

# Bulletin

RCSLT

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

## RAISING THE BAR

communication, assessment  
and cerebral palsy



SUMMER 2021

ISSUE 827

Aphasia and technology | Dysphagia in care homes | COVID-19 and redeployment  
Developing cultural competence | LGBTQ+ allyship | Unwarranted variation and health  
inequalities | Mentoring | Navigating a research career | Bulletin book club | Voice disorders

RCSLT.ORG



RCSLT CONFERENCE 2021

# Breaking barriers and building better

5-7 October 2021

The RCSLT's 2021 Conference will be our first ever entirely virtual event, offering the opportunity for speech and language therapy professionals from all specialisms and sectors, from around the UK and the world, to come together for three days of learning, connecting and recharging.

The conference will feature oral and poster presentations,

parallel and plenary sessions, and keynote speakers, covering a wide range of adult and child specialisms.

Don't miss out on this opportunity to update your knowledge, celebrate the spectacular work of the speech and language therapy profession, and re-connect with your professional community.

## Early bird fees

UNTIL 31 AUGUST 2021

▲ RCSLT member: £35  
 (£29.17+VAT)

▲ Non-member: £50  
 (£41.67+VAT)

The programme is now available on the RCSLT website:  
[bit.ly/RCSLTConference2021](https://bit.ly/RCSLTConference2021)

## Themes

▼ **INNOVATION:** through careful evaluation to meet the challenges we face, including COVID-19

▼ **DIVERSITY:** within the profession, the areas in which we practice and the populations we serve

▼ **RESILIENCE:** caring for the health and wellbeing of the profession

▼ **NEW EVIDENCE:** the latest and best in speech and language therapy research

▼ **QUALITY:** improving clinical practice

▼ **WORKFORCE INNOVATION:** from student placements to consulting and everything in between

▼ **CO-PRODUCTION:** putting our service users at the heart of clinical services and research

▼ **COLLABORATION AND INTEGRATION:** working together and adding value through speech therapy

Visit [rcslt.org](https://rcslt.org) to book your place



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**VICTORIA BRIGGS**

# Fingers crossed

**S**ummer is here and with it (we hope...) the further lifting of lockdown restrictions and the return to something that more closely resembles our pre-pandemic way of life. Amid new variants of COVID-19, nothing comes with guarantees, of course. We've no doubt all learned by now to make plans with our fingers crossed.

Although a question mark still hangs over the Tokyo Olympic Games this year, the summer issue of *Bulletin* brings you a taste of international sporting glory. We're delighted that Lord Sebastian Coe – former gold medallist, now president of World Athletics – agreed to chat with us about having speech and language therapy for a voice disorder. If you saw him in the national news talking about his condition earlier in the year, you will know just how much media interest accompanied his disclosure. You can read his interview with us on p32.

Someone else who's been in the news recently is 26-year-old Richie Cottingham from Yorkshire, and his SLT Jennifer Benson. Together, the two have been in search of a donor voice for Richie, striking lucky when their appeal went public. If you'd like to see more speech and language therapy stories hit the headlines then be sure to check out our PR team's request on p9 – you too could help to get the message out there.

This being the summer issue, it would be remiss of us not to bring you some holiday reading. We're pleased therefore to welcome award-winning author Jon McGregor to launch the first ever '*Bulletin* book club' (p62). Having just published *Lean Fall Stand*, his fifth novel, Jon is no



**You too could  
help to get the  
message out**

stranger to literary success. What makes us so excited to share his new book with you is the role that speech and language therapy plays within its pages. To find out how to get hold of a free copy of Jon's book, head to p64.

We also extend a warm welcome to our other contributors this issue. They include Carolyn McDonald, Scotland's chief allied health professions officer, who champions allied health professionals' response to the pandemic (p19); Dje Jessica Konan, who shares the steps that one service took towards developing authentic cultural competency (p38); Charlee Edgar, who's been using her SLT skills while getting vaccinations into arms (p55); and many more.

*Bulletin* will be back with you in October. If you have ideas for future content in the meantime then drop us a line, or check out our writing guidelines at [bit.ly/Bulletin-writing-guidelines](http://bit.ly/Bulletin-writing-guidelines) ☎

*Victoria Briggs*

✉ bulletin@rslt.org  
🌐 @rslt\_bulletin

# Content

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

## REGULARS

### 6 TALKING POINTS

Your letters, feedback and views

### 8 NEED TO KNOW

Catch up on what's been happening this quarter

### 11 ON THE RADAR

Important dates, events and projects on the horizon

### 12 IN PICTURES

Bulletin readers show us what they've been up to

### 16 THE BIG PICTURE

The RCSLT Chair and CEO discuss the future of the profession

# 40

*'As a profession we need systems in place to share, evaluate and reflect on technology use'*

KATHY CANN



# S

Sections featuring this icon represent all clinical features

## REGULARS

### PERSPECTIVES

#### 19 INTRODUCING

Scotland's Chief Allied Health Professions Officer

#### 20 LGBTQ+

Supporting the community

#### 23 WELLBEING

A personal perspective on cancer diagnosis

## ANALYSIS

### FEATURES

#### 24 CEREBRAL PALSY

Communication management, interventions and living with the condition

#### 32 THE BIG INTERVIEW

Seb Coe's experience with speech and language therapy

#### 38 CASE STUDY

Developing cultural competence

#### 40 APHASIA

How people with aphasia use technology

#### 42 DYSPHAGIA

The evolution of a care home's dysphagia service



# 32

## RESEARCH AND OUTCOMES FORUM

#### 44 THE SLT RESEARCH PRACTITIONER RESOURCE MAP

#### 46 THE LATEST FROM THE IJLCD

#### 49 UNWANTED VARIATION IN OUTCOMES

## COMMUNITY & DEVELOPMENT

#### 50 LEARN FROM...

Mentoring in speech and language therapy

#### 52 QUICK LOOK DATES

#### 55 MY WORKING LIFE

Charlee Edgar, adult SLT

#### 57 THE VIEW FROM HERE

#### 59 IN MEMORY

#### 60 IN THE JOURNALS

#### 62 BULLETIN BOOK CLUB

#### 65 REVIEWS

#### 66 WHERE NEXT?



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letters, notices and  
talking points to  
[bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
or tweet  
[@rcsel\\_bulletin](https://twitter.com/RCSEd_bulletin)

# taking points

LETTER

## Disadvantage research study

I am carrying out a research study on the experiences of parents/carers living with financial and social disadvantage of speech and language therapy for their early years' children. The pandemic has made recruitment more difficult, however as I now plan to interview participants remotely, it is feasible for me to recruit from any locality in England. I would like to reassure colleagues that the study is not a service evaluation and no speech and language therapy services or staff members will be identified in the findings or reports. I would love to hear from colleagues who know of parents' groups or early years' services that could help with recruitment.

**AYDAN SUPHI**, PhD candidate,  
Manchester Metropolitan University and  
senior lecturer, Birmingham City  
University.  
✉ aydan.suphi@stu.mmu.ac.uk

LETTER

## SPECIALIST EDUCATION FORUM

Do you lead or manage a speech and language therapy or multidisciplinary service in a specialist education provision? Would you like to be able to share ideas, resources, strategies and challenges with others in similar provisions? Would you like to create a national forum for leads in education settings in order to be able to meet, support and share ideas – whether individually online or via an online group?

If you're interested, would like to know more or have any further ideas then please get in touch.

**TOM LEACH**, lead SLT, Ambitious about Autism; **JANE JOHNSON**, head of integrated services, Orchard Hill College  
✉ tleach@ambitiousaboutautism.org.uk  
✉ JJJohnson@orchardhill.ac.uk

LETTER

## English language challenges

A friend of mine who is considering applying for speech and therapy language training is keen to make contact with SLTs who are non-native English speakers working in the UK. She would like to get an idea of any specific challenges they have faced in their training or their professional work as a result of English not being their first language.

I'd be grateful if anyone who would be willing to share their experiences could contact me in the first instance.

**CIARA CATCHPOLE**, SLT, South Eastern Trust,  
Northern Ireland  
✉ ciara\_catchpole@hotmail.com



**LETTERS**

## Homelessness CEN

Hello fellow SLTs, we are the Homelessness CEN and want to introduce ourselves. We came together as a group of SLTs who noticed that some of our clients are experiencing homelessness and insecure housing, which has an impact on our work. There is emerging evidence showing links between communication and homelessness and we want to support SLTs to be confident in responding to these challenges. Get in touch to find out more.

**LEIGH ANDREWS**, chair

✉ leigh.andrews@chgcomm.org

**CLAIRE WESTWOOD**, secretary

✉ claire.westwood1@nhs.net

⌚ @HomelessnessCEN

## Help needed

I'm working with a young man with a progressive metabolic syndrome called Mucopolysaccharidosis type III (SanFilippo syndrome type A). I have found limited research in supporting children's communication difficulties with this condition. I would be grateful to hear from anyone who has supported a client with these needs to share experiences.

**DEBORAH HOOPER**, paediatric SLT and West Speech and Language Therapy team leader

✉ deborah.hooper1@nhs.net

## Authors wanted

A new book series – *Routledge Research in Speech-Language Pathology* – invites ideas from SLTs who would like to author or edit a book on an area of interest to them. Topics already included in the series include palliative care, post-traumatic stress disorder, and sensory loss. If you have a novel idea or topic for a book, please get in touch.

Further information about the book series can be found at: [bit.ly/3eHQpMp](https://bit.ly/3eHQpMp)

**LOUISE CUMMINGS**, series editor.

✉ louise.cummings@polyu.edu.hk



**LETTER**

## Parkinson's success

I'm writing with a success story that took place in lockdown. I work in the community with patients who have Parkinson's disease. Due to COVID-19 restrictions, we were unable to see patients face-to-face for voice groups as we used to. Remote groups were an option, but some patients don't have internet connection or devices, so I was seeing these patients via phone.

One day I had a 'lightbulb moment' and decided to think creatively and pair up two of my Parkinson's patients with similar presentations. I taught them breathing and volume techniques individually and then

asked if they would be willing to pair up with someone else. They both happily agreed and I was able to create a three-way phone call to introduce them to each other. They phoned each other for half an hour, once a week, for six weeks. They achieved their therapy goals, improved their voice handicap index scores, felt they had made a new friend for life, and felt less socially isolated. They are hoping to meet in person one day at a Parkinson's group!

**LAUREN COOPER**, specialist SLT  
✉ laurencooper@hobbsrehabilitation.co.uk

QUOTE OF THE QUARTER

## If you cannot find voice, you cannot express choice

**BOLA OWOLABI**, GP and director, health inequalities, for NHS England and NHS Improvement, who recently set out her vision for closing the health inequalities gap  
⌚ @BolaOwolabi8





## WHAT'S NEW ON [rcslt.org](https://www.rcslt.org)

The RCSLT's ANTI-RACISM EVENTS in May were a great success – thank you to all who contributed and attended. Continue your learning around anti-racism, diversity and inclusion with the resources on the RCSLT website.

🔗 [bit.ly/2RAyNc3](https://bit.ly/2RAyNc3)

We have updated our CLINICAL GUIDANCE ON DEAFNESS with new content for both SLTs and the general public, including a new position statement.

🔗 [bit.ly/2RshmKT](https://bit.ly/2RshmKT)

During February and March we asked about your experience with individuals with mid- to long-term speech and language therapy needs after COVID-19. We used this to inform a NEW REPORT ON LONG COVID AND SPEECH AND LANGUAGE THERAPY NEEDS.

🔗 [bit.ly/3hK5AGi](https://bit.ly/3hK5AGi)

Following the launch of the new PRE-REGISTRATION EATING, DRINKING AND SWALLOWING COMPETENCIES, we're hosting a series of workshops and webinars with practice educators, higher education institutions and learners.

🔗 [rcslt.org/events](https://rcslt.org/events)

The findings of the RCSLT'S SERVICE USER SURVEY, titled *Building Back Better*, were published in March. Since then we've produced a range of graphics and videos to support members with their local influencing.

🔗 [bit.ly/2QDyrRz](https://bit.ly/2QDyrRz)

Have you checked out the RCSLT Professional Networks area? This NEW ONLINE FORUM is a place for members to collaborate, share resources, and discuss speech and language therapy related topics.

🔗 [bit.ly/RCSLTnetworks](https://bit.ly/RCSLTnetworks)

# Need to

## Mind Your Words

**T**he RCSLT has launched *Mind Your Words* – a free online resource to support those working with children and young people with mental health needs.

With mental health problems affecting around 1 in 10 children and young people, *Mind Your Words* aims to improve professionals' understanding of those who have both mental health, and speech, language and communication needs (SLCN). This has been brought to the fore during the COVID-19 pandemic, which has had a profound effect on so many people's mental health.

The resource highlights the links between communication and mental health, and outlines how professionals can work together to remove barriers

to communication and help children and young people achieve their potential.

The resource consists of 15 modules, five of which apply to all settings. The introductory modules explain about SLCN and social, emotional and mental health needs, and how to recognise them, and strategies you can put in place to tackle them. It also looks in more detail at ways you can support children and young people, including working collaboratively, modifying risk assessment and de-escalation techniques, becoming a communication accessible service, and much more.

🔗 To access this free resource, visit [rcslicpd.org.uk](https://rcslicpd.org.uk)

## HCPC audit time

The Health and Care Professions Council (HCPC) has begun its bi-annual audit of SLTs' continuing professional development (CPD). If the HCPC notifies you that you've been selected for audit, you have until 30 September to submit your profile and evidence of your CPD activities.

The HCPC is aware that the content of your CPD activities has likely been impacted by COVID-19. Although this past year may have been a time of great learning, many of you will have faced challenging circumstances, resulting in gaps in your portfolio.

The HCPC has made extra provisions

for registrants undergoing audit during this time, offering more flexibility and support.

🔗 Find out more at [bit.ly/2Sfh2PD](https://bit.ly/2Sfh2PD)

### Support from the RCSLT

- You can find plenty of tips and advice in the recent RCSLT and HCPC joint webinar – view the recording at [rcslt.org/events](https://rcslt.org/events)

🔗 For more information and advice, visit [bit.ly/3fDHrhQ](https://bit.ly/3fDHrhQ)

- The RCSLT is committed to supporting members with audit questions.

✉ Email [info@rcslt.org](mailto:info@rcslt.org) or phone 020 7378 1200

# know



2.5%

of HCPC registrants will be selected for CPD audit this summer

## In the media

Members were at the heart of RCSLT media stories this quarter, raising the profession's profile in the UK and abroad.

After a BBC News article in April on how lockdown has affected children's language development, SLTs Janet Cooper and Dr Yvonne Wren gave interviews on behalf of the RCSLT, discussing the importance of speech and language therapy on BBC News, a BBC podcast, two BBC Radio 5 Live features and several BBC local radio interviews. Comments from RCSLT CEO Kamini Gadhok in the *Daily Telegraph* and *Yahoo News* also reached a wide audience.

Speech and language therapy was highlighted in a stammering storyline on BBC drama *Doctors*, while SLT Dr Abi Roper's 'Ten tips to improve your voice in online meetings or classes and avoid sore throats', gained traction in Spanish news coverage, reaching as far as Brazil and Colombia.

We were also excited to hear author Michael

Rosen (pictured) on the BBC's *Word of Mouth* podcast, speaking to SLTs Fiona Gillies and Tara Millan-Brophy about post-COVID-19 speech and language therapy.

Finally, in early June, Kamini featured in the news advocating for better protective equipment for health and social care workers, reaching more than 212 million people through BBC World News.

The RCSLT media team is always looking for speech and language therapy news to pitch to the media and raise the profile of the profession, so if you've got a story you'd like to share with the wider world, get in touch.

✉ Email [georgia.haire@rslt.org](mailto:georgia.haire@rslt.org)  
or message @RCSLT on Twitter



## Advancing Healthcare Awards

The 2021 Advancing Healthcare Awards were held virtually on 21 May, and the RCSLT was pleased to see so many SLTs recognised as finalists and winners. Congratulations to Patrice Mahon and the speech and language therapy team at South Eastern Health and Social Care Trust for winning the Welsh Government's Award for Value Based Care; and to Dysphagia Northern Ireland for winning the Faculty of Public Health and Public Health England Award for Contributions to Public Health.

## NEWS IN BRIEF

### RCSLT-IJLCD student prize winner announced

Congratulations to Jo Baker, former Newcastle University student SLT, on winning the annual RCSLT-IJLCD student prize. Jo demonstrated outstanding work through her dissertation, entitled *Ensuring Treatment Fidelity of the Modified Derbyshire Language Scheme in a Comparison Trial: Developing a Checklist and Scoring System*. Jo wins a cash prize and the opportunity to be mentored by the IJLCD editors to turn her dissertation into a manuscript for the journal. Congratulations also to Nicola Davies (former Cardiff Metropolitan University student) and Anna

Gething (former Plymouth Marjon student) who received commendations for their excellent dissertations.

### New head of RCSLT NI

Ruth Sedgewick has been appointed as the new Head of the RCSLT's Northern Ireland office. Currently working as the clinical lead in mental health within the Belfast Trust, Ruth has more than 15 years'



experience in speech and language therapy, across a range of clinical areas.

As a member, Ruth has already been involved in our political and ministerial influencing in Northern Ireland and says she is delighted to be joining the RCSLT team.

### National diversity awards

Congratulations to all those nominated for National Diversity Awards, including SLTs Warda Farah and Irma Donaldson, and the SLTeaTime podcast. The awards, due to take place on 17 September, celebrate the hard work of individuals who have dedicated their time to addressing issues surrounding race, gender, equality and more.

🔗 Visit: [nationaldiversityawards.co.uk](http://nationaldiversityawards.co.uk)

# Policy roundup

## New government vision for babies in England

In March the government published a new vision for babies and children under two in England: *The best start for life: a vision for the 1,001 critical days*. The publication comes as the result of the Early Years Healthy Development Review, which was commissioned by the Prime Minister and chaired by Andrea Leadsom MP.

RCSLT Chief Executive Kamini Gadkhan and SLTs Janet Cooper and Michelle Morris contributed to the publication, which recognises that a child's first 1,001 days is a critical period for developing communication



skills, and names SLTs as part of the 'Start for Life' workforce.

The government says it will work to implement the vision set out in the report.

Read the full publication at [bit.ly/3tRsvSs](https://bit.ly/3tRsvSs)

## Reforming the Mental Health Act

In April, the RCSLT submitted a response to the long-awaited consultation on Reforming the Mental Health Act. Thank you to the members who shared their views and experiences with us.

The pandemic has resulted in more people's lives being affected by poor mental health, and it's clear that the government will need to expand mental health

services to meet the extra demand for care and support over the coming months and years. We are calling for the expansion of the mental health workforce to include SLTs, to provide critical support to people with communication or swallowing difficulties.

Read more at [bit.ly/3u8XoUb](https://bit.ly/3u8XoUb)

### Domestic Abuse Act

The Domestic Abuse Bill received Royal Assent at the end of April, and the government has announced it will amend the act's draft statutory guidance to include a specific reference to speech, language and communication needs. Many thanks to Lord Ramsbotham, Lord Shinkwin, Baroness Andrews, Baroness Finlay of Llandaff and Baroness Whitaker, for their advocacy during the bill's passage in the House of Lords.

Follow [@RCSLT">@RCSLT](https://bit.ly/3hEuKGI) on Twitter to keep up with the latest policy and influencing work

### Scottish Parliament Election

The Scottish Parliament election saw only a slight shift in the party balance within parliament. Amid debates about an independence referendum, the RCSLT will be working with old and new friends in the government to bring forward action on our pre-election asks (see [rcslt.org/scotlandelection](https://rcslt.org/scotlandelection)). We have written to the new government to continue our work on inclusive communication, and have meetings lined up with multidisciplinary colleagues from the 'Right to Rehabilitation' coalition.

