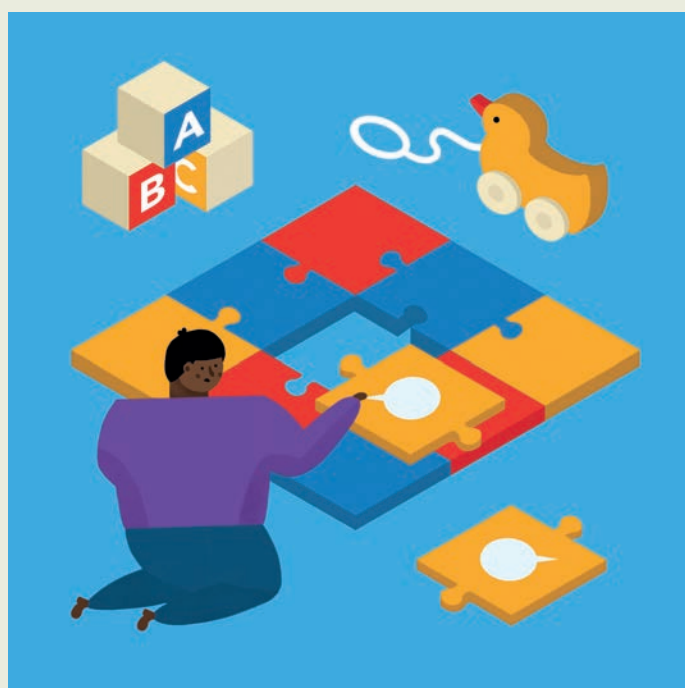


ILLUSTRATION BY Jack Xander

According to Blinder and Richards (2018), a survey in 2017 found that public opinion in the UK held the most negative views regarding immigration when compared to that in 12 other European countries.

Jaworska and Themistocleous

(2018) investigated public discourse of multilingualism in the UK and found that: “Participants who expressed negative opinions tended to link multilingualism with difficulties in communication, immigration and loss of jobs and, overall, with inequality and conflict.”

They also reported that the monolinguals in their study had more negative and mixed opinions towards multilingualism compared to the multilingual participants.

Peter Garrett (2010) argues that speakers with foreign accents are likely to be judged as less educated, less competent and less trustworthy when compared to those with native accents. He also says that attitudes towards code-switching tend to be negative, being associated with laziness, impoliteness and poor cognitive control.

It is possible that negative attitudes towards bilingualism are closely related to these attitudes towards immigration. It seems that although researchers and SLTs have changed how they perceive bilingualism, this attitudinal shift has not yet become the general consensus among the public and other professionals.

We launched a project in response to the recurring discussions we were having with the parents of bilingual children. We were aware that other professionals were giving them well-intentioned, but incorrect, advice regarding their children's bilingual language development. The danger of this is that children are not referred to our service in a timely manner, and do not access the support they need in relation to their speech and language development. Also, on the basis of this advice, many parents had either discontinued or developed feelings of guilt over the use of their home language.

We wanted to use this information to influence attitudes to bilingualism and were keen to bridge the knowledge gap between research and speech and language therapy, and other professionals and the general public. We also wanted to share information about bilingual language development with relevant professionals.

Firstly, we identified the common misperceptions

that bilingual families were encountering when discussing bilingual language development with other professionals. A survey of parents of bilingual children who attended our clinics over a two-month period identified three common misperceptions:

- Bilingual children are always later to talk; learning two languages takes twice as long as learning one language.
- Parents should not speak their home language because this is confusing for the child.
- Parents should speak English to their child, as the child will need this language for school.

We then created a poster and series of bookmarks to help dispel these misperceptions and promote the benefits of bilingualism, sharing these as widely as possible across health, education and community services.

We hope our project will help foster a better understanding among professionals and in the wider community of bilingual language development and its benefits. Hopefully this will contribute to better identification of bilingual children with speech, language and communication needs, ultimately improving their outcomes and reducing the negative impact of misperceptions. ■

Hayley Andrews, Florence King and Niamh Desmond, Community Childrens' Speech and Language Therapy Service, Belfast Health and Social Care Trust.



References

Blinder S, Richards L. *UK public opinion toward immigration: Overall attitudes and level of concern*. Migration Observatory Briefing, COMPAS, University of Oxford, January 2018.

Garrett P. *Attitudes to language: Key topics in sociolinguistics*. Cambridge: Cambridge University Press, 2010.

Jaworska S, Themistocleous C. Public discourses on multilingualism in the UK: Triangulating a corpus study with a sociolinguistic attitude survey. *Language in Society*. 2018 47; 1: 7-88.



VISION IN HEALTHCARE

Innovative Solutions for Speech & Language Therapists

- Mobile
- Ergonomic
- User-friendly
- Flexible



*Contact us today
to arrange your
product
demonstration*

xion
medical

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

Elizabeth Scanlan & Rachel Barry

Opinion

Elizabeth Scanlan and Rachel Barry on how they developed a quality local service for trans and non-binary clients

Our journey to becoming trans allies



ILLUSTRATION BY Tim Biddle

We are community-based SLTs whose caseload includes providing a voice service across the Southport and Formby areas of England.

During 2018 we noticed a significant increase in the number of referrals we received for transgender individuals who needed support with their voice

and communication. As this was an area neither of us had much clinical experience in, our first thought was to look for any local specialist services better placed to support this new caseload. This led to us make contact with Dr Sean Pert from the University of Manchester, who has a specialist interest in transgender voice and communication.

Our initial plan to refer our caseload over to Sean was met with a “nice try”. Instead, he supported us to realise that we should not view the therapy needs of this group as exclusively ‘specialised’ and that SLTs should feel confident to offer this service as part of a voice outpatient clinic. Many trans and non-binary clients face barriers attending services outside their locality. These include practical difficulties, such as funding, and emotional difficulties, such as anxiety when travelling via public transport due to high levels of transphobia.

Clients with complex needs may still require more support—this is available via discussion with the National Transgender Voice and Communication Therapy CEN, supervision from more specialist colleagues and RCSLT advisers, or referral to specialist national centres in the

“SLTs should feel confident offering this service as part of a voice outpatient clinic”

form of gender identity clinics.

Sean works in partnership with the LGBT Foundation (visit lgbt.foundation) and delivers voice and communication workshops for trans and non-binary individuals. Led by Sean, SLT volunteers and students, the workshops are intensive group weekend events in Manchester and are open to people UK-wide.

In September 2018, Sean invited us to attend a trans-awareness course and assist him with running the workshop. Eighteen trans and non-binary individuals took part. It provided a mixture of one-to-one and group therapy, and focused on supporting people to make changes to their voice pitch, resonance, articulation

style, use of language and non-verbal communication. The group format also provided a great opportunity for peer support.

Attending the course and training has had a positive influence on our clinical practice. On returning to work we were keen to share our experiences. Eager to raise awareness of the issues facing trans and non-binary people, particularly in accessing healthcare, we delivered in-service training sessions to the wider teams we work with, promoting the important impact we can all have by being ‘trans allies’.

