

Bulletin



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



OUR DIGITAL FUTURE

How can we bring the profession into the digital age?

AUTUMN 2023

ISSUE 836

RCSLT.ORG

AI art for people with MND | Support worker careers | **A multicultural approach in Malaysia** | SLTs in emergency care | **New: pre-registration EDS competencies** | Tiny Happy People turns three | **DLD: a personal and professional journey** | Plus: your letters, opinions and pictures

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Best Magazine Launch
or Re-launch



2022
MEMBERSHIP
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Highly Commended
Best Magazine -
circulation <20k

IN THIS ISSUE

Keeping up with tech

How do you feel about technology? Some of us love it, some of us try to avoid it. Sometimes it feels like technology is moving too fast to keep track, but one thing is for sure, it's not going away.

We spoke to RCSLT members to find out the reality of technology in their work settings. What we uncovered was a huge variation in experiences, from well-resourced services through to clunky data systems and inaccessible online systems. We also found a wide range of individual confidence levels and expertise. One thing that was clear was the need to keep on learning and investing in tech at work.

Turn to **page 24** to find out how others in the field are using technology, plus a page of RCSLT tips, resources and inspiration.

Other areas we are looking at in this issue include supporting people with eating drinking and swallowing problems (EDS). If you are a student, an apprentice, or already working in EDS, you can find out what you need to know about the new pre-registration EDS competencies on **page 54**.

A team from the Evelina look at the challenges of working with children who are eating and drinking at risk (EDAR), and identify ways to improve research and services. They share their insight on **page 34**. We also visit a hospital trialling embedded SLTs on the emergency medicine team on **page 43**.

Support workers are another vital and valuable part of the SLT workforce, operating across all ages and conditions, so turn to **page 51** to learn how you can use the new RCSLT support worker



Share the excitement and innovation

framework and resources with your team.

New in this issue

Our amazing Professional Enquiries Team is joining us to help address some of your questions and quandaries! They will be covering a different professional query in every issue, so turn to the inside back cover to read 'A problem shared...'

We hope you enjoy reading about the work we are doing at RCSLT, and share the excitement and innovation of all our SLT colleagues showcased in this issue.

Judith Broll

RCSLT Director of Professional Development

✉ bulletin@rcslt.org
📧 @BrollJudith

PS We have a packed letters page in this issue! We love hearing your reflections on articles and issues affecting the profession, so please email us your letters for publication: bulletin@rcslt.org.

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

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KATHRYN MOYSE



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

LETTER

The fight for equal pay

As a retired SLT and member of RCSLT and Unite, I was disappointed by the section of 'Celebrating the NHS at 75' (summer *Bulletin* p24) headed 'The fight for equal pay: the Enderby case'.

No mention was made of the importance of the role of our trade union at that time. In 1986, the SLTs on our national committee within the ASTMS union, later MSF (now Unite), surveyed SLTs about current pay and gained agreement from the union for our case for equal pay for work of equal value to be taken to law. The Equal Opportunities Commission agreed to joint-fund our case with MSF, and 1,500 speech therapists put their names forward as possible cases.

Pam Enderby and Lesley Cogher from Sheffield were the brave souls whose cases were taken through Equal Pay Tribunal, European Court of Justice and Industrial Tribunal for 11 years. By the union and those therapists staying with us till the case was won most of the original group of therapists finally got considerable back pay

settlements, and the landmark case has helped many other women get pay parity as well.

RCSLT as our professional body has been highly instrumental in developing all aspects of speech and language therapy, but as recent history is showing, NHS workers need their unions to help them fight for the very existence of their jobs in the NHS.

ALISON MACKENZIE, retired SLT
✉ alsnmcknz@mac.com

RCSLT responds:

Thank you for highlighting the important role of unions in supporting the employment rights of speech and language therapists. We encourage our members to join Unite the union.

LETTER

Diversity in communication training

I was delighted to read *Bulletin* and note the increased focus on diversity in the content. I think diversity and inclusion are issues that need to be considered across both clinical and research contexts within the speech and language therapy profession. With this in mind we have decided to focus on diversity and inclusion for communication partner training at the forthcoming International Better Conversations

Conference in November. Our aim is to provide an opportunity to share good practice in addressing barriers and identifying facilitators to diversity and inclusion in communication partner training, and create a sustainable community of practice.

DR ANNA VOLKMER, Senior Research Fellow and Consultant SLT, UCL
✉ a.volkmer.15@ucl.ac.uk

LETTER

Wellbeing: is there a new normal?

I read Steve Jamieson's column ('Reflections as your CEO', summer *Bulletin* p16), where he states that the wellbeing of clinicians is "deeply troubling" to him and the RCSLT. I currently practise as a paediatric SLT, working in education, and am interested in the promotion of SLT wellbeing.

In 2021, I completed a PhD that investigated the wellbeing of the SLT workforce. Major findings were that SLTs are at risk of depression, anxiety, somatic symptoms of stress, and social consequences. The poorest levels of wellbeing could be predicted by high demand, little control and ineffective support at work.

Data was collected before the onset of COVID 19, and so represented the 'usual' picture, rather than anything related to the pandemic. It is important to guard against a return to a 'normal' that does not support wellbeing, as my findings showed.

There is much in the media at the moment about NHS workforce planning, and some criticism of the fact that it focuses on recruitment, while not paying enough attention to retention. Interviews with SLTs who participated in my project demonstrated how important this is, and resulted in recommendations which focused on job design - as opposed to placing the entire responsibility on the shoulders of the clinicians themselves. Yoga on a Friday might not be the only answer to improving mental health.

DR CLAIRE EWEN, SLT claireewen@yahoo.co.uk



QUOTE OF THE QUARTER

“Speech and language therapy is so essential.

A career that spans across birth to death. Celebrating and supporting every aspect of quality of life. Encompassing the joys of communication, eating, drinking and swallowing. What’s not to love?”



HANNAH SEATON-FAULKNER, Senior SLT, Southend on Sea

✉ [@HSeatonFaulkner](https://twitter.com/HSeatonFaulkner)

LETTER

Reflections on ‘Celebrating the NHS at 75’ and the legacy of Jenny Warner

As the first students of the first Honours Degree in speech and language therapy, graduating in 1978 from Manchester University, we feel fortunate and privileged to have been taught by two amazing pioneers who were significant in advancing the profession.

Jenny Warner ('In Memory', summer *Bulletin* p61) joined Betty Byers-Brown, a warm, inspirational SLT who was Head of Department and instigator of the course, in our second year.

Jenny's expertise in autism, voice, and emergent communication was forward-thinking. Her booklet on paediatric feeding was widely used at a time when little else existed. Her lectures inspired us with descriptive and thought-provoking case studies and reel-to-reel audio tapes from her extensive experience. She was innovative in developing communication skills in people transitioning gender.

Jenny was engaging, with a wonderful sense of humour, whilst also unassuming. She showed genuine interest in the welfare of patients and students, developing our technical knowledge and practical skills in a way that enhanced our careers. We are grateful to have known her.

SHIRLEY MATHIAS and fellow graduates in BSc Hons Speech Pathology and Therapy 1978, Manchester University

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

UPDATING HCPC STANDARDS

The HCPC's updated standards of proficiency came into effect on 1 September 2023. The wording of the standards has been changed to move towards active implementation, and key changes can be grouped into five themes including leadership, mental health and digital skills.

[rcslt.info/hcpc-standards](https://www.rcslt.info/hcpc-standards)

ADVANCING PRACTICE

Advancing practice is a level of practice in which a practitioner has demonstrated their ability to work autonomously at a high level (level 7/master's level) across all four pillars of advancing practice: clinical practice, leadership and management, education, and research.

[rcslt.info/advancing-practice](https://www.rcslt.info/advancing-practice)

NEONATAL CARE: UPDATED GUIDANCE AND RESOURCE

The guidance includes new staffing recommendations for neonatal units, which provides an update to the 2018 recommendations to accurately reflect the SLT service needs on neonatal units according to activity and clinical need. The new calculation is based around cot activity and is specific to each type of unit, which is more reflective of the input required from SLTs.

[rcslt.info/neonatal-care](https://www.rcslt.info/neonatal-care)

EATING, DRINKING AND SWALLOWING (EDS) COMPETENCIES

To support the new competencies for pre-registration EDS, there is a new website area grouping together the competency document with all the supporting resources. You can find eLearning and simulation-based learning resources, plus how-tos for signing off competencies and what to do after graduation.

[rcslt.info/EDS](https://www.rcslt.info/EDS)

Need to

RCSLT research reveals impact of long COVID

A team of RCSLT expert advisers has published the largest prospective observational study yet to be carried out on adults hospitalised by COVID. The PHOSP-COVID SLT analysis study provides strong evidence that swallowing, voice, communication and cognitive communication needs are prevalent in long-COVID.

Published in BMJ Open Respiratory, the research identifies that 20% of patients who received support in an intensive care unit reported swallowing difficulties, and 34% reported voice difficulties. It also found that 23% of patients hospitalised for COVID reported issues with communication. They were more likely to be younger, female, from an area of social deprivation, and/or a health care worker. 70% reported cognitive communication needs or 'brain fog'. This was associated with having pre-existing multi-morbidities, and being from an area of social deprivation.

Lead researcher, Dr Camilla Dawson said: "The results from this groundbreaking study are startling and clearly demonstrate that a whole-system approach is required to respond to emerging clinical needs. Chronic underfunding has resulted in crisis-level speech and language therapy provision across the UK, meaning people aren't getting the expert rehabilitation to help them speak, communicate, process information, eat, drink and swallow. Without urgent action, vulnerable people with complex needs post-COVID-19 will continue to be unable to access the treatment they need, and this is unacceptable."

Based on these results and other research, the RCSLT will be working with national bodies to influence better recognition in national policies and guidelines in order to support appropriate planning and funding of health services across the UK.

SLTs lead the digital practice category at CAHPO awards

More than 20 SLTs and teams in England have been nominated for the Chief Allied Health Professional Awards (CAHPO).

The digital practice category highlights the work of AHPs showing innovation in the use of data and technology in the field.

Congratulations to nominees: Caroline McCallum from Homerton Healthcare

NHS Foundation Trust, Rachel Radford from The Rotherham Foundation NHS Trust and the Children's Feeding and Dietetic Service from North East London Foundation Trust. Results to be announced 12 October.

Turn to our tips for using technology at work on page 32.

know



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Student SLTs graduated this summer

Pride 2023: RCSLT in Leeds

In July, RCSLT took to the streets of Leeds with the SLT Pride Network to celebrate and support the LGBTQIA+ community. Thank you to all the members who joined us on the day and everyone who cheered us on along the way. It was a fantastic event and we are looking forward to attending other Pride parades in 2024.

SLT Helen Robinson said: "This was the first Pride that myself and my wife Claire have attended. It was a very special day and even more so as we could march with RCSLT and the UK SLT Pride Network. "Having the support from my professional body has meant so much to me over these past few years. I'm already looking forward to next year!"



TOP: HELEN (L) AND CLAIRE (R)
BOTTOM: SLT PRIDE SUPPORTERS

Follow the UK SLT Pride Network on X (formerly Twitter) and Instagram @uksltpride

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NEWS IN BRIEF

Community paediatric dysphagia workforce

The RCSLT's new workforce review and training needs analysis report on paediatric dysphagia seeks to understand the gaps and challenges in the workforce that supports infants, children and young people with eating, drinking, and swallowing needs (EDS). Funded by Health Education England (now NHS England), the report includes key recommendations to support the workforce in training, supervision and support, and recruitment and retention.

rcslt.info/paediatric-dysphagia-review

Stammering and GP telephone systems

STAMMA, the British Stammering Association, is calling for easier access to GP appointments for people who stammer. A survey of their members showed that using a telephone booking system can be challenging for people who stammer. Experiences using telephone systems included being hung up on, feeling rushed, and being misunderstood or laughed at. Their campaign is calling for alternative booking systems and more training for receptionists.

rcslt.info/stamma

Northern Ireland early years survey

The RCSLT NI office is gathering data on children's speech, language and communication needs. Early years services were surveyed to find out how communication difficulties in children aged 0-5 years have changed in recent years, and if there has been an increase in amount or complexity of needs.

The results will be used to inform discussions on early interventions with key stakeholders including the Department of Education, Education Authority and Public Health Agency.

RCSLT leadership placement

In July RCSLT hosted its first ever leadership placement, including a day at RCSLT HQ in London Bridge (shown). Four students from different universities joined a two week placement covering leadership theories and experiences. The placement was developed with input from all speech therapy universities and through discussion with other professional bodies about their leadership placement experiences.



L-R: VICTORIA HARRIS, HEAD OF LEARNING, RCSLT HOLLY HIMBURY, ESTHER VAN HOEVE, EMMA HOWORTH, SARA KURKI (ON LAPTOP), MARK SINGLETON, LEARNING AND DEVELOPMENT MANAGER, RCSLT

The students undertook a mix of group project work, shadowing, scenario work, reflective sessions, independent study and strengths-based coaching. Student SLT Sara Kurki told *Bulletin*: “During the placement I have learned to think of leadership as service you do for others and also to see any opportunities for leadership as opportunities for growth. This has led me to understand how linked SLT and leadership skills are, how guiding others with authenticity can be incredibly valuable and how leadership is not about a position but about behaviour and action.”

The added benefits of engaging with research

A new comprehensive review suggests that when AHPs, including SLTs, have some research engagement, there is likely to be a beneficial impact on the delivery of care, and possibly also on healthcare outcomes.

The findings of the research team involving RCSLT members and staff indicate that AHP research engagement appears related to positive findings in improvements to processes of care. This includes facilitating changes in staff skills and attitudes, leading to more rapid uptake of new treatments and guidelines. And when AHPs are supported to engage with research, this can make the organisation a more attractive place to work and provide incentives for staff retention.

Being research engaged can vary from carrying out research activities, to reading research papers and participating in journal clubs, all of which can lead to service improvements.

Find out more at rslt.info/research-engagement

Welcoming new SLTs-to-be

September marks the start of a new academic year for many student members and SLTs working in higher education institutions (HEIs), with 41 speech and language therapy courses now running across the UK.

RCSLT has gathered feedback from HEIs and students about the best ways to support the growing number of student SLTs. On the back of the research, a new video has been launched outlining the benefits of RCSLT student membership. The student offer includes a new dedicated student newsletter, and more resources on our website to support students during their studies and journeys to becoming newly qualified practitioners.

Clara Morrish, RCSLT Membership and Marketing Manager, said: “We’re excited to welcome all the new students starting courses this year and encourage new and returning students to share their experiences while studying and on placements using #SLT2B and tagging @RCSLT on social media.”

If you have any questions or feedback about our support for student members, please contact clara.morrish@rslt.org.

For more information about student membership and resources visit the new student hub rslt.org/student

**UP
COMING****OCTOBER**

Black History Month
AAC Awareness month
14 Allied Health Professions Day

NOVEMBER

1-2 RCSLT Conference
24 Carers' Rights Day

DECEMBER

3 International Day of Persons with Disabilities
6 RCSLT National Student Study Day

New guidance coming soon

This autumn, look out for updated RCSLT guidance on autism which has been co-produced with autistic adults and parents of autistic children and young people. We will also be publishing new guidance on speech sound disorders later in the year, including an updated position paper on childhood apraxia of speech. More news about the guidance will be coming your way in our e-newsletter and online.

**Student study day**

Places are still available on the popular RCSLT student study day, 6 December 2023. This virtual event helps final and penultimate year students on their journey to registration and moving into work.

🔗 rslt.info/student-day-2023

AAC: new guidelines and awareness month

This October is AAC Awareness Month. Time to think about alternative ways of communicating, from expressions and gestures to high tech devices. As professionals, we know how important AAC is for enabling people to have their voices heard. To support SLTs working with AAC and their clients, the RCSLT is publishing new guidance on AAC in the winter. Look out for announcements in the RCSLT e-newsletter and online.

🔗 rslt.info/aac-guidance

A vision for DLD

October sees a range of developmental language disorder (DLD) awareness activity. There are events in the Northern Ireland Assembly and the Welsh Senedd, and we will be launching a new vision for a DLD-friendly society.

The new vision for DLD has been co-produced with people with lived experience of DLD. We have been working with NAPLIC, Speech and Language UK (SLUK) and Afacic to map

out a vision of a society that understands and embraces DLD in health and education, as well as in employment, leisure and all aspects of life. Learning from the journey towards society's understanding of autism, this will be a long-term project to build awareness of the most common of communication challenges.

You can read our feature on new research in Northern Ireland on page 40.

Making the most of RCSLT conference 2023

The RCSLT virtual conference is a brilliant opportunity for you to meet other SLTs and take part in two days of learning, professional development and networking. But with multiple sessions and opportunities to connect with others, how can you make sure you make the most of your time?

Before

Plan ahead: have a good nose at the programme. Build your own personal agenda and get alerts for the sessions you want to attend. Fill in your profile and upload a picture to start networking.

During

Choose from 24 parallel sessions, view over 60 poster presentations and hear eight keynotes highlighting the latest research and knowledge. Take advantage of networking opportunities, and share

ideas and updates via the existing groups or create one yourself!

Jot down key learning and references during the sessions. Visit 'my notes' to read, edit and copy to your CPD diary.

After

After two packed days, don't forget to set aside time to reflect, plan what you are going to follow up on, and share learning with your team.

Recordings of all sessions can be accessed from one hour after they end, and the platform will be available for three months after the event. So you can watch anything you missed, revisit your notes or contact colleagues to keep the learning going.