Follow [@RCSLTScot">@RCSLTScot](https://rcsltscot.org) on Twitter to keep up with the latest policy and influencing work

### Welsh Parliament Election

The 2021 Welsh Parliament/Senedd Cymru election, held on 6 May, has been hailed as the first truly 'Welsh' election, as voting patterns differed from those seen across the rest of the UK. Welsh Labour matched its best ever result, winning half of the 60 seats up for grabs. The Welsh Conservatives won 16 seats and Plaid Cymru 13, with the Welsh Liberal Democrats taking one regional seat. The RCSLT Wales office will take every opportunity to work with the new cabinet and key committees to promote the profession.

Follow [@RCSLTWales">@RCSLTWales](https://rcslt.wales) on Twitter to keep up with policy and influencing work

## UP COMING

### Call for case studies

We're looking for members to share their examples of culturally sensitive care, to demonstrate good practice to others in the profession and to be used as teaching materials for student SLTs.

[bit.ly/3f5xXwM](https://bit.ly/3f5xXwM)

### Pre-registration EDS competencies

Following on from our webinar series on the new pre-registration eating, drinking and swallowing competencies and practice placements, we will be releasing a suite of resources to support clinicians.

[bit.ly/3u2sUI6](https://bit.ly/3u2sUI6)

### RCSLT Conference 2021

Bookings are now open for the 2021 RCSLT Conference: *Breaking Barriers and Building Better*. This year's conference is a completely virtual event, and is set to be the most inclusive ever.

[rslt.org/events/rslt-conference-2021](https://rslt.org/events/rslt-conference-2021)

### Promoting the profession

Throughout the summer we'll be running an online campaign promoting speech and language therapy as a career. Follow along on Twitter at **@GivingVoiceUK**, and email **padraigin.oflynn@rslt.org** if you'd like to get involved in our careers promotion work.

### CAHPO Awards

The 2021 Chief Allied Health Professions Officer Awards is accepting nominations until 31 July, and we encourage SLTs to apply. The awards represent a unique opportunity for AHPs, either nominated by their peers or by themselves, to receive recognition for their personal contributions towards delivery of exceptional care for patients.

[bit.ly/2SiflBO](https://bit.ly/2SiflBO)

### AUGUST

6 Cycle to Work Day  
19 World Humanitarian Day

### SEPTEMBER

7 Youth Mental Health Day  
21 World Alzheimer's Day

### OCTOBER

UK Black History Month  
22 Stammering Awareness Day

# Celebrate the achievements of the profession

Nominations for the RCSLT Honours and Giving Voice Awards are now open – don't miss your chance to celebrate someone you know who has contributed to the profession. Since 1945 the RCSLT's prestigious Honours have recognised leaders at all levels within and outside the profession who have made outstanding contributions for

the benefit of service users and the profession itself.

The Giving Voice Awards celebrate the impactful activities and

achievements of Giving Voice campaigners and others who have contributed to improving the lives of people with communication and/or swallowing needs.

Ensure that your colleagues are recognised for all the work they do by nominating them this year. Nominations are open until 2 August 2021. The ceremony will be held virtually in December 2021.

[Visit: rslt.org/get-involved/rslt-awards-2021](https://rslt.org/get-involved/rslt-awards-2021)



# NHS reform in England

England is set for another NHS reform, as Sir Simon Stevens stands down as NHS England and Improvement (NHSEI) chief executive, and the government embarks on legal changes that will put integrated care systems into statute. This brings challenges relating to leadership, funding, and workforce design and capacity.

The RCSLT responded to the NHSEI consultations on 'Clinical leadership and involvement principles' and 'A New NHS

Oversight Framework'. We will also be working with partners to influence the NHS Bill as it passes through parliament: with the Health Policy Information Group to address children and young people properly, and with the Allied Health Professions Federation to highlight the crucial role AHPs play in delivering the aims of the bill and of NHS reform.

[For the latest on RCSLT influencing work, follow @RCSLTPolicy on Twitter](#)



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

# Got something to tweet about?

*Members have been celebrating World Book Day, LGBTQ+ history month, participating in the COVID-19 vaccination programme, and reflecting on little moments of joy*





① Maria Papadaki preparing for a day of videofluoroscopic swallowing study competencies as part of her training @mariap\_SLT

② Julia Cota and pup Barney enjoyed a relaxing Sunday on the sofa checking out all the *Bulletin* news @JulieCotaSLT

③ SLT Katie Thompson celebrated World Book Day dressed as Elizabeth from Robert Munsch's *The Paper Bag Princess* for her virtual sessions @katie\_speechie

④ When Emma Louise Sinnott was unable to accept tea and biscuits from a patient due to COVID-19 restrictions, she was given some freshly cut daffodils instead. A beautiful gesture @ELSSLT

⑤ SLTs Rachel Terrance (pictured) and Katie Dunn did the SLT name proud by helping to run the COVID-19 vaccination programme in South Lanarkshire @KatieD\_SLT

⑥ In celebration of LGBTQ+ history month, SLTs and SLTAs used social media to increase the visibility of the LGBTQ+ community within speech and language therapy @KateH\_SLT2B

⑦ The neuro rehab brain injury team and brain injury speech and language therapy team at University Hospitals Leicester (left to right: Ashika Chowhan, Rachel Clarke and Charlotte Sayers) said goodbye to a patient who, in just five months, had gone from NBM, to eating and drinking a normal diet and Level 1 just in time for Eid! @AshikaChowhan

⑧ SLTA Masuma Shuba channelled her placement anxiety into creating an SLT-themed TikTok account where she talks about what to expect on placement and feedback from her practice educator. Follow her at @Studentspeechie @masumashuba

⑨ Second year students Chiso Iwuala (left) and Giorgia Fry (right) are grinning behind their masks after completing their first ever clinical placement working on the neurosurgery ward and ICU at Queen's Hospital in Romford @giorgiafry1

2750 likes



# The basis for a great SLT/patient relationship? Outcome measurement

At the age of 39, **Kate Allatt** suffered a huge brainstem stroke and was diagnosed with Locked-In Syndrome. The rare condition enabled her to think, feel, see and hear everything, but, terrifyingly, unable to move or communicate a thing

**N**eedless to say, the relationship with her SLT was critical for strengthening her swallow in order to improve her dysphagia: "She enabled me – through the facilitation of my repetitive strengthening exercises – to swallow safely. For hours she'd patiently encourage my swallow with an ice chilled teaspoon or help me blow a ping pong ball off my hospital table."

"The video fluoroscopy showed that there was a high risk of aspiration on food/fluid trialled during the assessment, which was the biggest single low point during my time in hospital. Not being able to punctuate my day with mealtimes totally destroyed my naturally positive and determined mindset."

Kate believes the basis for her quick recovery was down to her SLT relationship and outcome measurement. This involved setting targets on how many swallows she could achieve in every 10 attempts and working on improving her posture while she ate. Ensuring that Kate was aware of what the exercises to improve her swallow would involve, as well as providing her with detailed insight into what dysphagia actually was, proved invaluable: "I wanted to be pushed outside of my comfort zone and was committed to exercising my epiglottis swallow 400-600 times a day in order to improve."

During her journey, Kate's experience of sitting to enjoy mealtimes with her family was, understandably, extremely challenging, not least because of her dysphagia and how it affected the texture of food she could eat. "I did find that my lack of energy due to poor nutrition, muscle weakness and

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Wiltshire Farm Foods Puréed Honey Glaze Pork with Apple Sauce

constant concerns around safety through appropriate texture would have been one less thing to cope with if I'd had pre-prepared ready meals delivered.

"Having tried many of the Softer Foods meals by Wiltshire Farm Foods, I can honestly say that they don't only cater for anyone with any type of swallowing level – Pureed, Minced, or Soft & Bite-Sized – but the guaranteed safe texture put my mind at ease. The fact that a friendly driver appears at your door to deliver these meals and even pops them in your freezer for you is an added bonus."

But for Kate, it was her SLT who played a key role in getting her swallowing back to where it needed to be: "I genuinely believe the relationship we had, the laughs we shared and her total commitment to helping me achieve my eating goals again is why I enjoy eating today. She believed in what mattered to me and our relationship was special. I truly believed she wanted me to eat again as much as I did."



**KATE ALLATT**



**She enabled me – through the facilitation of my repetitive strengthening exercises – to swallow safely**

To celebrate 30 years of delivering meals, Wiltshire Farm Foods has put together an exciting menu full of favourites from over the years, with some new meals thrown in to celebrate the occasion. To find more about how these meals can help your patients, visit [wff.link/HCPrequest](http://wff.link/HCPrequest)



**10** To celebrate World Book Day, West Kirby School and College had a Roald Dahl themed day! SLTA Louise Gilmartin (middle) went as none other than Miss Spider from *James and the Giant Peach* – an excellent choice  
@wksgilmartin

**11** Dave Harford and son George made home schooling fun with a homemade Paddington Bear. Though it is technically a spoon, the resemblance is uncanny!  
@dharford79

**12** It's World Book Day every day at SLT Nessa Stringer's house! These bookworms have solved mysteries, explored Viking underworlds and defeated wizards all through lockdown!  
@Speechie\_Ness

**13** Getting stuck into the new-look *Bulletin* is 8-year-old Martha  
@AngelaPenny1

**14** When asked to dress up as a 'lockdown hero' for Red Nose Day, Jessica Armstrong knew immediately that she wanted to be an SLT, just like her dad  
@ArmstrongSLT

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MARY HERITAGE

# Holding up a mirror

On closing the gap between members and trustees



**Transformation starts this year, with this Board**



**A**s lockdown restrictions were eased in April, one of the people I was overjoyed to see again was Jo, my hairdresser. After nearly six months away from her, looking in the mirror had become increasingly uncomfortable.

Sometimes the experience of having a 'mirror held up' can tell us things we don't really want to believe, and shows us facts that cannot be denied.

A few months ago, the RCSLT commissioned an independent report on our Board of Trustees that presented us with an objective view about how members perceive us. Now, I happen to know from personal experience that each of our 15 board trustees is a committed, experienced person of integrity, and that each of them is very approachable (and fun!). However, we learned from the report that the Board is not yet engaging as effectively with members as it might, giving rise to the impression that trustees are distant, unapproachable, or – worse still – invisible. It's not surprising therefore that members perceive the Board to be 'exclusive'.

As our profession strives every day for inclusion, this new insight continues to make me feel uncomfortable. But discomfort is a great motivator. In March I talked with trustees about how we would develop a more open and diverse Board. Transformation starts this year, with this Board. As such, we are working with the

senior management team at the RCSLT to close the gap between our dedicated trustees and the members that we represent.

The role of Board trustees is to hold the RCSLT to account on your behalf, and it is essential that we are accessible, transparent and visible. Expect to see more from us across the RCSLT's communication channels. We want members to be clear about the role and impact of the Board, and who the trustees are (read more about the current trustees at [bit.ly/3cl7fsz](https://bit.ly/3cl7fsz)). Likewise, we are keen to hear more from members too. During 2021 we will be asking you to contribute to the development of the new five year strategic direction for RCSLT, and to refresh the organisation's mission and purpose.

The Board is here to represent members in the strategic, financial and legal governance of the RCSLT. We are so proud of our journey as a respected royal college with a 76 year history. We are also ready to create, with members, a vision of the future speech and language therapy profession.

Together, we are the RCSLT. I'm looking forward to being more open with you, more open to you as future trustees, and working with you as we mature into a more inclusive Board. 

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**MARY HERITAGE**, RCSLT chair

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KAMINI GADHOK

# A roll call of challenges

Year two of COVID brings opportunities for change across the healthcare sector

The summer finds us well into the second year of dealing with the impact of COVID-19. As there is every prospect that further waves and new variants will follow, it is important that the reality of airborne transmission is accepted and reflected consistently in government guidance on PPE and ventilation. Triangulating the scientific evidence as it evolves, with the same precautionary principle that has been applied to vaccines and the health and safety of the NHS workforce is key. At the time of writing, there has been a slight shift in government advice on ventilation, but the RCSLT is actively campaigning with other health professions and scientific experts, pushing the government to go further.

COVID-19 has highlighted existing health inequalities, including the link between the level of service and the deprivation of an area. Access to digital technology is a major component of this inequality, which, along with an increase in demand on services and growing waiting lists (including for long COVID), mean that supporting the profession to share innovative practice has never been more essential. We hope the RCSLT's virtual conference this year will provide a platform for us to do so. The conference will also build on our journey in supporting the profession to be actively anti-racist, while progressing our wider equality, diversity and inclusion work to put the profession at the forefront of developing and delivering services that meet the needs

of our diverse populations.

External influences, challenges and pressures are not confined to COVID-19, but the pandemic interacts with all of them. In Northern Ireland another period of political change follows a statement by the health minister that the model for health is not working, and that waiting lists might take 10 years to tackle. We stand ready to defend allied health profession (AHP) leadership roles during this period of change. Following the Welsh and Scottish elections we will also engage with the new governments and their plans for health, education and inclusive communication.

England is set for yet another reform as Sir Simon Stevens stands down as CEO of NHS England, and the Government embarks on legal changes which will put integrated care systems into statute. The bundle of issues involved is a roll call of challenges: leadership, funding, the place of children, speech and language therapy, NHS and non-NHS and primary care, to name a few. Our challenge is to turn them into opportunities, which we aim to do by expanding the breadth and depth of the workforce via apprenticeship degrees in England, and the incorporation of Advanced Clinical Practitioners into more services in all four nations. **B**

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**We stand  
ready to  
defend AHP  
roles**



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All of our online distance learning sessions are held by an Atos Clinical Educator. So, if you've got a question about patients living with a total laryngectomy or tracheostomy we're here to help provide you with the tools and resources.



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### Laryngectomy:

- ✓ Swallowing after total laryngectomy - managing complications
- ✓ Introduction to laryngectomy and surgical voice restoration
- ✓ Voice prosthesis troubleshooting - managing peripheral and central leakage
- ✓ FreeHands - achieving early hands free speech after total laryngectomy

### Tracheostomy:

- ✓ Trach and HME usage - selection and troubleshooting
- ✓ Tracheostomy weaning post-ventilation
- ✓ Mechanics of breathing
- ✓ Cough augmentation in the tracheostomised patient
- ✓ Swallow assessment post-tracheostomy insertion

Topics listed are not limited to the lists shown. We can provide education to meet learning objectives.



# Supporting Scotland's AHPs

**Carolyn McDonald** shares her experiences of being the Scottish Government's CAHPO during the pandemic

I came into my role as chief allied health professions officer (CAHPO) at the Scottish Government in January 2020 and, well, let's say it's not been quite how I imagined!

But could any of us have imagined the year we have just had? Everything was new to us all and like you, I was learning at pace, day after day, as we came to terms with the reality of COVID-19.

Never have we been forced to change our working patterns so radically in such a short period of time. This has been a challenge and as allied health professionals (AHPs) we should be proud of our response. There have been some excellent examples of teamwork, innovation and leadership. The pandemic has also presented us with opportunities as AHPs to ensure our contribution is realised across the spectrum of services we're involved in.

Alongside policy colleagues, I developed the framework for supporting people through recovery and rehabilitation (see p57) during and after the pandemic, and I now chair the National Advisory Board

on Rehabilitation. This is a terrific opportunity for AHPs to step up and lead on this agenda in practice.

We have a great team of AHPs working within the Scottish Government, advising Scottish Ministers and policy colleagues on community and primary care, children and young people, dementia, rehabilitation, education and mental health. We are also working across the four nations on the delivery of the UK AHP Public Health Strategic Framework. These links include our priorities to leadership and development, and our commitment to care for those who care.

Each NHS Board in Scotland has an AHP director or equivalent, and within the space of 18 months at least eight new colleagues will have joined the AHP Directors Scotland Group – each of them bringing a renewed energy to AHP strategic leadership.

I work with this group, as well as the professional bodies through AHP Federation Scotland and the higher academic institutions, to ensure that AHP leaders across all agencies are working collaboratively to shape strategy.

In time, I am looking forward to getting out and about to meet with AHPs across



**CAROLYN  
MCDONALD**

Scotland and to meet our future workforce – our students, who have had challenges of their own with placement opportunities. I urge you to support their learning during this time.

I would like to take this opportunity to thank each and every one of you for your tireless efforts to adapt and improve so that we can continue to protect and care for the people we serve.

I am hugely proud and honoured to be an AHP and look forward to hearing our stories and building on our great work. As the health and care system moves forward and the focus shifts to re-establishing services and supporting the ongoing health and wellbeing of people who have been in isolation, there will be opportunities for further learning and innovation to improve outcomes for the people of Scotland. I believe this is a terrific time to be an AHP in Scotland. 

**CAROLYN MCDONALD**, chief allied health professions officer, Scottish Government

  
**As allied health professionals we should be proud of our response**



## FOCUS ON DIVERSITY

# Hold my hand

**Dr Sean Pert** on why LGBTQ+ people need allies and support



DR SEAN PERT

Many people now consider lesbian, gay, bisexual, trans and queer people (LGBTQ+) as being the same as everyone else. After all, it's nothing special to come out as LGBTQ+ these days, while trans people are more visible in the media. The Equality Act (2010) included sexual orientation and gender reassignment as protected characteristics, and equal marriage came into effect in 2014. The battle is over: we are as 'Good As You' (GAY).

That's not how it feels. More than two thirds of LGBTQ+ couples avoid holding hands for fear of negative reactions from others (UK Government, 2017). There has been a surge in hate crime, rising by 144% since 2013–2014; transphobic hate crime is even higher, trebling in number, with almost half of incidents involving assault (Marsh, Mohdin and McIntyre, 2019).

Discrimination is encountered at work, in social settings, places of worship and when accessing services. Black, Asian and minority ethnic LGBTQ+ people are

at even higher risk of discrimination, experiencing homo/bi/transphobia from others in their community, and racism within the LGBTQ+ community (Stonewall, 2017).

This is not new, and statistics are real people: our colleagues and our clients. Older gay men will have lived through repression, fear, the AIDS crisis, Section 28 and relentless discrimination. Trans people now attract the same negative tabloid treatment that gay men experienced in the 1980s and 90s. No wonder mental health difficulties are prevalent in the LGBTQ+ community.

Many LGBTQ+ people are afraid to be their true selves at work, concerned that their job may be at risk, or promotion opportunities will be lost due to subtle but very real phobic behaviour. Only half of LGBTQ+ people are out at work, with harassment and discrimination encountered from colleagues, managers and clients (TUC, 2017). Inappropriate comments about gay men's sexual conduct and the toxic myth that we are a potential risk to children and young people are still encountered in our own profession (RCSLT, 2020). The current pandemic has "...provoked a mental health crisis among the LGBTQ+ community, with younger people confined with bigoted relatives the most depressed" (Batty, 2020).

Our profession has long actively supported trans men and women through voice and communication work, with those individuals transitioning to their correct gender. My career has encompassed working with both bilingual families, and trans and non-binary



ILLUSTRATION: JAMIE WIGNALL

clients. These seemingly unrelated areas of interest are actually connected through the concept of cultural inquisitiveness, often known as cultural competence.

To work holistically, we need to understand our own privilege and thought processes, as well as our client's identity. Language, cultural identity, gender identity, social class and sexuality are aspects of our own identity, as well as our client's (Mills and Stoneham, 2021). SLTs are best when they have humility. There is no doubt that by listening closely to our clients and offering our specialist skills to support clients in meeting their aims, we can be enriched by these clinical collaborations.