We now have increased confidence in working with trans and non-binary people and recognise that a ‘specialist service’ is not always necessary. We have developed our clinical skills in supporting individuals to make changes to their voice and communication as part of our general voice outpatient clinic, and have created resources and leaflets to use with this group.

During therapy we encourage the use of technology and visual feedback to support individuals to self-manage and monitor their own voice production, with the use of apps that monitor pitch and volume. To evidence our skills we are in the process of completing the RCSLT *Trans and gender diverse voice and communication framework*.

We are delighted that trans and non-binary clients can now access a quality service locally. We hope this article will inspire other SLTs to reconsider the myth that voice and communication work with this client group is a ‘specialism’, and in doing so help to remove barriers this population faces in accessing local speech and language therapy services. ■

Elizabeth Scanlan and Rachel Barry, SLTs, Lancashire and South Cumbria NHS Foundation Trust
Email: elizabeth.scanlan@lancashirecare.nhs.uk and rachel.lancashirecare.nhs.uk





Towards a diverse profession: one year on

The RCSLT's **Berenice Napier** and **Padraigin O'Flynn** reflect on the importance of diversity in the speech and language therapy profession, and update on current and future diversity projects

ILLUSTRATION BY **Camilla Ru**

While it is no secret that diversity has been an enduring issue within the speech and language therapy profession, the events of recent weeks have brought this fact into the spotlight. Racism and discrimination are faced by black, Asian and minority ethnic (BAME) community members every day, both within and outside the profession, and it is not enough for us to only condemn racism: we must be actively anti-racist.

Part of the RCSLT's commitment to anti-racism involves our work to promote diversity, which kicked into gear just over a year ago when the organisation hosted one of the most animated events ever witnessed at our London HQ. The 'Towards a diverse profession' event of June 2019 brought together SLTs, student SLTs and university leaders to focus on what the profession can do

to improve diversity, and how speech and language therapy as a career path might be promoted more effectively to all.

The energy of the day helped us devise plans to change the things that were identified as needing reform within the profession. This report is about what has happened since then. Inevitably, our diversity work was paused in spring as we, like the rest of the profession, went into crisis mode in response to the outbreak of COVID-19. But with the first phase of the pandemic passed, and as we all begin to adjust to the 'new normal', we are ready to restart our work again.

What's happened since the workshop?

Following last year's workshop we held a webinar in August (you can view it at bit.ly/37ETo2p), and set up working groups to help us to decide which projects to take forward, where the following priorities were agreed upon:

Gender

- Prepare a survey to build on research about male allied health professionals.
- Develop a male SLT support network.

Ethnicity

- Develop a support network for BAME SLTs.
- Gather data on the ethnicity of SLTs.
- Embed approaches to address racism into each project.

Wider aspects of diversity

- Develop a disability support network.
- Support those students from disadvantaged backgrounds to overcome barriers.

Careers promotion and admissions

- Collect stories to promote speech and language therapy as a career choice.
- Consider the ground rules for a new student network. →

RCSLT action

In light of the COVID-19 pandemic, we prioritised setting up a new student SLT support network due to study programmes being severely disrupted. That network is now being tested by students at three universities. We also set up a basecamp group for those interested in following the progress of our wider diversity work, and have appointed an author to write a section on diversity for our new placement guidance, which is currently in development. Our promotion of the

profession has continued on Twitter in the months following the event, and a new video we created in support of our careers promotion work received nearly 10,000 views. We've also been collecting your diversity stories to use in future promotion around speech and language therapy as a career pathway.

It's important to recognise that the profession still needs to work on promoting diversity and being inclusive. We hope the stories below will inspire others to get involved.

“Promoting a diverse and growing profession is everybody’s business”

BEN'S STORY

🐦 @s18_ben

As someone who identifies as a gay man, I have always been in a minority when it comes to my role within wider society. Throughout my adolescence, Section 28 was still in place, so it felt harder to find my own identity and understand who I was, with no public role model to look up to and help me feel like I 'belonged'. Fleeting media representation of gay men was always stereotyped by certain characteristics, and I didn't fit into the 'boxes' they portrayed. Who was I?

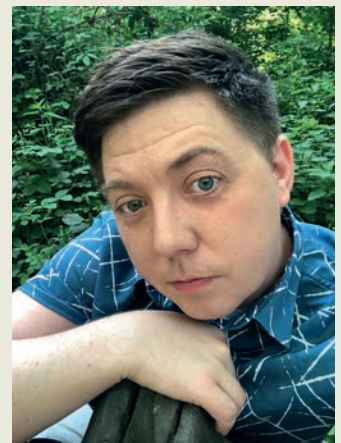
While studying for a CACHE Diploma in Childcare and Education, my gender gave me a huge career advantage. I hadn't faced any issues with parents over the years, but I did have to deal with two comments made indirectly about me regarding my gender and sexuality. One concerned my appropriateness to change nappies and the other made terrible assumptions that my sexuality would lead to me being inappropriate in the play-rooms if another gay male was to be employed.

Not only was I being negatively stereotyped, but also imbued with unacceptable and potentially 'deviant' characteristics. Is this what people see me as? Throughout my career I observed (all female) SLTs in various settings. In August 2018, I attended a

clearing event with my best friend Heather and, after talking about my interest in speech and language therapy with the programme director there, I was encouraged to apply.

Although I have never considered myself to be academically minded, I was determined to become an SLT.

Who am I? I am Ben. Proud student SLT. The only man on the course. I'm still part of a minority and hope to one day be a role model for others, while at the same time striving to get the profession noticed as the all-inclusive, valuable and skilled role that it is.



KEIRA'S STORY

🐦 @Keira_Radski

My name is Keira Radice-Skinner and I live with a connective tissue disorder, Loeys-Dietz Syndrome. In lay terms, the glue that holds you together does not work in my body. This has required me to have multiple open-heart and spinal operations and has left me with a C5 spinal cord injury. This creates multiple challenges in daily living, sometimes requiring me to be in a wheelchair, dealing with frequent dislocations and becoming fatigued very quickly.

In 2014, while at medical school in New Zealand, I had an aortic dissection that required emergency surgery, and had to forfeit my studies. During recovery, I decided to study towards a Bachelor of Health Sciences and discovered a passion for helping people through my personal experience with rehabilitation. During this time, I learned about the role of an SLT and hoped one day I could return to study and join the profession.

I spent the next five years focusing on becoming physically and mentally well, while volunteering and working with children who have complex needs. This reminded me of my passion for speech and language therapy, so I began applying for Master's

courses across the UK. During my interviews, I had the opportunity to meet some service users who once again reignited my passion for the profession and reminded me that my disability should not get in the way.

I was delighted to be accepted on to a course. I'm currently in my first year, absolutely loving the experience so far, and looking forward to being able to go on placement in the future. It is fantastic to be part of a profession that is continuing to increase diversity, as our inclusivity as a profession will create a positive impact for all.



In June the brutal killing of George Floyd brought the issue of racism to the forefront, and spurred a global anti-racism movement. The RCSLT's statement supporting that movement and our proposed actions can be read here: bit.ly/RCSLT-BLM.

Our belief is that the onus should not always be on SLTs of colour, male SLTs, LGBTQ+ SLTs, or SLTs with a disability, to educate others on issues they face. Our message is a simple one to all of you: promoting a diverse and growing profession is everybody's business.