🔗 For more information about the conference and to view the programme: rslt.info/RCSLTConf2023

JANUARY 2024

National Mentoring Month
4 World Braille Day

FEBRUARY 2024

4 World Cancer Day
5-11 National Apprenticeship Week

MARCH 2024

3 World Hearing Day
11-17 Nutrition and Hydration Week

UP
COMING

Head and neck cancer

Look out for the new RCSLT laryngectomy competency framework, position paper and member and public guidance on head and neck cancer coming later this year, following September's European head and neck cancer awareness week. For more information about the awareness week visit

[makesensecampaign.eu](https://www.makesensecampaign.eu)

New Welsh voices for AAC

This autumn, children and young people in Wales using synthetic voices will have access to a new range of voices to suit their individual language needs.

The new children's synthesised voices will be available both in the Welsh language and English, with Welsh accents from North and South Wales in older and younger male and female versions. They will be downloadable free of charge to any AAC device as well as phones and tablets. Jeff Morris, Head of the Electronic Assistive Technology Service for Wales said:

"Being able to use the voices on mainstream technology like a smart phone can remove barriers to use, as they are affordable and easy to carry around."

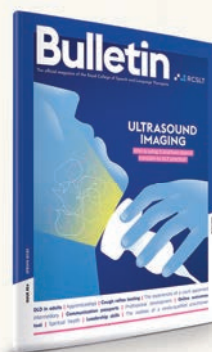
The new voices were funded by the Welsh government and created in partnership with CereProc Ltd, who involved volunteers in recording the new voices and used a system based on AI to construct natural-sounding words from recordings of component phonemes.



Bulletin seeks writers and reviewers

Can you help widen the scope of *Bulletin's* content and the diversity of our authors?

We know that *Bulletin* is a valued RCSLT member benefit, but we are always striving to make it even better and more representative of the membership. To help us give a balanced coverage of SLT specialisms, we are looking for more people to share their expertise and information on eating, drinking and swallowing difficulties (EDS). We would also like to publish more stories from SLTs and services in Northern Ireland,



Scotland and Wales.

Diversity is at the heart of what we do, and we hope to feature more content from across our diverse membership including SLTs of colour and disabled people.

We'd love to hear from those who have not written for *Bulletin* before. If you have an idea for an article but are not sure how to make it happen, contact us for some help and guidance.

Our content is peer reviewed, and if you would like to register an interest in becoming a reviewer please email us.

bulletin@rcslt.org

Improving our website

After valuable member and staff feedback, the RCSLT website has been updated to transform the way users explore and interact with the content, and make it easier to find the information you are looking for.

The new menu aims to provide a seamless journey for all visitors to the website, whether you are logged in as a member or not. The content has been streamlined and arranged into five key areas: what we do, speech and language therapy, learning and your career, guidance, and members. Some areas of the website may be accessible by members only, which is marked with a lock symbol on the menu.

In addition to the renewed navigation and footer, the search functionality has been improved to help you find the most recent and relevant information first, and implemented tagging for the results so you can easily identify the types of information being returned.

We are still working to improve members' experience of our website, and we would love to hear from you if you have any feedback. If your comments relate to a particular page, please include details of the page title and URL.

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

Got something you want to share?



This issue showcases the inspirational graduation season, snippets of NHS 75 birthday commemorations, the RCSLT's very first student leadership placement and more





5



6



7



8



9

- 1 An exciting future ahead for **@FatimahBH** as she graduates from her BSc in speech and language therapy. Wishing you all the best Fatimah.
- 2 SLT Vanessa hosted an AAC brunch to celebrated NHS turning 75 and presented some of the resources in use in Sandwell schools. Staff had good fun modelling and requesting using symbols!
@Nessa_lloyd
- 3 Well done to **@ShannenTurner** for finishing her final placement **@MTWnhs**. This photo marks the final day of her master's degree **@CityUniLondon #SLT2B**
- 4 Congratulations are in order for Leah Jarrett who graduated from Cardiff Metropolitan University on 24 July with a firstclass degree in speech and language therapy, and top of her class!
@willpkay
- 5 As part of **#NHSBirthday**, SLT Naomi attended an interesting interfaith service led by healthcare chaplains in Manchester.
- 6 Members of the Barnsley SALT Team **@BHNFT_SLT**, Dysphagia Nurse **@raybouldsarah** and SLT **@Lucy_Dexter_** celebrated 75 years of the NHS in style! **#75years #NHSBirthday**
- 7 Students Holly, Emma, Esther, and Sara visited the RCSLT HQ for the first-ever student leadership placement - a great opportunity to develop leadership skills and connect with SLT2B's from around the UK!
#RCSLTleadership @SLTesthervh
- 8 Alice from the Darent Valley Hospital SLT team joined other AHPs from the trust to promote healthcare professions at a local boys' secondary school careers fair. Great conversations with the students with some very insightful questions - hopefully one or two future SLTs!
@dgt_sltdvh
- 9 North Derbyshire ALD SLT team commemorated 75 years of the NHS
@NatalieB_SLT



The human aspect of care is our superpower

DR SEAN PERT

The have and the have-nets (revisited)

Nearly 30 years ago, **Dr Sean Pert** predicted that the internet might turn out to be useful for SLTs...

In the December 1995 edition of *Bulletin*, an article appeared by a newly qualified SLT with the title 'A Review of the Internet'. I wrote this article just as the world wide web was being born, and the number of speech and language therapy-related sites could be counted on one hand. I cautiously predicted that "Both the student and practising therapist could potentially benefit from this vast information resource". I'm sure you'll agree that this was an understatement!

Fast forward 27 years and I became Chair in an online RCSLT board meeting. The net has changed almost all aspects of society, and facilitated the delivery of routine care via telehealth, accelerated by the pandemic (Patel et al, 2022). I can pay for almost anything with my smartphone, and access research papers on the go.


In my own clinical practice, I routinely use computerised evaluation of voice to provide near instantaneous graphs and values for vocal pitch and loudness, and even screening for voice disorder using Cepstral Peak Prominence (smoothed) values (CPPS). My team delivers therapy to trans and non-binary people via telehealth.

Like any new technology, innovations can be used for benefit or may pose new and unexpected threats. AI threatens to overturn many


professional roles, in the same way that 'disruptive' technologies have re-configured society since the invention of machines in the industrial revolution (Wolnicki and Piasecki, 2019). I am certain that AI will be as impactful as the arrival of the net.


I asked ChatGPT what SLTs in the UK should consider when using AI clinically. This was part of the reply:

"While AI offers numerous potential benefits, it is important to remember that it should not replace the human element in therapy. AI should be seen as a tool to assist and augment clinical practice, complementing the expertise of SLTs. Ethical considerations, privacy, and data security should also be kept in mind while implementing AI technologies."

I couldn't agree more that the human aspect of care is our superpower. We help our service users to engage, motivating and demonstrating, listening carefully, and creating personalised, co-produced approaches. AI is likely to enhance assessment and diagnosis and allow SLTs to produce treatment plans rapidly and efficiently. AI will provide insights into research using LLMs, and help those using AAC and beyond. Get ready for the future; it's already here. 

DR SEAN PERT, RCSLT Deputy Chair

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STEVE JAMIESON

Having a seat at the table

Steve Jamieson is connecting with members from Belfast to Brighton to help inform our influencing work

One of the key roles of RCSLT is to ensure the voices of speech and language therapists are heard by government ministers, civil servants and other national leaders across all four nations of the UK.

Engaging with key decision-makers to influence policy ensures we are meeting our charitable purpose of campaigning for better lives for people with communication and swallowing needs. The complex world of politics is often slow, frustrating and difficult to quantify, but what makes it easier is having a good comprehension of the challenges in the profession, and your personal insights.

My recent visits around the UK have been invaluable in enabling me to get a better understanding of the complexity of the profession and the real-life experiences of SLTs and service users. I have been to children's services in Northern Ireland and Glasgow, adult services in Hertfordshire and Manchester as well as mental health and learning disability services in Brighton.


When I go out to visit services I am always amazed at the passion and drive to make services the best they can be. Meeting members provides me with intelligence that can support our position when influencing those in power. For instance, when I recently met Claire Coutinho MP and Minister for Children, Families and Wellbeing I was able to

discuss how we can support her work on special educational needs and disabilities (SEND). I also recently met with Lord Shinkwin to talk about the issues surrounding our workforce.

The NHS Workforce Plan for England published in June is another example of where our discussions with NHS England and sharing the results of our vacancy and recruitment survey meant SLTs were included in the plan.


In England, Scotland and Wales we have a functioning political system to influence. In Northern Ireland, the Assembly has been suspended since 2017, making it very challenging to move forward with improving services. This was brought home to me when I visited some inspiring SLT leads in Belfast. I talk regularly with our Head of RCSLT Northern Ireland Ruth Sedgewick, as we hope for movement in the political situation soon.


As we edge closer to a general election, our opportunities to effect legislative change will be much harder. However, we will continue to lobby and raise the profile of the profession.

Although we have to be discreet about many of the discussions we are having, rest assured we are the voice of the profession, and our voice will be heard. 

STEVE JAMIESON MSc, BSc (HONS), RN

RCSLT Chief Executive Officer

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I am always amazed by the passion and drive of the profession

The Importance of Food Allergen Awareness and Education

Allergies can have a profound effect on the lives of individuals, with 1 in 6 of those with allergy having sufficiently severe symptoms to require medical help.

Allergies are extremely prevalent, with a rising two million people in the UK living with food allergy and a 500% increase seen in hospital admissions due to food allergy over the last 30 years.

Given the scale of the population who may be living with a food allergy, it can be considered likely that most healthcare professionals will encounter an individual with a food allergy during their career.

To discuss ongoing work within this space, Wiltshire Farm Foods recently sat down with Tanya Ednan-Laperouse for an episode of its Dietitian Diaries podcast. After tragically losing their daughter, Natasha, following a severe allergic reaction, Tanya and Nadim Ednan-Laperouse set up The Natasha Allergy Research Foundation to drive positive change through pioneering research and raising allergy awareness. Tanya says:

“As a result of everything that we discovered following Natasha’s inquest, we were spurred on to campaign for Natasha’s Law. This change in legislation has meant that all labelling on pre-packaged food for direct sale must now display full ingredient information with the top 14 allergens marked in bold.

“Natasha’s Foundation works in a number of areas, and all are vitally important, however ultimately it is the science that will provide the solution to dialling down allergy within the population. Therefore, our primary objective is funding important and life-changing medical research.”

During the conversation, Tanya also spoke on how healthcare professionals in various settings can look to better support those living with food allergies, saying:

“Many people do feel isolated and misunderstood when seeking help, and we have found that healthcare professionals often have not received specific allergy training.

“Although we know that things are changing and allergen conversations are taking place more openly, it is vital that we continue raising awareness and understanding of allergies to drive the further positive change required.”



Registered Dietitians Emily Stuart [left] and Maia Fergus-O’Grady [middle] in discussion with Tanya Ednan-Laperouse [right]

Individuals living with food allergy often require support on managing the condition through areas such as developing self-management skills, understanding hidden allergen sources, and maintaining a nutritionally adequate diet based on their own needs once allergens have been excluded. Therefore, it is imperative that current and accurate knowledge on this area is considered as part of Continuing Professional Development.

UK food labelling laws mean that businesses must list use of the 14 most prevalent allergens in the food and drink they provide. These allergens are celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts.

Wiltshire Farm Foods understands the importance of carefully managing food allergies, offering a selection of meals within its range that are free from the 14 major allergens. In addition, a sample from every batch of its Free From meals is tested within an onsite allergen laboratory for added reassurance.

The meal provider also offers detailed allergen information on all its meals in its Allergens & Special Diets Guide, which can be requested through its website.



Listen to the Dietitian Diaries podcast episode on Spotify or Apple Podcasts here: linktr.ee/wiltshirefarmfoods



Find out more about The Natasha Allergy Research Foundation here: www.narf.org.uk/



FOCUS ON DIVERSITY

No language barrier

Malaysian student SLTs share Malaysia's truly inclusive approach to multilingual speech and language therapy



Being a speech and language pathologist (SLP) in Malaysia calls for us to be skilled at serving a multilingual community. Malaysia is a multiracial, multilingual country with diverse languages including English, Mandarin, Bahasa Malaysia, Tamil, Cantonese, and more.

Monolingual individuals do exist within the older population in Malaysia, but they would be classified as receptive bilinguals as they are able to understand the Malay language to some extent in daily conversation, while using their own native language at home.

However, in the younger generation, nearly everyone understands and speaks more than one language. This makes our role varied and challenging as we provide services to children and families in a multilingual community.

We work with families who speak languages other than their native language on a regular basis. The language selected for therapy is chosen based on our observations of parent-child interaction in videos of home play sessions, formal and informal

assessments, and a detailed parental report. It is quite common for us to prepare materials for a session in one language while the child responds in another. This is acceptable and pragmatically appropriate in the child's community, and we do not need to prompt them to use the target language.

For example, we accept borrowed words from another language if it is an analogous term in the child's environment.

SLP: Awak nak makan apa hari ni?

[What do you want to eat today?]

Client: Nak makan apple.

[I want to eat apple]

SLP: So, you nak makan apple?

[So, you want to eat apple?]

Client: Yes, I want to eat apple.

This is an example of dialogue which shows a scenario of code-switching that occurs on a regular basis in our clinical settings. Both client and SLP code-switch between Bahasa Malaysia and English during a free


conversation interaction with no correction or request to change to the on-target language.

Our university's speech sciences programme gives training on other languages widely spoken in our

community. Additionally, we have also completed the cultural diversity course in our program that has taught us to be culturally sensitive and to constantly take the cultural differences into account when offering services.


SLPs mostly use one of the languages that the client speaks, but we find that using more than one language is often the most realistic option in the client's environment. Parents or caregivers are also given training on methods and approaches to help them interact with their child as part of the therapy.

The speech sciences programme at our institution is designed around a multilingual practice. We are trained in multilingual services, cultural sensitivity, and effective caregiver interaction, enabling us to make a positive impact on the lives of Malaysia's diverse population.

This article came out of a student exchange visit to the University of East Anglia in spring 2023. We decided to write for *Bulletin* to share our learning about working in a multilingual environment with a wider audience. 

PREETA RAJANDRAN, VIGNESWARAN KRISHNA, N SHAHDINA SAIFRUDIN

Fourth year students, Speech Sciences Programme, Faculty of Health Sciences, National University of Malaysia


We accept borrowed words from another language



Building skills together

Helen Vernon tells us about a collaborative approach to dysphagia workforce issues

We are all aware of the current workforce challenges within speech and language therapy, which have recently been highlighted by the RCSLT report citing a 23% vacancy rate in adult speech and language therapy services.

Within Lancashire and South Cumbria (L&SC), speech and language therapy services have used a collaborative approach to identifying workforce challenges. Working with the chief allied health professionals (AHPs) from other professions across the region, we developed a position paper outlining the current state of the regional adult SLT workforce as part of a wider AHP strategy for stroke.

This paper highlighted significant issues recruiting band 6 and 7 SLTs into adult services. This led to an increase in recruitment at band 5 level. Currently band 5



HELEN VERNON

SLTs work through their dysphagia competencies at a postgraduate level. Within L&SC, we recognised the need to support adult services with clinical workforce development to ensure we have enough SLTs with dysphagia expertise.

One of the key recommendations of the position paper was a new AHP Clinical Workforce Development Lead for Stroke post. This post would have a specific remit to support SLTs needing to complete their dysphagia competencies for their role in stroke or in any other clinical area of adult provision.



One of the key recommendations of the position paper was a new AHP Clinical Workforce Development Lead for Stroke post

We began by scoping how each trust currently supported and delivered the dysphagia competencies, and the numbers and planned recruitment of staff who would need to go through this process.

We then surveyed staff mentoring the dysphagia trainees to find out what support their mentees may need. The new AHP Clinical Workforce Development Lead offered direct and indirect support to the individuals working through the dysphagia competencies, tailored to their individual needs.

Examples of support included:

- helping to map current experience to the RCSLT dysphagia competencies
- peer supervision sessions
- case studies to consolidate knowledge
- direct clinical sessions on various acute sites across L&SC
- group teaching sessions
- 1:1 sessions to build confidence.

The direct clinical sessions were achieved through a digital staff passport which enabled the AHP Clinical Workforce Development Lead to work on any acute hospital site within Lancashire and South Cumbria.

Since September 2022 the AHP Clinical Workforce Development Lead has supported 14 SLTs with their dysphagia competencies, with three more due to start in July 2023. Weekly supervision sessions have been available at different hospital sites, often in a peer setting, offering a rich learning experience.



**REFERENCES**

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

We also entered a collaboration with the University of Manchester, which allowed us to use their dysphagia module to ensure a robust refresh of theoretical knowledge. This enabled busy SLT teams to focus on direct patient care rather than needing to provide this refresh in-house.

Learners have given 100% positive feedback around this module, commenting particularly on the high quality of content and the flexibility of the eLearning module. Feedback from SLT colleagues regarding the AHP Clinical Workforce Development lead role has been overwhelmingly positive. They liked having 1:1 time to go over the competencies, the ability to discuss cases in a dedicated space with peers and the opportunity to work on an acute site, particularly for those staff who were community-based.

Adult speech and language therapy services have been extremely grateful for the additional support this post has provided at a time when resources are severely stretched. Some challenges and limitations include the fact this was one post for many staff and at times communication with mentors has not been as robust as it could have been.



This collaborative project has led to a greater insight into how SLT services are delivered across L&SC

What we gained


This collaborative project has led to a greater insight into how speech and language therapy services are delivered across L&SC. It has promoted shared learning and some consistency of approach in the clinical area of dysphagia.

Learning from the pandemic allowed a digital passport to be utilised effectively, enabling additional supervised sessions in a peer format, on different hospital sites. This has led to a strong community of practice amongst those SLTs being supported, with resources, research and information shared widely.

More collaboration

As our NHS landscape changes with the formation of Integrated Care Systems,

greater collaboration will become standard practice. Clinical networks are likely to be established and roles such as this one within L&SC will be developed for other professional groups and clinical areas.