So how can you help? Being a visible ally is a signal that you have sought information and training and will challenge discrimination in the workplace, whether an LGBTQ+ person is present or not. LGBTQ+ people cannot do it all themselves.

Consider your unconscious bias: you work with children, so you won't encounter trans people, right? But is the father of that child with a speech disorder a trans man? Is this young person non-binary? You work with adults: is that older person fearful of being isolated because no one in their care home is LGBTQ+? Is your student bi and too fearful to chat about their weekend because you might judge them? Does your service assume that everyone is cis or heterosexual by using gender-stereotyped language or assumptions? The fear of discrimination is as real as the actual negative comment or action, whereas allyship opens the door and creates a safe space. **B**

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**DR SEAN PERT**, senior lecturer at The University of Manchester, and an RCSLT specialist adviser on bilingualism, and voice and communication for trans and non-binary people  
✉ @SeanPert

## JARGON BUSTER

**LGBTQ+:** Lesbian, gay, bisexual, trans, queer (and other terms people may use to describe themselves). It is crucial to note that LGBTQ+ people are not discussing their sex lives or gender, they are highlighting their identity.

**CIS:** Someone allocated the same gender at birth as they identify with now. For example, I was born male and I still identify as a man.

**TRANS:** 'Trans' describes any person whose gender identity is different from the gender they were given at birth. It is an umbrella term which covers a range of identities, including trans women, trans men, and non-binary people. Trans people can dress or present themselves in any way. Being trans is linked to gender identity and a person does not need to have medical procedures or diagnoses in order to be considered trans (LGBT Foundation, 2017).

**NON-BINARY/THIRD GENDER:** A person who does not identify with either gender. A non-binary person may change their presentation day by day or present with aspects of both or neither gender.

**ALLY:** Someone who is prepared to act in order to challenge discrimination and learn more about an oppressed group. This means acting to protect others, not your own comfort.

**HETERONORMATIVITY:** The assumption that everyone is heterosexual. This can include unconscious bias, such as assuming a child has a mother and a father (instead of two mothers or two fathers, or one parent).

**HOMO/BI/TRANSPHOBIA:** The hatred or fear of individuals from the LGBTQ+ community (or people perceived or assumed to be LGBTQ+). This may be conscious or unconscious, and systems such as service delivery may be discriminatory without knowing, unless LGBTQ+ people are involved in service design and review.



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**INTERSECTIONALITY:** Many individuals experience discrimination because of more than one aspect of their identity, often simultaneously. For example, a black lesbian may experience racism, misogyny and homophobia.

### REFERENCES

To see a full list of references, visit:  
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# Professional meets personal

**Helen Webber** on what she's learnt from her mother's cancer diagnosis

Mum has always been one of my biggest supporters. She was keen for me to train as an SLT, allowing me to practise communication and dysphagia assessments on her, and has followed my career from the outset.

As SLTs, we are simultaneously professionals, family members and friends. Our experience in one area of life inevitably affects the others, and it's not unusual for us to find these enhancing each other or colliding throughout our careers.

For me, one of these collisions started in November 2019 when Mum was diagnosed with brain metastases. Since that time, we have witnessed the rigours of whole brain radiotherapy and a significant decline in mobility, communication, sensory function and cognition. I now see in Mum many of the diagnoses I have supported patients with – dysphagia, dysphonia, dysarthria, word finding difficulty, cognitive communication disorder and hearing loss.

It is devastating to see these changes in someone who was previously the chatty, energetic and caring centre of our family. However, through the hours spent with medical professionals and providing care for Mum, I have been reflecting on the difference this experience makes to my understanding of my professional role, as well as the difference it makes to be a



**HELEN WEBBER**

healthcare professional going through this:

- **The value of the multidisciplinary team (MDT).** We are grateful for the support of local services battling to do their best during the pandemic. Although the pressure on resources is obvious, we have valued each professional giving empathetic and timely input.

  
**SLTs are simultaneously professionals, family members and friends**



- **The patient at the centre.** I see how easy it can be to sideline a patient who struggles to communicate and make choices. Supporting communication for decision-making has been vital at times, for weighty matters such as a Do Not Resuscitate order, but also in smaller ones which impact quality of life. Prior discussion about wishes and the family's knowledge of Mum's preferences has been useful.

- **Involving the family/carers.** The MDT may encounter the frail person Mum has become, but we look beyond this to the capable woman we remember. This helps us advocate better for Mum and through spending full days with her, we can tailor our support.

Being a healthcare professional has also shaped the way I find myself responding to the situation:

- **Communicating with the MDT.** As the healthcare professional in the family, I am expected to have knowledge of all things health-related. Although the medical specialities involved are beyond my experience, I recognise that an understanding of clinical reasoning, experience of how MDTs work, and confidence in communicating with other professionals has been of benefit to my family.

- **Specialist knowledge.** Given Mum's presentation, my professional training has been useful in ensuring timely dysphagia assessment, and helping family to support her dysphagia and communication needs.

- **'Bringing work home'.** What I see Mum going through resonates with many patients I have worked with in the past, especially on the neurorehabilitation caseload. Tragically with Mum, the journey is in the opposite direction, which makes a difficult situation more painful and makes me even more grateful for my colleagues' support. ☺

**HELEN WEBBER, SLT**  
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# Raising the bar

**Dr Lindsay Pennington** examines  
*the assessment and management  
of communication difficulties of  
children and young people with  
cerebral palsy* ➔

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ILLUSTRATIONS JOE WALDRON

ANALYSIS  
**CEREBRAL PALSY IN CHILDREN**





In 2017, the National Institute for Health and Care Excellence (NICE) completed its review of evidence on the assessment and management of disorders associated with cerebral palsy. The subsequent NICE guidance for multidisciplinary teams (MDT) includes specific recommendations regarding speech, language and communication. It specifies that assessment should "identify concerns about speech, language and communication, including speech intelligibility" (recommendation 1.9.2) and be followed by referral for specialist assessment where necessary. Recommendations focused on interventions for speech and communication: "Offer interventions to improve speech intelligibility, for example targeting posture, breath control, voice production and rate of speech, to children and young people with cerebral palsy: who have a motor speech disorder and some intelligible speech and for whom speech is the primary means of communication and who can engage with the intervention" and "Consider augmentative and alternative communication (AAC) systems for children and young people with cerebral palsy who need support in understanding and producing speech." Further guidance on AAC includes onward referral to specialist services and regular review to ensure that AAC continues to meet young people's needs.

Recommendations focused on interventions for speech and communication: "Offer interventions to improve speech intelligibility, for example targeting posture, breath control, voice production and rate of speech, to children and young people with cerebral palsy: who have a motor speech disorder and some intelligible speech and for whom speech is the primary means of communication and who can engage with the intervention," and "Consider augmentative and alternative communication (AAC) systems for children and young people with cerebral palsy who need support in understanding and producing speech." Further guidance on AAC includes onward referral to

specialist services and regular review to ensure that AAC continues to meet young people's needs.

In 2012, 265 SLTs working in the UK completed the survey, while only 89 took part in 2019. Although the samples differed in size, there were no differences in the settings in which SLTs worked (hospital, community, school), the age groups they worked with (preschool, school age or young adults), or whether they worked solely on communication, or on communication and eating and drinking.

## ASSESSMENT

We found that assessment practice reported in both surveys adhered to NICE guidance, with almost all SLTs assessing each language domain specified. We did, however, see a statistical difference in the assessment of non-speech oromotor control, with fewer therapists assessing this function in 2019 than 2012 (see table).

## INTERVENTION

There were more differences in reported intervention between the two surveys, with SLTs in 2019 being less likely to provide direct or indirect input to address articulation/phonology, motor speech disorder and receptive language than in 2012. Similar to assessment, SLTs were far



## REFERENCES

For full list of references visit: [bit.ly/Bulletin References](https://bit.ly/Bulletin References)



less likely to use non-speech oromotor exercises to improve speech in 2019 than 2012.

As the NICE guidelines recommend that therapy targeting breath support, rate, loudness and voice should be offered to improve the intelligibility of children with dysarthria who can engage with the intervention, we asked therapists who provided input to address intelligibility how they did so. Most SLTs in both

surveys (96% reporting this type of intervention in 2012 and 92% in 2019) reported that they targeted the speech functions specified by NICE – breath support, loudness, voice and speech rate. In the 2019 survey fewer therapists reported using articulation therapies (92% in 2012 and 69% in 2019;  $p<0.001$ ) and non-speech exercises (78% vs 44%,  $p<0.001$ ) to improve intelligibility.

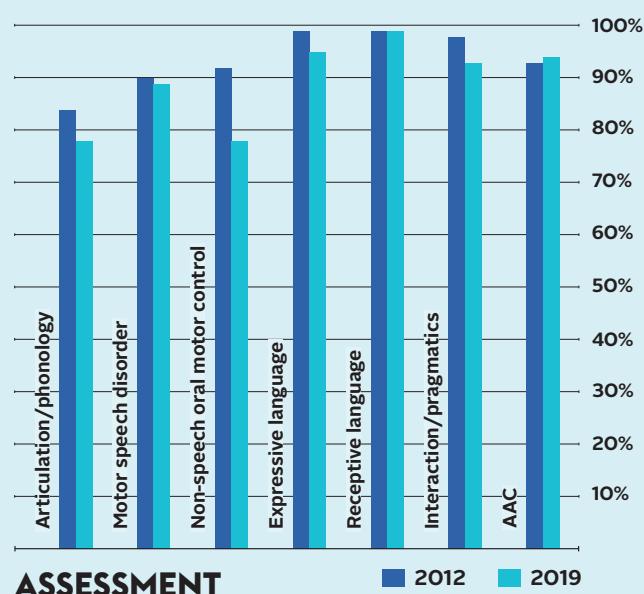
## DISCUSSION

Overall, the surveys suggest that UK SLTs' assessment and management of speech, language and communication difficulties in cerebral palsy adhered to NICE guidance, with a clear drive to promote children's communicative independence and participation through the provision of AAC. Given the evidence on activity dependent neuroplasticity, where behaviour modifies brain structure and function (Schertz and Gordon, 2009), the substantial reduction in the proportion of SLTs providing non-speech oromotor interventions to improve speech is welcomed.

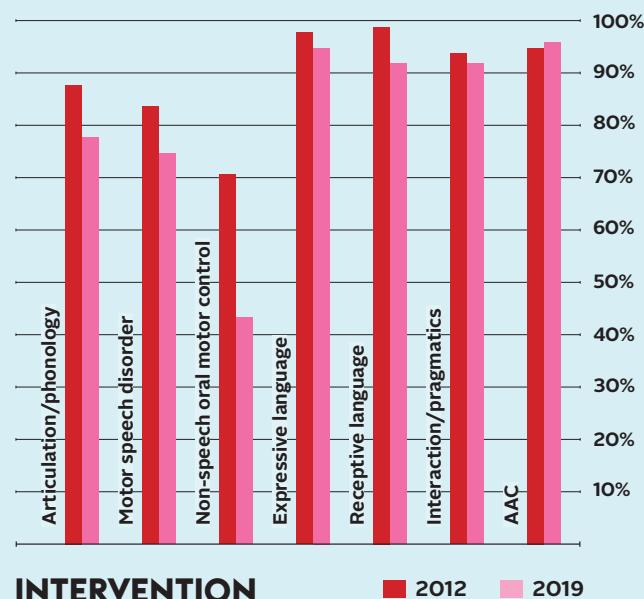
A smaller reduction was seen in the proportion of SLTs reporting that they provided intervention for children to improve speech intelligibility of children with dysarthria. This difference may be due to sampling. In the 2019 survey, we may not have reached SLTs working with children who have speech intelligibility limitations but who reject AAC or who are judged to not need it. But a reduction in this

## ASSESSING AND INTERVENTION

Percentage of SLTs assessing and providing intervention in each speech and language domain in 2012 and 2019



\* = statistically significant,  $p < 0.05$





## Flexibility in provision is required

DR LINDSAY PENNINGTON



type of service could be real. Between 2011 and 2019, cutbacks to speech and language services have occurred across the UK (Children's Commissioner for England, 2019). Dysarthria interventions are based on motor learning principles and demand frequent practice of new motor behaviours, and as such are intensive for short periods. This type of intervention may be more difficult to provide under current service agreements. However, dysarthria can severely limit children's social participation and intervention for children who have greater than 25% intelligibility (ie one word in four is understood correctly) has helped them to maintain a steady volume and rate has increased intelligibility, their confidence and social participation at school and in their community (Pennington, Parker et al, 2016; Pennington, Rauch et al, 2019).

It is important that we follow best practice advice by offering school-aged children who are sometimes intelligible a short block of intensive intervention to improve their intelligibility by helping them to maintain speech volume and a steady speech rate in addition to introducing AAC, as we now have evidence that short-term blocks of intensive intervention can work (NICE, 2017). Flexibility in provision is required to address the needs of children with cerebral palsy at different points in their communication development, and should be accommodated within local SEND offers and individual education and health care plans in England (DfE, 2014) and their counterparts in Scotland, Wales and Northern Ireland. **B**

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# Levelling up

**Emma Livingstone**, an SLT living with cerebral palsy, set up the Adult Cerebral Palsy Hub to campaign for better support and services for the adult cerebral palsy community

I qualified as an SLT in 1998 and was fortunate to work across a wide range of clinical areas in several London NHS trusts. I was ambitious and quickly found myself mentoring others, leading services and taking on a clinical tutor role at City, University of London. I was also doing all this while living and working with cerebral palsy (CP).

My understanding of my condition was that it was non-progressive and that the intervention I had received as a child would see me remain active and able to work for as long as I wanted. However, we now understand that living long-term with CP can have a degenerative impact on the body. Without regular support and intervention, I began to suffer the consequences of putting excess strain on my body as I strived to achieve at work.

I experienced high levels of fatigue and muscle pain, and I had to take frequent periods of sick leave to recover. This did not stop me achieving but I had to make changes to my work, choosing to reduce my hours and work with older children where the necessity for floor work and small chairs was less.



### CAMPAIGN FOR CARE PARITY

The Adult Cerebral Palsy Hub's #StampOutTheGap campaign is calling for NICE guidelines to be adopted across the NHS, so people with CP receive joined-up healthcare provision and clear care pathways, like those with other long-term conditions. See details of their petition at: [bit.ly/2SXO7ja](https://bit.ly/2SXO7ja)



Eventually in 2016, I had to give up work due to the decline in my mobility and the impact that working was having on my health.

### Lack of support

When I had health issues, there really wasn't anywhere for me to turn. I hadn't had any specialist support since being discharged at 16 from paediatrics, and had no access to regular rehabilitation. Visits to my GP would either end up with a prescription of antidepressants or with reassurance that my condition was not changing, and the pain I was experiencing was to be expected. This meant that my underlying hip dysplasia was not diagnosed until it was too late, requiring major surgery to reduce pain and support my mobility. It was while recovering from surgery without adequate rehabilitation, or access to anybody who knew how having CP would affect my recovery, that I realised things could and should be better for adults



**I realised things could and should be better for adults with CP**

### Momentum for change

For a small and relatively new organisation like the Adult Cerebral Palsy Hub, overhauling the NHS is no mean feat and is too big a task to accomplish alone. Through sharing stories and connecting the community, families, researchers, medics and policymakers, we have begun to build a tribe of supporters and a momentum for change. The charity's main drivers are:

**1** To support the adult CP community to live their best life through better understanding of their own condition and how to manage it.

**2** To campaign and lobby policymakers for specialist services that we believe adults with CP

with CP. The practitioners I came into contact with acknowledged that adult services needed to be different and that somebody would do something about it someday.

In 2018, out of frustration with the limited knowledge and understanding of how CP affects adults, and the lack of medical services to treat and support the condition, I founded the charity Adult Cerebral Palsy Hub ([adultcpshub.org](http://adultcpshub.org)) with Miriam Creeger, a neuro-physiotherapist.

My grounding as an SLT has helped me enormously in this regard. Having both a personal and professional experience of healthcare has enabled me to provide the charity with a powerful point of view. I am under no illusion that my background as an SLT has opened doors for me. I have seen reactions from professionals visibly change when they realise that I not only have the lived experience, but a therapy background too.

deserve and will improve their life participation.

Despite CP being the largest childhood disability, there has been very little appreciation of it as a lifelong condition that affects adults, too. We are now able to demonstrate that:

- 130,000 adults in the UK have CP
- People with CP have a higher likelihood of developing other conditions
- Adults with CP have less specialist support services than people with almost any other long-term condition, resulting in significant unmet patient need and health inequalities
- Adults with CP often have sub-optimal experiences and outcomes from services due to lack of understanding of CP and its effects, combined with lack of appropriate clinical pathways
- This lack of support results in worse health outcomes and lower education and employment participation for individuals, as well as a substantial economic loss to the country.

In 2019, NICE published guidelines for adults with cerebral palsy, which allows the conversation to move from what good services could look like to having an agreed set of guidelines for the delivery of services. In 2020 the NICE Quality Standards identified annual reviews, multidisciplinary team working, support for independent living, and vocational support for work as the foundations of good service. Pleasingly, speech and language therapy assessment and intervention were also highlighted as a necessity as one of the standards of good practice.

None of these are particularly extraordinary, especially when compared to services for other long-term conditions. What is surprising is that there is no compulsion for services to be modified in line with this guidance. **B**

**EMMA LIVINGSTONE**, SLT and co-founder of the Adult Cerebral Palsy Hub  
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• Jennifer Benson and  
Richie Cottingham

• Below: Will Hunt

# Uniquely speaking

When the **#avoiceforrichie** campaign made news headlines, *Bulletin* caught up with **Jennifer Benson** and **Richie Cottingham** to hear how it came about



## Why were you and Richie on the news?

Richie's communication aid has been with him since school, and was badly in need of updating when I met him last year. As part of getting it updated, we talked about having a voice that Richie could call his own, rather than relying on one of the generic voices that all of the communication aids use. While these voices have improved over the years, they don't ever belong to just one person, or really sound like a real voice. Richie has never had a voice to call his own, so we decided to find one. We contacted our local BBC news outlet to see if they would help us to appeal for a donor voice. The rest, as they say, is history! Richie's story seemed to resonate with so many people.



## What was the reaction to the story being aired?

We did about 20 media interviews in total, including *Look North*, *BBC Breakfast*, *BBC News Online* and *Radio 5 Live Drive*. The reaction has been incredible, not just in terms of people coming forward to

offer their voices (we had 37 in all), but also in terms of support and interest from the general public. The media interest was also incredible – I had no idea the story would generate so much coverage! We've spoken on local television, national television, national radio, and been in several newspapers. I think the overriding message has been that, against the backdrop of the pandemic, people wanted to hear a story that was positive, and Richie's story certainly struck a chord with many.



## For people who use communication aids, how important is it for them to have their own voice?

It's absolutely critical. One of the things that Richie always tells me is that when he is in the same room with his friends who use communication aids, they all sound the same. How can that ever be good enough? I think there is a risk that, as SLTs, we provide a means of communication and think that is enough, but there is so much more to it than that. Our voices are integral to our sense of identity – they are

unique to us and say so much about who we are, where we come from, and our place in the world. I've been working in voice banking for a few years now, particularly with people with motor neurone disease, and for those patients who are going to lose their voices, capturing them before that happens so they can 'keep' their own voice has massive benefits for the individual and their families. The technology is there, readily accessible and easy to use – so let's make the most of it.