Want to be more involved in promoting diversity?

To find out more about joining a diversity working group or other support networks, email padraigin.oflynn@rcslt.org. If you are not able to join a group, here are some other options:

- If you are willing to share your story about your journey into the profession, complete our online form at bit.ly/30NwyV2.
- Are you a whizz at creating videos or presentations? You can get involved in

our work by helping to produce a careers promotion resource.

- Have another idea for something we should be doing to promote diversity or be more inclusive? Get in touch to tell us. ■

.....
Berenice Napier, RCSLT policy adviser.

Email: berenice.napier@rcslt.org

Padraigin O'Flynn, RCSLT external affairs assistant.

Email: padraigin.oflynn@rcslt.org

SAHAR'S STORY

[@sazthespeechie](https://twitter.com/sazthespeechie)

My parents moved to London in the 1980s as refugees from Afghanistan. I spent the early years of my life in North London where a rich diversity and culture was naturally embedded. It was only after moving from London that I recognised I was one of a handful of 'ethnic minorities' in my school and neighbourhood. Having a close relationship with my family and roots, I've always been closely connected to my background, even at times where this may have felt isolating or misunderstood.

I returned to London to study for a degree in psychology, then began teaching at a hospital where I worked with children and teenagers. It was there that I first saw and shadowed SLTs. I hadn't known what speech and language therapy involved until this time, and it was eye-opening. I began researching speech and language therapy as a career and did some volunteer work in my community. I got accepted onto a research Master's course at Sheffield, which I completed alongside my part-time teaching role. I knew I wanted to support children and young people with speech, language and communication needs.

Since then, I've been working as a community-based therapist in paediatrics. During that time, I have seen a great deal of awareness raising around the profession and, importantly, around

diversity. I've also become more mindful of what it means to be a clinician practising in varied communities within the UK, supporting families who may speak more than one language and adapting therapy where needed. This includes socio-economically diverse populations. These conversations have further opened my eyes as to how many BAME professionals experience the same obstacles or prejudices, and how important it is to honestly reflect on this.

BAME therapists can drive a culturally reflective service. Sometimes simply having representation in local communities can impact and positively influence service users. Those unique experiences will support future generations of practising clinicians.



TORI'S STORY

I am currently a Master's student in speech and language therapy at Birmingham City University. That is a sentence I'm honoured to be able to write, but one that I thought would always remain a dream!

I came from an abusive household and no longer have a relationship with my family. As a result I have become more independent and a stronger person. I am also disabled and I am a part-time wheelchair user. This adds further complications when undertaking a degree. However, I think it is vital to have disabled people representing our cohort and I am proud to fly the flag for that. We have valuable insights into the NHS and know how we like to be treated as patients. Ultimately, empathy is an invaluable trait to have in this profession, and it is a trait that those who've experienced hardship in their lives or struggled with disabilities, possess in abundance.

Pursuing your dreams at university with no financial or parental support, and with a chronic health condition, can be difficult. Socioeconomic factors are the reason why so many working class people may be poorly represented within the profession. The government initiative to fund a Master's level 'allied healthcare

profession' degree with undergraduate loan was the saving grace that allowed me to do my Master's. My advice to anyone who is thinking of their future career in speech and language therapy without any family backing or knowing anyone in the field is to pursue your dreams no matter how big!

Diversity in speech and language therapy should be celebrated, and the profession needs people from all backgrounds irrespective of gender, race, disability and socio-economic status. Our role is to care for people and to help; and in order to do that to the very best of our ability, we need to mirror the diversity in society today in our workforce.



Professional networks

The RCSLT is developing a new ‘professional networks’ digital platform for members to connect, share learning and support each other.

The platform is still in very much in development, but in response to members from the BAME community wanting to have open discussions about race and culture, we have fast-tracked the initial phase of work to allow space for members to discuss their lived experiences and how our wider membership base can collectively work together to address these realities.

If you would be interested in joining this group to share views, experiences and resources, email amina.malik@rcslt.org who will be in touch with more information.

Town hall meeting

A profession-wide online ‘town hall’ event, led by black, Asian and ethnic minority SLTs, hosted by the RCSLT, is being planned to provide a forum for education and to support cultural change across the profession. More details will be announced within the coming weeks. Keep a look out in our newsletter and social media channels for further details.

Putting in the work: an anti-racist reading and resource list

Education is one of our greatest tools in dismantling and addressing racism, so we took to social media and asked RCSLT members to highlight literature and resources that encourage growth and understanding on the subject. Here’s a sample of some titles they suggested. For a full list of recommended reading material, visit bit.ly/RCSLTBLMresources

Books

- *Me and White Supremacy* by Layla F. Saad
- *Why I’m No Longer Talking to White People About Race* by Renni Eddo-Lodge
- *How To Be An Antiracist* by Ibram X. Kendi
- *White Fragility: Why It’s So Hard for White People to Talk About Racism* by Robin DiAngelo
- *Black and British: A forgotten history* by David Olusoga
- *From #BlackLivesMatter to Black Liberation* by Keeanga-Yamahtta-Taylor
- *The New Jim Crow: Mass Incarceration in the Age of Colourblindness* by Michelle Alexander

Resources

- American Speech Language Hearing Association (ASHA): Addressing Disparities in the Wake of Injustice, Violence and COVID-19 bit.ly/3dO0Uuk
- Fastcompany.com: How to confront bias without alienating people bit.ly/37gO7y1
- BlackLivesMatter.com bit.ly/2AXMpW0
- The Stephen Lawrence Foundation bit.ly/2XSYKE5
- Baratunde Thurston’s TED Talk: How to deconstruct racism, one headline at a time bit.ly/2AXNf1C
- Medium.com: How to Make this Moment the Turning Point for Real Change bit.ly/3hig79c



SIOBHAN LEWIS

Focus on diversity

On Monday 25 May, George Floyd was killed. I don’t have the language to express the pain, the anger, the sadness and disappointment that was felt by a community of people whose lives have been dictated to them because of the colour of their skin. I can’t articulate it for many reasons: one of them being that I am a mixed-race woman.

When the world watched officer Derek Chauvin kneel on the neck of George Floyd for almost nine minutes, rage and upset exploded on social media platforms, and people raced to their keyboards to show their disgust and anger, declaring alliance and calling for change. The problem was, it had all been heard before: Tamir Rice, Trayvon Martin, Michael Brown, Eric Garner, Philando Castile, Breonna Taylor, and so many more. I asked my Nigerian dad, what makes this time any different?

Here on the *Bulletin* team, we closely followed the conversations members were having on the subject. Those conversations caused us to look inward at our own editorial policies and processes within the magazine. We realised that there was so much more we could be doing within our own pages to support those voices that need to be heard.

Addressing issues within the system you are part of can be difficult and uncomfortable, not least because it forces you to come to terms with unconscious biases. But it is only within this discomfort that real change is made!