The NHS Long Term Workforce Plan has outlined several changes relating to training, retention and reforming workforce. Looking to the immediate future and the changes with pre-registration eating and drinking competencies for SLTs, the AHP Clinical Workforce Development Lead role is enabling the strategic development of regional plans. We are aiming for this role to continue to support the pre-registration students, providing additional placement to those students with a keen interest in dysphagia, collaborating with universities and supporting graduates in the workplace. 

HELEN VERNON, AHP Clinical Workforce Development Lead for Stroke and Clinical Lead for Stroke Rehabilitation (ICS), Lancashire and South Cumbria
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Turn to page 54 to learn about the introduction of EDS competencies for students

Integrating IQoro into practice

– Insights from SLTs in both adult and paediatric settings

IQoro is increasingly being adopted by SLTs across the NHS and in independent practice. Natalie Morris and Sandra Robinson, share some of their clinical experiences.

Using IQoro to facilitate saliva control in children and young people with Cerebral Palsy

Natalie Morris, SLT and director of The Feeding Trust CIC, used a practice-based evidence approach to measuring 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: 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.”



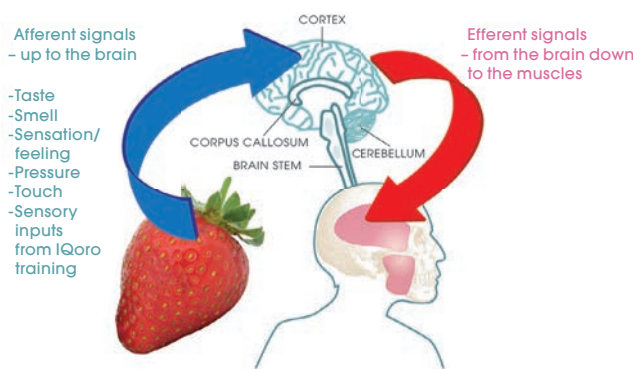
IQoro facilitates swallow recovery with my clients in adult neuro rehab

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.”

IQoro is available on NHS prescription in the UK.



Universal interventions in Wales

Welsh Government minister, **Julie Morgan**, puts the case for funding universal services for the early years



In Wales, we are pioneering a proactive, preventative approach to speech, language and communication needs (SLCN) by funding universal and targeted services to reach children in the wider population. The aim is to reduce the pressure on stretched NHS specialist services as well as ensuring the best experience of childhood for children with SLCN.

The Welsh Government recognises that SLC development is an important predictor of later progress in literacy. Poor skills have an adverse impact on the experience of childhood and on a wide range of longer-term outcomes including mental health, wellbeing and employability. Emerging evidence of the impact of lockdown restrictions on children's SLC development led to increased awareness of the need to identify and support children with SLCN.

Our review of SLCN interventions at universal, population and targeted levels



JULIE MORGAN



Poor SLC skills have an adverse effect on the experience of childhood

(‘Intervention review: supporting early years SLC’) showed that while a number of evidence-based interventions are available, none were available in Welsh. A 2022 review of early language screening tools (‘Early language screening review’) recommended a bespoke bilingual surveillance approach to be developed for Wales. This enabled us to prioritise the development of Welsh resources for practitioners and families, based on the best evidence. The new, bilingual Welsh Voices project was funded as part of this work, allowing Welsh children and adults


access to electronic voices matching their gender, age and Welsh accent or language spoken.

Early years SLCN programme, Talk with Me (TwM), began in 2020. Two SLTs were seconded into Welsh Government in spring 2020 to support an awareness-raising campaign and develop resources for professionals and parents.


The TwM publicity campaign included television adverts and a social media


campaign co-produced with our target audience of families and practitioners. The campaign resulted in increased awareness of the importance of SLC and how to support SLC development, with 62% of parents and carers surveyed agreeing with the statement: “I know more about why it’s important to talk with my baby or child after seeing the campaign”.

Talk with Me support and learning packages for professionals included an All-Wales SLCN training pathway for early years practitioners and a bespoke training package for health visitors, co-designed with our health visiting colleagues in Wales. We have also trained colleagues working in Care Inspectorate Wales (CIW) and Estyn, our education inspectorate, to ensure that inspectors are equipped to consider practitioners’ knowledge, skills and behaviours in relation to supporting SLCN.

The Welsh government has invested £1.5 million in this project, with the new toolkit expected to be ready for rollout across Wales in Autumn 2026. This will mean that more children with SLCN can be identified accurately and helped in the right place, by the right person, at the right time. 

JULIE MORGAN, Deputy Minister for Social Services, Welsh Government

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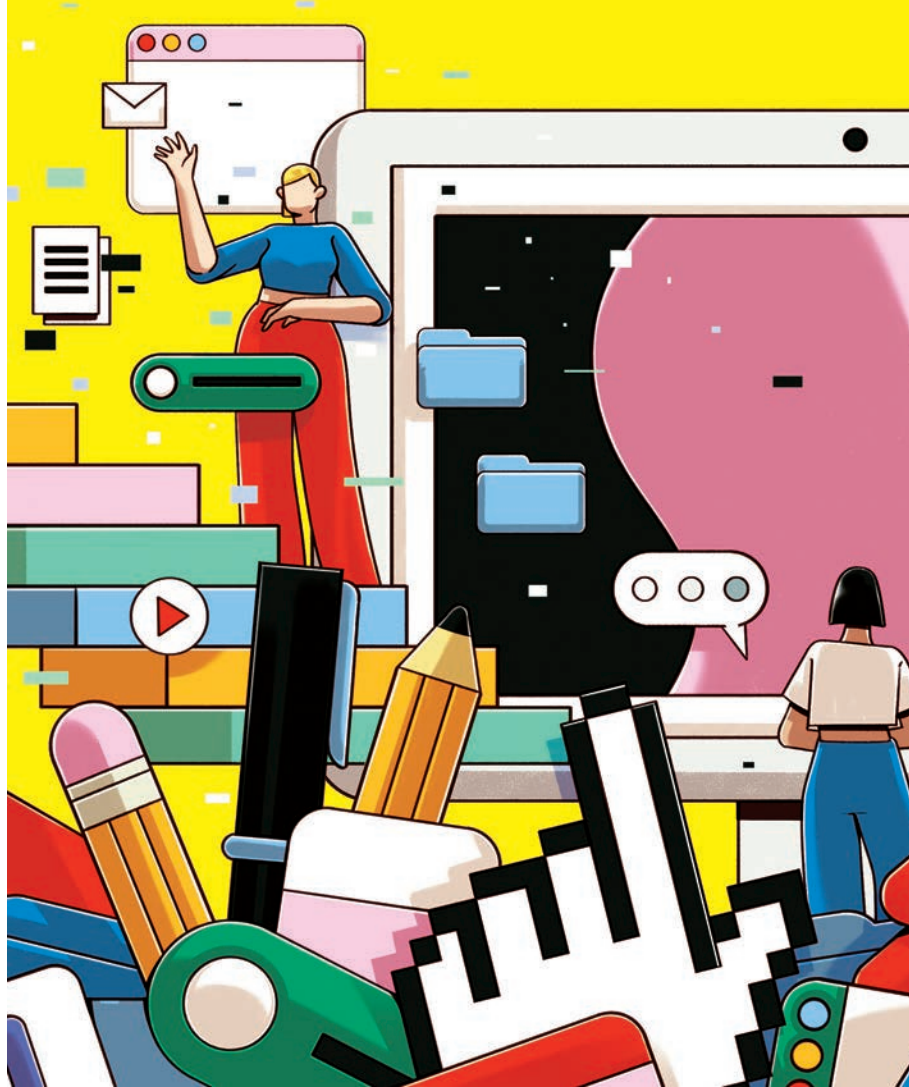




Our digital future

How can we bring the profession into the digital age? RCSLT's Kathryn Moyse and Nikki Gratton listened to members

ILLUSTRATIONS MOJO WANG



The digital world is ever-changing, and it can feel hard to keep on top of what this means for us as professionals. Over recent years we have witnessed a rapid adoption of the use of digital health, data and technology in health, education and social care. Much of this rapid expansion was a response to the COVID-19 pandemic. But healthcare in the post-pandemic landscape is continuing to change, with more and more developments including new areas like artificial intelligence (AI).

Leading bodies in health and social care are responding with new UK-wide policies and strategies setting out a vision for the delivery of services via digital technologies. There is also an increased drive towards the use of real-world data and the development of data-driven health and care services. At the same time, the importance of having a workforce with the skills to use digital, data and technology to deliver better care has been recognised by national bodies. This includes the NHS Digital Framework for Allied Health Professionals, as well as



KATHRYN MOYSE



NIKKI GRATTON



100 represented expert level knowledge or confidence). We found that members' perceptions were wide-ranging (table 1): the scores ranged from 0 to 100 with an overall average of 51 for both knowledge and confidence. This confirmed what we had long suspected: members are identifying as having really varying levels of knowledge, skills and confidence in this area.

TABLE 1:

	Knowledge (n=33)	Confidence (n=33)
0-20	9 (23.7%)	10 (26.3%)
21-40	3 (7.9%)	3 (7.9%)
41-60	8 (21.1%)	6 (15.8%)
61-80	13 (34.2%)	13 (34.2%)
81-100	5 (13.2%)	6 (15.8%)

the RCSLT's digital strategy within the five year Strategic Vision.

What is the new digital reality for SLTs?

In light of all the change taking place, we consulted members to explore their views on digital health, data and technology.

Our co-production work

We carried out focus groups and a survey in summer 2022. Those involved had a range of self-reported levels of confidence, knowledge, skills and experience with the use of digital health, data and technology. They came from a diverse range of backgrounds including members from all four UK countries, SLTs from the NHS and independent sector, clinical and non-clinical staff.

In our survey, members were asked to self-rate their knowledge of and confidence in using digital health and technology on a scale of 0-100 (where 0 represented no knowledge or confidence and



REFERENCES

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

What our members told us

The discussions were really broad and spilled over into lots of areas of practice, reinforcing the fact that digital health and technology is becoming a part of our everyday working lives as speech and language therapists, not an 'added extra'. Areas we covered included:

- **Technology skills:** members across all four groups commented on the need for upskilling all members of the profession in digital competency at all career stages.
- **Keeping up can be overwhelming:** another theme that came through strongly was the need for information sharing within the profession.
- **Barriers:** members spoke about some frustrations and aspects related to technology that present barriers to digital for colleagues and service users alike.
- **Opportunities:** conversations also centred on the benefits and the opportunities afforded by digital.



Focus group voices

Focus group members **Jennie, Angela, Richard** and **Marie** told *Bulletin* more about what technology means to them as professionals.

Technology: love it or hate it?

Jennie: I do embrace modern technology in terms of adapting to today's lifestyle, and to be fair, you're going to get left behind and left out if you don't.

Angela: I love tech. I am of the generation that learned to type on a manual typewriter, so that's how ancient I am... I clearly have a thing for tech, because that wasn't part of my upbringing!

Richard: I wouldn't call myself a fan, but I appreciate it when it's appropriate for something that I want to do. So like everything, technology has its place, but it should be people first.

How does technology benefit your work?

Richard: Technology can have huge benefits if it's applied in an inclusive way. Almost all people living with MND will lose the power of natural speech and movement, so they will end up using communication devices for extended periods of time. Things like eye gaze systems or text to speech tools are literally the difference between them being able to express themselves and not at all.

Angela: We use iPads to do our language assessments. That's a huge bonus for us as therapists because you can focus so much more on watching what the student is doing rather than making sure that you've written down his responses correctly. And the assessment software produces a report with graphs, so it's definitely made our reports much more accurate and looking more professional.

We use AI quite a lot to draw up resources. I can say: "Find me a story about a pop star going on a trip using the letter S," and ChatGPT will produce a short story for me.

Maria: Using remote meeting technology makes it easy to catch up with staff working in a different location, and carry out catch-ups, supervision and working on a task together. For appointments, seeing

individuals via video call can be better than a phone call for rapport building. It is also less intrusive and reduces the anxiety and sensory arousal of having people in the room.

What are your biggest challenges?

Jennie: I work in the acute hospital setting where we use standard technology like laptops. We don't use iPads in the acute setting, as people aren't often well enough or cognitively able to engage with them. As a trust we don't currently have electronic records. We still write our notes in paper on the ward. They are then scanned in and uploaded to an online programme. But that scanning process takes time, so you can't easily go back and look at electronic copies. When patients are discharged or come in, they could go under two different community teams and none of us have the same technology systems. So often quite significant information doesn't get handed over at the point of admission.

Richard: When people use technology to communicate, either directly by typing or using their eyes or some other way, the speed of communication slows down dramatically. And we haven't yet got the technology to the place to meet people's needs.

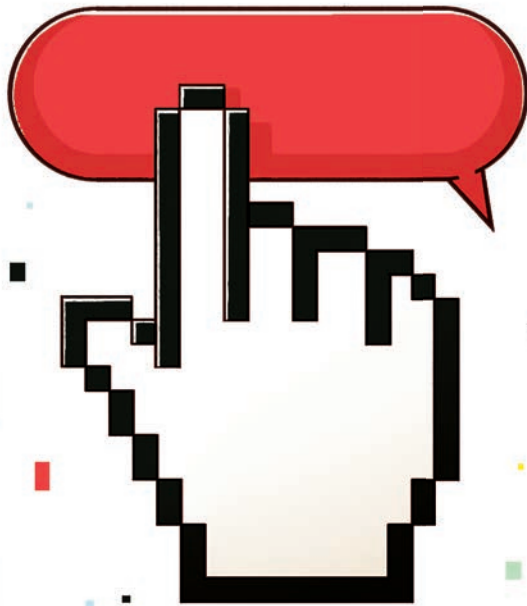
Angela: Young people coming out of university and starting their degree in speech and language therapy may have some digital skills, much more than I had. But then we still have staff who don't know how to share their screen on Teams.

The NHS Long Term Plan is all about digital innovation and ensuring that the NHS staff are able to use the technology that they're given. But outside a hospital the technology we use as SLTs is different from the acute setting, which seems to be easier to understand and accept than the forms of technology we might use, such as using an electronic patient record for online interventions.

Maria: We need to develop telehealth etiquette and governance for confidentiality and avoiding disruptions, but it can be tricky to find private office space for having confidential remote conversations. Digital technology is not always accessible to individuals due to equipment or suitable internet access, so we ensure we still offer a face-to-face alternative.



We use AI quite a lot to draw up resources




We need to be advocates for our clients with technology. We understand how communication works and how and when it doesn't

How do you see the future?

Richard: We need to be advocates for our clients with technology. We understand how communication works and how and when it doesn't. It's not surprising that of some of us feel more or less confident about technology because often we are picking things up along the way. The universities should be training us all that technology is a competency in speech therapy and it will be more so in future.

Don't get me wrong, the future for technology is extremely exciting. The challenge for us as a profession is to ensure that all those exciting things that are happening right now include our clients and include us.

Maria: Our service demands are changing, and efficiency methods are being maximised where there is clinical benefit. For this to happen it is essential that we have IT systems that work for us.

It is important to remember that sometimes face-to-face contact and paper-based resources are the better option for our learning disability client group.

Jennie: Our speech therapy training doesn't place much emphasis on even basic IT skills, let alone the more advanced skills you need for the workplace, and I think that's a big challenge facing the profession.

For example, I first became aware of ChatGPT through two friends of mine who are both doctors, and it was being very widely used by medics but it was this unfamiliar thing to a lot of speech therapists. Given what we do working in speech and communication, for us to be almost in the dark with regard to the rise of AI I think is really very interesting. And do we need to be more concerned about the impact of AI on speech, language and communication skills?

Angela: We hear so much about artificial speech and making it more natural using AI, but I don't know if speech and language therapists are involved in this area. There are ways that we could be there to support people who are developing technologies for the speech and language therapy, and we need to link up with those innovators.

I'm interested in digital dictation, which uses a recording of a session to produce a document which you can just skim through before sending to the client. How much time is that saving where I could actually be with a parent? These are not things that will happen in the distant future. Those things are here.



Members' solutions

Some really interesting ideas emerged that could be beneficial for members at all stages of their career. Building on the discussions, we worked with the participants to generate and rank solutions in order of priority.

TABLE 2: Top 5 highest ranked solutions

1	Sharing of learning, relevant resources and training opportunities
2	Sharing of resources to support making a business case for access to appropriate equipment or infrastructure
3	Signposting to relevant national guidance
4	Provide support and resources for activities that develop the evidence base including research, quality improvement projects, clinical audits, service evaluation and outcome measurement
5	Encourage services to seek feedback from service users on access to and use of digital technology

The long view

After engaging with members from across the profession, it is clear that digital health, data and technology has a lot to offer the profession now and in the future. Despite this, it is apparent that there is a way to go before all members feel that new ways of working and digital innovations are fully integrated into their working practices.

We hope some new developments in the pipeline will address some challenges. For instance, we are collaborating with other professional bodies on an e-learning package for health informatics, available to members later this year.


Perhaps you're reading this and reflecting on gaps in your knowledge, skills and confidence. Why not take a look at some of the top tips suggested by some of the members who have been involved in this work on pages 32-33?

Keep an eye out for future communications via our e-newsletter, social media and *Bulletin* for new resources and developments in this area. 

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MISSION STATEMENTS

We reviewed the data from the focus groups and pulled out the main themes in order to identify the top priorities. Through an iterative process of seeking feedback from members, we arrived at eight themes that members felt would be priorities for the profession over the coming five years.