## What did you take from this experience?

The biggest thing for me has been the sense of a 'joint project' with Richie. It's meant I have communicated extensively with him over email, text, video call and phone, as well as face to face. It's given me a greater and more in-depth understanding of his communication than I ever had before, which will impact on how we set up his communication moving forward. It has also strengthened our therapeutic





relationship. Richie's a great bloke, and I have learned so much more about him as a person than I knew before. Choosing the final voice donors was also really interesting – he didn't pick the ones I thought he would pick, which showed me just how personal that choice was. His choices really reflected his great sense of humour! One of the donors he chose is Will Hunt (pictured), a student SLT in his second year at Leeds Beckett University, which is just fantastic.



### **Has the story helped to raise awareness?**

I think we've raised awareness of communication difficulty, augmentative and alternative communication (AAC), and disability, by putting them right up there in the spotlight. The radio piece we did was the most meaningful for me in many ways – I don't think I've ever heard an AAC user on the radio before, but why not? I hope that by making people think what it must be like to not have your own voice, and to have to communicate with AAC, we have helped to show what people with disabilities can do rather than what they can't. **B**

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 🐾 [@JBSLT](https://twitter.com/JBSLT)

## **BANKING ON A NEW VOICE**

For 26-year-old service user **Richie Cottingham**, having a voice that reflects his roots is important to his sense of self

**Q Why did you want a local accent, Richie?**

I have been looking for a voice so I have an identity, because my voice is the same as all the other AAC users.

all have a nice sounding Yorkshire accent. They sound like what I feel I would sound like.

**Q What were you looking for in a new voice?**

I wanted a young man's voice with a subtle east Yorkshire accent. Someone who has a nice smile. I dislike my voice because it sounds like I am American.

**Q Have you enjoyed this experience?**

I would like to say how good the experience has made me feel. I would like to say thank you to all the volunteers who took the time and effort to apply.

**Q How did you audition prospective voice donors?**

I rated the voices 1–10 and then chose my favourites. It wasn't hard to narrow the voices down, but once I got to the last three voices I struggled and then I settled for a mix of three voices. I am going to see what the different voice mixes\* sound like and then make my choice.

**Q Which Yorkshire celebrity would you choose to sound like?**

Jeremy Clarkson would be amazing.

**Q Is there something you look forward to saying with your new voice?**

OMG!

---

\*Voice banking company SpeakUnique worked with Richie to blend the donor voices into three unique ones for him to choose from.

**Q What do you like about the voices you've chosen?**

The three voices I have chosen

Missed Jennifer and Richie on the news? See: [bbc.in/3chXLnI](http://bbc.in/3chXLnI)





I hadn't actually thought that if you sit there slumping in a chair, your voice can take strain



*When a hectic media schedule led to vocal problems for **Seb Coe**, the former Olympian needed SLT help to get back on track.  
Linda Nordling reports ➔*

# +

# Going the distance

t was after a gruelling week last year that Lord Sebastian (Seb) Coe received some jarring news. In the run-up to Christmas, the Olympic middle-distance runner and president of World Athletics had been speaking to journalists about the delayed Tokyo Olympics. "That week, looking back, I probably had done eight to nine hours of interviews with every news group around the world," says Coe, who splits his time between the UK and Monaco, where World Athletics is headquartered.

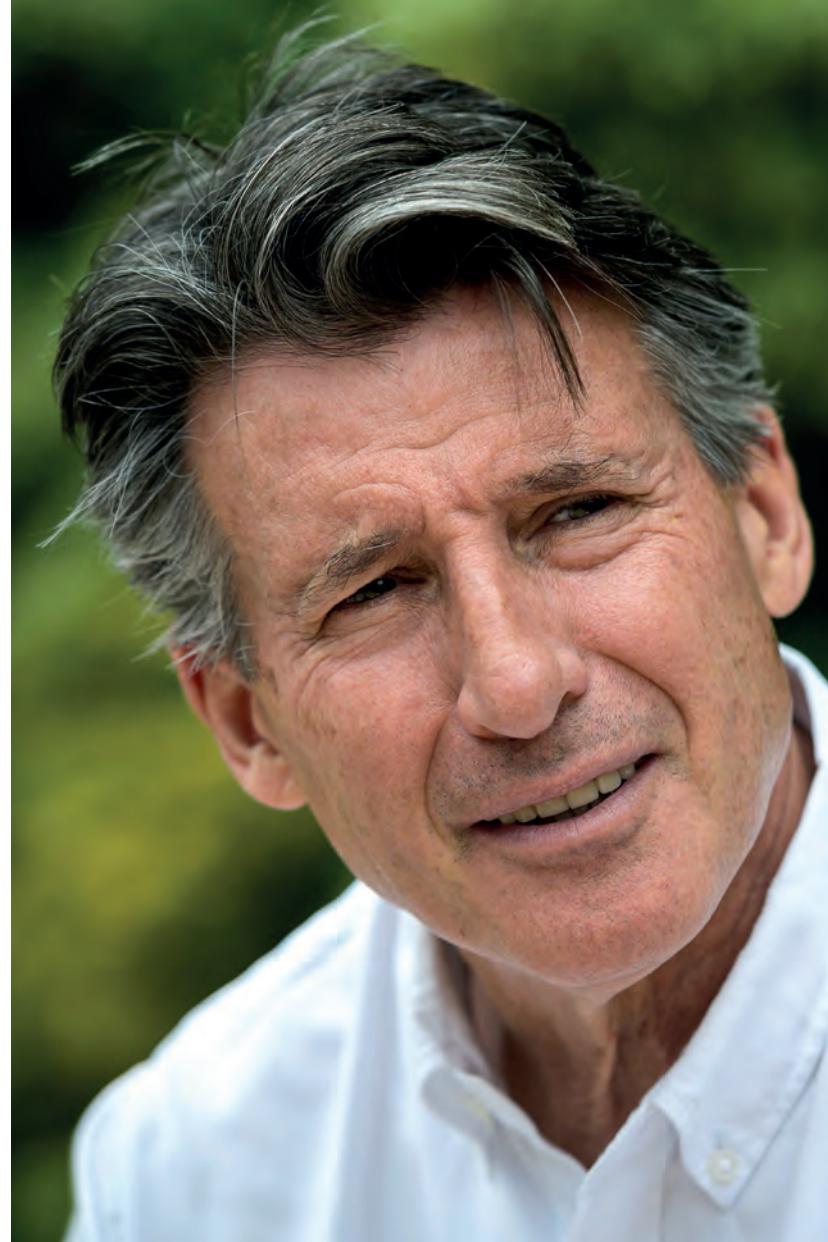
One of the last interviews of the week had been for the *Today* programme with BBC4 Radio sports journalist Garry Richardson. "I was conscious that my voice was a little tired, because, well, I was a little tired," says Coe.

He was nevertheless surprised, a few days later, to receive an email forwarded by the BBC from a retired doctor who had listened to the show. In it, the doctor – a general practitioner – advised Coe to go and see somebody about his gravelly voice. "It was slightly unsettling," says Coe.

Coe took the doctor's advice and went to see an ear, nose and throat specialist in Guildford. The specialist looked into Coe's throat with a camera and diagnosed him with hyperfunctional dysphonia.

## Voice therapy

Dysphonia – the catch-all term for a hoarse or raspy voice – can be caused by a multitude of factors, like stress, overuse or a viral infection. Hyperfunctional dysphonia is when the muscles of the larynx



work too hard. Symptoms include involuntary changes to the voice, and may also include fatigue after speaking for long periods, running out of breath, pain in the throat and frequent coughing.

After his diagnosis ruled out a more serious underlying condition, Coe was referred to an SLT who has been coaching him through a voice training programme, showing him how to relax his laryngeal muscles, to be more conscious of his breathing and posture when speaking, and to consider manual therapy.

As a double Olympic gold medal winner – he won the first in Moscow in 1980, and the second in Los Angeles in 1984, both for the 1,500 meters –



**Coe is no stranger to training regimes, yet he never thought he'd be training his voice**

Coe is no stranger to strenuous training regimes. Yet, he never thought he'd be training his voice, despite the fact that he was running the vocal equivalent of a marathon every day without periods of rest.

Coe is not the first in his family with voice problems. His mother, a stage actress, developed nodes and cysts on her vocal cords, and also ended up with dysphonia in her 60s. Back then, in the 1970s, there wasn't the same speech and language therapy support as now, says Coe. So, for some months, in order to protect her voice, she used to whisper – something that likely made her condition worse, he says. "The current orthodoxy is that you shouldn't do that."

### Going public

What has come as a surprise to Coe is how interconnected the voice is with the rest of the body. "I hadn't actually thought that if you sit there slumping in a chair, your voice can take strain," he says. This, of course, is

something he recognises from his athletics career. "You can have a foot problem, and it can be related to your lower back. You can have neck pain, which is related to your posture and your rib cage. There's that commonality."

That insight also helped him overcome feeling self-conscious about his condition, and the help he was getting. Although he says it can be a bit embarrassing doing voice sessions over the internet – something he's been forced to do due to both the COVID-19 pandemic and the fact that he lives in Monaco for much of the time. Some exercises are especially awkward to do in front of a computer screen. "The second session had me trying to sing. I sounded like I was at La Scala, warming up, going 'mi mi mi'. That's not best done in front of your children, when they are also working remotely," he says with a grin.

Now, Coe thinks about going for voice therapy as a bit like going to see a sports physio, or an osteopath.



## SEBASTIAN NEWBOLD COE

### Curriculum Vitae



**SPORT**  
Athletics/track;  
middle-distance  
running (800 metres,  
1,500 metres, mile)

**BORN**  
**1956**

in Hammersmith, London



**OLYMPIC MEDALS**  
Two gold, two silver  
(1,500 metre and  
800 metre races,  
1980 and 1984)

**WORLD RECORDS**  
**12**



**RETIRIED**  
from competitive  
athletics in  
**1990**

**POLITICS**  
elected as a Member  
of Parliament in  
1992; made a Life  
Peer in 2002

**HONOURS**  
knighted in 2006

**SPORTS ADMINISTRATION**  
headed the successful  
bid for the London



**2012**  
Olympic and  
Paralympic games

**CURRENTLY**  
president of World  
Athletics; member of the  
International Olympic  
Committee; Chancellor of  
Loughborough University



## AT A GLANCE

### Fast facts

**1** Voice disorders affect around 1 in 3 people during their lifetime

**2** Professional voice users such as teachers and performers are particularly prone

**3** A hoarse voice lasting longer than 3 weeks should be checked out by a GP



"I spent hours and hours on physiotherapist tables as a competitor. I get the need for maintenance and support and realignment," he says.

"If you walk around hunched, your hips and knees and feet will go. In running, posture is everything. It's the difference between winning and losing."

Coe says his voice condition has not affected his perception of himself or his identity as a public figure. "It didn't make me self-conscious about talking," he says. He wasn't sure about engaging publicly about his condition at first, but then Garry Richardson, who is "a good friend" told him it might help others become more aware of their health problems, and "not to be brave and stoically bash on", as he puts it.

He knows all too well how easy it is to overlook voice disorders. He'd personally never thought that his raspy voice was a cause for concern. But after he went public with his diagnosis, there was "massive interest". Many of his friends said they had noticed his voice "getting a bit gravelly, as if I was doing a voiceover for a lager ad".

In addition to his voice therapy, Coe has developed certain other support mechanisms to help his voice go the distance when there are long meetings to be held, or back-to-back interviews. "In my office, I now have a relay of warm honey and lemon drinks coming through," he laughs. He says he's already noticing a difference. "I sit a lot taller now, and I'm learning to breathe between sentences. It's all been terrifically helpful." **B**

## TAKING CARE OF YOUR VOICE

As SLTs, we know how important it is to take care of your voice. But for many of us, a year of Zoom meetings and teletherapy sessions have taken a toll. You can support your vocal health by following the RCSLT's top tips:

- Drink lots of water:** 8-10 glasses a day is recommended
- Limit alcohol and caffeine:** they can irritate the vocal cords
- Avoid inhaling smoke:** your own and other people's
- If you're hoarse, don't whisper:** use your voice gently to avoid strain
- Before public speaking:** 'warm up' your voice by humming
- Avoid foods that cause indigestion:** reflux can irritate the vocal cords
- Limit your dairy intake:** it can cause thick secretions and throat clearing
- Throat clearing leads to vocal cord irritation:** cough gently or sip water instead
- Get a good night's sleep:** your vocal cords will thank you
- Tension and stress can impact the voice:** make sure you practise self-care



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# Culturally competent

**Dje Jessica Konan shares the journey one East London service took towards developing cultural competence**

was working for an early years speech and language therapy service in London when we received a request from a similar service for advice on how to support children and families from a growing African community in their area.

While our service didn't have any specialist insight into supporting children and families from African communities, we were based in Newham, one of East London's most ethnically diverse boroughs, where we worked closely with bilingual co-workers, interpreters, families, and children from a variety of cultural and ethnic backgrounds. We were happy to help our colleagues, but asked ourselves: what resources and support can we provide?

After further discussions, it became clear that we had some work to do as a service if we were to respond effectively. The outcome of these discussions was a project called 'the Ethnicity Workshop', in which we recognised that developing cultural competence was not about having one off discussions on the subject. Rather,



**Never assume what others cultural and ethnic values might be**

it was an area that we needed to consciously develop both as individual therapists and as a service. From this understanding came the project's mission, that: 'We as SLTs understand and appreciate the need to be culturally competent to work more effectively with the actual diverse population we serve.'

## Getting started

We first used the American Speech-Language-Hearing Association's (ASHA's) comprehensive cultural competence checklist ([asha.org/practice/multicultural/self](https://asha.org/practice/multicultural/self)) to reflect on our practice at both an individual and service delivery level. We further honed our awareness via relevant research completed in the UK, including intervention studies that examined the effectiveness of specific therapy approaches involving ethnic minority communities, and research which investigated cultural competence in speech and language therapy. We also sought insights via an advocate who worked closely with parents of autistic children of Nigerian or West African heritage.

All this led us to query the term 'cultural competence', which we frequently used in our discussions but felt we needed more insight into its definition.

Through further exploration we recognised that 'cultural competence' was a complex process of learning, and different to what we had initially understood it to be. It became clear that if we really wanted to effectively deliver services that met the social, cultural, and linguistic needs of our service users, then SLTs across the entire service would need to polish their cultural competence skills first.

To facilitate this work, we began designing a webinar to:

- deepen our understanding of what cultural competence meant and involved; and





At the end of the webinar, a 'top tips' list was formulated, drawn from discussions on how to effectively work with the children and families in our borough. We also came away with many ideas for future webinar topics, including having parents, carers and advocates come in and share their experience of speech and language therapy with us, and on the social rules within different cultures. There was a strong consensus that our colleagues within the multidisciplinary team would also benefit from the webinar.

### Learning points

I came to appreciate the uniqueness of the cultural context in which I worked. Although we often spoke about other cultures located on other continents, we gained insight into the ways ethnic minority communities in London had their own cultural setting, which were independent of their country and ethnic groups of origin. This fact underlined the importance of never assuming what others' cultural and ethnic values might be.

It was a great delight, pleasure and honour to carry out this project during my time in Newham, and for this I would like to say I am grateful for my colleagues' help in creating a safe space for cultural competence to be explored beyond a superficial level.

Cultural competence now means more to me than just a phrase that I use within discussions. It means something far deeper than that, and I strongly feel it cannot be separated from discussions around unconscious bias, especially if the aim is to effectively meet the social, cultural, and linguistic needs of our service users. **B**

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- develop our skills around cultural awareness, which included our own cultures, as well as the cultures of those we served.

### Webinar

Our webinar began with a discussion around what cultural competence meant to us individually. Responses were seen in real time using an interactive word cloud. The Transactional Health and Cultural Competence model (Papadopoulos et al, 1998) was then used to polish our understanding, as it defined and illustrated all steps involved in the lifelong process of becoming culturally competent. After it was established that cultural competence meant more than just researching a culture, and that our level of cultural competence changed in response to new situations, experiences, and relationships, we were ready to explore our cultural awareness in regard to our service users.

We formed breakout groups, and were aided by a facilitator. Data we had on the recorded ethnicities of children with open cases in our service was used to help us explore the cultures of the four largest ethnic groups in the borough.

Group discussions were rich and covered a range of topics,

including: family structures and dynamics; languages and dialects; cultural values, norms and expectations; prejudice; and cultural perspectives on development and learning, eating and drinking, child rearing practices, and doctor-patient relationships.

Participants were asked to think not just about what service users brought with them in the context of cultural and ethnic identities, but what SLTs themselves brought in relation to their own culture, ethnicity and values, and how this influenced the assessment and therapy process. We delved deeper into how our training as SLTs in our own countries reflected the cultural foundations of those areas.

A separate ethnically and culturally diverse (ECD) speech and language therapy resources working group had already been set up by Dimitri Dolor within the service. It aimed to revamp the resources we used, making them more ethnically diverse. This group was also responsible for analysing cultural considerations that needed to be made within the service as a whole. Updates from this working group were shared with ours, and our suggestions on changes that needed to be made within the service were shared with them.



### CASE STUDIES

#### WANTED

We're looking for examples of culturally sensitive care that can be turned into case studies to share with the profession. If you have one to contribute, email [katie.chadd@rcslt.org](mailto:katie.chadd@rcslt.org)

# A

ccording to the Office of National Statistics (2019), 91% of all adults in the UK and 47% of those over the age of 75 are regular internet users. Technology and the internet are integral parts of many people's lives and are rapidly evolving fields across many areas of speech and language therapy.

While research has highlighted the benefits of and barriers to accessing the internet (Menger, 2016), online information (Westerman, 2014) and social media (Northcott, 2016; Roper, 2018), and using software for therapy (Zheng, 2014; Palmer, 2015; Mischke, 2016; Marshall, 2016), the speech and language therapy team at County Durham and Darlington NHS Foundation Trust (CDDFT) wanted to understand specifically how people with aphasia use technology. We aimed to use this information to drive change and focus resources, which would help to achieve better outcomes for our service users.

Using the World Health Organization's international classification of functioning, disability and health (2001) to frame our survey questions, we aimed to explore the environmental, physical, personal and participatory barriers and benefits regarding the use of technology with aphasia. We disseminated the resulting survey via email, Twitter, Facebook and face-to-face with CDDFT and Aspire conversation groups. The survey remained open for four weeks in November 2018.

The 272 respondents included 70 people with aphasia, 30 friends and family, 145 SLTs and 27 others (including stroke researchers, art therapists, psychologists and nurses).

Most of the respondents, approximately 80%, interacted with the survey using technology, so there was a clear bias towards those familiar with this medium. However, the collective knowledge of the respondents has helped to paint a rich picture of how people with aphasia are using technology.

## Survey results

Our survey respondents said they are using technology in a number of ways. Together, they reported using 132 different software programmes, apps and social media sites. The list opposite shows examples of their suggestions. In addition, the survey found:



## A rich picture



**Kathy Cann** shares the results of a study exploring how people with aphasia use technology

ILLUSTRATION BY: FREYA LOWY CLARK

**AT A GLANCE**

## Examples of how survey respondents use technology



**For therapy** – Apps such as TACTUS, Aptus, Cuespeak, and software including Step by Step, REACT 2 and Constant Therapy.



### For augmentative and alternative communication –

Mainstream apps such as FaceTime, photo/video, predictive text. Speech and language-specific apps including Proloquo2Go, Predictable and Grid Player 3.



**For social networking** – Facebook was most popular, with pages like the Aphasia Recovery Connection playing an invaluable role for accessing support and advice.