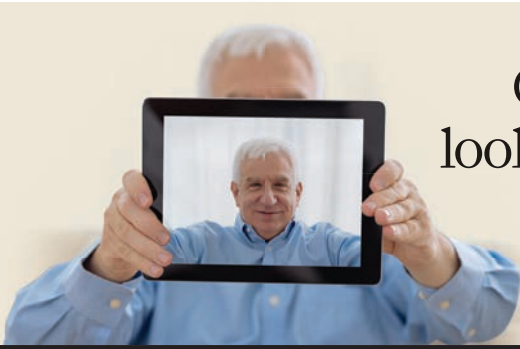
From now on, *Bulletin* will publish a column dedicated to raising the voices of black, Asian and minority ethnic SLTs, as well as those from other minorities within the profession, to explore the issues they face within speech and language therapy.

I don’t know if things are going to be different this time, but I do know that we need more education, more research, more black and minority SLTs—more opportunities—to create stepping stones for change.

If you have a topic you would like to write about, or have an experience you would like to share, please email siobhan.lewis@rcslt.org

Siobhan Lewis, *Bulletin*’s commissioning editor for diversity

“We realised there was so much more we could be doing...”



Our monthly look at the latest in published research

In the journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Conversation partner therapy

This paper found that a training intervention for people with traumatic brain injury (pwTBI) resulted in significant improvements in participation in casual conversation compared to controls.

Participants were adults at least six months post moderate-to-severe TBI with social communication skills deficits, and their usual communication partners (CPs). The study investigated the efficacy of the ‘TBIconneCT’ intervention to improve conversations between pwTBI and CPs.

Participants received TBIconneCT training by video-conference or home visits, and were compared with a historic control group. They completed conversation tasks pre-intervention, post-intervention, and at a follow-up assessment.

The findings indicate that training in person and via video-conferencing led to significant improvements in casual conversation for pwTBI and their trained CPs compared to controls. Treatment effects were not maintained at follow-up for two of eight measures. Comparisons between in-person and video-conferencing groups found negligible effect sizes for six of eight measures.

The authors conclude: “This provides support for delivery of social communication skills training via telehealth and gives confidence to clinicians planning to offer telehealth as a service delivery option.”

Catherine Sanderson, highly specialist SLT, Blackpool Teaching Hospitals NHS Trust

Reference

Rietdijk, R., Power, E., Attard, M., Heard, R. & Togher, L. (2019). Improved conversation outcomes after social communication skills training for people with traumatic brain injury and their communication partners: A clinical trial investigating in-person and telehealth delivery. *Journal of Speech, Language and Hearing Research*, 63, 615-632.

Paediatric dysphagia and telepractice

Feeding difficulties are seen in up to one-in-four typically developing children, and in around 80% of children with developmental disorders. Assessment and intervention for children with feeding difficulties needs to be delivered in a timely manner, and the use of telepractice could provide support in overcoming challenges to service delivery.

A questionnaire was used to survey Australian SLTs regarding their views on and use of telepractice with paediatric dysphagia. Of the 84 respondents, 80% indicated that they had no experience with telepractice for assessment or provision of therapy, but more than half of those not currently using this within practice expressed an interest in doing so.

Both benefits and challenges to service delivery using telepractice were discussed. Increased contact frequency and observation in a naturalistic environment were identified as perceived positives. Potential barriers included a lack of evidence on the safety and efficiency of this model of service delivery with this client group.

The authors agree that further research is needed but highlight “the importance of taking a balanced approach, and providing clients with options for their preferred method of service”, arguing that they will be able to choose the method best suited to their personal circumstances.

Nikki Gratton, advanced SLT, Humber Teaching NHS Foundation Trust

Reference

Ratz, M.K., Ward, E.C. & Marshall, J. (2020). Telepractice for the delivery of paediatric feeding services: A survey of practice investigating clinician perceptions and current service models in Australia. *Dysphagia*, 35 (1), 378-388.

Autism intervention meta-analysis

This systematic review and meta-analysis identified two categories of interventions: naturalistic developmental behavioural interventions (NDBIs) and developmental, with significant positive summary effects on outcomes for young children when quality indicators were considered.

All available non-pharmacological intervention research was synthesised, targeting any outcome, for children with autism under eight years. 130 studies were identified, representing 6,240 participants. Effect sizes were synthesised and quality indicators (eg risk of bias) were tracked, with additional summary effect sizes produced. Moderator analyses were also conducted to consider proximal versus distal effects and context-bound versus generalised effects.

Of the seven types of early intervention (NDBIs, developmental, behavioural, TEACCH, sensory-based, animal-assisted and technology-based) NDBIs, developmental and behavioural showed significant summary effects. However, when analysis was limited to randomised control trials only, effects were only maintained for NDBIs and developmental interventions.

The authors state the research allowed them “to report... the science in regards to which interventions have accrued the most convincing evidence of effectiveness for young children with ASD, and to report on the full range of outcomes”.

Dr Penny Williams, consultant SLT, Evelina London Children’s Hospital

Reference

Sandbank, M., Bottema-Beutel, K., Crowley, S., Cassidy, M., Dunham, K., Feldman, J.I., Crank, J., Albarran, S.A., Raj, S., Mahbub, P. & Woyonoski, T.G. (2020). Project AIM: Autism intervention meta-analysis for studies of young children. *Psychological Bulletin*, 146 (1), 1.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not offer a critical appraisal. If you find any of these interesting, follow them up and apply your own critical appraisal.



Katie Chadd

The RCSLT's Katie Chadd compiles a summary of evidence-based practice in the context of the COVID-19 pandemic

COVID-19 research for SLTs

Keeping up-to-date with the latest research can be challenging for busy clinicians at the best of times. While SLTs adapt rapidly to novel ways of working in the context of COVID-19, it is important to keep abreast of the emerging evidence base. Evidence-based practice (EBP) is central not just for service-user management, but also to protect ourselves from risks.

The RCSLT Research and Outcomes Team is here to ensure members stay informed. We are publishing research digests (bit.ly/2YY7ycO) that highlight key articles relevant to SLTs and service users. Our COVID-19 Data Collection Tool (bit.ly/3bxn8PI) has also generated volumes of information, which members can use to guide speech and language therapy practice and evidence the outcomes.

In this forum, authors of three recent articles related to speech and language therapy and COVID-19 offer summaries of their key messages, to support RCSLT members' EBP during this time.

Dysphagia assessment as an APG

Opportunistic airborne transmission of COVID-19 may potentially occur during medical and care procedures that either induce coughing or generate dispersal of aerosols. Therefore, enhanced personal protective equipment (PPE) is required for healthcare workers when undertaking aerosol-generating procedures (AGPs).

Dysphagia assessments performed by SLTs may induce coughing by voluntary and reflexive means following the swallowing of food or fluids by a person at risk of aspiration. Reflexive coughing in response

to aspiration is a common, but unpredictable, occurrence and may be forceful and prolonged. In addition, SLTs perform dysphagia assessments in close proximity to the patient, lasting around 10 minutes, and these may be repeated frequently during the course of a working day. These factors increase the potential risk of exposure.