RCSLT will support the speech and language therapy workforce to:

1 Develop competence and confidence with using digital and technology across the career span

2 Have access to appropriate equipment and infrastructure to deliver digitally-enabled services

3 Evaluate the effectiveness of digital tools and approaches to service delivery through outcome measurement and continuing to develop the evidence base

4 Assist service users and their families with accessing and using digital technology

5 Stay up-to-date with new developments and to facilitate the sharing of information

6 Advocate for the co-production of digital technologies and services

7 Design services that balance individual and local population needs for a digitally focused future

8 Be involved in decisions about digital service delivery and utilise national guidance to influence local policies.



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Technology top tips

Keely-Ann Brown brings you a list of practical tech tips shared by our members



If you are just finding your way with digital health and technology

- **Start with your strengths.** As SLTs, your main strengths are your person-first perspective and your knowledge of a variety of clinical approaches. Think of technology as another tool you can use to help meet your clients' needs.
- **Do your research.** We are in a golden age of the internet where a quick search on Google or YouTube can help you find the tutorial you need.
- **Use technology more.** Play around with it and explore. Think about your current skills and take steps to develop them.
- **Get your IT team on board.** They can often show you a much easier way of doing things.
- **Reach out to your network.** You have a tremendous network of SLTs that you can work with. Expand your network by reaching out to other SLTs online or in your local area.
- **Stay up-to-date with help from RCSLT.** You can stay tuned in to new developments in digital health and technology by following @RCSLT on social media, reading *Bulletin* and looking out for announcements in the e-newsletter.

If you have some experience using digital health and technology

- **Seek out opportunities.** Express an interest in developing your skills and consider shadowing experts in digital health. You could also offer to mentor others, become a champion for digital health within your service, or make a case for a champion role to be created.
- **Keep an eye out for training.** Look for relevant courses and training to develop your skills – there are many funded opportunities out there.
- **Create resources.** Address the challenges that your team or service users may face by creating video guides.

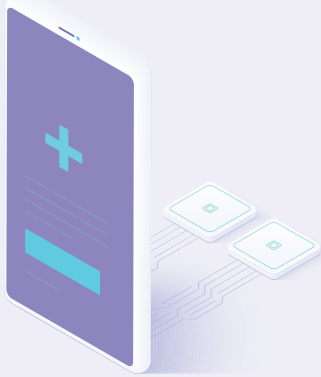
If you are leading a service

- **Support your team members.** Help team members set objectives linked to their digital competence at their annual appraisal. You can use the RCSLT Professional Development Framework as a guide: [rcslt.info/profdev-framework](https://www.rcslt.info/profdev-framework).
- **Share expertise.** Encourage a culture of knowledge sharing, and conduct technology-focused meetings to exchange ideas with your team members.

- **Ask for feedback.** Use your own experience with accessing digital healthcare to talk to service users. Request feedback on what works well and what could be improved when implementing digital healthcare.



We wouldn't say, 'Someone else can do that assessment for me' and in the same vein we can no longer say, 'Someone else can sort out Excel for me'



DIGITAL DEFINITIONS

Technology loves jargon, so here is our quick guide to some of the main terms you might hear.



What is health informatics?

Health informatics means using large data to

understand people's health needs, and finding ways of using technology to deliver services.



What is telehealth?

Telehealth means delivering remote services and treatments using

technology like video and telephone.



What is digital health?

Digital health is a general term for using digital technology to

support health.



What are AI and machine learning?

AI is the idea that a machine such as a

computer can learn and act in a human-like way. Machine learning is a subset of AI, using large amounts of data to power algorithms to process information and predict outcomes or find patterns. It can play a part in image searches, voice recognition and text-to-speech.

Really useful resources

Kathryn and Nikki from the RCSLT Research and Outcomes team have put together their recommendations

RCSLT guidance and resources

The RCSLT website has a wealth of member resources and guidance for you to use on your tech journey.

- Technology FAQs
[rcslt.info/tech-faqs](https://www.rcslt.org/tech-faqs)
- Telehealth guidance
[rcslt.info/telehealth-guidance](https://www.rcslt.org/telehealth-guidance)
- Apps guidance
[rcslt.info/tech-apps-guidance](https://www.rcslt.org/tech-apps-guidance)
- Local influencing guidance
[rcslt.info/local-influencing](https://www.rcslt.org/local-influencing)
- Making Data Count videos
[rcslt.info/making-data-count](https://www.rcslt.org/making-data-count)



National guidelines, reports and strategies

Take a look at some of the national strategies and frameworks for digital health.

UK

RCSLT five-year Strategic Vision
[rcslt.info/five-year-vision](https://www.rcslt.org/five-year-vision)

ENGLAND

Chapter 5 of NHS England Long Term Plan
[rcslt.info/nhs-longterm-plan-5](https://www.rcslt.org/nhs-longterm-plan-5)

Department of Health and Social Care *A plan for digital health and social care*
[rcslt.info/digital-health-plan](https://www.rcslt.org/digital-health-plan)

NHS England *A Digital Framework for Allied Health Professionals*
[rcslt.info/nhse-digital-framework](https://www.rcslt.org/nhse-digital-framework)

Digital Competency Framework for UK AHPs
[rcslt.info/hee-digital-framework](https://www.rcslt.info/hee-digital-framework)

NORTHERN IRELAND

Digital Strategy Health and Social Care in Northern Ireland 2022-2030
[rcslt.info/digital-strategy-ni](https://www.rcslt.info/digital-strategy-ni)

All-Ireland Digital capability Framework
[rcslt.info/digital-framework-ireland](https://www.rcslt.info/digital-framework-ireland)

SCOTLAND

Digital health and care strategy in Scotland
[rcslt.info/digital-strategy-scotland](https://www.rcslt.info/digital-strategy-scotland)

WALES

Digital and data strategy for health and social care in Wales

[rcslt.info/digital-strategy-wales](https://www.rcslt.info/digital-strategy-wales)

Health Education and Improvement Wales Digital Capabilities Framework

[rcslt.info/digital-framework-wales](https://www.rcslt.info/digital-framework-wales)



Build your skills

Find technology-related training and continuing professional development (CPD) opportunities.

UK

RCSLT Professional Development Framework
[rcslt.info/profdev-framework](https://www.rcslt.info/profdev-framework)

ENGLAND

NHS England Digital Health Leadership Programme (DHLP)

[rcslt.info/nhse-dhlp](https://www.rcslt.info/nhse-dhlp)

NHS England Topol Digital Fellowship

[rcslt.info/hee-digital-fellowships](https://www.rcslt.info/hee-digital-fellowships)

SCOTLAND

NHS Education for Scotland Digital health and care leadership programme (DLP)

[rcslt.info/nhs-dlp-scotland](https://www.rcslt.info/nhs-dlp-scotland)

WALES

Tech Cymru Training Services

[rcslt.info/digital-health-training-wales](https://www.rcslt.info/digital-health-training-wales)

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Managing risk in children's dysphagia

Georgina Feint and her team investigated current practice for UK SLTs working with children who eat and drink with acknowledged risk (EDAR)



Eating and drinking with acknowledged risk (EDAR), also known as risk feeding, is the term commonly used when people continue to eat or drink orally despite associated risks from having dysphagia (RCSLT, 2021). Although there is an emerging research base in EDAR in the adult population, with published guidelines and care bundles, there is very limited research into EDAR in the paediatric population and no formal guidelines to facilitate management.

The only published paper on EDAR within paediatrics is 'EDAR: An Australian Paediatric Palliative Care Perspective' (Radford et al, 2020), which

acknowledges that there is a need for guidelines and resources to support paediatric EDAR management.

After a child death review in 2018 into the untimely death of a two-year-old girl on my caseload, my team and I started to question what we could and should do about EDAR in paediatrics. The recommendations from the review indicated:

1 There should be joint agreement between specialities within acute and community NHS services about a clear feeding plan when there is risk of aspiration.

2 This needs to be agreed with the parents, and clear documented guidance for feeding given to parents. Evidence of parents' understanding of risk should be clearly documented.

3 Where there is EDAR, clear recommendations and documentation of risks needs to happen.

We developed and piloted an internal EDAR care bundle but wanted to compare it to what other services working in this field are doing. Care bundles typically bring together a small number of focused, evidence-based interventions or care components designed to improve clinical outcome. They are now a recognised and familiar approach to improvement in the NHS.

We developed an online survey for SLTs working in paediatric EDAR asking about their experience, confidence levels, communication and documentation of EDAR decisions and difficulties and barriers faced in managing paediatric risk feeders. The survey was distributed to all paediatric dysphagia Clinical Excellence Networks (CENS) in the UK registered with RCSLT. It remained open for 9 months.

The survey contained 14 questions including rating scales, open answer, multi-choice and tick box questions. The aim of this survey was to understand current practice across the UK so that we can compare and improve the service we offer to children on our caseload who are EDAR.

Results:

A total of 96 SLTs working in the field of EDAR in paediatrics completed the survey
SLT backgrounds

- 57% of SLTs had worked in the field of paediatric dysphagia for 10+ years

TABLE 1: Confidence of SLT in risk feeding vs years of working in field

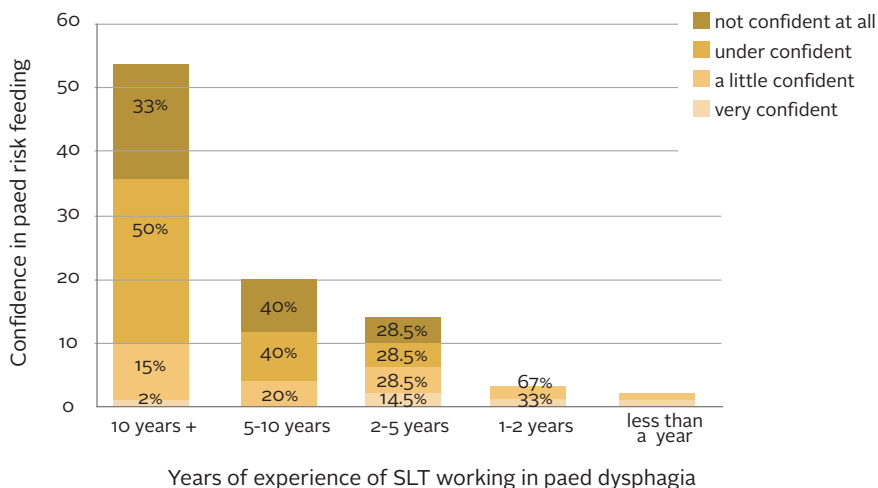
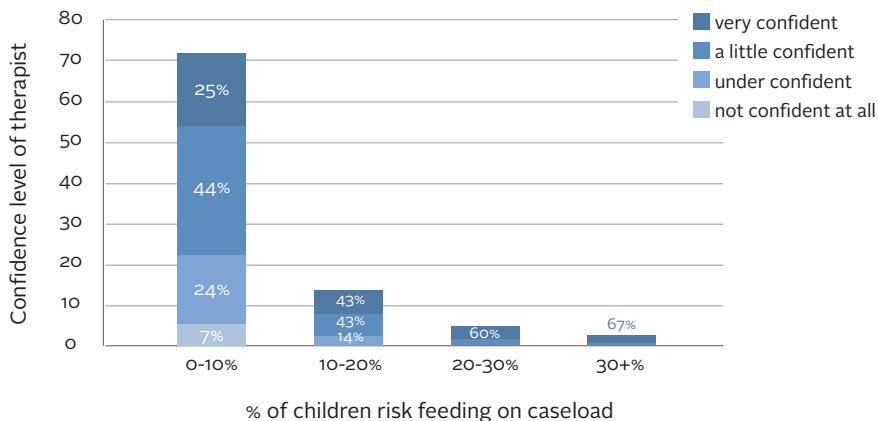


TABLE 2: Proportion of risk feeding cases on caseload vs SLT confidence levels in managing risk feeding



- 75% of SLTs reported that less than 10% of their current caseload were EDAR

Defining EDAR

When asked “what does the term EDAR in paediatric dysphagia mean to you?” there was a huge variety of responses, ranging from feeding against SLT advice to quality-of-life decision making in palliative care.

Confidence levels

- Four-point rating scale from not confident at all to very confident
- 31% reported feeling very confident

- 43% a little confident
- 21% under confident
- 5% not confident at all

There was a clear positive correlation between confidence levels in managing EDAR in paediatrics and the number of years practising in the field of paediatric dysphagia.

There was also clear positive correlation between confidence levels and the percentage of the SLT’s caseload who were EDAR.

These results are unsurprising as it would be assumed the more experience in

this field the more confident you would feel, but interestingly 2% of therapists who had been working in the field for 10+ years reported not feeling confident at all and yet all therapists who had been working 5-10 years felt a little to very confident.

Communication and documentation

The majority of SLTs communicated EDAR decisions verbally with parents and carers and the multidisciplinary team (MDT), and then backed this up with written guidance via report or on a proforma.

Difficulties and barriers

93% of SLTs reported that the thing they find most difficult to manage is understanding the true level of risk associated with oral feeding. 86% reported that compliance to guidance is difficult. When asked directly to expand on difficulties faced they reported:

“...Feeling as though if something were to go medically wrong for the child the clinical risk would fall primarily on myself as managing SLT.”

“Parents amending advice to suit the situation or their perspective and justifying the risk.”

“In our service we do not keep children who are ‘feeding at risk’ as we deem the risk too high.”

Of the SLTs who responded, only 3% felt there were children on their caseload that would benefit from EDAR but remained nil by mouth (NBM) due to time constraints. However, 42% of respondents reported that children remained NBM who may benefit from EDAR due to overall complexity of the clinical or social situation.

When asked to rank aspects of managing paediatric EDAR cases into order of difficulty, there was agreement that determining



REFERENCES

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



When asked “what does the term EDAR in paediatric dysphagia mean to you?” there was a huge variety of responses

the level of risk was the most difficult thing, and reviewing and identifying positive impacts were the least difficult things. Many reported some difficulty in inter-professional liaison and communication.

What might help

- 96% of SLTs reported they would find a EDAR matrix to aid decision making useful.
- 92% felt an information leaflet for parents and carers would be useful.
- 88% felt a proforma to aid communication between MDT members would be useful.

Reflections and next steps

EDAR is present on the caseloads of most SLTs working in paediatric dysphagia, but therapists are reporting feeling isolated and under-confident. Common themes in current practice for SLTs include difficulties in determining level of risk, parental understanding and compliance, and MDT liaison and communication. The majority of SLTs working in field feel practical aids such as leaflets, risk matrices and proformas would be helpful.

There is a clear need for research and evidence-based guidelines to help SLTs in managing paediatric EDAR to improve confidence levels and to inform best practice across the UK.

The next step of our project is researching components of a paediatric EDAR care bundle through consensus (Delphi study) and focus groups on shared decision making with parents, carers and the MDT, in conjunction with Dr Christina Smith and University College London MSc students.

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Learn about the RCSLT paediatric dysphagia workforce review
rcslt.info/paediatric-dysphagia-review



SLTs at the hospital front door



Can SLTs help improve patient experience of emergency admissions? Robyn Goddard reports on a pilot scheme

Kings Mill Hospital is a district general hospital in Nottinghamshire, with approximately 300 patients attending the emergency department (ED) every day. With mounting pressure on urgent and emergency care services, there is a focus on avoiding hospital admissions and reducing length of hospital stay.



It has long been recognised that rehabilitation is an important part of hospital care, but progress towards having rehabilitation specialists such as SLTs in the ED has been slow (Pontius and Anderson, 2021). Due to staffing levels and lack of funding, Kings Mill hospital has never before provided an SLT service in the ED. Usually patients are not referred for speech and language therapy until they are admitted to a ward. However, on occasions when they are referred from the ED we are often unable to respond quickly due to lack of staffing. This results in delays to care and patients being nil by mouth (NBM) for long periods.

Longer periods of NBM can lead to deconditioning and increased length and cost of hospital stay (Attrill et al, 2018). Other research has found that dysphagia is a significant predictor of worse clinical outcomes, resulting in a 38% longer length of stay (Paranji et al, 2017). It is recognised that early dysphagia management can reduce morbidity and length of hospital stay (Altman et al, 2010). With increasing referrals from the ED, we noticed a need for SLT in this area.

Other quality improvement projects have found many benefits of SLT in the ED. For example, In 2019, SLTs at Ulster hospital found that early intervention in the ED reduced length of hospital stay by three days and improved efficiency and patient flow, resulting in cost savings for the trust (Dorrian and Melville, 2022).

Trialling SLTs in the ED

We proposed a four week pilot of a highly specialist SLT (band 7) working in the ED, EAU (Emergency Assessment Unit) and Same Day Emergency Care unit, Monday to Friday 8am-4pm. The role covered:

- Joining board rounds to identify patients with communication and swallowing difficulties.
- Assessing patients with communication and swallowing difficulties.



- Information-gathering including swallowing and communication status.
- Informal, 'on-the-spot' education on the role of SLTs, and optimising nutrition and hydration of patients early in their admission to reduce malnutrition and dehydration.
- Informal, 'on-the-spot' education on diet and fluid consistencies.
- Facilitating capacity assessments as required.
- Supporting decision-making on hospital admission where appropriate.
- Liaising with community SLT teams and arranging follow-up.
- staff member who referred
- reason for admission
- previous medical history
- whether the patient was known to inpatient or community speech and language therapy
- response time from referral to assessment
- whether the patient was admitted to hospital or not
- summary of SLT input.

The Trust's communications team created a promotional video, and senior managers came to visit the ED during the trial. These were fantastic opportunities to raise the profile of SLT.

Introducing and evaluating our pilot

The proposal was presented to senior executives and approval was given for the pilot to start in August 2022. In preparation, we reviewed journal articles and projects completed in other Trusts and created a poster advertising the pilot. This poster was displayed in clinical areas and we met ward leaders from each area to raise awareness. We also created a staff feedback questionnaire to be completed at the end of the pilot. The following data were collected for each patient during the pilot:

- clinical area

What we learned

Key findings from the quantitative data

We saw 68 patients during the four week pilot

- 58.8% of referrals came from nursing staff.
- 35.3% of referrals were identified by SLT
- 86% of patients were seen within 2 hours and 50% of patients were seen within 30 minutes or less
- 83.8% of patients were eating and drinking following SLT assessment, reducing the need for IV fluids, nasogastric tubes and feeds

Cost savings

Five patients were discharged from the ED following SLT assessment. Assuming an average length of stay of three days, this is a cost saving of £6,195. The estimated yearly projection is 65 patients discharged from the ED following SLT assessment with a cost saving of £80,535. Most patients with dysphagia stay longer than three days so actual saving would probably be higher.