**For information** – The accessible video format of YouTube was the most popular platform chosen by people with aphasia. Family and friends found social media a useful source of information.



**For life participation** – For activities such as shopping, taxi booking, banking and socialising.

- People with aphasia accessed technology directly and with support from conversational partners: 22% of respondents identified cognitive difficulties (eg attention, sequencing, problem solving, memory) as a key barrier to access.
- Friends and family reported benefiting from access to technology to meet their own needs as conversational partners, with 23% using social media as a source of support and information.
- People with aphasia who used their own device were more likely to use a mobile (80%) than a tablet. They were more likely to choose free or single payment apps, eg Tactus (80%), over subscription resources such as REACT 2 (20%) and use mainstream apps that were not speech and language specific, eg Text (91%) and Predictable (38%).
- Service providers were more likely to own tablets (54%), access subscription software (72% used REACT) and recommend speech and language specific apps (80% recommend Predictable).
- Most respondents did not use accessibility features on their devices. Of those that did, text to speech was the most common feature used (used by 12.5% of respondents with aphasia and recommended by 15% of SLTs).
- People with aphasia and their friends and family identified social media as an important source of information and support. However, although SLTs used social media for their own professional development (68%), less than half recommended it as a tool to service users (32%).
- The most common barrier for all groups was a lack of knowledge (identified by 25% of people with aphasia, 20% of friends/family and 18% of SLTs). Cost and reliable internet access were also significant issues.

### Going forward

These results have influenced service provision at CDDFT, highlighting the need to invest in devices such as iPods, mobile phones, smart

assistants and wearables for assessment purposes, alongside our current stock of electronic tablets. We realise that our SLTs need to broaden their awareness of mainstream apps that can be used to overcome communication barriers.

They also need to recognise the role of social media in supporting service users, including the development of procedures to implement its safe use across our pathways.

More research is needed, from individual case studies to large-scale randomised control trials. Only a few apps listed featured in specific research trials (Palmer et al, 2015; Mischke, 2018; Marshall et al, 2018). We can contribute to the evidence base by building up a stock of clinical cases and sharing local projects, alongside more formal research. The RCSLT's Computers in Therapy Clinical Excellence Network is a great forum for networking and sharing information on technology and can be accessed via Basecamp: [bit.ly/RCSLTCitcen](http://bit.ly/RCSLTCitcen) and Twitter: @CITCEN.

In the future we need a robust search engine and evaluation system for software/apps that may be useful to people with aphasia. This could involve developing sites such as [aphasiasoftwarefinder.org](http://aphasiasoftwarefinder.org) or [my-therapy.co.uk](http://my-therapy.co.uk) and formalising a system for evaluating or kitmarking apps relevant to our

profession and its service users. The formats in which people with specific communication needs can use technology are diverse. As a profession, our collective knowledge is astounding, but we need systems in place to share, evaluate and reflect on technology use in order to move forward positively.

Read the full aphasia-friendly report and list of apps recommended: [bitly.ws/8VdA](http://bitly.ws/8VdA)

**REFERENCES**

For full list of references visit: [bit.ly/BulletinReferences](http://bit.ly/BulletinReferences)



## As a profession we need systems in place to share, evaluate and reflect on technology use

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**C**are homes represent one of the biggest referrers for dysphagia within our trust's adult speech and language therapy service, with estimates suggesting

50–75% of residents are affected. This means that care homes are our biggest stakeholders and collaborators. From an SLT perspective, this collaboration poses many challenges in ensuring the safety and quality of dysphagia care for residents. Staff understanding of dysphagia and their ability and willingness to prioritise dysphagia care in the extremely busy environment of a care home is a complex and multi-faceted situation.

From 2015 to 2017, in the South Eastern Health and Social Care Trust area of Northern Ireland (NI), several deaths occurred in both private and trust-owned homes as a result of choking in residents with swallowing difficulties.

In 2016, our speech and language therapy team worked on a project, led by a quality improvement facilitator, aimed at identifying improvements in the quality and safety of care for residents with dysphagia in one home. A partnership approach was taken, tailoring objectives to the needs and goals of staff and residents. Speech and language therapy input was intensive, and measurement showed great results, but this approach was unsustainable. We didn't have the resources to scale up the intensity of support.

Key factors that led to change in culture and improvement were identified during measurement, Plan Do Study Act (PDSA) cycles, co-production, focus groups and feedback from stakeholders, which helped us in a solution-focused discussion of ideas. At this point the project became SLT-led and we called it 'The safer eating, drinking and swallowing programme', or SEDS for short. Additional homes were identified where deaths or adverse incidents had occurred.



#### REFERENCES

To see a full list of references, visit: [bit.ly/Bulletin References](https://bit.ly/Bulletin References)



# Taking care with dysphagia

**Clare Stevenson, Georgina Calwell and Fionnula Mann share the evolution of a dysphagia service delivery model in Northern Ireland care homes**



What evolved is not rocket science and won't surprise readers, but we now had the opportunity to develop and deliver a systematic approach addressing the following:

● **Knowledge and skills.** We provided swallow awareness training to a target of 60% of care staff in each home. The training was both theoretical and practical and allowed for a shift in culture, with staff being trained within a short time frame with the full support and encouragement of home managers.

● **Improved 'visibility' of dysphagia, increased support to staff, and improved communication.** We set up clinics once a month in each home. These clinics incorporated patient assessments and reviews (often completed jointly with nursing/care staff), staff queries, family drop-in sessions, ad hoc training, discussions with chefs, bespoke goal setting, and

assessment of project targets/audits and goal attainment.

Development was not without its challenges and we faced many issues. These included SLT staffing (at one point we had to pause the project for several months); balancing project activity with waiting lists; staff turnover in homes; and inconsistent and ill-conceived goal setting.

These challenges highlighted the importance of getting buy-in from staff at all levels. By working together with determination and openness, we were able to overcome the challenges as they arose. But it soon became apparent that a one-size-fits-all approach wasn't going to work. Improvement in audit and goal attainment was achieved quickly in some homes, and was very slow, or hit peaks and troughs, in others.

In 2019, transformation investment from the Department of Health, Social Services and Public Safety (DHSSPS NI), supported by the Public Health Agency



## It became apparent that a one-size-fits-all approach wasn't going to work

support our goals. We have also developed an e-learning module with traceability to monitor who has completed the theoretical training, for governance and measurement against our 60% goal. Short practical training can then be delivered by SLTAs to build an upskilled workforce.

We are now tentatively looking at training nurses to take over the audit process and implement a protocol-guided swallow screen. We have also begun to develop, with stakeholder engagement, a first-line intervention resource based on RCSLT guidance. We have watched for other teams doing projects and 'pinched with pride' any relevant learning. We have considered feasibility of spread and how best to identify homes needing support, as well as commonalities in bespoke goal setting. Reviewing goals and common pitfalls across the homes, key issues have emerged around communication processes, understanding dysphagia, the profile of dysphagia, and working with visitors and food serving systems.

We have created a checklist evaluating these areas and initiated a cycle of audit/checklist completion on a three-monthly basis, completed by SLTAs. We have also devised a model of tiered support based on this cycle and our resources:

### Tier one:

- Swallow awareness e-learning
- First line intervention pack for dysphagia

- Three month audit and checklist cycle (Band 4)
- Protocol guided swallow screen.

### Tier two:

- Provide experiential learning (60% of staff)
- Monthly clinic for three months to address goals and areas of concern indicated by audit and checklist.

### Tier three:

- Provide additional clinics and support at a more intensive level, as per SLT judgement.

All homes begin in tier one and move up or down through the tiers, dependent on the outcomes of the quarterly audits and checklists.

Another development we've worked on alongside our trust catering team and dietitian has been to develop recipes, guidelines and awareness training for chefs on International Dysphagia Diets Standardisation Initiative food modification levels, and fortification and menu planning. Outcomes have been positive and we are reviewing how to share these resources and provide wrap-around support for all providers of food and drinks within the care home setting.

This project has been challenging and rewarding. We anticipate it will continue to evolve – we will measure, critique and adapt as needed. We've learned so much from our nursing home colleagues who are truly at the forefront of day-to-day dysphagia management. Feedback to date has been overwhelmingly positive and has meant we were able to support homes during the COVID-19 pandemic in efficient and helpful ways, looking at both quick wins and identifying longer term plans. **B**

**CLARE STEVENSON**, clinical and service lead, community adults; **GEORGINA CALWELL**, assistant manager speech and language therapy adult services; **FIONNULA MANN**, clinical and service lead community adults, SLT and Dysphagia Support Team, South Eastern Health and Social Care Trust  
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✉ @adultsltset

(NI), led to the creation of dysphagia support teams (DST) across trusts in NI. Our team became embedded in the delivery of this service model, alongside core SLTs, allowing exploration of opportunities for spread and development. Of around 55 nursing homes in the trust, we were still only embedded in seven. We knew a diverse range of needs had to be addressed, so we developed a model that would identify homes in most need of support, deliver key learnings from work to date, and effect change by co-working and partnership.

### Positive changes

The work has delivered positive changes in care home staff skills and confidence, the clinical audit of textures, knowledge of and adherence to SLT swallowing advice, communication between stakeholders, and resident wellbeing.

We have continued with plan, do, study, act (PDSA) cycles, and measurement and feedback, and have had opportunities to develop resources and a skills-mix that

# Mapping your research

**Katie Chadd** introduces  
a new resource aimed at  
supporting research careers

In the past we've shared several columns featuring different support networks for SLTs aspiring to undertake clinical research or progress their research career. In the last year, a significant collaborative effort by these networks has taken place to bring you a new resource designed to help you to map your research career journey.

The SLT research practitioner resource map is inspired by the Council for Allied Health Professions in Research (CAHPR) research practitioner framework (Harris, Cooke and Grafton, 2019).

The comprehensive new tool will support you to:

- Identify the current 'stage' of your research journey, as well as where to aim next
- Find out who can best support you to meet specific goals from the framework, across all stages
- Locate additional supporting resources to help you to meet your goals.



## REFERENCES

To see a full list of references, visit:  
[bit.ly/Bulletin References](https://bit.ly/Bulletin References)

## Where did it all begin?

In the last few years, clinical academia and research in our profession has grown in both interest and capacity. We've observed an increase in SLTs securing clinical academic fellowships, a significant growth in the volume of enquiries to the RCSLT research team about how to get involved in research, as well as several exciting new clinical academic posts being created for SLTs and allied health professionals (AHPs) within services, to name a few examples. Correspondingly, there has been a surge in new initiatives and interest in pre-existing networks to support SLTs or AHPs in research careers, as increasingly more people are seeking advice and help with navigating options and pathways.

What soon became apparent was that our profession has tremendous collective power – and by bringing these initiatives together we could truly pool our expertise and tease out exactly what each had to offer, to maximise the brokering of support on offer to SLTs. Thus, the SLT Research Capacity Builders Group was borne – with membership of representatives from: ReSNetSLT, CAHPR, NIHR/CAHPR research champions, the North East

Research CEN, Clinical Academics in SLT CEN, the former NIHR Training Advocates, as well as RCSLT research champions and clinical academic mentors.

Chaired by RCSLT research trustee Dr Rebecca Palmer and head of research and outcomes Amit Kulkarni, the group met every few months to discuss the specific aims and purposes of each network and confront the issue of how we best utilise our efforts to meet the varied needs of our developing clinical



researcher profession. The outcome of these discussions was to systematically interrogate exactly what each of us had to offer the profession. The research practitioner framework was selected as a suitable candidate on which to base this. The framework itself was developed systematically, through consolidation of 19 other AHP research frameworks and consultation in stakeholder workshops (Harris, Grafton and Cooke, 2020), and was therefore deemed highly appropriate. Each group/network lead evaluated the knowledge and skill statements listed in the framework, and judged whether it was currently within their remit to support clinicians to achieve each skill.

### The SLT research practitioner resource map

The research practitioner framework is embedded in the resource map. The map lists eight domains representing key areas to consider: career development, research methodology and methods, research delivery, research-informed practice,



## Our profession has tremendous collective power

dissemination and impact, working with others and collaboration, research education and training, research management and leadership, and research strategy and planning. Within each domain is a set of statements reflecting specific knowledge and skills. Each statement is also aligned with an 'entry level', which can help you to understand when this knowledge or skill might be expected. The entry levels also signify areas which may require a foundational level of understanding before moving on to the more advanced stages.

With the SLT research practitioner resource map, you can:

**1** Look at each of the domains in the framework and see the knowledge and skills for each entry level individually. For example, if you are new to research, you may want to focus on the 'awareness' levels only, or for those of you who are further along in a research career, perhaps looking directly at the 'advanced' map would be more helpful.

**2** Filter by each domain, so that you can select multiple levels to map your progression. For example, you may identify as being at the intermediate level but also wish to look at what is featured in 'advanced' so that you can work toward these.

**3** Filter by each network, so that if you are interested in joining one you can see exactly how it may be placed to support you.

**4** Find key additional resources that can support you in each component of the framework.

### What's next?

We've published the first iteration of the resource and will update it regularly, especially when any new networks or initiatives come to light. We'll also ask for feedback from members who have used it, and get your suggestions for additional networks or resources to consult. We also hope to evaluate its use in terms of impact, so don't forget to tell us how it helped you in the feedback form.

Meanwhile, The Research Capacity Builders Group is undertaking a gap analysis of where current support may be lacking. We hope to use this analysis to inform our future strategy at the RCSLT and establish where key networks could focus their own efforts.

The map, along with information about the networks involved in its development, guidance on how to use it, and a recording of the webinar that launched the resource, can be found on the RCSLT website at [bit.ly/3cHnOEZ](https://bit.ly/3cHnOEZ).

**KATIE CHADD**, RCSLT research manager  
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# IJLCD latest

**Dr Joanne Cleland summarises recent papers from the journal that focus on speech and language disorders in children**

Several papers that have been published in the past few months in the *International Journal of Language & Communication Disorders* (IJLCD) have focused on analysing data from population-based or longitudinal data. Paula Cronin and colleagues (September 2020) reported on a study of Australian children, showing that speech, language and communication needs (SLCN) are associated with increased indirect costs through reduced workforce participation, and highlight the need for early intervention. A similar picture was painted by Yvonne Wren and colleagues (March 2021) in a longitudinal study which showed that children with persistent speech disorders have poorer educational attainment, even at age 13–14.

In a population-based study, David Trembath and colleagues (March 2021) found that children with language difficulties who have higher levels of psychosocial difficulties were more likely to access speech and language therapy services. Meanwhile, Jodie



Smith and colleagues found high rates of language and pre-literacy difficulties in five-year-olds experiencing adversity. All of these studies point towards the importance of early identification and intervention.

Turning to how we offer services, James Law and colleagues (March 2021) provided a timely review of telepractice for children, suggesting that this approach can be efficacious. James's study will be featured in an upcoming RCSLT podcast – subscribe on your favourite podcast platform to hear more. Meanwhile, Katelyn Melvin (March 2021) and colleagues took an in-depth look at how families engage in early interventions, suggesting that SLTs initiate open conversations with families about what types of support would be most beneficial for them.

In terms of intervention studies, the September 2020 issue included a randomised controlled trial by Triona Sweeny and colleagues, which compared routine intervention and parent-led intervention for children with cleft lip and palate. Given that the parent intervention was supported via telehealth, this paper adds to the growing evidence that this approach can work well for our clients. You can hear Triona and Debbie Sell discussing the study in the RCSLT's February podcast ([bit.ly/IJLCDpod](https://bit.ly/IJLCDpod)).

Examining dysfluency, Veronica Park and colleagues (January 2021) looked at predictors of treatment outcome for the Lidcombe programme, finding that while there were statistically significant predictors, none were

clinically significant. Together, these and the other papers published over the last few months highlight the long-term consequences of speech, language and communication needs in children. In addition, they provide new and emerging evidence about which interventions are useful, and how best to deliver them.

View virtual issues of the IJLCD at [bit.ly/3wt2L0K](https://bit.ly/3wt2L0K).

**They provide new and emerging evidence of which interventions are useful**

**DR JOANNE CLELAND**, joint editor in chief of the IJLCD; senior lecturer in speech and language therapy at the University of Strathclyde  
[@DrJoanneCleland](https://twitter.com/DrJoanneCleland)



# We know what you're made of

## Are your patients drinking enough?

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

Dysphagia sufferers, estimated at 8% of the population<sup>2</sup> 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

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 drinks<sup>3</sup>
- Retains a consistent thickness over time

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](https://dysphagia.org.uk)**

Alternatively, call Fresenius Kabi on 01928 533 516 or email [scientific.affairsUK@fresenius-kabi.com](mailto:scientific.affairsUK@fresenius-kabi.com)

### Helping patients to stay hydrated



Join today, visit [www.whatwearemadeof.org](https://www.whatwearemadeof.org) to help hydrate the nation and make a dramatic difference to peoples' care.

#### 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://idsi.org/> Date accessed: November 2017
3. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014.

Date of preparation: April 2020. Job code: EN01854b. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



**FRESENIUS  
KABI**  
caring for life

# Dysphagia Study Wins First Prize at the UK Stroke Forum

Evaluated by 30 judges drawn from the committee of the Stroke Association and eminent scientific researchers specialised in stroke, a cluster randomised control study "Swallowing function, Oral health, and Food Intake in old Age" (SOFIA) has been awarded the Best Poster prize at the UKSF. The study suggests there are positive outcomes associated with using IQoro.

The 116 individuals in the study were aged 72 or over and had a variety of comorbidities including stroke and other long-term conditions. All were in residential intermediate care and were confirmed to have dysphagia. 18 care facilities were randomly assigned to use the IQoro training device, and another 18 facilities used traditional and compensatory treatment methods. At end-of-training (5 weeks) results in the IQoro intervention group had improved by 60% more than in the control group.



Inventor of IQoro;  
Associate Professor  
Mary Hägg.

## Children and Young People with Cerebral Palsy

IQoro is increasingly being adopted by SLTs across the NHS and in independent practice. **Natalie Morris**, SLT and director of The Feeding Trust CIC, has now used a practice-based evidence approach to measure the outcomes that her CP children had achieved, and has integrated IQoro training into her clinical practice.

"I wanted to see if IQoro could be successful in improving saliva control with my client group. I developed a practice-based study and an assessment-based protocol that defined each child's starting point. Using this protocol and standardised GAS goals together I was able to monitor the improvements that each child made. Saliva control started to improve in all cases within four weeks and other outcomes by the end of the study: including improved lip closure; tongue retraction; breath



control for speech; nasal breathing and spontaneous swallow function. In the CP population, I have found clients have to continue their IQoro training to maintain function. In our MDT, our Physios have also evidenced improved balance and head control."

"IQoro is now an important part of my therapy toolkit. I use it alongside other therapy interventions to promote desensitisation, oral skills and hygiene, and with IQoro my clients are now achieving outcomes not seen before. IQoro has provided me with a therapeutic tool which I believe activates the facial cranial sensory nerves in children and young people with brain damage and neuro-developmental disabilities, as my evaluation demonstrates observable improvements in function."

## Adult Neuro Rehabilitation

**Sandra Robinson**, independent SLT and director of Speech Therapy Works Ltd reports that she started to use IQoro after hearing about Natalie's work.

"My first patient had problems with dysarthria and drooling that had not changed with other treatments, but improvement was evident with IQoro within two weeks. Another patient had two neurological injuries resulting in dysphagia, facial weakness and at one point, trismus. After eight months' traditional treatment he was still reliant on a PEG except for a few spoons of yogurt per day. He self-trained with IQoro every day, and immediately prior to an oral



trial of fluids then food and fluids, I used IQoro to prime swallow function-related neural plasticity instead of solely using the Masako technique. At once you could see the coordination of his breathing and swallowing improve. Within two weeks his lip shape and speech had improved, his drooling reduced, his jaw opening increased, and he was eating a whole tub of yogurt. By discharge, he'd been referred for a PEG removal whilst enjoying normal diet and fluids safely."