Driven by clinical urgency, we performed a rapid narrative review of the research literature using a streamlined methodology to synthesise and examine the evidence within a shortened timeframe. We found no studies specifically investigating the issue of aerosol generation during dysphagia care procedures. The review found supporting evidence that respiratory emissions produced during coughing may contain droplets of less than five microns, which are categorised as aerosols. The review also found significant variations in the medical and care procedures considered to be AGPs across a number of national policies, and that the supporting evidence base was biased and weak. While research on AGPs and risk of transmission exists, the evidence relating to dysphagia assessment and risk is absent—though this does not reflect an absence of risk.

Based on this review, SLTs should be aware that there is scientific evidence supporting the theoretical risks of aerosol generation associated with induced coughing during dysphagia assessments. Together with expert consensus opinion, this indicates that precautionary steps should be taken to reduce the risk of infection when performing dysphagia assessments during the COVID-19 pandemic.

.....
Lee Bolton, clinical lead SLT, improvement coach and Imperial Health Charity



pre-doctoral research fellow, Imperial College Healthcare NHS Trust

Email: leebolton@nhs.net

Twitter: [@L33Bolton](https://twitter.com/L33Bolton)

Flexible laryngoscopy and COVID-19

Flexible laryngoscopy is the gold standard evaluation of the larynx and pharynx, and is an essential component of flexible endoscopic evaluation of swallowing (FEES), a key instrumental evaluation of deglutitive function. During the COVID-19 pandemic, due to the possibility of aerosol and droplet generation from the nasopharynx, flexible laryngoscopy presents a risk for patients and an occupational hazard for SLTs, and any clinical staff involved with the procedure or endoscope reprocessing. In our article, we present a set of

Research and Outcomes Forum



ILLUSTRATION BY Kate Hazell

recommendations on flexible laryngoscopy performance during the pandemic, including patient selection, PPE and endoscope disinfection:

- Patients should be screened for fever and respiratory symptoms, and consideration given to testing for COVID-19.
- Flexible laryngoscopy should only be performed in critical cases and when findings may have an immediate impact on patient management. Consider alternatives to laryngoscopy, including ultrasound, CT scanning, videofluoroscopy, etc.
- Providers should wear an N95 mask or a powered, air-purifying respirator, if available, along with standard PPE. In high-incidence areas, even in patients who are declared COVID-19 negative, N95 masks are still recommended in case of false-negative viral testing.
- Only the most experienced

provider should be in the examination room and observers should be excluded to reduce potential exposures and conserve PPE.

- Anaesthetic gels are preferred over atomised or nebulised anaesthetics.
- High-level disinfection of laryngoscopes is a prerequisite step for preventing contagion. Used laryngoscopes should be transported out of the examination room in closed containers.
- Room sanitisation must take place after flexible laryngoscopy, with thorough cleaning of surfaces using an approved high-level disinfectant. In addition, airborne isolation measures should be implemented per institutional standards.

.....
Anaïs Rameau, MD, Sean Parker Institute for the Voice,

Department of Otolaryngology – Head and Neck Surgery, Weill Cornell Medical College
Email:
9anr2783@med.cornell.edu
🐦@throatbuddha

Safe dysphagia care for head and neck patients

COVID-19 has imposed unprecedented challenges on the healthcare system and suspended non-urgent medical services. This impacts patients with dysphagia and post-treatment complications caused by head and neck cancers. Clinical practice guidelines, based on available evidence to date (to balance the risks of COVID-19 exposure with the risks associated with dysphagia) are crucial to ensure a safe and efficient practice to patients and healthcare personnel during the COVID-19 pandemic.

Critical considerations in this period include reserving instrumental assessments, such as videofluoroscopy (VFSS) or FEES, for urgent cases only; optimising non-instrumental swallowing evaluation, such as swallowing questionnaires, to assess the severity and swallowing status of patients; the appropriate use of PPE, such as surgical masks, N95 respirators and facial shields; and when appropriate, the use of telehealth to replace onsite consultation to assess and train patients with swallowing difficulty. Despite significant limitations in clinical service provision during the pandemic, a safe and reasonable dysphagia care pathway can still be implemented with modifications of set-up and application of newer technologies.

The virulence of COVID-19 is far higher than severe acute respiratory syndrome and may well explain the wide spread of COVID-19 internationally. High-level PPE, such as N95 respirators, are mandatory

with any aerosol-generating procedures.

The recent findings of hyposmia, anosmia and dysgeusia in a large proportion of confirmed COVID-19 cases may suggest a higher viral load in the nasal cavity/nasopharynx. If the condition is not urgent, we suggest postponing any FEES or VFSS for 14 days, as suggested according to the incubation period of COVID-19, in any high-risk patients, based on history—travel, occupation, contact and clustering phenomenon (TOCC) and symptomatology, including fever, cough, shortness of breath and expectorant.

.....
Peter Ku, MD. Department of Otorhinolaryngology – Head and Neck Surgery, United Christian Hospital and Tseung Kwan O Hospital
Email: pkukm@yahoo.com

We hope these articles provide a useful overview of a sample of the emerging evidence and help you navigate through the plethora of COVID-19 research being published. If you have published a COVID-19-related article that we could feature in a subsequent Research and Outcomes Forum, please email katie.chadd@rcslt.org



Resources & references

Bolton L, Mills C, Wallace S and Brady M. Aerosol generating procedures, dysphagia assessment and COVID-19. *International Journal of Language and Communication Disorders*. 2020 (in press).

Ku PKM, Holsinger, FC, Chan, JYK, et al. Management of dysphagia in the patient with head and neck cancer during COVID-19 pandemic: Practical strategy. *Head and Neck*. 2020; 162: 1-6. DOI:10.1002/hed.26224.

Rameau A, Young VN, Amin MR and Sulica L. Flexible laryngoscopy and COVID-19. *Otolaryngology: Head and Neck Surgery*. 2020. DOI:10.1177/0194599820921395.

NEW DYSPHAGIA E-LEARNING

Between 50-75% of nursing home residents suffer from dysphagia¹

**ARE YOU INVOLVED IN
DYSPHAGIA TRAINING?
NUTRICIA HAS A SOLUTION!**

A **FREE** e-learning covering the fundamentals of dysphagia using Nutilis Clear^{*}

4 modules
60 minutes

Reference: 1. O'Loughlin G, Shanley C. Swallowing problems in the nursing home: a novel training response. *Dysphagia*, 1998; 13: 172-183.

This e-learning is intended for health and social care staff who care for people living with dysphagia.

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

Contact resourcecentre@nutricia.com with any questions.



Point your camera at the code to access the registration link

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

Obituary

REMEMBERING

Elaine Hodkinson

1935–2019



Elaine was born and educated in Cardiff, attending the Welsh College of Music and Drama from 1951 to 1953. While studying, students brought drama and mime to disabled and socially disadvantaged children. This sparked Elaine's interest in speech therapy. After graduating, Elaine enrolled at the Oldrey Fleming School of Speech Therapy in London, where she met and, in 1956, married Malcom Hodkinson.

Throughout her career, Elaine explored the links between drama and therapy, continuing to attend drama and movement classes, and later undertaking personal psychotherapy and singing training. Voice disorders were a primary interest, but she also worked with neurological patients and young children and adolescents with developmental problems, often devising imaginative therapy methods.