Key findings from the qualitative data

13 members of staff completed the feedback questionnaire.

- All respondents reported that the speech and language therapy service improved patient safety, patient experience, efficiency of patient care and reduced the amount of time patients spent NBM.
- 11 of 13 respondents found it useful having an SLT in the department.
- 11 of 13 respondents felt the service improved patient flow.
- 12 of 13 of respondents felt the service helped avoid admissions.

There were some positive comments from our colleagues:

- Physiotherapist: “Fantastic communication, ease of referrals via board rounds, more prompt assessment of patients with improved outcomes. Joint assessment to improve patient-centred care...such a key and valued allied health professional in the wider multidisciplinary team!”
- Lead nurse: “We had easier access to an important service. This has been a complete success.”
- Deputy sister: “Having speech and language therapy ensures patients can continue to eat and drink, aiding recovery.”

Reflections

Although the trial was very successful, there were some limitations. The first was the short amount of time to establish the service. Due to the high volume of staff in the ED, a lot of work



SLTs at Ulster hospital found that early intervention in the ED reduced length of hospital stay by three days

was required to promote the SLT role and build professional relationships. This probably affected referral numbers as staff were not accustomed to having routine access to therapy.

Another limitation was the inability to control for other variables that may have affected patient outcomes. For example, the five patients who were discharged from the ED following SLT assessment may have been discharged regardless of our input. Data on discharges from the ED was not readily available to us so it was not possible to determine whether SLT input was a deciding factor.

Another limitation was our referral process. The SLT responded to referrals from nursing staff and accessed the IT system used in the ED to review the presenting complaint for all patients. Due to the volume of patients in the ED, it was not possible to review each

patient’s notes in detail. So the SLT only identified patients who presented with a condition that would have an obvious impact on their swallowing or communication such as stroke, choking or aspiration pneumonia. This method misses patients with communication and swallowing needs who are

admitted with an unrelated issue. For example, a patient with dementia may present with a fall and it may not be immediately obvious that they have problems with eating, drinking and swallowing (EDS).

Support from senior managers and the communications team gave us promotional material to share with the teams and on social media and helped to build stakeholder engagement. Staff were positive about the project which helped SLTs to embed within the team, build professional relationships and advocate for the importance of early SLT intervention.

Future actions

Our recommendation is to have a full-time Highly Specialist SLT (band 7) to provide timely assessment and management to patients in the ED and EAU. This will avoid unnecessary admissions, improve patient safety and reduce malnutrition and dehydration and associated increased length of stay. These benefits will result in cost savings for the trust and improved outcomes for patients.

In September 2022, we submitted a business case for one whole-time equivalent band 7 SLT covering the ED and EAU as part of the Trust’s winter budget. In October 2022 this funding was granted for a three-month fixed term post until March 2023. The second phase of the pilot was completed between January and March 2023. The primary aim was to gather more data, particularly focusing on patient outcomes, and also looking at whether referral numbers had increased as a result of SLT presence in the ED and education provided to staff during the first trial. We plan to analyse this new data and submit a business case for permanent funding. We look forward to further embedding SLT into the team at the hospital front door.

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REFERENCES

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



DLD under the spotlight



With DLD Awareness Day around the corner, Sue McBride looks at teachers' knowledge of developmental language disorder (DLD) and her campaigning work in Northern Ireland (NI)

It was when I was homeschooling my eight-year-old son Corey in 2020 due to the pandemic that I began to see things I had not noticed before. He needed constant repetition and could not retain what he had been taught the week before. I especially noticed this in his recall of spellings and maths facts. During a lesson of hundreds, tens, and units where Corey was getting the answers correct, I asked him to explain what he was doing and why. But he could not find the language to do so. I became more observant and noticed that things we just accepted as 'Corey', such as his word finding difficulties and constantly asking "what does that mean?" were having a huge impact on his ability to understand language.



REFERENCES

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

There was something I could not put my finger on, and I knew these difficulties were not due to his previous diagnoses.

Corey's speech, language, and communication needs (SLCN) journey began when he was two years old and his speech was limited and unintelligible. The community speech and language therapy service recognised the complex nature of his needs and referred him on to the child development clinic. His glue ear was successfully treated, and cleft palate and childhood apraxia of speech were ruled out.

He was given a Statement of Special Educational Needs and spent the first two years of formal education in a special school. Educationally he struggled with literacy, peer relations, word-finding difficulties, attention, retaining information and gross and fine motor skills. As he progressed through school, he was diagnosed with ADHD and developmental coordination disorder (DCD, also known as dyspraxia). He was referred for an autism assessment but did not meet the criteria.

Corey made good progress and he moved to a mainstream school, where he was diagnosed



Finding my place

Having a child with a diagnosis of DLD was lonely. I did not know any other families or support groups. I attended Afasic's 'DLD Together' course and could not have been more thankful to meet families in similar situations, with the same worries and fears. The course was so amazing that last year, I qualified to be able to deliver this programme to our families in NI, sharing the power of knowledge and community!

Teachers and the DLD knowledge gap

During this time, I was studying for my MSc and wanted to pick a research topic that could have a direct impact and create change in Northern Ireland. From the beginning, Corey's SLTs had been supporting me as a parent and giving me skills to generalise the work they did in clinic at home, so I decided to focus on DLD.

My research focused on how prepared post-primary teachers felt to teach pupils with DLD. I sent out a survey to all post-primary settings in NI, and 63 teachers responded, mainly from mainstream schools. The survey aimed to uncover teachers' experience and understanding of DLD.

Teachers in an RCSLT focus group said they were unsure how to adapt the curriculum for pupils with DLD. They said that they would like additional support to be able to do this to best meet the needs of the pupils with DLD. They were also unaware of referral pathways for children in post-primary.

Most teachers had received no training in DLD at all, either at postgraduate or undergraduate level, apart from one teacher from a special school. Many also felt they did not have enough knowledge to teach children with general SLCN, including teachers with an additional role such as special educational needs coordinator (SENCO). Most teachers did not know where to look for additional training and support. Many felt confused by the terms being used for



with dyslexia. Academically, progress was very slow, but he was well supported with an adapted curriculum and a one-to-one assistant, and I had no other significant concerns.

Lightbulb moment

Then lockdown began, and I was able to see that something else was going on with Corey. He was reassessed privately by an incredible SLT and psychologist team, who gave a diagnosis of developmental language disorder (DLD) when he was eight. I had never heard of DLD before this, but the clinicians explained it in a way which was a lightbulb moment to me. Everything just fell into place! I imagine it's a similar, well-travelled path for many other parents and children. DLD is often the last diagnosis given, but the one that means the most, explaining your child's presentation so often hidden by other diagnoses.

DLD brought us to a crossroads in Corey's educational journey. We had the option of remaining in mainstream or we could choose to move him, for the third



Most teachers had received no training in DLD at all

time in his primary years, to another specialist school with staff skilled to meet his needs.

It was a tough decision, but I clearly recall speaking to one of his teachers who told me that Corey didn't require specialist support as he was "able to speak clearly and could interact with his peers". The lack of teacher understanding worried me and, given the lack of direct support, Corey moved to a regional SLCN primary school. He has chosen to go to a mainstream school post-primary.



different types of SLCN.

Ultimately, teachers across NI felt they were not well prepared for teaching children with DLD. Most were keen to access training, but as formal continuing professional development (CPD) is not mandatory for teachers, accessing specialist CPD and training is not always straightforward.

One reason for the poor awareness of DLD may be the low diagnosis rate. In Northern Ireland, only around 800 children are identified as having DLD when prevalence figures from campaigning group, Raising Awareness of DLD (RADLD), suggest that it may affect nearly 25,000 children and young people. RADLD highlights the invisible nature of DLD and how it truly is one of “the most common childhood disorders you never heard of”.

Campaigning for DLD

In 2022, I decided to create a campaign and event on DLD Awareness Day. I reached out to the Children’s Commissioner for Northern Ireland, the Department of Education (DE), Education Authority (EA) and RCSLT NI. The day was a huge success, and we even managed to get a prime-time segment on our local tv news!

Where next?

Research has shown the negative impacts that DLD can have on a child’s life as they grow up. For this reason, I approached RCSLT NI to share my research and to see if there was something we could do to address the issues raised. I began working with them to campaign and raise awareness of DLD, and this summer I joined the RCSLT NI team as a policy advisor.

Ruth Sedgewick, Head of RCSLT NI Office

Sue’s research and campaigning is already making a big difference for DLD in Northern Ireland. The lack of understanding of DLD in the post-primary setting revealed in her research was concerning, and I knew that RCSLT NI needed to get involved.

Her campaigning has led to the RCSLT NI meeting with key senior leaders in the Education Authority and the Department of Education. We are raising important issues such as teacher training in SLCN and the need for robust training and competency frameworks. This must include the SENCOs and classroom assistants, as they are often the key professionals supporting children with DLD.

DLD Awareness Day is on **20 October**, and this year our event in the Long Gallery, Stormont is being sponsored by Cara Hunter, a Member of the Legislative Assembly, with NAPLIC chair Stephen Parsons as our keynote speaker.

I’m pleased to say that the Education Authority’s language and communication service is working with some expert NI members to bring together resources which we plan to launch at our event in October. These resources are aimed at post-primary and focus on strategies to support a child with DLD in the classroom. At the same time, NHS SLTs in Northern Ireland are working hard in the background to progress regional pathways and support this drive for awareness-raising amongst teachers and other professionals.

There is still work to be done but I know that together we can make a difference for those with DLD and their families.

RUTH SEDGEWICK, Head of RCSLT NI Office

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Find out more

Read our guidance on DLD: rcslt.info/dld-guidance

Visit the Raising Awareness of DLD Northern Ireland (RADLD NI) page radld.org/northern-ireland



Tiny Happy People turns three



MICHELLE
MORRIS



DEBORAH
FAJERMAN

Michelle Morris and Deborah Fajerman look at how BBC's Tiny Happy People has evolved since it first reached our screens in 2020

iny Happy People (THP) is an online education project produced by the BBC to help develop speech language and communication (SLC) in the under-fives and give children the best chance in life.

Bulletin reported on the launch of THP in July 2020, and we recently went back to find out how the project has progressed and changed over time. We spoke to the BBC team behind the project to find out how they have responded to changing user needs over the past three years. And we also have a case study about how THP resources are now a key part of the early years offer across all of Greater Manchester.

What is Tiny Happy People about?

At the heart of the initiative is a simple message: talk to children from as early an age as possible. It offers a wide range of free videos, articles and



parenting tips that have been designed with experts, based on best evidence to nurture children's language from pregnancy onwards.

THP was conceived as a digital-only product. It was designed for use on mobile devices, as one of the main ways families with small children communicate and consume digital content. But with an ambition to make the resources as accessible as possible to those that would most benefit from them, the team soon realised that they would need to adapt key resources into print to enable professionals to use them on non-digital routes to reach young families.

To reach families from the widest possible range of locations and levels of social inclusion, they worked with early years professionals such as health visitors and SLTs to distribute print resources like postcards with a QR code, to be handed out at face-to-face events, such as stay and play sessions.

Explore THP: rslt.info/thp-early-years

Some nursery settings have set up a 'Tiny Happy People' corner, and all the resources are available to download and print for use with the families they work with.

The team has worked hard to link their digital resource into the early years offer in the UK. As Joe McCulloch, Tiny Happy People's Executive producer says: "It started as a one-stop-shop and is now an 'active ingredient', adaptable in different ways by parents and practitioners at home, in early years settings, or as interim help while waiting for assessment."

Early years professionals play a big part in recommending the website and resources, and the project teamwork with partner local authorities around the UK. THP is also entering a partnership with a high street supermarket ASDA to place THP resources and hold THP events in stores, reaching families doing the regular shop.

The BBC team has responded to the increased demand for communication



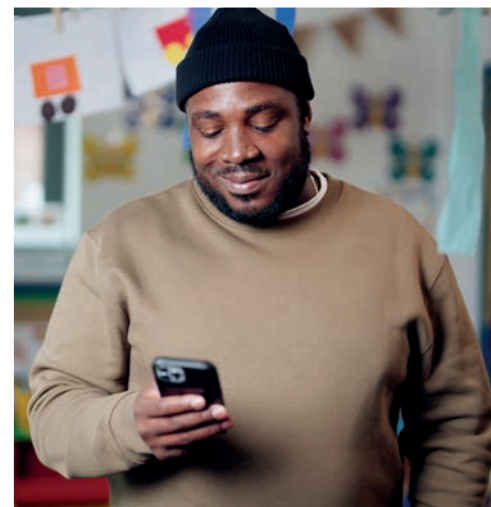
One locality has a set of information boards on THP for families which they take to every family-focused event

support after the pandemic by developing new, tailored content. From around 100 resources at the start, the site now has over 600 videos and articles.

As well as working with professionals, they also stage live events on Instagram and Facebook to put professionals into people's homes. A recent live event got 2,000 questions from parents and carers about children's communication. The team provided answers to all questions, including links to THP resources and other signposts.

Case study: how our early years services embraced Tiny Happy People

Michelle Morris was instrumental in THP's early planning stages. Here she shares her experience of embedding the resources into



the work of speech and language therapy services in Greater Manchester.

My relationship with the BBC started before the launch, as I was on the expert advisory group alongside representatives from academia and clinical practice. Being involved since inception, I have had the privilege of seeing the range of materials grow into the 100s and the resource is still growing. What is so amazing is that the BBC have managed to combine the most up-to-date evidence with engaging videos and other resources which appeal to a wide range of families.

From the outset the BBC had the ambition to widen their reach and to be more inclusive. The proof is in the pudding, and you will see diverse populations represented in the materials which reflect life in 21st-century Britain.

Greater Manchester (GM) consists of 10 local authorities with a population of 2.8 million people. Many neighbourhoods fall within the top ten decile for deprivation in England. Children are a mayoral priority, and I am funded to lead on an early years



speech, language and communication needs (SLCN) pathway. The pathway forms a framework for delivery in each locality, but the operational detail varies in response to the specific needs of their populations.

There are a number of specified features to the pathway, including using the WellComm early years assessment tools to help identification of SLCN. The pathway offers support at the three different levels of intervention: universal, targeted and specialist. It is accompanied by a suite of evidence-based resources developed centrally to support locality work. An example of these are Greater Manchester '10 Tips for talking' which can be found on the GMCA website: rcslt.info/gmca-supporting-slc.

Embedding THP in online resources

The key messages in the resources were co-produced with families and used behavioural insights to maximise the impact. It was THP that helped us bring all the materials to life, by enabling us to link each message with a range of relevant THP resources. This means messages can be targeted specifically to different population needs.

For example Tip 6 is "Talk to me all the time" and has links to the best THP clip overall, the best clip for babies, the best clip to illustrate this principle for toddlers, for dads, for children with additional needs and for diverse communities. This makes it quick and easy for practitioners to access consistent messages with high quality evidence supported

materials which resonate with their target audience.

In addition THP is referenced in all our other GM resource material including our "Speak Dadly" video, and our materials for multilingual learners, translated into 14 home languages. THP clips linked to these help to illustrate the key message and demonstrate ideas to parents, while they read a tip in their home language.

Using THP in the field

In localities, SLTs and the wider workforce use THP resources in a number of different and creative ways.

Speech and language therapy services use the resources to support children and their families who are on the waiting list for assessment, and in a more targeted way for children waiting for intervention as "waiting well" resources. Those who attend appointments are encouraged to share the resources with other family members to increase the child's exposure. Some areas have links to THP on their local offer.

Much of the SLT-delivered early years practitioner (EYP) training raises awareness of the THP product and shows how EYPs can use these in their day to day work with children and families. We have found that explicit discussion and modelling is the methodology most likely to change practitioner behaviour.


One locality has a set of information boards on THP for families which they take to family events. They report that it is amazing how many practitioners and families have yet to hear about THP resources so it is definitely worth continuing to push awareness.

Building THP into family sessions


SLT assistants use the THP materials to form the basis of discussions and activities with families engaged in adult-child interaction groups, as well as using clips for more detailed one-to-one sessions. Rather than sending links out and hoping for the best, they take a more hands on approach by selecting material specific to the family's needs, and watching the video with the family. They discuss it with the family before asking them to try the activity in the session. Providing the THP materials acts as an aide-memoire and reinforces the message, and can increase the likelihood of home practice.

Tiny Happy People as a foundation for support


The delivery of the integrated early years SLCN pathway involves a whole-system approach involving workers from different agencies who all contribute to supporting children and families.

Using THP as the resource of choice means that it doesn't matter if you are a health visitor, a family support worker, a nursery nurse or a social worker, everyone can access the same high-quality materials while delivering consistent messages about speech, language and communication. 