For further information and free training, assessment and demo devices for SLTs, please contact: [info@iqoro.com](mailto:info@iqoro.com)

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**IQoro®**



Evidence-based Swedish innovation,  
manufactured in Sweden.



CE-marked Class 1 Medical Device.



Over 20 years of research,  
18 peer-reviewed and  
internationally-published  
scientific studies.

# Monitoring unwarranted variation

**Kathryn Moyse on identifying and minimising unwarranted variation in service and therapy outcomes**

U nwaranted variation describes differences between individuals or groups that would not be expected and can be applied to health and therapy outcomes. Variation in outcomes for particular groups can lead to health inequalities, defined as “avoidable, unfair and systematic differences in health between different groups of people” (King’s Fund, 2021). The pandemic has highlighted the ubiquity of health inequalities, leading to renewed focus on these issues and the role of collecting data. Data about our service users, including outcome measures, is vital in monitoring variation and mitigating inequality. This is particularly important as our profession evolves its understanding of how to embed equality and support diversity and inclusion in our services.

Whether you’re looking to start implementing outcome measures in your service or begin using the data you have collected to identify and reduce unwarranted variation, here are some resources that may help.



## REFERENCES

To see a full list of references, visit: [bit.ly/BulletinReferences](https://bit.ly/BulletinReferences)

### 1 Key questions to ask when selecting outcome measures: a checklist for allied health professionals

This checklist is designed to guide discussions and support decision-making when selecting appropriate outcome measures. It covers the various practical considerations to factor in when selecting

an outcome measure, as well as focusing on the usability and measurement properties. The checklist is due for review later this year, so please share your experiences of using it, and suggestions for how it could be improved ([bit.ly/OutcomeChecklist](https://bit.ly/OutcomeChecklist)).



### The pandemic has highlighted the ubiquity of health inequalities

### 2 RCSLT Online Outcome Tool (ROOT)

The ROOT supports SLTs to collect and report on outcomes data, using therapy outcome measures (TOMs) (Enderby and John, 2019). Services can create reports about individual service users or groups of individuals, and compare their outcomes with those from different groups, and with other services using the ROOT. Thus, the ROOT can be a great tool to begin exploring variation. The growing number of services using the ROOT are now benefiting from using the data collected to undertake such analyses, as well as demonstrate impact and improve care. You can get involved by:

- Registering online for more information and advice about how to get started ([bit.ly/ROOTregister](https://bit.ly/ROOTregister))
- Reading or contributing a case study to celebrate the innovative uses of data by SLTs ([bit.ly/ROOTcasestudies](https://bit.ly/ROOTcasestudies))
- Getting involved in our pilot to test the collection of additional data, such as ethnicity and socio-economic status, to help with monitoring and addressing health inequalities. Email [root@rcslt.org](mailto:root@rcslt.org)

### 3 RCSLT guidance: measuring outcomes outside individualised care

This new guidance has been developed to support with measuring the impact of interventions or activities that are designed to benefit groups of individuals who may not be known to speech and language therapy services, including preventative and health promotion work ([bit.ly/MeasuringOutcomes](https://bit.ly/MeasuringOutcomes)). It includes a framework to support SLTs to identify the outcomes, select appropriate measures and collect and analyse data. To complement the guidance, we are collecting case studies from speech and language therapy services who have experience of measuring the impact of work which sits outside of individualised care. Share your story at: [bit.ly/OutcomesCaseStudies](https://bit.ly/OutcomesCaseStudies). 

**KATHRYN MOYSE**, RCSLT outcomes and informatics manager  
 [kathryn.moyse@rcslt.org](mailto:kathryn.moyse@rcslt.org)

# A mutually beneficial relationship

**Mary Heritage** on the relationship between mentors and mentees, and why SLTs are naturally suited to mentoring

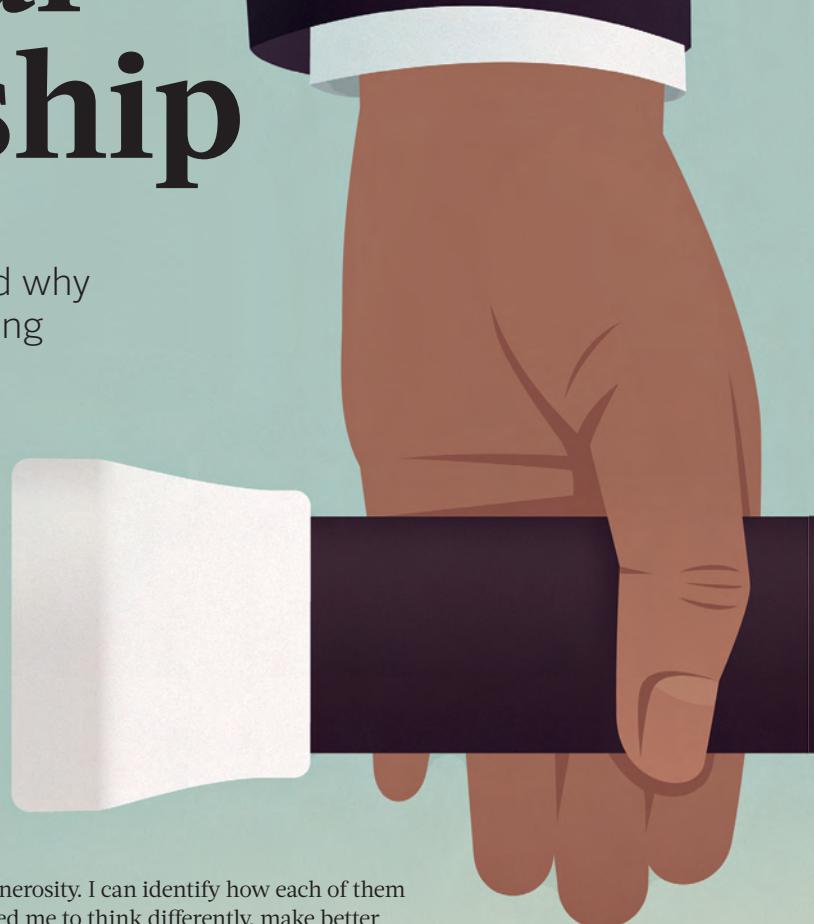
**T**hinking back, who has most influenced your personal growth by sharing their wisdom and experience with you? Maybe it was a relative, teacher, colleague or friend – most of us will have had some kind of mentor over the years. And what about the other way round? If you have ever invested time and energy into the progress of someone with less experience, or if you've ever provided advice, information and support to enable their development, chances are you have fulfilled the role of their mentor. You may have been a mentor or mentee without even realising it.

A number of people have helped me to fulfil my potential by sharing their advice and support. Through encouragement and guidance, I have benefited from their own life experience. One of them encouraged me to identify my 'wise owls' – people I could contact at key points in my career. Over the years, their counsel has been priceless and has helped me to grasp new opportunities and avoid pitfalls.

In recent years I can think of five different mentors who have guided me through a stressful period, a career crossroads, a transition, and most recently on embarking on my new role as RCSLT chair. Each had relevant work experience, a position that gave a different perspective to my own, an interest in seeing me succeed, and a heap

of generosity. I can identify how each of them helped me to think differently, make better decisions and stretch myself to reach higher.

This is personalised learning in action. Investing in our development benefits our career progression, wellbeing and effectiveness. And that's good news for employers and managers too. Mentored employees can develop their leadership and clinical skills, achieve their objectives, develop stronger networks and find their niche. While the focus is on the mentee's learning and opportunities, it is a hugely rewarding experience for mentors too. The mentor/mentee relationship is beneficial for everyone involved.



## REFERENCES

To see a full list of resources, visit: [bit.ly/Bulletin References](https://bit.ly/Bulletin References)

## **Is mentoring the same as coaching and supervision?**

Coaching and mentoring are related, but coaching is non-directive, and is more likely to be delivered episodically (eg an agreed number of sessions) around a specific development goal. Mentoring is a more relationship-focused form of guidance, where the mentee takes responsibility for driving the relationship and the sessions. Mentoring relationships also tend to be longer term than coaching.

Mentoring also shouldn't be confused with, or replace, supervision. Mentoring is more likely to relate to career progression and self-development over a longer period, whereas supervision tends to focus on guiding reflective practice and assessment of performance.

## **How to find the right mentor**

If you don't yet have a mentor, these questions might help you to clarify what you hope to get out of the experience, and who might be appropriate to ask:

- Can you describe your current goal?
- Who would you expect to have the best advice for you at this point in your life?
- Is that person a role model? Do they have relevant

experience or insight? Does their position equip them to advise you?

- Do you feel you could develop a good rapport with them?

Even if you don't know the person, consider approaching them anyway – they can only say no. Most of us would consider it an honour to be asked to provide mentoring, so don't be afraid to ask – just be clear what you hope to achieve with their help.

## **How to be a good mentor**

The first credential is the commitment to invest in another person's development and to share your knowledge and experience to see them progress. Being a good listener and some coaching skills are also advantageous. You will want to believe in the potential of your mentee and be generous in sharing your time, contacts and lived experience. If someone comes to you for advice and you think you could help them on a more regular basis, don't be shy to make an offer of mentoring.

## **SLTs as mentors**

Considering the skills listed above, I believe that SLTs can be excellent mentors – most of us were drawn to this profession by an interest in seeing other people fulfil their potential and overcome challenges. We have enabling communication skills. As our careers progress, we accumulate learning, skills, networks and resources. Thinking about the people who have helped us to reach our current position, we are often motivated to do the same for the next generation – to 'pay it forward'.

You can be a mentor at any stage of your career. Maybe you're a student who would love to encourage someone who is considering speech and language therapy as a career, or a newly qualified practitioner who wants to provide placement learning experiences. You might be a team leader who could encourage a colleague to fulfil their aspirations. Or perhaps your lived experience of ethnicity, age, gender, neurodiversity or a health condition makes you a unique mentor for a leader who is keen to better understand diversity in the workplace.

My vision is that each member of RCSLT would mentor one other person. Imagine the combined potential of 19,000 SLT mentors releasing our combined expertise, ambitions and resilience. 



**My vision  
is that each  
member  
would mentor  
one person**

# QUICK LOOK DATES

## Talking Mats Online foundation course

**27 July, 24 August, 21 September, 19 October, 16 November**

Be more effective in involving individuals in sharing their views and making decisions.

Tel: 01786 479511

[info@talkingmats.com](mailto:info@talkingmats.com)  
[talkingmats.com](http://talkingmats.com)

## PODD Introductory Training Summer School Courses

**2-3 August and 4-5 August**

£250-£272 for accommodation (optional) and £75 per night

[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/podd-training-2021/](http://coursebeetle.co.uk/podd-training-2021/)

## Elklan Supporting Children and Adults using AAC – Accredited CPD

**13 September-18 October, 10 January-14 February 2022 via web access**

£250 excluding VAT

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over 5 webinars with personal study between.

Tel: 01208 841450

[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

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

**24 September via web access**

£99-£120; students and returners £50

[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/semh-slcn-sep-2021-online/](http://coursebeetle.co.uk/semh-slcn-sep-2021-online/)

## Working with children who stammer £20 for NHS staff

**24 September: Introduction to working with children who stammer; 29 October: Direct approaches with children who stammer; 26 November: Working with parents and teachers via web access.**

Includes useable resources and practical, 'how-to' ideas, allowing you to incorporate the learning into your own practice.

[airedale.stammeringtherapy@nhs.net](mailto:airedale.stammeringtherapy@nhs.net)

## Nuffield Dyspraxia Programme (NDP3) – Modules 1-2

**30 September via web access**

£99-£120; students and returners £50

[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)

## Elklan Total Training Package for Pupils with SLD

**1-7 October via web access**

£495 excluding VAT

This course equips SLTs and teaching

advisors to provide accredited training to staff working with pupils with SLD in different educational settings. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.  
Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Speech Assessment and Therapy in Practice

**12 October**

£99-£120; students and returners £50 Presented by Dr Sean Pert of Manchester University.

[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/speech-assessment-oct-2021-online/](http://coursebeetle.co.uk/speech-assessment-oct-2021-online/)

## Elklan Total Training Package for Vulnerable Young People (VYP)

**15-21 October via web access**

£495 excluding VAT

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.  
Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Bilingual Children with Speech and Language Difficulties

**19 October via web access**

£99-£120; Students and returners £50

The day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University.  
[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/bilingualism-oct-2021-online/](http://coursebeetle.co.uk/bilingualism-oct-2021-online/)

## Core Vocabulary Therapy for Inconsistent Phonological Disorder

**21 and 22 October via web access**

£99-£120 Students & returners £50

Presented by Dr Jan Broomfield.  
[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/core-vocabulary-oct-2021/](http://coursebeetle.co.uk/core-vocabulary-oct-2021/)

## Elklan Supporting Children and Adults using AAC – Accredited CPD: Intensive course M & G

**22 October and 25-29 October**

£250 excluding VAT

This course is for SLTs and AAC SLT assistants only. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over 5 webinars with personal study between.  
Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Elklan Total Training Package for Verbal Pupils with ASD

**5-11 November via web access**

£495 excluding VAT

This course equips SLTs and teaching

## ADOS-2 Administration and Coding Course

**25-28 October**

ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism.

Tel: 0330 229 0862  
[ados2training.co.uk](http://ados2training.co.uk)

## Speech Transcription Refresher

**2 November**

£60-75 Students and returners £40

Maintain skills of live speech transcribing using the International Phonetic Alphabet (IPA) and Extended IPA which are core to accurate assessment and diagnosis. Led by Dr Sean Pert of Manchester University.  
[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/speech-transcription-refresher-nov-21-online/](http://coursebeetle.co.uk/speech-transcription-refresher-nov-21-online/)

## Elklan Let's Talk with 10-14s Training Pack

**2 and 16 November via web access**

£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of 10-14 or 5-11 year olds. Relevant Elklan Level 3 qualification essential.

Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Multidisciplinary Team Management of Atypical Parkinson's

**3 November**

£60-75; students and returners £40

The aims of the course are: gain an increased knowledge and understanding of atypical Parkinson's conditions; understand the overall management of these conditions; understand and know how to implement therapy interventions; have an understanding of how such conditions can impact an individual.  
Tel: 01332 254679  
[uhdb.ncore@nhs.net](mailto:uhdb.ncore@nhs.net)  
[ncore.org.uk](http://ncore.org.uk)

## Elklan Total Training Package for 5-11s

**5-11 November via web access**

£495 excluding VAT

Equip SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.  
Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Elklan Total Training Package for Verbal Pupils with 5-11s

**9 and 16 November via web access**

£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of 10-14 or 5-11 year olds. Relevant Elklan Level 3 qualification essential.  
Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## smiLE Therapy Day 1 training

**11 and 12 November via web access**

For SLTs & teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real

£495 excluding VAT

Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.

Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Elklan Training Package – Supporting Children and Adults Using AAC

**5-19 November, 4-18 March 2022 via web access**

£235 excluding VAT

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.

Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## Enhancing and Evaluating Phonological and Metaphonological Skills of Children with Highly Unintelligible Speech

**8 and 9 November via web access**

£99-£120; Students and returners £50

Presented by Lesley C. Magnus PhD, CCC-SLP, S-LP(C) and Raul Prezas PhD, CCC-SLP.  
[info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)  
[coursebeetle.co.uk/hodsons-cycles-approach-online-nov-2021/](http://coursebeetle.co.uk/hodsons-cycles-approach-online-nov-2021/)

## Elklan Let's Talk with Under 5s Training Pack

**8 and 16 November via web access**

£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential.

Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

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

**9 and 16 November via web access**

£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of 10-14 or 5-11 year olds. Relevant Elklan Level 3 qualification essential.

Tel: 01208 841450  
[henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk)  
[elklan.co.uk](http://elklan.co.uk)

## smiLE Therapy Day 1 training

**11 and 12 November via web access**

For SLTs & teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real

settings. Outcome measures & empowering parents integral to therapy. Live online training across two mornings, 9-12. Bespoke team training also available.

**Elklan Let's Talk Together Training Pack**  
**11 and 16 November via web access**  
£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential.

Tel: 01208 841450  
✉ henrietta@elklan.co.uk  
🌐 elklan.co.uk

**Elklan Let's Talk with Special Children Training Pack**  
**15 and 16 November via web access**  
£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents and carers of children with Complex Needs. Relevant Elklan Level 3 qualification essential.

Tel: 01208 841450  
✉ henrietta@elklan.co.uk  
🌐 elklan.co.uk

**smiLE Therapy 'Day 2' training**  
**15 and 16 November via web access**

For SLTs & teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real settings. Outcomes measures & empowering parents integral to therapy. Live online training across two mornings, 9-12. Bespoke team training also available.

**✉ info@smiletherapytraining.com**  
🌐 smiletherapytraining.com

**Elklan Total Training Package for 11-16s**  
**19-25 November via web access**

£495 excluding VAT  
Equip SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in secondary schools. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.

Tel: 01208 841450  
✉ henrietta@elklan.co.uk  
🌐 elklan.co.uk

**Elklan Total Training Package for 3-5s**  
**19-25 November via web access**

£495 excluding VAT  
Equip SLTs and EY advisors to provide accredited training to Early Years staff. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.

Tel: 01208 841450  
✉ henrietta@elklan.co.uk  
🌐 elklan.co.uk

**Elklan Total Training Package for 0-3s**  
**26 November-2 December via web access**

£495 excluding VAT

Equipping SLTs and EY advisors to provide accredited training to Early Years staff. The webinars will cover questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration & website.

Tel: 01208 841450  
✉ henrietta@elklan.co.uk  
🌐 elklan.co.uk

**Recognising Post-Traumatic Stress Disorder**  
**6 December**

£130

Speaker: Dr Aftab Laher. Specific topics will include: the theoretical background to PTSD; the epidemiology of PTSD; assessment and diagnostic issues; an evidence based review of treatment approaches – what works and why?; What makes an effective treatment – working effectively with resistance to change; and keeping therapists engaged.

Tel: 01332 254679  
✉ uhdb.ncore@nhs.net  
🌐 ncore.org.uk

**smiLE Therapy 'Day 3' training**  
**9 and 10 December via web access**

For SLTs & Specialist Teachers who have completed their first smiLE Therapy module. To problem solve, share feedback, outcome measures, the power of parent groups & staff groups & to plan next steps to get maximum impact for their students in their newly learned life skills. Live online training across two mornings, 9-12.

**✉ info@smiletherapytraining.com**  
🌐 smiletherapytraining.com

**Multidisciplinary Team Management of Parkinson's disease: advanced course**

**6 March 2022**

£130  
Sessions led by Derby Parkinson's Team. Course aims: gain understanding of problems and management at each of the 4 stages, with emphasis on Complex and Palliative stages; gain an understanding of multidisciplinary team working in Parkinson's, incorporating an understanding of emotion, behaviour and cognition; understand the impact and implications of hospitalisation on people with Parkinson's; increase knowledge of impact and management on motor and non-motor symptoms.

Tel: 01332 254679  
✉ uhdb.ncore@nhs.net  
🌐 ncore.org.uk

### Cervical Auscultation

**7 March 2022**

£130

Lecturer: Dr Alison Stroud. Therapists will learn the theory of and the 'How, What and Where' of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds.