Elaine returned to Oldrey Fleming to teach voice. She impressed students with her ability to combine therapy, teaching and bringing up four daughters. She retained a sense of fun, a distinctive style of dress and an enthusiasm for clinical excellence and academic study.

In 1973, Elaine left Oldrey Fleming to become head of speech therapy at the Central School of Speech and Drama. It was a role she developed uniquely, ably supported by her friend and secretary, Joan Haines.

Elaine's first group of Central students was always a little bit special to her. One recently described her as "a bit of a whirlwind, bustling, bright, colourful, engaging and requiring engagement in return". Another said of her: "Elaine believed in the innate creativity and

spontaneous good in students. She didn't always agree with you though."

As colleagues we had similar experiences. We worked hard and supported Elaine's exceptional determination to promote the importance and value of speech and language therapy within the context of a drama school. Of course, in return, the drama school enhanced our lives, with Elaine leading many lively social occasions, often based around theatrical shows at the Embassy Theatre.

Initially, with a small group of mainly part-time staff, Elaine built the speech therapy programme. Over 16 years the three-year diploma became a four-year BSc degree with full-time speech therapy, psychology and linguistics lecturers, supported by visiting medical consultants and University of Westminster science tutors. She pushed and negotiated for several years to get the degree course validated, always promoting speech therapy as a profession of high standing and worthy of respect.

During this challenging time, Elaine supported those members of staff who had growing families, while she and Malcolm continued to raise their four daughters. This shared support continued after their

separation. Their eldest, Sarah, became an SLT; Isabel a doctor; Ruth an architect; and their youngest, Naomi, a teacher.

Elaine loved Italy and visiting family friends there. She was especially excited when Ruth married an Italian and settled near Bologna with her family. After retirement, Elaine spent two years living in Rome, absorbing the culture and studying philosophy at the city's American University.

In the 1990s, she returned to Cardiff where two of her daughters were living. Always gregarious, she acquired a wide circle of new friends. Ever ready to receive guests, she continued to have a rich social life. A practising Catholic, Elaine sang in the church choir and joined a church archiving group. She also had time to search flea markets and second-hand shops for special items for her 'cottage', which was large enough to accommodate family occasions, often including all nine of her much-loved grandchildren.

Elaine's health declined in the last few years but she will always be remembered as a strong force, both personally and professionally.

Rosemarie Hayhow, Carol Miller and Karin Parkinson

"Elaine believed in the innate creativity and spontaneous good in students"

Identify children and young people's communication challenges with the CELF-5 UK and other digital tools

Due to current physical distancing measures, we understand that face to face sessions to help understand children and young people's communication challenges has become more difficult.

To enable you to continue your professional practice, we are offering free* digital manuals and stimulus books including the **CELF-5 UK** and the **EVT-3** on Q-global, to use during your Telpractice sessions.

Sign up to Q-global at:
pearsonclinical.co.uk/telepracticeSLT

*You can access the resources free of charge until 31st July 2020



PEUKA1912 | Version 1.0 | Clinical | Jun 2020 | DCL1: Public



Maximise early language outcomes for all children on your caseload, at home or in the classroom.



The Hanen Centre's guidebooks have the practical, easy-to-use-strategies you need to build early language, literacy and social skills in young children with language delays, Autism Spectrum Disorder and with Social Communication Difficulties.

Find Hanen Resources at
hanen.org/Shop or via our local distributor at winslowresources.com

WinG Words in Game test

A vocabulary assessment for pre-school children

A standardised vocabulary assessment for ages 19-36 months.
 126 picture cards for game presentation.
 Assesses comprehension and production of nouns, verbs, adjectives and adverbs.



£120

Stass
 PUBLICATIONS

www.stass.co.uk 01208 841450

Early routes into the profession

Jois Stansfield takes a look at how early SLTs went about joining the profession

Discussions about amalgamating Britain's two competing speech therapy professional organisations began in 1939, and took place as bombs were falling on Britain. Minutes from those meetings give a flavour of the challenges, and reading between the lines (and sometimes reading the actual lines) of various sets of minutes, there does appear to have been a great deal of jockeying for position between senior characters in the profession.

In the early days of the RCSLT there were diverse ways of becoming a member. Firstly, after much dispute, the final agreement was that as the organisation was established, all speech therapists already members of either of the two associations would become either Fellows (if recognised as having contributed substantially to the development of the college) or members. New members were also accepted. The college set a three-year curriculum, so the first post-war 'Licentiate' of the college should have appeared in 1948.

However, things were initially not quite so straightforward. Some people who had been on active service were allowed to 'fast-track' through and qualify in two years or even less, while practitioners who were not members of either previous professional association were offered the opportunity to sit a preliminary test, which led either to membership or advice on further training required before an entrance examination could be sat. A few people did sit the test and were accepted into membership either immediately or after further training, but not everyone was willing to comply. Two individuals working in the north west of England, for example, supported by their 'very prominent member of the British Medical Association' employer stated strong views that they did not feel the need to demonstrate proficiency. Each eventually sat the preliminary test, but there is



Visit www.rcslt.org/75years to download July's illustration by Elly Walton

no evidence they joined the college and neither ever appeared on the speech therapy register. Another applicant was offered the preliminary test but declined, stating she was too busy and had a lot of visitors – giving the impression of 'How dare you not accept me!'.

Occasionally a practitioner was accepted on the basis of academic writing and the payment of a fee. Cortlandt MacMahon, for example, had established a speech clinic at St Bartholomew's Hospital in 1911 and by 1918 was writing on 'warfare injuries and neuroses of the larynx'. He retired in 1938, but was encouraged to apply for membership, being accepted as a highly respected member of the college shortly

after it was established. In contrast, St John Rumsey, who had practised as speech therapist at Guy's Hospital since 1921, hearing of MacMahon's experience, applied for membership but declined to submit any writing or pay the membership fee and thus was not accepted.

Eventually entry to the profession became standardised, but possibly at the cost of diversity. Perhaps emulating the crisis times when the RCSLT was formed, the current crisis may help us to foster novel strategies to enable the profession to better reflect the population we serve. ■

.....
**Jois Stansfield, emeritus professor,
Manchester Metropolitan University**

Email your CEN notice to bulletin@rcslt.org by 15 July for the August issue and 15 August for September's.

Looked-after children CEN
29 July, 9:30am – 12:30pm

A brand-new CEN for SLTs working with looked-after children. Run by No Wrong Door SLTs (based in North Yorkshire). We specialise in working with adolescents; those working with younger children welcome. For enquiries or to register interest, email lauren.macreedy@northyorks.gov.uk. Where: Plan to meet virtually using WEBEX (details to be sent via email).

To find out more about RCSLT CENs, visit: bit.ly/rcsltcens



We know what you're made of



Are your patients drinking enough?

We all know that water is essential for life.¹ Unfortunately, not everyone finds it easy to drink enough to stay hydrated.

Dysphagia sufferers, estimated at 8% of the population² often struggle to take in enough liquids, even developing a fear of swallowing.

It's time to take hydration seriously

Thick & Easy™ Clear

Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

Thick & Easy Clear:

- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks³
- Retains a consistent thickness over time

Helping patients to stay hydrated



Join today, visit www.whatwewereof.org to help hydrate the nation and make a dramatic difference to peoples' care.