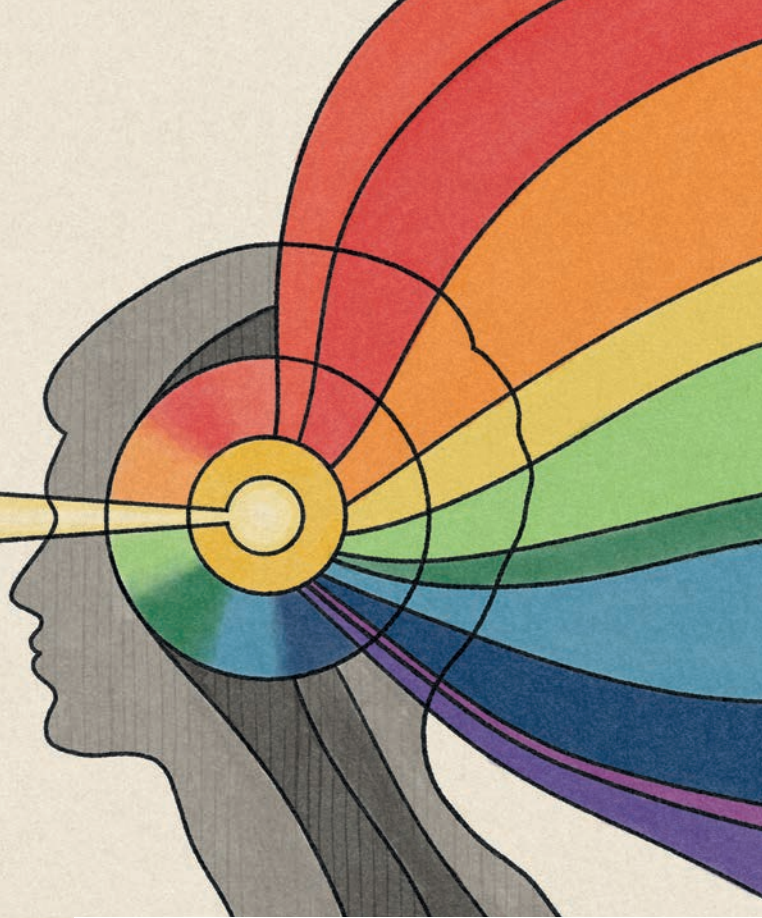
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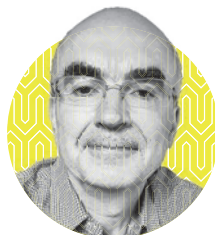
Can AI = accessible and inclusive?



AI can put self expression at the fingertips of people living with MND but we must keep inclusivity on the agenda, says Richard Cave

Where do people living with communication and access differences fit into the development and deployment of artificial intelligence (AI)? How much influence do the communities SLTs work with have on the development of this new and powerful technology?

I searched the internet for 'top ten uses for AI technology'. There were examples of automation of administrative tasks, creating smart content, and personalized shopping. All potentially very exciting areas. However, inclusivity and accessibility were not mentioned and there were only a few mentions of co-development.



As SLTs, we don't know exactly how much AI will benefit the daily lives of our clients, because it is unlikely that either they or us have been asked, or included. I believe it is our role to advocate for the strengths and needs of our clients to be considered and included as AI technology develops, just as we would for any other service provision.

The Mind's Eye project is an example of how an AI-based technology was made accessible, through co-production and inclusivity.

The MND Association partnered with medical advertising agency Area 23, assistive technology provider Smartbox, and people living with motor neurone disease (plwMND) to create the first accessible way to use AI-generated art for expression. It is called Mind's Eye minds-eye.app/home.

With Mind's Eye, a person can create unique AI-generated art using the access modalities they normally use, including switch, eye gaze, direct access or any combination. In a few clicks they can generate their own unique art, based on anything they type. It's an additional modality for self expression.

Our goal was to ensure AI-generated art would be available and useable for plwMND however advanced their progression, so we recruited plwMND at all stages of the condition. An SLT was on the team throughout to provide



Our goal was to ensure AI-generated art would be useable for MND however advanced their progression

support and expert input. The whole team was educated and guided by plwMND to understand who they were building Mind's Eye for and how it may be actually used. Everyone on the project was valued and were included as equals.

The project took about a year to complete. Mind's Eye is available as a Gridset on Grid 3 and Grid for iPad. Grid is amongst the most frequently used AAC for plwMND and supports most access needs from eye gaze to direct access, potentially enabling someone to access Mind's Eye wherever they are in the progression.

In Mind's Eye, a person can type anything they like and art is generated from that. They can click a single button to generate an image, or they can be as specific as they wish via a menu. For example 'I love you' created in the style of Van Gogh in hyperrealist format shot from a 35mm lens. There are around 100 options to choose from and you can select any combination, or none of them to create an image. You can recreate the image as many times as you like and save it in a personal library, or share using email or social media.

Five plwMND helped test Mind's Eye and used it in different ways. One person used it as an additional method for communicating

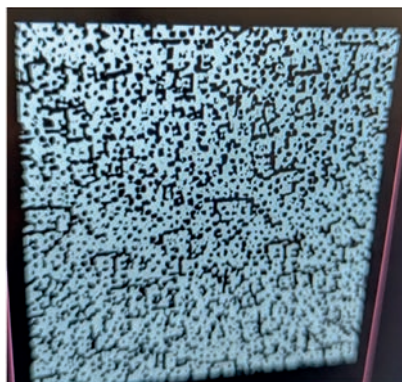
with his carers. He said it was sometimes quicker than typing with his eye gaze device, often more spontaneous and engaging for the communication partner. He said it was helpful for transactional communication, as well as joking and rapport building with his carers. Another used it to demonstrate competence, to show he still had creative skills, despite the perception of disability from others. Another used it for personal reflection, to help contextualise her feelings and thoughts. Another used it to share how she really felt to family, carers, friends in a highly visual and creative way. All reported benefits in different or similar ways, through expressing themselves in this additional modality.

With Mind's Eye, we demonstrated that inclusion can help make the benefits of AI-generated art for expression available to more communities.

If we are to make our world inclusive then we also have to make AI inclusive. We as SLTs have an important role: to advocate for and find ways to include the communities we work with as this important technology develops.

What does the art look like?

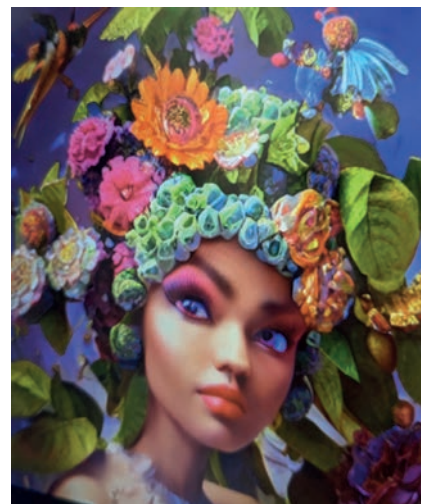
Here are a few examples of AI-generated art for expression from plwMND



This plwMND is living in a care home. He says he is constantly being left in front of the TV all day. I asked him how he felt about that – he used Mind's Eye to describe how bored he is.



The plwMND called this 'darkness'. She says Mind's Eye helps to visualize feelings that are not so easy to put into words.



This person frequently uses Mind's Eye to engage with his carers. He says it helps to remind them of who he is 'inside', and also to have some fun. In this image the plwMND created art based on his carers name and love of flowers.

This is just the first release of Mind's Eye – we know it can be improved in many ways. Please email me with your comments and feedback!

RICHARD CAVE, MND SLT Project Manager, Motor Neurone Association
✉ richard.cave@mndassociation.org

Find out more

For examples of co-production in AI visit [non-standard speech app Project Relate](https://www.projectrelate.co.uk) [g.co/ProjectRelate](https://www.projectrelate.co.uk)

University challenge

Lauren Flannery on how she improved communication access across campus and involved staff and students in the Communication Access UK accreditation process

Effective communication is essential for creating a positive and inclusive learning environment at university, as well as supporting student and staff wellbeing and achievement. In November 2022, I began leading a communication access project across the University of East Anglia (UEA). The aim is to support those who have communication needs throughout their studies or career, ensuring that staff and students feel valued, respected and empowered.

Speech, language, and communication difficulties affect nearly 20% of the population at some point in their lives (Law, 2007), equating to approximately 742 staff members and 3374 students of the community at UEA. Across campus we have a diverse staff and student body which includes people with communication difficulties of different kinds due to a range of issues including cerebral palsy, learning disabilities, autism and hearing impairment. It is important to remember that many communication difficulties are invisible.



REFERENCES

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

Starting off the CAUK accreditation process

I approached the UEA executive team with a written briefing paper to raise awareness of the importance and relevance of our communication project, and to seek approval for institutional accreditation from Communication Access UK (CAUK). The executive team responded positively and UEA is now proud to be the first university to receive organisational accreditation. This reinforces the university's pledge to improve communication accessibility and makes a significant contribution to UEA's equality, diversity and inclusion activities.

In the early stages, to raise awareness of the CAUK initiative, I produced a promotional film with staff and student volunteers from across the university. It makes the case for a deliberate approach to communication access for all, encouraging everyone to complete the CAUK training. It was relatively easy to gain support from volunteers to take part in the filming, both behind and in front of the camera. The trickiest part was obtaining the necessary permissions to film in various locations across the campus and then coordinating everybody to be in the right place at the right time with hugely busy schedules. You can access the film online at rslit.info/cauk-film.

It felt essential to ensure that the Communication Access symbol would be displayed, so I approached our equality, diversity and inclusion team for support, and then worked with the estates team to install



CAUK signage with QR code for the survey

signage across campus in reception and retail areas. QR codes were added to signage, to allow people to access the appropriate learning platform for them to undertake the training modules.

One of my key aims with the project was to evaluate impact, so it was important that I could obtain data to report on the impact of the CAUK online training modules. I worked with the UEA's Research Ethics Committee to secure ethical approval. With help from colleagues at CAUK and UEA it has been possible to host the training modules on student and staff learning platforms to allow participants to consent and take part in pre and post training surveys. Early responses to this institution-wide initiative have been promising, with more than 100 people having completed the training at UEA since the launch in February 2023.

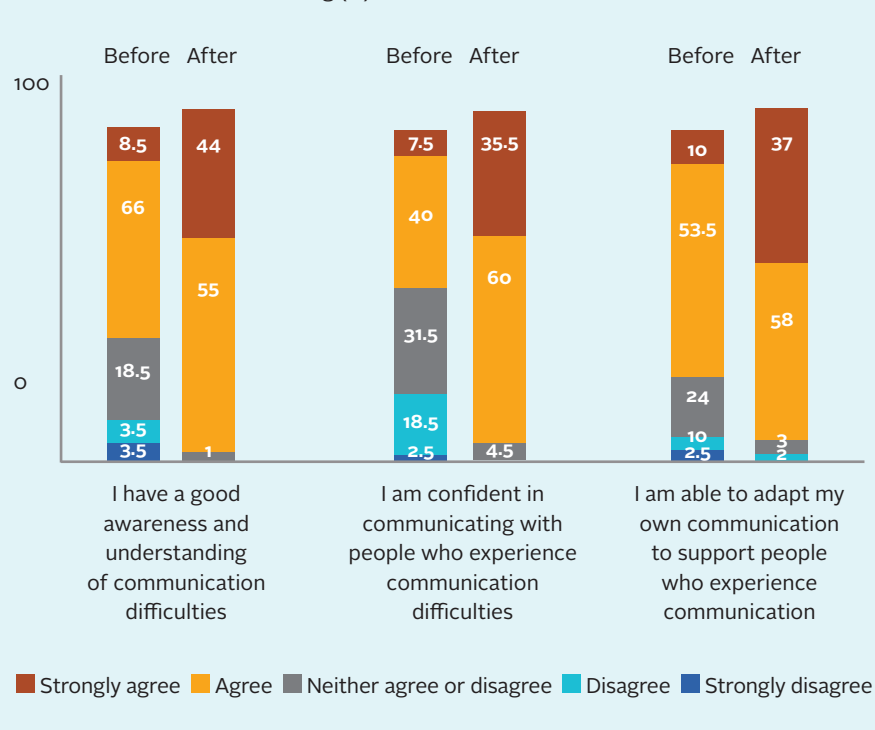
It does take time for the message to get out, but campaigning is helping create awareness and generate excitement about the initiative. Technology is supporting dissemination across the university, such as through internal communication bulletins, email networks, podcasts, and Teams workstreams. The project is also shared on various UEA social media platforms and the film is now being used at open day and engagement events.

Colleagues in other teams such as catering, accommodation, and commercial services are in support of the project, and recommending all front of house staff complete the training.

The project is being received positively. Felicity, a UEA student has recently been diagnosed with ASD and ADHD, and told us the communication access project has helped to "normalise something I have felt abnormal about for years; it makes me feel like it's okay to have these differences. This makes me feel less alone".

Data collection will continue over the next 6-12 months before data analysis is completed. Findings will be shared and disseminated and hopefully published via peer-reviewed journals. The CAUK training modules are forming part of the induction process for many staff and students already, but with more impact

TABLE 1: before and after training (%)



data, I hope there will be a strong argument for this to become mandatory.

Being aware of communication difficulties and their impact will influence staff and student experience. There is potential for the project findings to inform policy and practice in relation to the student and staff experience at UEA, and work is already underway with key groups, such as student services, careers, learning enhancement team and student union, to enhance inclusivity and capture the voice of the campus.

LAUREN FLANNERY, Specialist SLT, Lecturer in Health Sciences, University of East Anglia
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 ✉ @lauren_sl1

To find out more about getting Communication Access UK accreditation, visit communication-access.co.uk. Contact CAUK via the website or call **020 7378 3034**.

HOW TO TAILOR YOUR ACCREDITATION

UEA is a brilliant example of an organisation that has developed an approach that works for them within the framework of the CAUK standards.

The CAUK scheme is led by RCSLT in partnership with other UK communication organisations. We designed the CAUK accreditation process to be flexible and easy to tailor to your requirements. When CAUK was being developed we realised that there was no 'one size fits all' approach that would work, because reasonable adjustments for communication always need to be personalised and fit the environment.

NAJMUL HUSSAIN, RCSLT Policy Advisor

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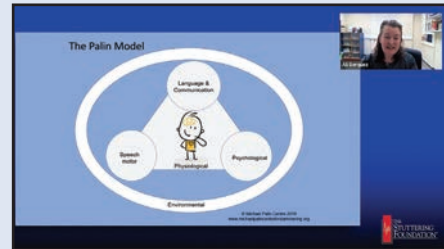
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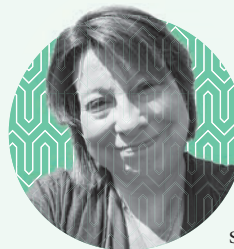




Support workers: a new career pathway

Ruth Howes and **Alison Bloxham** reveal how the new RCSLT support worker framework can help SLTs and support workers alike

Ruth Howes, lead author of the new RCSLT competency framework for support workers



RCSLT's new support worker framework is designed to ensure that all support workers receive equal recognition in their role and have access to initial training and ongoing CPD. The aim is to make sure that any support worker can develop competencies based around their job role,

achieve career development and transfer competencies between services using a skills passport.

How did the RCSLT framework evolve?

Support workers play a vital role in speech and language therapy. Having appropriately trained and supported support workers can make services more effective, and can help SLTs to manage their workloads more effectively. But in 2021, a survey by RCSLT showed that support workers lacked appropriate supervision and opportunities to train and develop at work.



In response, a working group of 19 SLTs and support workers, representing the four nations and a range of services, began developing the RCSLT framework and toolkit. In the background was a project reference group of 90 practitioners.

One member of the working group was Monica Rodriguez, an SLT apprentice based in Hertfordshire Community Trust. She told *Bulletin*: “I joined the RCSLT working group because I came to realise that there was a significant knowledge gap among support workers concerning their roles. I was motivated to help develop a resource that would promote greater understanding about their vital contributions, and facilitate opportunities for future career development and networking.

I see the RCSLT support worker framework as a vital support system for other support workers in their respective roles and careers by sharing best practice, knowledge and experiences.”

Using the framework

The support worker framework is based on the core competencies in NHS England’s AHP Support Worker Competency Framework. Above the core competencies sit clinical or role-relevant competencies. These are generic to ensure relevance across specialisms but can be added to and adapted for individual service needs. There is no right or wrong way to use the support worker framework: it has been designed to be used flexibly to meet the individual requirements of the support worker and service. A set of competencies relevant to an individual’s role is chosen to form a learning plan.

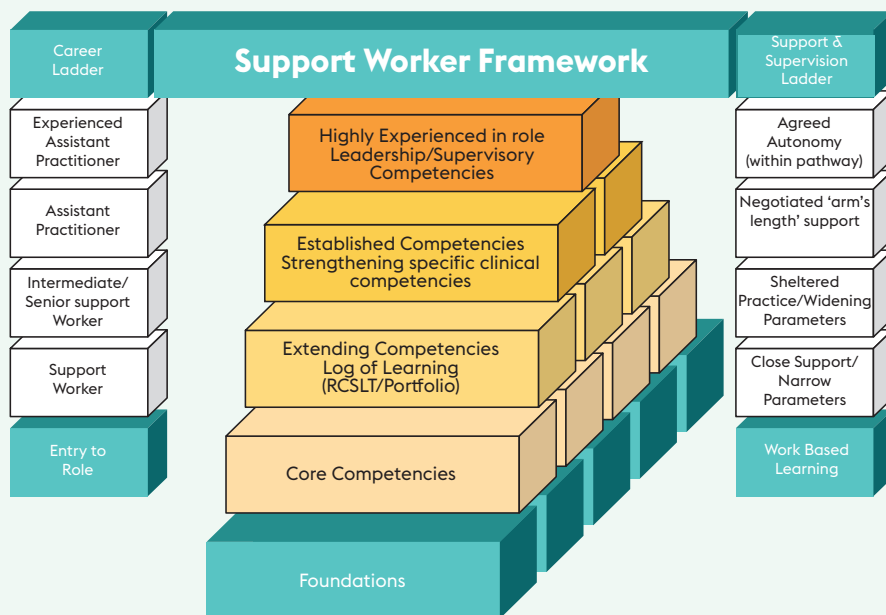
Ladder of support and supervision

This ladder is critical when considering delegation, and

encourages a dynamic approach, which brings a support worker’s experience into decision-making and supervision needs. Levels on the ladder should develop over time, from ‘close’ support with narrow parameters, to ‘arm’s length’ support with wider parameters. Many experienced support workers work with a level of autonomy in their care pathway.