Tel: 01332 254679  
✉ uhdb.ncore@nhs.net  
🌐 ncore.org.uk

**Pragmatics & Semantics: Myths, clarification and practice**

**Date TBC**

£110

Long distance learning or 'in person' with Dr Wendy Rinaldi. All SLTs and EPs who have taken part said the sessions made a difference to their practice.

Tel: 01483 268825  
✉ enquiries@wendyrinaldi.com

**Social Use of Language Programme (SULP)**

**Date TBC**

£45

These sessions focus on how and why the latest editions work. Long distance learning or 'in person' with Dr Wendy Rinaldi.

Tel: 01483 268825  
✉ enquiries@wendyrinaldi.com

**Association for Rehabilitation of Communication and Oral Skills: one day course**

**Various dates via web access**

£130-£625

FOTT Study Day: 18 October; Moves to Swallow: 1 November; Making the Most of Mealtimes: 19 July and 6 December; Therapeutic Oral Hygiene: 29 September. 5 day two-part course: (part one) 13-15 September; (part 2) 15-16 November.

Tel: 01684 576795  
✉ admin@arcos.org.uk

### Cognitive-Communication Course for Acquired Brain Injury (CCCAIB)

Join Sheila MacDonald for a specialised online course for SLTs that combines research evidence and clinical insights in 12 modules spanning Coma to Community and Career. Hone your CCD skills at your convenience and obtain ongoing access to course materials and clinical resources!

**✉ courses.brainandcommunication.ca**

### Introduction to PROMPT: technique workshop

**Various dates via web access**

Following the completion of this course participants will be able to implement the PROMPT assessment and treatment approach. Participants will also be able to apply the PROMPT Technique, which is tactile kinaesthetic input to support the development of speech production and language.

**✉ promptinstitute.com/events**

### The shape coding system

Designed to teach spoken and written grammar to school-aged children with Developmental Language Disorder (DLD). Three accredited online courses available for SLTs and those working within education.

Tel: 07557 440603  
✉ training@moorhouseschool.co.uk  
🌐 moorhouse.surrey.sch.uk/courses

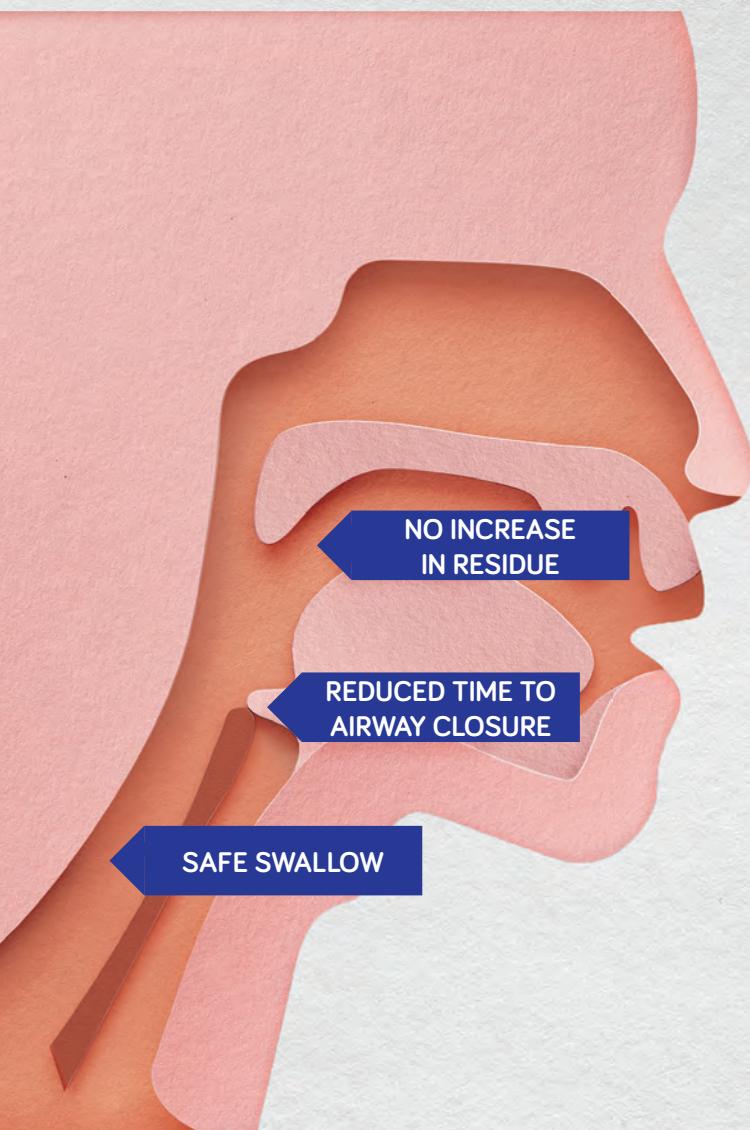
### Supporting Developmental Language Disorder (DLD)

Courses to help SLTs and teachers support students with DLD: free introduction, classroom strategies for teachers and current evidence base for SLTs.

Tel: 07557 440603  
✉ training@moorhouseschool.co.uk  
🌐 moorhouse.surrey.sch.uk/courses



# NUTILIS CLEAR: TRANSFORMING SWALLOW MANAGEMENT



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



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This information is intended for healthcare professionals only.

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

Reference: 1. Bolívar-Prados M et al. Neurogastroenterol Motil, 2019;e13695.



# Charlee EDGAR

**Charlee Edgar tells us how she got involved with the COVID-19 vaccination programme, and how SLT skills helped her in the role**

**W**hen I started working as an SLT, I never thought I'd end up playing a significant role in a vaccination programme during a pandemic. As I am sure is the case for many professions, the role of SLTs has adapted and changed because of COVID-19. Pre-covid (how my team now references time!), my working week consisted of covering a communication and dysphagia caseload across an acute inpatient setting and outpatient clinic. Since March 2020, I've been working on the acute wards within the COVID-19 multidisciplinary team where I've learnt new skills and developed my knowledge, while continuing to cover the general wards.

As the first wave of the pandemic settled and flu season approached, I felt it was more important than ever to get the flu vaccine. But I also knew I wanted to play a role in promoting its uptake, so I trained as a peer flu vaccinator. After completing the training and observing a flu clinic in action, I was ready to go it alone. Soon, I was spending my lunch breaks in and out of offices around the hospital, vaccinating my peers and providing the reward of a 'flu fighter' sticker along the way.

Fast forward three months and my new skills meant I was able to help at one of the regional hubs for the COVID-19 vaccination programme. I was partly redeployed, which meant I still worked as an SLT alongside my new role. A typical vaccination shift might involve spending my morning working

through consent forms with individuals from a range of backgrounds. My SLT skills come into play when describing the process and answering questions, using total communication strategies to help people make an informed decision. At other times, my role changes to that of vaccinator. I ensure a prescription has been authorised before making the individual comfortable for their injection. For some, this means talking in meticulous detail about what the needle looks like and what I will be doing. For others, it means asking about the food they like or their favourite holiday destinations – anything to distract them! During a shift I work closely with administration staff, paediatric nurses and pharmacists who, like me, are all pitching in to help with the vaccination programme alongside their day jobs.

Recently I've been reflecting on something someone said after their vaccination: "Do you realise the role you have just played?" This simple question stuck in my mind and got me thinking about the past few months – the skills, experiences, and the new-found professional relationships I've gained, as well as the patients I've lost and those who have returned

home. I've also thought a lot about the future and how I might describe my role during this historic period.

What resonates with me most is the overwhelming gratitude and support – not just from my colleagues and the public, but also the unspoken support from the wider profession that celebrates what each individual can achieve as an SLT. 

**What resonates with me most is the gratitude and support**

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✉ cedgar96@gmail.com  
☛ @CharleeEdgar



## Helping you to support children reach their milestones

Discover our NEW Child Development homepage, which hosts our range of language, cognition, mobility and social-emotional skills, tools and resources to support children from birth.

Visit page: [pearsonclinical.co.uk/rclsjuly](http://pearsonclinical.co.uk/rclsjuly)



21.5 professional development hours

## Together, we can achieve better outcomes for children with language delays

When we combine the skills, dedication and compassion of parents and professionals, we effect greater change than anyone could alone.

Join the thousands of SLTs around the world using Hanen's It Takes Two to Talk® strategies with families.



Register for an *It Takes Two to Talk* workshop today.

[www.hanen.org/ITTBulletin](http://www.hanen.org/ITTBulletin)

# CITYLIT

INSPIRING PASSIONS - REALISING AMBITIONS

**City Lit has many years' experience in running high quality training courses for SLTs. Coming up in 2021-22:**

### Working with adults who stammer

**27-29 Oct + May 11 £499**

Covers assessment, Block Modification therapy, interiorised stammering, cluttering, acquired stammering, introduction to mindfulness. Opportunity to practise teaching techniques to clients included.

### Resilience and wellbeing for SLTs

**18 Nov - 9 Dec £139**

Practical skills to help you manage difficult thoughts and feelings and move your life and practice forward in positive directions.

### Advancing your practice for SLTs

**4 Nov £99**

Advance your knowledge of current stammering research.

### Effective counselling skills for SLTs

**1-3 Dec £399**

Topics include developing the therapeutic relationship, boundaries, ways of responding, paraphrasing, reflecting, questioning, immediacy, self-disclosure and loss.

### Counselling skills for newly-qualified SLTs

**18 Feb £99**

Develop and practise a range of essential core counselling skills to help you work with emotional issues you will encounter as an SLT.

All courses run online via Zoom

Please contact: [speechtherapy@citylit.ac.uk](mailto:speechtherapy@citylit.ac.uk)



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# Rehabilitation in Scotland

The Scottish Government published its *Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic* in August 2020. Its ongoing rollout opens up opportunities to build speech and language therapy services for service users across Scotland.

A number of sections are of particular relevance to SLTs: recovering abilities and skills, and enabling participation, including improved nutrition and communication; developing healthy lifestyle advice and support, including communication accessible materials; and enabling digital approaches to ensure equity of accessibility to services.

Bette Locke, AHP professional advisor in rehabilitation for the government, recently presented at Hub Forum Scotland, explaining that SLTs in Scotland are encouraged to engage locally and provide their views on the ambitious framework.

"The aim of the Rehab Framework is that by the end of 2025 all adults who require rehabilitation will have timely access to the right information and services in the right place to support them to participate as actively as possible and enjoy the life they choose," Bette says.

"To deliver this, we are developing an improvement programme based on the information we receive from NHS Boards, Health and Social Care Partnerships

and third sector organisations as part of a self-assessment process. We are asking services to identify where they are now and where they want to get to in the delivery of good rehabilitation. We define good rehab as: easy to access for every person, delivered by a flexible and skilled workforce, provided at the right time, realistic and meaningful to the individual, innovative, ambitious and integrated. The results of the self-assessment will inform workstreams and tests of change as well as support scale and spread."

 **Read the framework at [bit.ly/3foBMh3](https://bit.ly/3foBMh3) and view Bette Locke's presentation to Hub Forum Scotland at [bit.ly/3vjlbj2](https://bit.ly/3vjlbj2)**

## SPOTLIGHT ON

# South Central Hub

### ABOUT

- Encompasses Hampshire, Oxfordshire, Berkshire and Buckinghamshire
- Includes a wide variety of members, with a high proportion of independent SLTs
- Has an active and engaged steering group, with SLTs drawn from higher education institutions, the independent sector and the NHS

### RECENT WORK

After pausing for the pandemic, the South Central Hub held its first virtual event last November, when 70 members from across the region got together to discuss the day's theme: innovative speech and language therapy practice education.

As a result of the event, Hub members Jan Baerselman and Nimra Khan were invited to present at the RCSLT practice placements webinar in March 2021 to share their insights. The event also prompted the establishment of a national practice education CEN.

The South Central Hub is now an integral part of the RCSLT's



placement expansion campaign (see: [bit.ly/3fkmZ6R](https://bit.ly/3fkmZ6R)), and is actively working to develop the future of the profession.

 **Visit [bit.ly/3fFogWu](https://bit.ly/3fFogWu) to view the event resources.**

### GET INVOLVED

- The practice education CEN is looking for members – email Theo Read at [t.e.read@reading.ac.uk](mailto:t.e.read@reading.ac.uk) to join.
- The next virtual South

Central Hub event will be held on 11 November, on the topic of research and practice in parent mediated interventions for pre-schoolers.

- New Hub steering group members welcome, particularly newly qualified SLTs, members with a background in adult services, or members from more diverse backgrounds.
-  **Email [deborah.gibbard@solent.nhs.uk](mailto:deborah.gibbard@solent.nhs.uk)**

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\* One discount code per order and per customer. Shopping cart must include at least 1 x Oralieve Alcohol-Free Mouthrinse 500ml or 1 x Oralieve Alcohol-Free Mouthrinse 500ml 3 Pack to qualify. Customer must add 1 x Oralieve Ultra-Mild Toothpaste 75ml to cart - discount code will then deduct the £4.99 cost.

# In Memory

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



## Mollie Donald 1928–2020

Mollie was one of the second cohort of students to attend the Edinburgh School of Speech Therapy. She qualified in 1950 and her first post was in Fife. Mollie had a love of acting and theatre; it was through an amateur group that she met and married Alan. While their daughters Ailie and Nancy grew up, Mollie worked part-time in Paisley. In 1980 she returned to her native Fife, where she proved to be a forward-thinking and innovative manager. Mollie was a life member of the RCSLT, serving as Scottish representative in the mid 1980s and as chair of the Ethics Committee after her retirement.

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**KETRON MORRISON**  
and **JANE KERR**



## Morag Horseman 1932–2020

As chair of the Union of Speech Therapists, Morag was a proactive advocate for the profession, which culminated in her becoming a test case in the 1986 SLT Equal Value Pay Claim. As the local manager in North Tyneside, Morag was supportive, fun, tenacious and creative in expanding services and setting a solid foundation for many who came under her wing. She will be fondly remembered by all who knew her, and deserves to be remembered by those who did not, for her steadfast determination and contribution in ensuring the profession enjoys the autonomy, pay, conditions and recognition that it does today.

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**ALISON PROUDFOOT**

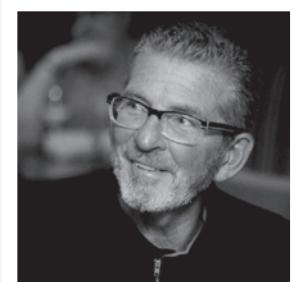


## Sarah Stirling 1963–2020

Sarah joined the speech and language therapy department of Midlands Partnership Foundation Trust in 2009, and worked with adults with learning disabilities. She was passionate about finding the best solution for the adults, families and carers she worked with, and was always keen to share her knowledge and skills. Sarah died in March 2020 after a short illness, which she handled with great strength and fortitude, supported by her amazing family. Sarah's speech and language therapy colleagues appreciated her many wonderful qualities – she was calm, hardworking, cheerful and great fun; and also the most supportive colleague who always made time for others.

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**ALISON HENNESEY**



## Colm Davis OBE D.2021

A former head teacher of Tor Bank Special School in Belfast, Colm Davis worked with SLTs throughout his career and advocated for the needs of pupils with communication difficulties. Colm was made an RCSLT honorary fellow in 2017 in recognition of his work supporting those with speech, language and communication needs. Throughout his own diagnosis of motor neurone disease (MND), he campaigned for the rights of people with MND and other terminal illnesses, raising significant funds for charity. Our thoughts are with Colm's wife, children, and all his family and friends. **B**

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**RCSLT NORTHERN IRELAND**

# In the journals



## Exploring family engagement

This study explores how different families engage in early speech and language therapy interventions from the perspective of both SLTs and families. A total of 21 SLT-family dyads (involving eight SLTs) took part in this study, using video-reflexive ethnography.

Interactions within intervention sessions were video-recorded and short segments shown to the participants, to elicit their reflections on engagement. Transcripts of these discussions were then analysed using thematic analysis.

Results from this study identified four main themes, outlining the variability of family engagement profiles in relation to:

- attending sessions and coming into the room
- actively participating within sessions (eg sitting back, jumping in, showing initiative)
- actively participating outside of sessions (eg completing home practice, coming up with ideas)
- building open and honest communication with their SLT.

The authors highlight how these findings prompt SLTs to "move beyond using blanket statements about whether or not families are engaged, to instead describing in detail how families are uniquely engaged". Subsequently, the SLT can consider what they can do to further facilitate each family's engagement.

**CLARE CUMMINS**, SLT, Brent Specialist Academy Trust

 Melvin, K, Meyer, C and Scarinci, N (2021) Exploring the complexity of how families are engaged in early speech-language pathology intervention using video-reflexive ethnography. *International Journal of Language & Communication Disorders*, 56 (2), 360-373

## Dummies and speech development

This study found that speech outcomes are not significantly associated with dummy use, however measured.

Dummy-use information on about 100 children (24–61 months) was collected via parent questionnaire and children's speech assessed using the Diagnostic Evaluation of Articulation and Phonology.

A range of comparisons and analyses were undertaken. No significant difference was found in delayed speech errors between dummy users and non-dummy users.

There was a significant association between increased atypical errors and greater frequency of daytime dummy use. However, dummy use during sleep was not associated with atypical speech and there was an indication that

misarticulations may self-reduce before age 4.

Given the largely similar results and error patterns across the two groups, the authors conclude: "There is no strong speech-related basis on which SLTs [...] can advise parents against dummy use."

**KATIE THOMPSON**, specialist speech and language therapist, Cambridgeshire Community Services NHS Trust

 Strutt, C, Khattab, G and Willoughby, J (2021) Does the duration and frequency of dummy (pacifier) use affect the development of speech. *International Journal of Language & Communication Disorders*. Available from: doi.org/10.1111/1460-6984.12605

## Autism diagnosis in girls

This systematic review examined quantitative and qualitative research on perceived gender differences and barriers to obtaining a diagnosis of autistic spectrum disorders (ASD) for girls and women under 21. Some 20 studies with data from 23,760 participants were included and subjected to thematic analysis.

Wide variations in sample size and

population type made it difficult to draw comparisons between studies. However, it was evident that autistic girls were typically diagnosed later than autistic boys and often needed a higher number of autistic characteristics and/or additional language or behavioural difficulties to be referred for a diagnosis. Parents reported that 'camouflaging', where

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

 Log in to the RCSLT website and search 'journals' for free access to our large journal collection, including titles from Wiley, publishers of the *International Journal of Language & Communication Disorders*.

 Stay up to date with research by signing up to article alerts from publishers via the RCSLT website. Simply select your topics of interest and receive email updates when new research comes out. See: [bit.ly/2XQ9imv](https://bit.ly/2XQ9imv)

## Mental Capacity Assessment Support Toolkit

This mixed methods study evaluated whether the Mental Capacity Assessment Support Toolkit (MCAST):

- increased legal compliance of documented mental capacity assessments (MCAs)
- enhanced staff confidence in carrying out MCAs
- was usable and acceptable to staff and patients in acute and intermediate care settings.

A total of 21 multidisciplinary professionals, 17 patients with stroke or cognitive impairments, and two family members took part in case note audits, surveys, and/or structured interviews. The MCAST equips professionals with: a support tool proforma, a communication screening tool identifying communication needs and recommending legally-required strategies, and a resource pack.

Using the MCAST significantly increased both the legal compliance of documentation and professional participants' confidence. Staff found the

MCAST usable and acceptable. All patients and family members found the MCAST processes and materials acceptable.

The authors conclude: "The MCAST is a unique resource because it supports professionals to complete high-quality, legally compliant mental capacity assessments that are responsive to the needs of people with communication disabilities. This evaluation demonstrates that the MCAST is usable and acceptable and has the potential to make an important contribution to mental capacity assessment practice."