A NEW online resource for healthcare professionals, carers and patients bringing training, expert information and helpful advice about caring for patients with dysphagia in the community.

Visit dysphagia.org.uk

Alternatively, call Fresenius Kabi on 01928 533 516 or email scientific.affairsUK@fresenius-kabi.com

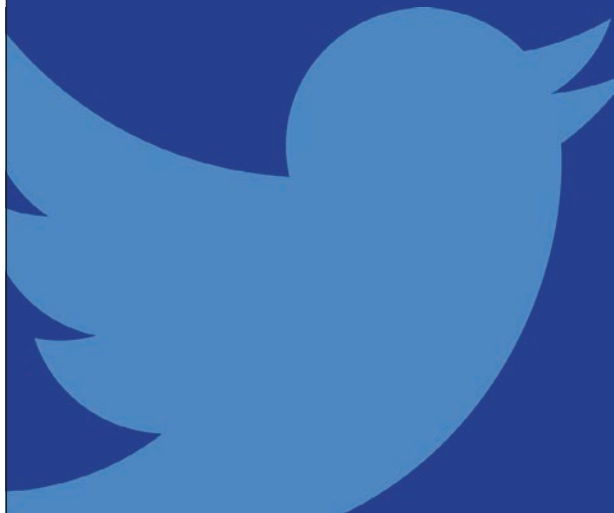
References 1. Emma Derbyshire. The Essential Guide to Hydration. Available from: <https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf> Accessed 29th January 2018 2. <http://iddsi.org/> Date accessed: November 2017 3. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014. **Date of preparation:** June 2020. **Job code:** EN01831a. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



FRESENIUS KABI

caring for life

Keep in touch with the RCSLT on Twitter



Find out about:

The RCSLT @RCSLT

Bulletin magazine @RCSLT_Bulletin

The RCSLT's policy team and its activities @RCSLTPolicy

The RCSLT's research and outcomes team @RCSLTResearch

The RCSLT's learning team @RCSLTLearn

Giving Voice activities @GivingVoiceUK

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



Leigh Andrews

OCCUPATION: SLT

“I work with people who are sleeping on the streets...”



My name is Leigh and I work for Change Communication (ChgCommCIC), a non-profit organisation that helps people talk and listen. So far, so SLT. What’s a little different is that we work with people who are sleeping on the streets, or who live in accommodation for people with a history of street homelessness.

For the most part, the old adage that we are all two pay cheques from being on the streets simply isn’t true. Street homelessness is much more likely to happen to people who have experienced poverty over their lives. At ChgCommCIC we think this group of people is discriminated against, and services that are charged with helping them are sometimes structured in ways that work against that goal.

My working life will have many things in common with yours, but also some significant differences. I’m super flexible about appointment times, I’m happy to work in a wide range of settings (including meeting clients on the street with a support worker known to them), and my initial advice is often aimed at helping services adapt to meet client needs.

I work with lots of great organisations that provide flexible and creative support to people living in exceptionally difficult situations, so it’s not unusual for plans to change last-minute; for example, a client appointment may have to move from a hostel to a day centre if an incident occurs. When I go out for my client appointments, I nearly always have a small whiteboard to



provide visual structure to my sessions, while the use of Talking Mats has been a revolutionary intervention in the homelessness sector. Lots of my clients say it helps them keep track of our discussions. They’re not the only ones—taking a picture at the end of the session helps my clinical note-writing later.

Often a support worker will join the client in the meeting and the techniques I use as an SLT to support communication, such as the use of silence and pictures, can come as a surprise. But the techniques are usually so effective that support workers leave these meetings promising to give it a go themselves. I worked as a support worker for 20 years in homelessness organisations

before qualifying as an SLT, and I now talk far less in client meetings. Funnily enough, I tend to achieve more in less time as well!

Awareness-raising is an important part of my role. Lots of people I work with have not had contact with an SLT or, if they have, they only know about one specific area such as child speech development. People are often the most surprised when I explain that we are the lead professional for swallowing difficulties.

After I’ve caught up on my paperwork, it’s not unusual for me to attend a meeting with homelessness, health and social work colleagues. In Westminster where I work, the city council is doing some excellent work around supporting people with autism who may be at risk of homelessness, and when I attend the steering group meeting it’s heart-warming to hear how much communication is valued and seen as being central to good support. At those meetings I distribute my contact details so people can contact me to discuss any potential cases where I may be able to help.

On my journey home I check Twitter, where I find lots of great contacts and useful information, which often prompts me to think about my practice and how I can improve. I make a note to discuss this with my clinical supervisor when we next ‘meet’ on Skype. Then it’s phone off, until tomorrow, when we start all over again! ■

Leigh Andrews, SLT
Email: Leigh.Andrews@city.ac.uk
@ChgCommCIC

Strategic and in-depth, the PPPC monitors and anticipates both the external environment and internal developments on behalf of the Board of Trustees. Recent business has included technology, political influencing and the clinical adviser system. Going forward, the aftermath of the COVID-19 outbreak for the profession will be a priority.

Committee of Representatives of Education in Speech and Language Therapy (CREST) representative vacancy & General member vacancies on the RCSLT Professional Practice and Policy Committee (PPPC)

If you are excited and passionate about the big issues facing our profession, then the PPPC is the place for you.

Applicants are expected to have previous experience of active engagement with the RCSLT and to be able to demonstrate that they are part of a professional network of SLTs. The term of office will run from appointment at the 2020 AGM until the 2023 AGM with an option to re-apply for a further three years.

We are seeking to fill the CREST representative vacancy and two general member vacancies on PPPC.

Wales representative vacancy on the RCSLT Professional Practice and Policy Committee (PPPC)

If you are excited and passionate about the big issues facing our profession, then the PPPC is the place for you.

Applicants should be Certified Members, preferably practicing, working in Wales, have previous experience of active engagement with the RCSLT and be able to demonstrate that they are part of a professional network of SLTs. The term of office will run from appointment at the 2020 AGM until the 2023 AGM with an option to re-apply for a further three years.

We are seeking to fill the Wales representative vacancy on PPPC.