What is the approach to learning?

The learning approach of the framework focuses on acquiring competencies through active or work-based learning. Reflective practice is an essential part of the approach. A portfolio or learning log is used to record progress and evidence competencies.





A dedicated supervisor, known in the framework as a ‘competencies coach’, works through the framework with the support worker and guides learning through reflective conversations. Guided conversation is the powerhouse, bringing active learning to life.

Why do we need to develop our support workers?

Support workers play a vital role in speech and language therapy. We know that support workers are proud of their roles, the skills and the experience they offer. Some will have ambitions to qualify as SLTs, but many others wish to remain in their support worker job role and have their work consistently regarded as a valued, professional activity. This is an evolving role with a skillset which complements and strengthens the SLT role.

Continuing to provide a spotlight on this framework is essential to ensure it becomes embedded within services.

Resources should be used flexibly to enable further development specific to each individual support worker. It gives structure to initial training and CPD whilst instilling confidence that support workers have a voice and that their needs have been considered and valued by RCSLT. All support workers deserve their work to be consistently regarded as a valued and integral activity.

My support worker career

Alison Bloxham shares her own career journey and looks at how the support worker framework can make a difference to the profession

I have been very fortunate that I have had the opportunity to develop my core and clinical skills over the past 15 years. I often have the chance to observe and learn from therapy sessions, especially when new clinical ideas are being used. The majority of my working week is supporting two SLTs delivering a speech and language therapy service in speech and language units and social communication units within a mainstream primary school setting. I also complete various administration tasks for all three teams.

I also help with the induction of newly appointed support workers. They are encouraged to complete a shadow day when they can observe my support sessions, reading my clinical notes and discuss their role and responsibilities. This is a welcome opportunity as I get to meet new colleagues and establish a peer support network.

Having a competency framework offers recognition to support workers. It demonstrates the importance and diversity of the role. Showing interest and investment in your staff will promote team morale. It

will show the broad range of skills and competencies support workers have. I am hoping to use the framework to give me direction for my professional development in both core and clinical competencies. Not every support worker wishes to become an SLT, but I would like the opportunity to train as an SLT through an apprenticeship or the Open University.

The framework will help me in my role by enabling me to establish what level I am working at. There is a toolkit for team leads and managers, which can help with recruitment, induction and training of support workers. Appraisal conversations can also be planned using the framework. It also gives guidance about the skills needed for me to begin supervising other support workers within the SLT service.

Every support worker has a unique working life, because our roles are individually tailored to the services that we support. The new support worker framework acknowledges this variability. Its scaffolding approach will support the newly appointed to achieve their competencies, but will also give direction to current support workers to further their CPD. **📧**

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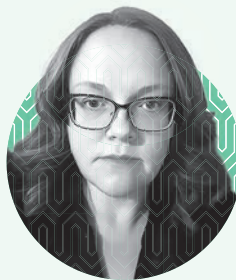
FIND OUT MORE

Visit the support worker hub and framework
rcslt.info/support-workers-hub

Join us: support workers can join RCSLT at a reduced rate by choosing the ‘Assistant’ membership category. Visit **rcslt.org/about-us/membership-overview**

EDS on the curriculum

Kathleen Graham looks at the changes to the way eating, drinking and swallowing difficulty (EDS) skills are taught to student SLTs



There's a big change underway in SLT training in eating, drinking and swallowing difficulties (EDS). Until recently, the main training in EDS took place after qualification. To help reduce the risk of a skills gap, a new training model began to be implemented in 2021. From 2026, all newly qualified SLTs will emerge with the essential skills to allow them to start working in EDS.

It might seem like dysphagia has always been part of the SLT job description, but in fact it only entered the role from around the 1970s. With their detailed understanding of the head and neck, SLTs were the natural choice to treat swallowing problems. From then on, the profession has led the way in developing dysphagia assessments and interventions and increasing the EDS evidence base. SLTs are managing a growing proportion of people with dysphagia on their caseloads.

The training re-boot

The new training model involves a set of 20 competencies delivered within the core SLT pre-registration courses. Learners graduating from 2026 onwards will have to achieve 16 out of 20 of these competencies in order to graduate.

The new competencies were developed by a working group representing clinicians and higher education institutions (HEIs) across the four UK nations, and brings the UK profession into line with international partners such as the American Speech-Language-Hearing Association (ASHA).

What must learners achieve?

Learners must complete 16 out of a possible 20 competencies and 60 hours of EDS related contact. The competencies cover a range of activities required in the management of EDS, with each competency needing to be signed off twice. Learners must spend a minimum

of 10 hours with paediatric clients, 30 with adults, and the remaining hours can be achieved with any client group or through indirect EDS-related activities.

What are HEIs doing to support this?

RCSLT has been working closely with HEIs, which have successfully embedded the new competencies in the curriculum. HEIs have been innovative in exploring ways to sign off some of the practical competencies in-house, and students might take part in workshops, simulation, live streaming of clinics into the classroom and eLearning as well as through practice based learning.

The role of the practice educator

Both EDS trained and non-EDS trained SLTs have an important role in signing off the competencies. For example, competency 3 is to identify information required from case history and referral information that will guide the service user/family/carer interviews.

Non-EDS trained SLTs could show how their service is structured to meet the needs identified: for example, do they refer on to an EDS trained colleague whilst they maintain input for communication?

During a case history for paediatric communication difficulties the SLT will



often ask about the development of the child against milestones including weaning. The SLT can discuss how this information is obtained and how it relates to both communication and EDS. They can provide information on services available in their setting: for example, if a child has difficulty with variations to food appearance or texture, they can advise parents if this will be managed by the health visitor, occupational therapist or SLT. The practice educator should be aware of the crossover of the competencies into their relevant areas while working within their scope of practice.

Resources to support the competencies

Through clinician, educator and student working groups and communities of practice a variety of resources have been developed and are available from our online hub for EDS competencies rcslt.info/eds-competencies

Will newly qualified practitioners (NQP) in 2026 see clients with EDS difficulties straight away?

NQPs will only work with clients with EDS difficulties if it is within their job description. For those working with this client group, RCSLT expects that they will



The profession has led the way in increasing the EDS evidence base

be supervised by an EDS trained SLT. The NQP will enter the workplace with a portfolio that documents competencies achieved, and hours recorded. The supervisor and NQP will use this as a starting point to develop a plan to work towards more independent working within their scope of practice. NQPs who work within EDS difficulties will have an additional section within their NQP competencies framework as an assurance that they are working at an appropriate level.

What happens to SLTs who qualified before 2026?

If you qualified before 2026, are working with people with EDS needs, and it is or is expected to be part of your role, then you will continue to access in-house or formal

post-basic EDS training. If you are already EDS trained, you do not need to complete the pre-registration competencies. If you are a qualified SLT and do not work with people with EDS difficulties, you do not need to complete the pre-registration competencies. As more NQPs enter the workforce with these competencies we anticipate that the demand for post-basic EDS courses will decline.

What about the 2014 dysphagia competencies?

RCSLT is fully updating the dysphagia competencies in line with the new professional development framework, with publication due late 2024. Please note that the EDS competency framework (formerly the intercollegiate dysphagia framework) is recommended for non-SLTs. SLTs should continue to use the 2014 dysphagia competencies until the new framework has been published.

We would love to hear from you

We will be continuing to support and evaluate the rollout of the pre-registration EDS competencies programme as it continues to be embedded in all SLT training. We would love to hear ways in which you are achieving competency sign off from all perspectives.

KATHLEEN GRAHAM, RCSLT Senior Project Manager, Clinical and Professional Guidance
✉ Kathleen.graham@rcslt.org

MORE SUPPORT FOR YOU

If you or your team are unsure about the competencies, please speak to your local HEI or contact Kathleen for advice on pre-registration EDS practice educator training.



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COURSE LISTINGS

Identification and Management of Phonological Delay and Consistent Phonological Disorder in Children

4 October, online
This course focuses on the nature, identification and evidence-based intervention for consistent phonological difficulties, whether delayed or consistently disordered. Revisit underlying concepts and established therapy approaches, often learned during pre-qualification training for SLTs, and discover more recently developed therapy approaches. Ideal for NQPs who now have working experience of assessment and therapy. Also useful for returners to practice.

01743 211 346
info@coursebeetle.co.uk
coursebeetle.co.uk/identify-manage-phono-oct-2023/

Applying Best Practice in the Early Years, for Clinic Based and Independent Practitioners

6 October, online
This course focuses on support for children with language and communication needs in the Early Years, taking you through the process of assessment and clinical decision-making when working with preschool children. It takes a case study-based approach to explore how we can apply underpinning evidence to support clinical practice with young children. The focus will be on working with individual children, including making links with parents and with settings.

01743 211 346

info@coursebeetle.co.uk
coursebeetle.co.uk/early-years-best-practice-oct23-online/

Clinical/Professional Supervision in SLT: Strengthening your Toolkit. Offered by ARC Supervision/CPD

13 October, online
Study day, led by Ruth Howes, author of Reflective Clinical Supervision in SLT – Strengthening Supervision Skills, Clinical Supervision, Toolkit, Reflective and Solution Focused Models, Guiding Conversations, Documentation. Other options include, strengthening skills, next steps in supervision, supporting assistants, assistants study day and avoiding burn-out. Also, bespoke team training days. See website for full details.

07827368259
arcsupervision@gmail.com
arc-academy.com

How to Support Children's Language in the Early Years

17 October, online
This course provides an update on the current evidence base for supporting children's language and communication skills in the early years. It provides an overview of the effectiveness of different techniques and interventions to improve language and communicative development in preschool children. Learners will develop their critical appraisal skills to interpret research evidence so they will be confident that the interventions they choose are likely to work.

01743 211 346
info@coursebeetle.co.uk
coursebeetle.co.uk/early-years-language-oct23-online

The current evidence for interventions for school-aged children with DLD with Dr Susan Ebbels

17 and 18 October, online via Zoom
Day 1: Appraising the reliability of research. Evidence for different methods of delivery of intervention including tiers 1, 2 and 3, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels.
07557 440603
training@moorhouseinstitute.co.uk
moorhouseinstitute.co.uk/current-evidence-base

Elklan Total Training Packages to deliver Speech and Language Support Courses

3-5s: 3-9 November
5-11s: 3-9 November
11-16: 3-9 November
Post 16s: 10-16 November
SLD: 16-22 February 2024
Autistic pupils: 3-9 November
Complex Needs: 10-16 November
Cost: £520pp excluding VAT
online via Zoom, 2-5pm each day.
These courses equip SLTs and teaching advisors to provide accredited training to practitioners in a range of settings. Each Total Training Package covers all you need to run the course.
michelle@elklan.co.uk
elklan.co.uk/Training/Tutors/#Tutor

Elklan Total Training Packages to deliver Speech and Language Support courses – AAC
24 November, 1 and 8 December,

9am-13.30pm, online via Zoom
Cost: £240
Specialist training pack to deliver courses to staff supporting children and adults using AAC
michelle@elklan.co.uk
elklan.co.uk/Training/Tutors/#Tutor

The SHAPE CODING™ system Part 1: Self-paced online course available anytime.

Practical Applications: 30 November and 7 December, online via Zoom
Part 2: 18 and 25 January 2024, online via Zoom
Designed to teach spoken and written grammar to school-aged children with developmental language disorder (DLD). Three accredited courses available for SLTs and those working within education.
07557 440603
training@moorhouseinstitute.co.uk
moorhouseinstitute.co.uk/courses

smiLE Therapy Training Day 1 and 2 7-8 and 11-12 March 2024, 9am-12pm, online

Innovative 10-step therapy teaching functional communication and social skills in real settings for students who are deaf, have DLD, learning difficulties, Down Syndrome and physical disability. Also teaching functional communication for certain autistic students. For ages 7 to 25. Outcome measures, empowering parents and generalisation integral. For SLTs and teachers. Loved by students, parents, practitioners. Now named on EHCPs.
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smiletherapytraining.com

Book your ticket

- RCSLT members: £55
- Students, NQPs, assistants and retired members: £30
- Non-members: £75

There's still time to join this year's RCSLT Conference for two days of learning, professional development and networking.

The full programme is now available, and includes eight keynote speakers, parallel sessions across 24 different topics covering a wide range of adult and child specialisms, and over 60 poster presentations.

Keynote sessions you don't want to miss include:

- The Buckland Review: Process and Reflections with MP Sir Robert Buckland.
- Equality, diversity and inclusivity with our anti-racism, disability and LGBTQIA+ group representatives.
- Behavioural science meets SLT in practice: optimizing therapy and interventions with Dr Helen Stringer, Dr Fiona Johnson, and Dr Rogan Govenor.
- RCSLT lightning talks on key areas of work we are doing.

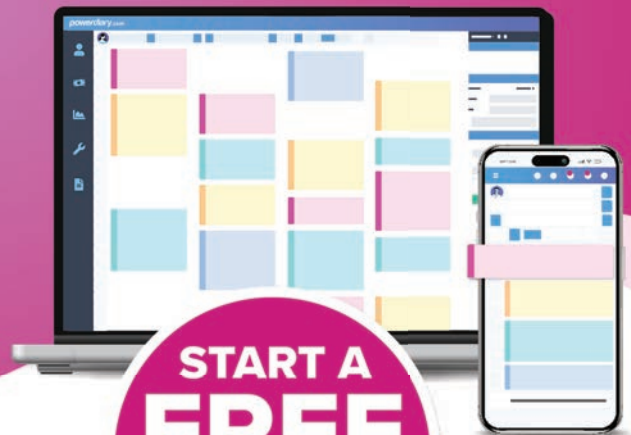
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Naseem **HUSSAIN**

**Support Worker, Yorkshire
Cochlear Implant Service**

I have worked as a rehabilitation support worker at the Listening For Life centre in Bradford since 2006. As a qualified counsellor I knew I had relevant skills to offer including active listening and providing empathy.

The Listening For Life Centre supports children from referrals as infants to adulthood, and adults from referral to the rest of their lives. On a day-to-day basis my role is to support our multi-disciplinary team, for example assisting the audiologists and explaining scientific information such as the anatomy of the ear or the functions of the cochlear implant (CI). I am there to support patients at all their appointments both pre-CI and post-CI.

Listening to parents as they talk about their emotional journey on finding out their child was born deaf. I listen to the adult who is frustrated and angry as he explains that he feels like part of the furniture in his home because he is unable to join in the family conversations. Sometimes I just listen while passing tissues around, thinking “how would I have coped?”

I also have qualifications in interpreting in Urdu and various other spoken languages. There are challenges in providing the right support to those patients with specific language needs in order to provide a fair and impartial service. I will independently devise materials for appointments and do one-to-one sessions with patients.





**Where the
client is
bilingual I
am asked
to do the
assessment**

I facilitate peer support groups for South Asian speakers enabling them to access support in line with our English speaking clients. I develop resources that are personalised for that particular patient. With adults we have used Namaz prayers or recitation of the Koran or other holy books to build their listening skills.

I translate materials including assessments, rehabilitation lessons for use at home, and work with international cochlear implant companies to develop their information brochures. I am always looking at developing or finding resources in other languages and searching online for appropriate tools that will help patients and their families.

Working alongside SLTs and teachers of the deaf includes supporting and assessing communication, listening and speech. On occasions where the child or the adult is bilingual I am asked to do the assessment with them to gain a true reflection of their speech and language skills.

It is a job that is stressful at times but the rewards make it worthwhile, such as seeing an elderly man enjoying conversation with close family or seeing a child's reaction to sound and being involved in his listening journey. 

 Naseem.Hussain@bthft.nhs.uk

Find out more about working with interpreters on our website [rcslt.info/interpreters](https://www.rcslt.info/interpreters)



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Advancing your practice for SLTs 19 Jan or 19 Jul 2024 | £99

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Effective counselling skills for SLTs 22-24 Nov or 1-3 May | £399

Topics include the therapeutic relationship, boundaries, ways of responding, self-disclosure and loss.

Introduction to mindfulness for SLTs 9-10 May | £199

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Acceptance & Commitment Therapy for SLTs

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Counselling skills for recently qualified/student SLTs

16 Feb | £99

Assertiveness for recently qualified/student SLTs

8 May | £99

Narrative therapy for SLTs

2 Feb | £119

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Please contact: speechtherapy@citylit.ac.uk
<https://www.citylit.ac.uk/courses/specialist-learning/speech-therapy/training-courses-in-speech-and-language-therapy>



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In Memory

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

Margaret Fawcus 1930-2022

Generations of students and colleagues will remember Maggie Fawcus as an inspirational practitioner, educator and leader in SLT education, of the generation that founded the professional body and consolidated the field as we know it.

Maggie qualified as a speech therapist in 1950. Always a bold initiator, her first journal paper argued the value of speech



therapy for people with learning disability, taking on strong contrary views of some peers. However, aphasia, dysfluency, voice and group therapy became lifelong interests. She initiated dysphasia groups and stammering courses, devising therapeutic activities that facilitated communication, built confidence, and crucially, were fun. She shared her expertise and creativity in therapy practice in books that became standard texts of the time.

With Bob Fawcus, Maggie moved into SLT education in 1960 at Kingdon Ward School, and later at City University. They were recognised for upending the 'twins and pearls' stereotype of speech therapy, widening entry to the profession, and changing the boundaries of therapy. They enabled ground-breaking combinations of student training and clinical work that continue in the degree courses today.

An enabler, innovator, larger-than-life personality who spoke her mind and acted with compassion, Maggie contributed hugely to the profession.

SHULA CHIAT, ROSEMARY EMANUEL, ANN PARKER and SUE WHITEHEAD



Helen Austin 1967-2023

Helen, a caring colleague and special friend, passed away unexpectedly with her loving family around her. Helen graduated from Birmingham Polytechnic in 1990 and worked in Dudley before joining the Walsall Speech and Language Therapy Team in 2005. She spent 18 years supporting families and schools and her development of the selective mutism pathway will be a legacy of her work in Walsall.