**KERRY CORLEY**, specialist SLT, London North West University Healthcare NHS Trust

 Jayes, M, Palmer, R and Enderby, P (2020) Evaluation of the MCAST, a multidisciplinary toolkit to improve mental capacity assessment. *Disability and Rehabilitation*. Available from: [doi.org/10.1080/09638288.2020.1765030](https://doi.org/10.1080/09638288.2020.1765030)

girls 'mask' their autistic behaviour in social situations, as well as the perception of autism as a male condition, hinders girls in receiving a diagnosis.

This review highlights "a vital and urgent need for widespread recognition that ASD is seen in both sexes and all genders, through both research and effective dissemination of knowledge to those in frontline positions". The authors make several recommendations for clinicians, including that diagnosticians

ask questions about "perspectives and narratives of what ASD is" as part of the history-taking process.

**ROSIE ASHWORTH**, highly specialist SLT and NIHR/HEE bridging fellow

 Lockwood Estrin, G et al (2020) Barriers to Autism Spectrum Disorder Diagnosis for Young Women and Girls: A Systematic Review. *Review Journal of Autism and Developmental Disorders*. Available from: [doi.org/10.1007/s40489-020-00225-8](https://doi.org/10.1007/s40489-020-00225-8)

## Novel gesture assessment

This study explored the current clinical practices for gesture assessment and created an evidence-based gesture checklist for clinical use with people with aphasia.

A co-designed workshop and survey was undertaken with 20 UK clinicians. A range of frameworks for coding gestures was identified and used alongside co-designed workshops to develop a gesture checklist. The inter-rater reliability of the checklist was evaluated with the research team and novel user group, who had received no training.

Of the clinicians, 55% reported undertaking assessment of gesture in their clinical practice, but all reported limited or no use of formal tools in this assessment. To address this gap, a gesture checklist was developed and refined in line with user feedback. As a result of the co-designed sessions and to provide a holistic evaluation of the client's skills, questions relating to effective gesture use were added. The inter-rater agreement between experienced and novel users was moderate, suggesting it could be used by individuals who have not received training in its use.

The researchers said: "This 'quick and dirty' tool enables clinicians to analyse and record the types of gesture produced by people with aphasia, without the need for gesture coding."

**MILLY HEELAN**, RCSLT research and outcomes officer

 Caute, A, Dipper, L and Roper, A (2021) The City Gesture Checklist: The development of a novel gesture assessment. *International Journal of Language & Communication Disorders*, 56 (1), 20-35

# Finding the right words

With the help of SLTs and an aphasia self-help group, author **Jon McGregor** has written a powerful novel about one man's struggle to tell his story

**W**hen award-winning author Jon McGregor (pictured, right) began work on his new novel, he knew SLTs would need to play a big role in the book.

Called *Lean Fall Stand*, Jon's novel is the story of an Antarctic expedition that goes wrong, leading to a series of life-changing events for the three-man team at 'Station K'.

For 'Doc', the veteran of the team, a catastrophic stroke out in the field results in a loss of language, and a return home to wife Anna who is wholly unprepared for her new role as his carer.

"Doc has to learn to use language again, which I wanted to be a key part of the book. So it stood to reason that speech and language therapy would also be a big part of the book," says Jon, who as well as being the author of five novels and a story collection, is also professor of creative writing at the University of Nottingham.

While researching for the book, one of Jon's colleagues in the university's linguistics department

introduced him to Grace Rowley, an SLT friend.

"Grace was really my starting point," says Jon. "I asked her lots of questions about what her work involved, how SLTs make assessments, what aphasia is, and what happens inside the brain with someone who has aphasia."

For Grace, who heads up the community speech and language therapy team at the Nottingham CityCare Partnership, working with Jon on the development of the book was a fascinating process.

"It was really interesting to have those discussions with someone who wanted to know more," she says.

Grace put Jon in touch with other members of her team so he could draw on their different experiences and perspectives, too. She also introduced him to Sally Knapp, the acute stroke lead at the Queen's Medical Centre in Nottingham, where he spent the day on a stroke ward while Sally conducted assessments. The experience helped Jon to understand the stroke pathway, and contributed to the book being "as realistic as possible", says Grace.

## In the spotlight

With SLT characters supporting Doc in different roles throughout the novel, the breadth of the profession is presented in a unique spotlight for a work of fiction. From swallow assessments, to having an advocate by his side at an inquest, to using total communication to tell his story, Doc relies on a range of SLTs who all play a starring role within the book.

"Through talking to Grace, I was surprised how many different SLTs might be involved throughout the different stages of someone's rehabilitation. For example, one on the ward, and then another out in the community, and then after a period of weeks or months, there's either nothing, or [like Doc], there's maybe a self-help group where an SLT might also be involved," says Jon. "All these different people in the book are a reflection of the care system and how it works."



## It stood to reason that speech and language therapy would be a big part of the book

character who'd had a stroke in another novel, and remember being interested in the challenge presented by the loss of language while researching that.

"Going to meetings at Aphasia Nottingham helped me get beyond a textbook understanding of what aphasia and speech and language therapy is. I got to spend time with people who were working on their communications strategies. That was the first time it hit home for me how varied the experience of aphasia

Crucially, Grace also put Jon in touch with the self-help group Aphasia Nottingham, in whose company Jon spent the best part of a year.

"Before I started writing the book, I was unfamiliar with the word 'aphasia' and didn't know of anyone who'd had a stroke, so I wasn't coming at this from a personal perspective," he says on the origins of the book. "I'd previously written about a

is, watching people attempt to communicate and work around their language difficulties."

Run by participants and supported by SLTs, the Aphasia Nottingham meetings were a 'breakthrough' for Jon.

"I was struck by the variety of language and communication styles within the group," he says. "As I got to know people there, I got to have a sense of who they were before they had a stroke. While aphasia had no doubt changed them, I wanted to convey that sense of personhood beyond the condition."

### Group inspiration

Jon's time with the group undoubtedly pays off on the page. His incorporation of aphasic language patterns into the narrative and characters' dialogue is skilfully handled. For Grace, it's one of the strengths of the book.

"The section where Jon introduces aphasic language, such as semantic and phonemic paraphasias, into the narrative as Doc is having a stroke is so well done. You're reading it as it happens. How he did that was very clever," she says. "In the Aphasia Nottingham group there were a range of people with different aphasia presentations. Jon was careful not to imitate anyone, or take specific examples of dialogue, but it's fair to say the group inspired him. The language of people with aphasia is often creative and can be very beautiful, and this comes through in Jon's dialogue."

As well as the personal breakdown in communication that Doc experiences as a result of his stroke, communication breakdown is a theme that runs throughout the book. From disrupted communications equipment that leaves the Antarctic expedition team dangerously out of contact with each other, to Doc's wife Anna, who has to put her career to one side to care for him, and struggles to articulate her feelings to family and friends.

While Jon insists he didn't want to turn aphasia into a romantic metaphor ("because it's not"), he did want





• SLT Grace Rowley



## BOOK GIVEAWAY!

We've got two copies of Jon's novel *Lean Fall Stand* to give away to members. To get your hands on a free copy, we want you to recommend a book to us. Thrillers or classics, memoirs, travelogues or sci-fi epics – we want to hear them all. Tweet [@rcslt\\_bulletin](#) by 23 July with the title and author of the book you're recommending and we'll select two winners. You can recommend as many books as you like, so scour your bookshelves for suggestions.

**I realised aphasia wasn't a rare condition... so why weren't we talking about it more?**

to include echoes of communication breakdown within the book, as well as sympathies with the problems it gives rise to.

Once Jon had a first draft of the book, Grace and her colleagues read it and made recommendations. They did the same again at second draft stage.

"Jon really took our advice on board. He changed almost everything we commented on, from what SLTs might do in a given situation, to how a person with aphasia might communicate, to how a self-help group might be run. We really appreciated it," she says.

For Jon, the appreciation is mutual: "The help that Grace and her colleagues gave me was so valuable. They gave me advice, corrected lots of my mistakes and helped me reach an understanding."

With the publication of the book, Grace has been working with Aphasia Nottingham participants to record short video interviews for Jon to use on his book tour and appearances at book festivals.

"I was conscious I'd probably be getting lots of questions about stroke and aphasia that I wasn't qualified to answer. So we're building up a little library of video clips to show at the events which can help to answer questions on the subject that people in the audience might have," says Jon.

Asked if he thought the book might serve to raise awareness of communication difficulties, Jon reflects on his own understanding about the subject.

"When I started researching, it struck me that very few people seemed to know the word 'aphasia', or the condition. As I was looking into it, I realised it wasn't a rare condition – far from it – so how come we weren't talking more about it?

"While writing the book, there were a couple of times in shops where I noticed interactions between customers who probably had aphasia, trying to make themselves understood. I realised I'd seen it before, but because I didn't have any understanding of it, I hadn't realised what it was I was seeing.

"I was also looking around to see who else had written on the subject and I didn't find much at all, which surprised me. It could and should be something that's better understood. While I didn't set out to raise awareness about aphasia in writing the book, I would hope it might be one of the effects," he says. ▀

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• @jon\_mcgregor  
• @GraceRowley1

# Your reviews

Books and resources reviewed and rated by *Bulletin* readers

COMMUNITY & DEVELOPMENT  
**YOUR REVIEWS**



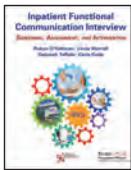
## BOOK

### Inpatient Functional Communication Interview Screening, Assessment and Intervention

**AUTHORS:** Robyn O'Halloran, Linda Worrall, Deborah Toffolo and Chris Code

**PUBLISHER:** Plural Publishing

**PRICE:** £58.85 (EBOOK)



The authors supply compelling evidence as to the need for support and accommodation for those with communication disorders. The book is easy to read and provides a helpful background to the resources. I had limited opportunities to trial the supportive interview but when I did, it did not flow particularly well – but as with all new resources it will take time and practice. There is a 'cheat sheet' and useful case studies, including videos and explanatory notes on scoring, which make this process easier. I intend to continue using this resource and would recommend it to both clinicians and students.

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**ANN-MARIE ANDERSON**, SLT, Biggart Community Hospital, NHS Ayrshire and Arran

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## PODCAST

### Education Untapped: Down Syndrome Awareness

**HOSTS:** Emily Harnett and Tamara Rainsley

**WHERE TO LISTEN:** All podcast streaming channels



I thought I knew a lot about Down's syndrome, but this podcast gave me so much more information. It left me wanting to shout from the rooftops and cry at the same time. This is a must-listen for professionals and families alike. It offers insight into the importance of the inclusion of children, young people and adults with Down's syndrome. Podcast guests celebrate the joys of their children with Down's syndrome and warn against the dangers of labelling.

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**JULIE KIELY**, assistant team manager, Cognus Therapies



## BOOK

### Primary Progressive Aphasia and Other Frontotemporal Dementias

**AUTHOR:** Rene L Utianski

**PUBLISHER:** Plural Publishing

**PRICE:** £57

This book provides up-to-date information on the speech and language aspects of screening and assessment in primary progressive aphasia (PPA) and frontotemporal dementias (FTDs). It features important information about differential diagnosis, accompanied patient videos and the dynamic decision-making in clinics. Additionally, the author provides rationale for developing specific therapeutic targets, compensatory strategies and the new avenues for neurorehabilitation in the clinic. One highlight is the chapter on amyotrophic lateral sclerosis and FTD. The clinical perspective and the tabulated information will allow undergraduates and newly qualified SLTAs to understand the evidence-based approach.

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**DR EMILIA MICHOU**, assistant professor speech and language therapy (communication disorders and dysphagia)



# Where next?

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



## Listen

### RCSLT PODCASTS

Our three-part series exploring student placements is now live – tune in for interviews with practice educators, student SLTs and managers. To listen, go to [soundcloud.com/rclsit](https://soundcloud.com/rclsit) or search 'RCSLT' on your favourite podcast app.



## Get involved

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

- Want to help bring research and clinical practice together? Become a research champion and join a UK-wide network of SLTs: [bit.ly/3f4xo0l](https://bit.ly/3f4xo0l)
- Got resources to share? Join the conversation on our Professional Networks: [bit.ly/3rZa4La](https://bit.ly/3rZa4La)
- Interested in promoting a particular topic? We're always looking for members to be involved in RCSLT projects: [bit.ly/3hGzZFt](https://bit.ly/3hGzZFt)



## Read

### BEING AN LGBTQ+ ALLY

- Stonewall workplace allies programme: [stonewall.org.uk/workplace-allies-programme](https://stonewall.org.uk/workplace-allies-programme)
- LGBT Foundation guide to being a trans ally: [lgbt.foundation/downloads/transalliesguide](https://lgbt.foundation/downloads/transalliesguide)

### CEREBRAL PALSY

RCSLT guidance on:

- Speech sound disorders: [bit.ly/RCSLTSpeechSound](https://bit.ly/RCSLTSpeechSound)
- Motor disorders: [bit.ly/RCSLTMotor](https://bit.ly/RCSLTMotor)
- AAC: [bit.ly/3u7QoW6](https://bit.ly/3u7QoW6)

### CULTURAL COMPETENCY

- ASHA cultural competency checklist: [bit.ly/3gIVnYD](https://bit.ly/3gIVnYD)

### DYSPHAGIA AND CARE HOMES

- RCSLT guidance: [bit.ly/RCSLTCareHomes](https://bit.ly/RCSLTCareHomes)

### HCP AUDIT

- HCPC standards for CPD: [bit.ly/3fDHrHQ](https://bit.ly/3fDHrHQ)
- RCSLT Webinar: The HCPC Audit: [bit.ly/35bNNQM](https://bit.ly/35bNNQM)

### HEALTH INEQUALITIES

- Integration and innovation: working together to improve health and social care for all: [bit.ly/3tYkrPK](https://bit.ly/3tYkrPK)
- The best start for life: a vision for the 1,001 critical days: [bit.ly/3tRsvSs](https://bit.ly/3tRsvSs)
- The King's Fund: What are health inequalities?: [bit.ly/3hBnLxY](https://bit.ly/3hBnLxY)
- The Health Foundation Evidence Hub: [health.org.uk/evidence-hub](https://health.org.uk/evidence-hub)

### MENTORING

- RCSLT guidance: [bit.ly/RCSLTFindAMentor](https://bit.ly/RCSLTFindAMentor)
- RCSLT leadership mentors: [bit.ly/RCSLTLeadership](https://bit.ly/RCSLTLeadership)
- NHS Education for Scotland coaching and mentoring: [bit.ly/3xIClsZ](https://bit.ly/3xIClsZ)
- NHS Leadership Academy: [bit.ly/3xJxrfi](https://bit.ly/3xJxrfi)
- NHS Project M peer mentoring: [bit.ly/3eTASax](https://bit.ly/3eTASax)

### VOICE

- RCSLT factsheet: [bit.ly/VoiceCareFactsheet](https://bit.ly/VoiceCareFactsheet)
- RCSLT clinical information: [bit.ly/VoiceOverview](https://bit.ly/VoiceOverview)

### DON'T FORGET

- Keep on top of the latest RCSLT news and announcements: [rcslt.org/news](https://rcslt.org/news)
- Find resources to support your learning on anti-racism, diversity and inclusion: [bit.ly/RCSLTanti-racism](https://bit.ly/RCSLTanti-racism)
- Read our guidance on transparent facemasks at: [bit.ly/RCSLTMasks](https://bit.ly/RCSLTMasks)

# Head of Profession for Speech and Language Therapy

**Band 8b**

**Up to 37.5 hours per week**

An exciting senior leadership opportunity within Speech and Language Therapy has become available within Gloucestershire Health and Care NHS Foundation Trust.

The Head of Profession for Speech and Language Therapy is an important senior position within the organisation and will deliver robust professional leadership and engagement, drive high standards of care, and quality outcomes for the people we serve. The post holder will provide positive and visible leadership through a collaborative, creative, motivational, and problem-solving approach. They will drive a culture of continuous quality improvement, innovation and best patient experience. Our AHP leaders are well-respected across the system and are well-supported by dynamic and experienced colleagues.

Working as part of the senior leadership team, this post requires collaborative working with a range of operational, professional and corporate colleagues to ensure that the profession continues to deliver outstanding care and is equipped to meet the new and emerging opportunities ahead of us. They will live their values and be a role model for highly credible and compassionate clinical leadership. The post holder will lead the development of evidence-based best practice, including innovative and evolving Speech and Language Therapy roles within the Trust and wider system. They will support the Trust's commitment to outstanding standards of quality governance



and will contribute to the development of the Integrated Care System's AHP Strategy and ensure the delivery of SLT actions to support this. The post holder will identify service priorities and set/monitor quality standards, ensuring that our workforce has the right skills and support to deliver high quality services.

The post holder will meaningfully and effectively engage our SLT workforce in order to promote job satisfaction and best patient experience and outcomes. They will ensure that our workforce is developed and empowered to contribute to service improvement and innovation across the system.

*We are keen to develop a more representative diversity of our senior staff and particularly encourage applications from those individuals with protected characteristics - in particular from BAME, LGBTQ and disabled candidates.*

The Trust aims to recruit and retain the best possible staff who will make a positive contribution to our business of providing quality health care services. It is the Trust's view that the costs associated with moving house in order to take up a post with us should not restrict our ability to recruit the excellent people we need; therefore, we support staff to relocate with our relocation policy.

**For further details on this vacancy please contact Lauren Edwards, Deputy Director of Therapies and Quality (Chief AHP). Email: Lauren.Edwards@ghc.nhs.uk or 07809 861042.**

## RCSLT jobs

### Paediatric Speech & Language Therapists

Greater London  
Salary from £28,800

### Trainee Intermediary

access to a major railway station by public transport  
Salary: £24,465 rising to £26,259 - £30,249

### Speech & Language Therapist

North West England  
Salary: COMPETITIVE

### Speech and Language Therapist in Mainstream Schools

Greater London  
Salary: £47,250 - £54,000

### Speech & Language Therapist

Greater London  
Salary: £26,000 - £38,000

To check the latest jobs, visit:

[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)

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



## Health Practices Must Enable the Hyper-Convenience Mode of Living!

As lives get even busier and more mobile, people want smarter ways of maximising their time. To stay relevant, health practices must fit seamlessly into people's on-the-move lives and facilitate service, ensures safety, and drives efficiency for the patient.

During the pandemic, many health practices and clinics used the downtime to evolve and keep up with changing patient expectations for speed and safety. Moving from a paper-dependent practice to electronic health records with self-service online tools was a big success for many practices. Their digital transformation enabled practitioners to exchange information with one another remotely and in real time, making sure everyone working with a patient has a complete and accurate file.

Co-founded by psychologist Damien Adler, Power Diary has a goal to empower practice owners and their teams with business-ready, all-in-one software that makes running a health practice simpler. With tools to manage schedules, appointment reminders, client databases, waiting lists, invoicing, online bookings, SMS chat, and Telehealth you can store all the information your practice needs securely online.

Affordable and easy-to-use, it's perfect for solo-practitioners and multi-location clinics. Power Diary's automation tools will make running a health practice easier, and help you provide a fuss-free experience for the patient. Isn't that what we practitioners strive to do?



Power Diary is the all-in-one practice management software loved and trusted by health professionals worldwide



Simplify, Automate, and Grow Your Business

Power Diary's online business management tools has everything you need to streamline your practice's operations – calendar management, SMS messaging, invoicing, Telehealth and more. Start now with a free trial. No credit card needed.

[powerdiary.com](http://powerdiary.com)