If you are interested in applying, please contact Jo Offen:
Email: jo.offen@rcslt.org Tel: 020 7378 3007

Deadline for submission of applications is 9:00 am on Monday 17 August

Application details can be found on our website:
bit.ly/RCSLTjobs

Various dates

Starting Early: Red Flags and Treatment Tips for Toddlers on the Autism Spectrum

30 days of unlimited on-demand access, now at 20 percent off with code SEMINAR20. Visit: www.hanen.org/Professional-Development/Online-Training/SE.aspx

Various dates to suit you

Pragmatics: Myths, Clarification & Practice

Long distance learning at work or home with Dr Wendy Rinaldi. Diagnostics, assessment and intervention. Prices from £125. For more information and an introductory film (free view) please email enquiries@wendyrinaldi.com Tel 01483 268825

Various dates

The Shape Coding System: Part 1

An evidence-based method of teaching spoken and written grammar. Complete the online course at any time with the opportunity to join a live Q&A session on 7 July, 17 September, 15 October or 3 December. Visit: www.moorhouse.surrey.sch.uk/courses-and-conferences; email: training@moorhouseschool.co.uk

Various dates

Elklan Total Training Package for 3-5s, with optional TTP for 0-3s

29-30 September, Dublin (3-5s only); 11-12 November, RCSLT, London (3-5s); 13 November, RCSLT, London (0-3s); 3-4 March 2021, Salford (3-5s); 5 March 2021, RCSLT, London (0-3s); 9-10 June 2021, RCSLT, London (3-5s), 11 June 2021, RCSLT, London (0-3s). Equipping SLTs and EY advisors to provide accredited training to Early Years staff. These will be delivered as face-to-face training unless circumstances change. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Pupils with SLD

1-2 October 2020, Dublin; 12-13 October 2020, RCSLT, London. This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Salford; 11 June 2021, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Salford; 11 June 2021, RCSLT, London. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk Together Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Salford; 11 June 2021, RCSLT, London. Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, Worcestershire

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses (£130): FOTT Study Day, 19 October 2020; Moves to Swallow, 9 November 2020; Making the most of Mealtimes, 7 December 2020; Therapeutic Oral Hygiene, 28 September 2020. Five-day 2-part course (£625): Part 1, 14-16 September 2020 and Part 2, 16-17 November 2020. Email: admin@arcos.org.uk; tel: 01684 576795

Various dates

Elklan Total Training Package for 5-11s

9-10 November 2020, RCSLT, London; 1-2 March 2021, Salford; 7-8 June 2021, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

9-10 November 2020, RCSLT, London; 1-2 March 2021, Salford. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 0-25s with Complex Needs

11-12 November 2020, RCSLT, London; 9-10 June 2021, RCSLT, London. This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

3-4 March 2021, Salford; 7-8 June 2021, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Web-based: Participants will access e-learning sessions which will provide the content prior to attending each webinar. In the webinar marking will be undertaken, course admin explained, and questions answered. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Dates TBC, Derby

Supporting Communication: Enabling staff to support people with communication difficulties after a stroke or brain injury

Trainers: Dee Webster and Barbara Wilkinson. Through a mix of teaching, practical activities and the opportunity to meet people with aphasia, the course aims to enable participants to: improve the way they communicate with clients, especially when this is difficult; learn about the range of communication difficulties resulting from stroke/brain injury; learn new skills in how to support communication and tailor the use of skills and resources to support clients in specific healthcare settings. Cost: £145; CPD: 6 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdh.ncore@nhs.net

20 July

Bilingual Children with Speech and Language Difficulties

Presented by Dr Sean Pert of Manchester University. Cost: £99-£120 (students & returners £50); visit: coursebeetle.co.uk/bilingualism-jul-2020-online/; email: info@coursebeetle.co.uk

11 September

Speech assessment and therapy

Presented by Dr Sean Pert of Manchester University. Cost: £99-£120 (students & returners £50); visit: coursebeetle.co.uk/speech-assessment-sep-2020-online-2/; email: info@coursebeetle.co.uk

16 September

Selective Mutism Masterclass for Parents and Professionals ONLINE

Presented by leading UK expert Maggie Johnson FRCSLT. Cost: £99-£320; visit: coursebeetle.co.uk/selective-mutism-september-2020-online/; email: info@coursebeetle.co.uk

21 September

How to support children's language in the Early Years

Presented by Professor Julian Pine and colleagues from the ESRC LuCID Centre. Cost: £99-£120 (students & returners £50); visit: coursebeetle.co.uk/early-years-lang-sep-2020-online/; email: info@coursebeetle.co.uk

29 September & 6 October

The current evidence base for school-aged children with Developmental Language Disorder (DLD)

Via Zoom. An overview of intervention research covering methods of delivery, evidence-based pathways and specific intervention approaches for expressive and receptive language. Visit: www.moorhouse.surrey.sch.uk/courses-and-conferences; tel: 01883 712271; email: training@moorhouseschool.co.uk

2 October

Fundamentals of working with children and young people who have Social, Emotional and Mental Health Needs (SEMH) and SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £99-£120 (students & returners £50); visit: coursebeetle.co.uk/semh-slcn-oct-2020-online/; email: info@coursebeetle.co.uk

12-13 October, RCSLT, London

Elklan Supporting Children and Adults using AAC – Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Cost: £340 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14 October, RCSLT, London

Elklan Training Package – Supporting Children and Adults Using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14-15 October, RCSLT, London

Elklan Total Training Package for Vulnerable Young People (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

19-20 November, RCSLT, London

smiLE Therapy Training Day 1 & 2

For SLTs & Teachers. Innovative 10-step therapy. Teaching functional communication and social skills in REAL settings. Outcomes measures and empowering parents integral to therapy. Visit: www.smiletherapytraining.com; email: info@smiletherapytraining.com

18-19 January, Northampton

Dysphagia for Speech & Language Therapists

Lecturer: Professor Maggie-Lee Huckabee. Begins with a review of physiology in the context of innervation and muscular anatomy and will focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings.

This seminar will provide an overview and update of information related to long-term rehabilitation of disordered swallowing physiology; in particular, focus will be on exercises targeted toward improving pharyngeal motility. Cost: £300; CPD: 11.5 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdh.ncore@nhs.net

20-22 January, Derby

Supporting 8-14s who Stammer

Trainer: Kevin Fower. This workshop will increase knowledge and skills in assessing and treating primary school-aged children who stammer. The course will also aim to develop participants' confidence in the management of this age group. This course is appropriate for therapists working with children from 7 to 14 years old. Cost: £300; CPD: 19.5 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdh.ncore@nhs.net

BOOK YOUR QUICK LOOK DATE TODAY
To book your advert please contact.
Tel: **020 7880 7668** or email: bulletin@redactive.co.uk

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



Associate Editor, International Journal of Language and Communication Disorders (IJLCD)

Following recent changes in the editorial team, we are seeking a new Associate Editor for the IJLCD from September 2020 to join our supportive editorial team.

The IJLCD is an international, peer-reviewed journal, which draws together findings from research in language and communication disorders. The IJLCD is published in six issues per year, with occasional special issues.

The role of Associate Editor offers the post-holder the opportunity to make a significant contribution to the dissemination of quality research in the field of communication disorders and related SLT activities.

The successful candidate for this position will:

- Have a PhD in a relevant academic discipline
- Possess a proven track record in research (peer-reviewed publications, presentations at conferences and/or other research enabling activities)
- Have experience of carrying out peer review
- Commit to carrying out the role for a minimum term of three years
- Be able to participate in four editorial meetings a year
- Membership of the RCSLT and experience as an SLT is desirable

An overview of the role is available on request from Dr Paul Conroy (email below).

For applications please email the following to

paul.conroy@manchester.ac.uk

- A covering letter and supporting statement (200 words max)
- A brief (e.g. 2 page) CV, including a list of publications and presentations and/or other enabling activities

Closing date for applications: July 31st 2020.

Online interviews to take place in August 2020.

We would especially welcome applications from colleagues with specialist skills in adult acquired disorders and or qualitative research methodologies.