Helen dedicated her life to her family, faith and profession. She was an exceptional listener who always found the right words of support and encouragement. She will be remembered as a truly kind and genuine person with a sense of fun and the most infectious laugh. She will be greatly missed by all who had the privilege of knowing her and our thoughts are with her family and friends.

SANDRA and POLLY, WALSALL SPEECH AND LANGUAGE THERAPY TEAM and UNIVERSITY FRIENDS



Jane Lowe d: 2022

Jane Lowe graduated from Manchester Metropolitan University in 1995, working as a paediatric SLT in the north west, rejoining Manchester Met in 2013 as a senior lecturer. Jane was highly popular and successful, with students appreciating her ability to explain complex concepts via her real-life work experiences. Sadly, after a very short illness Jane passed away in January 2022. Jane was doing a PhD exploring SLTs' decision-making processes during initial assessment and although this work was incomplete, she was awarded a posthumous Master of Philosophy. "Fiercely enthusiastic" summed Jane up. She was eager to enhance speech and language therapy practice - and was straight talking about its delivery! She was passionate about social justice. She is a much-missed colleague, friend, mother and grandmother.

JANICE MURRAY, JOIS STANSFIELD and SEAN PERT

In the journals



Atypical speech development and adolescent self-harm

Being bullied or having a mental health problem increases the likelihood of self-harm. As stuttering and speech sound disorder (SSD) have been associated with both these factors, the authors hypothesized that these two disorders affecting the quality of speech could be associated with self-harm.

This research was based on secondary analysis of data from The Avon Longitudinal Study of Parents and Children. There were 3824 participants with data on presence of SSD or stuttering (from direct assessment) at eight years and report of self-harm (via questionnaire), with and without suicidal intent, at 16 years of age.

The authors found that adolescents who had persistent SSD at the age of eight years had twice the risk of reporting self-harm with suicidal intent (SHSI), compared to those without. There was no association between SSD and self-harm without suicidal intent. Stuttering at eight years of age was not associated with adolescent self-harm.

The authors conclude that “provision needs to include awareness that children with a history of speech sound production difficulties—who may not present with these currently—are at higher risk than their peers of SHSI.”

ELIZABETH RAJAN, Specialist SLT, Dorset University NHS Foundation Trust



McAllister, J. et al. (2023) The Association between atypical speech development and adolescent self-harm. *Journal of Speech-Language and Hearing Research*, 66, 1600-1614.

Interventions for DLD

This study compared parent- and child-directed SLT interventions for Dutch toddlers with developmental language disorder (DLD).

46 toddlers with DLD and their parents were recruited from special-language daycare centres across the Netherlands. Participants were randomly allocated to six-months of parent- or child-directed intervention alongside multidisciplinary usual care intervention. The parent-directed intervention taught parents language support strategies using an existing family-friendly training program (ImPACT). In the child-directed intervention, SLTs chose effective intervention approaches for tailored goals. Child and parental outcome measures were recorded at baseline, post-intervention, and at six-month follow-up. Parent- and child-directed interventions showed similar effectiveness for improving children’s language and the language support strategies of parents. However,

parental self-efficacy only increased in the parent-directed intervention group, including at follow-up assessment.

The authors conclude that “engaging parents in a multi-component intervention for young children with DLD is feasible and results in equal short- and long-term outcomes... compared with child-directed intervention by SLTs... Therefore, the ImPACT-DLD program adds to treatment options for parents as well as for SLTs and creates choices for shared decision-making.”

JEMIMAH KING, Neuro-Rehabilitation and SLT Assistant, Linguistic Resolutions Ltd



Zwitzerlood-Nijenhuis, M. A. et al. (2023) A randomized study of parent- versus child-directed intervention for Dutch toddlers with DLD. *International Journal of Language & Communication Disorders*, 1-15.


AAC outcomes and


This meta-analysis examined communication outcomes of augmentative and alternative communication (AAC) interventions for people with autism spectrum disorder (ASD) and intellectual and other developmental disabilities (IDD).


A search for relevant group and single case studies used keywords relating to AAC, communication, behaviour, and ASD/IDD with complex communication needs.

Screening for inclusion/exclusion criteria resulted in 114 studies published between 1978 and 2020, with 330 participants aged from 1 to 21 years. Data analysis covered summary of effect sizes and analyses of factors that might moderate the effects of intervention.

AAC interventions for children and young people with ASD and/or IDD were generally effective. Some differences arose related to individual

 This section features member summaries of recent research. Inclusion does not reflect strength of evidence or offer a critical appraisal. Members are encouraged to take an evidence-based approach to practice, combining critical appraisal of scientific evidence with clinical expertise and service user preferences: rslt.info/EBP

 These are a few free tools, powered by artificial intelligence (AI), which the RCSLT Research team has been experimenting with.
semanticscholar.org
connectedpapers.com
app.iloveevidence.com

 Share your favourite research-finding tools and tricks with us on X (formerly Twitter) [@RCSLTResearch](https://twitter.com/RCSLTResearch)

Child language in the early years part 1


This article is part one of two companion papers, where the authors discuss the current evidence base around the social determinants of language development and use this to propose a public health approach to improving child language in the early years. The companion paper is also summarised on these pages.

The authors give an overview of recent developments in the study of child language and its understanding in a social context. Brofenbrenner's bioecological model is chosen to illustrate how multiple and complex factors influence child language development (along with biological factors). The focus is on evidence from large-scale longitudinal studies, which have demonstrated that there are different trajectories in language development and that fluctuation is a key feature. The authors argue this indicates that an approach of screening for language disorder at a

single point of time will not be successful in effectively identifying all the children at most risk. These studies have also identified specific features of the different trajectories and highlighted that poorer language outcomes increase with an accumulation of risks, such as socio-economic disadvantage.

The authors recommend that clinicians "consider whether, and how many, identified risk exposures a child experiences to inform holistic clinical decision making.

SARAH LAMBERT, Research & Outcomes Officer, RCSLT

 Reilly, S. & McKean, C. (2023) Creating the conditions for robust early language development for all -Part 1: Evidence-informed child language surveillance in the early years. *International Journal of Language and Communication Disorders*. 00, 1– 20.


Child language in the early years part 2

This article synthesises findings from a companion paper, also summarised on these pages, to create a proposal for a public health framework that can be used to support child language in early years.

The authors suggest a whole system approach which includes the early years population receiving a mixture of primary, secondary and tertiary preventative interventions, with regular tracking of children across the different levels of interventions over time. The essential qualities for implementation are identified as being (i) probabilistic (as opposed to deterministic), (ii) proportionate, (iii) developmental and sustained and (iv) co-designed. The paper encourages the creation of public health speech and language therapy posts to enable an early years public health framework to be successfully embedded into a given locality.

The authors conclude that "current evidence points clearly to the need for whole systems approaches to early child language if we are to create a sturdy foundation and equitable life chances for all children".

GEMMA JONES, Project Assistant, RCSLT

 McKean, C. & Reilly, S. (2023) Creating the conditions for robust early language development for all: Part two: Evidence informed public health framework for child language in the early years. *International Journal of Language and Communication Disorders*. 00, 1– 23. doi.org/10.1111/1460-6984.12927


participant characteristics

communication modes: effect sizes were higher for participants accessing sign language, low-tech AAC, and mid-to-high-tech AAC compared to those only vocalising and using natural gestures. There was no evidence of other characteristics directly influencing the outcomes of AAC intervention.

The authors conclude that "AAC is effective in improving communication outcomes for school-aged individuals

with ASD/IDD" but the variation shows that decision-making must consider the individual's specific needs.

SOPHIE BISHOP, Cygnet Health Care

 Ganz, J.B. et al. (2022) Participant characteristics predicting communication outcomes in AAC implementation for individuals with ASD and IDD: A systematic review and meta-analysis. *Augmentative and Alternative Communication*.39(1), 7–22.

BOOK REVIEWS

Books and resources reviewed and rated by *Bulletin* readers



Parts of Speech. One family - three generations of stammerers

AUTHOR: Tony Millet

PUBLISHER: Brown Dog Books and The Self-Publishing Partnership Ltd

PRICE: £10.99

The author has shared his honest, lived experience of what it was like to grow up stammering and how he coped through various situations and interactions in his life. This book is aimed at anyone who would like to understand stammering more and may help SLTs to empathise with clients' perspectives.

Tony Millet includes his journey in speech therapy and delves into how this stammer affected both his father and grandchild.

I enjoyed the exploration of how the stammer may have come about and how it impacted relationships and his view of himself. This book highlights the importance of openly speaking about stammering and ensuring support is easily accessed.



LAUREN CROSSLEY, Highly Specialist SLT, Team Lead, Merton Neuro Rehab Team, Central London Community Healthcare (CLCH) Trus Haw, University Teacher, University of Sheffield



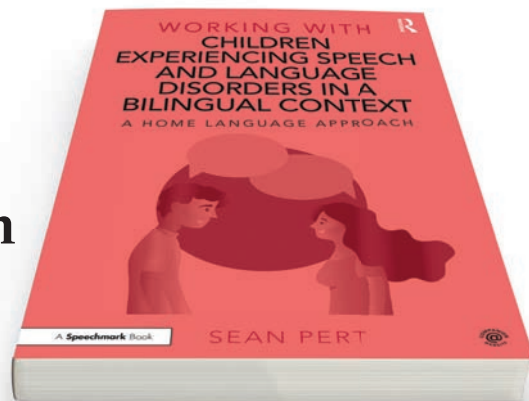
Working with Children Experiencing Speech and Language Disorders in a Bilingual Context

AUTHOR: Dr Sean Pert **PUBLISHER:** Speechmark **PRICE:** £34.99

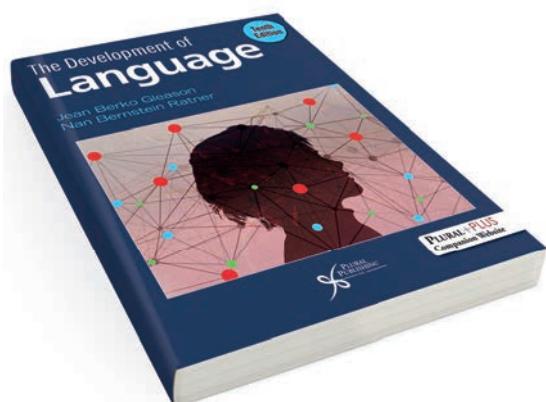
This book is aimed at professionals working with children who are acquiring more than one language and who also have difficulties with speech, language or communication.

The book clarifies definitions, outlines effective ways to work with interpreters, and demonstrates how to assess, set targets, and complete intervention using a home language-first approach for children with communication disorders within a bilingual or multilingual context.

It promotes building therapeutic relationships that value multilingualism and diversity, resulting in better therapy outcomes, and avoiding language attrition and loss of cultural identity. An essential resource for providing equitable service delivery within modern, multicultural society.



JENNIFER HEATH, Paediatric Speech and Language Therapy Team Leader (South), Midlands



★★★★★

The Development of Language

AUTHORS: Jean Berko Gleason and Nan Bernstein Ratner

PUBLISHER: Plural publishing, 2023

PRICE: £127

This updated book is in its tenth edition and co-written by academics and SLTs. It is introduced as suitable for anyone interested in language acquisition from infancy to adolescents. However, I feel it is more suitable for the scholar than the parent.

Each chapter has a learning objectives and outcomes section which the chapter extensively discusses. All chapters end with a Summary section which is useful for quick reading or revisions and a Suggested Projects section which will help students and clinicians generalize and practically apply what they learned. The chapter on variations in language development and its implications for research and theory is particularly inspiring. The book has dedicated chapters on atypical and bilingual language development and even has a section on language and literacy in school years which would be useful for teachers.

There are chapters focusing on phonological development, semantics, morphology, and syntax which comprehensively address all the main linguistic aspects of language. I feel this is an excellent reference book for NQPs and speech and language therapy students.

ELIZABETH RAJAN, Specialist SLT, Dorset Healthcare NHS Foundation Trust and RCSLT Research Champion

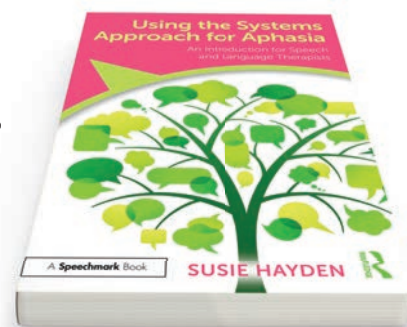
★★★★

Using the Systems Approach for Aphasia: An Introduction for Speech and Language Therapists

AUTHOR: Susie Hayden **PUBLISHER:** Routledge **PRICE:** £30

This important book challenges student SLTs and clinicians to embrace person-centred aphasia therapy, moving away from a one-size-fits-all approach. Hayden calls on us to actively consider each of our patients in relation to the system, or individual and interdependent context, in which they live; we are encouraged to understand our patients' unique stories, through curiosity, collaboration and the co-creation of therapeutic goals. Hayden provides practical suggestions for clinicians to develop evidence-based yet individualised aphasia therapy activities which may look radically different for each patient.

ISOBEL CHICK, SLT, Neuro Rehab Group and Doctoral researcher, Language and Cognition Lab, University College London



★★★★☆

Communication Support Pack

AUTHOR: Stroke Association

PUBLISHER: Stroke Association

PRICE: Free

This pack, aimed at stroke survivors with communication difficulties and their loved ones, contains two A4 aphasia-friendly guides, 'Stroke and your communication after a stroke', an A5 booklet: 'Communication problems after a stroke', a communication picture book and a communication card.

The pack has been produced collaboratively with people with lived experience of stroke and the care taken shines through, resulting in comprehensive, accessible, high-quality information conveying a sense of valuing those to whom the information is targeted. Straightforward and encouraging language, clear and inclusive images, and clear formatting all guide the reader through in a way which does not overwhelm. The A4 guides contain tips for supporting a person with aphasia to read the information and there are useful pointers throughout for further information. Overall, this is an excellent addition to the available resources and will be welcomed by stroke survivors and all their supporters, personal and professional.

CAROLINE HAW, SLT and University Teacher, University of Sheffield



A PROBLEM SHARED...

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



I am a private SLT and one of my patients is moving overseas. They have asked if I can continue to provide therapy via telehealth, but is this possible and am I covered by our insurance?

This is a great question. Telehealth has opened the doors to a variety of different opportunities, including the ability to provide therapy outside of the UK. As we all know, continuity of care is really important and so it is understandable that patients want to continue working with the same therapist despite moving abroad. However, there are a number of things you need to be aware of:

- **Timescales** - treatment should not continue long term. If a patient needs ongoing treatment it is more appropriate and beneficial for them to receive this from a therapist based in the country where they are living. They will understand local provisions and how these systems work much better than therapists living outside of that country. With this in mind we suggest that therapists only provide online therapy until the patient is able to access appropriate local care or can be discharged with programmes to be getting on with.
- **Regulation** - you will need to think about how speech and language therapy is regulated in the country you will be providing a service into. You should ensure you are meeting any legal requirements such as membership of regulatory and professional bodies if it is required for you to practice.
- **Insurance** - your RCSLT insurance will cover you for services you provide outside of the UK (not including USA and Canada) on a short-term basis only, and for no

more than six months. You must show that you are meeting any regulatory requirements for the country you are providing therapy into. If you expect to provide treatment for longer than six months you will need to find alternative cover. Contact the RCSLT's insurance brokers Premier Line, who may be able to help you find cover to meet your needs.

Providing telehealth overseas can benefit patients, but it is important for SLTs to be aware of legal requirements and be mindful that this should be an interim measure. We would encourage any member thinking about providing therapy in this way to discuss with us so we can give specific advice and ensure that you are safe and well supported. **B**



TOM GRIFFIN,
RCSLT Professional Enquiries Manager

Contact the team
✉ info@rcslt.org 📞 020 7378 3012

Useful links

RCSLT telehealth guidance
rcslt.info/telehealth-guidance

RCSLT insurance information
rcslt.info/legal-support

HCPC guidance on practising outside of the UK
rcslt.info/hcpc-practising-guidance

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



evidence & experience™



Data from a new clinical trial showed significant improvements in pulmonary symptoms and sleep when transitioning to the new generation of HMEs, Provox Life™

Improved sleep quality and pulmonary health for total laryngectomy patients by implementing an optimum Day & Night regimen, using the highest humidification HME for the situation.

Study design: Multi-centre, prospective, two-phase clinical study

“Optimal Day & Night regimen means using highest humidification HME 24/7”

Home HME during the day

Night HME during the night

Usual Routine

Limited number of HMEs

Phase 1: “Like-for-like” transition to Provox Life™ (6 weeks)

Comparable set and number of HMEs

Phase 2: Establishment of “optimal Day & Night regimen with Provox Life™” (6 weeks)

No limitations in number of HMEs. Access to full range of Provox Life™ HMEs (highest possible humidification for each situation)



42 study participants



more than 75%

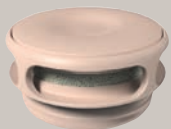
of the participants reported positive advantages including reduced pulmonary complaints, improved breathability, improved voice, better adhesive seal (phase 1) and improved sleep (phase 1 and 2).

79%

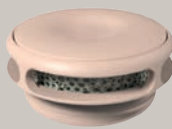
of the patients adapted to the new range in less than 1 week.

90%

found it “easy” or “very easy” to select the appropriate new generation HME.



Home HME



Go HME



Night HME



Energy HME



Protect HME



FreeHands HME

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Reference: Ward, EC, Hancock, K, Boxall, J, et al. Post-laryngectomy pulmonary and related symptom changes following adoption of an optimal day-and-night heat and moisture exchanger (HME) regimen. *Head & Neck*. 2023; 1- 13.

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