Bulletin

RCSLT

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

MY THERAPY, MY CHOICE

Person-centred care in practice

SPRING 2024

ISSUE 838

RCSLT.ORG

A new approach to thickened fluids | Lived experience: being an autistic SLT in a fabulous workplace | **Supporting LGBTQIA+ colleagues** | People with aphasia create easy read resources | Social eating with head and neck cancer | **A problem shared: can I add new skills to my role?**

EFFORTLESS AND ENJOYABLE MEALS *for your patients*

- **Over 330 delicious dishes -** including over 88 world leading meals for those living with **dysphagia**
- Every recipe refined by our **dietitians and award-winning chefs**
- Meals **always free from** artificial flavours, colours, HVOs and GMOs'
- Friendly, local drivers will **deliver straight into the freezer**
- **No contract** or commitment

apetito

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

MAIN MENU
Chicken in Gravy

Flavours they'll love in a texture they need

SOFTER FOODS MENU
Purée Sausage & Mash

£5 OFF

your patients first order when you sign up to our Healthcare Professional newsletter

To unlock this discount, scan the QR code or visit wiltshirefarmfoods.com/hcp-sign-up

RCSLT

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

President: Nick Hewer
Chair: Dr Sean Pert
Deputy chair: Irma Donaldson
CEO: Steve Jamieson

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

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

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

DESIGN
Art editor: Yvey Bailey
Cover illustration: Poan Pan

ACCOUNT DIRECTOR
Tiffany van der Sande

PRODUCTION
Aysha Miah-Edwards

PRINTING
The Manson Group

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

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

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

IN THIS ISSUE

What is person-centred care?

As therapists we are dedicated to enabling our clients to find their goals and reach them to the very best of their ability. Our aim is always to focus on the individual and place them at the centre of their own treatment, with the choices and control in their hands. If they lack mental capacity, we partner with carers and family members in the same way.

Person-centred care is right at the heart of our new guidance on thickened fluids. Our ambition is for all those with swallowing problems to have an SLT-led assessment, and for the service user, their family and carers to be fully aware of their choices. It's about far more than physical health: it's about the whole person, their emotions and attitudes, their lived experience and individual circumstances.

The multidisciplinary team (MDT) plays a key role in person-centred care, and this is an area where SLTs have a unique contribution. With our professional expertise in connecting with multiple professionals and service users, we can take the lead in creating change. We can drive the move towards more person-centred care in the MDT, and empowering people with swallowing problems. Turn to **page 22** to find out more, including handy FAQs to use with your MDT.

Also in the magazine, turn to **page 44** for a case study on cognitive communication disorder and how SLTs can support the professionals around a person to meet their complex needs. Read about a gathering of people with head and neck cancer connecting over food and shared experiences on page **40.**

> **It's about far more than physical health**

People with aphasia helped create information resources for others with aphasia, in an empowering project at the Stroke Association on **page 30**.

If we want to be truly inclusive as a profession, we have to start at the earliest point in our careers by ensuring a level playing field for our students and apprentices. On **page 38** we reveal some valuable new resources to help disabled student SLTs to thrive, with practical tips for educators and students created by a group with lived experience of disability and discrimination.

Judith Broll

RCSLT Director of Professional Development
bulletin@rcslt.org
@BrollJudith

PS turn to **page 34** to see our new LGBTQIA+ 'Zones of practice', designed to help us become allies to colleagues and clients of all gender identities and sexualities.

Content

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

REGULARS

SPRING 2024
ISSUE 838

S

+ Sections featuring this icon represent all clinical features

REGULARS

+ PERSPECTIVES

ANALYSIS

+ FEATURES


JON ORGAN

63

RESEARCH AND OUTCOMES FORUM


52

COMMUNITY & DEVELOPMENT

SHARE YOUR THOUGHTS ON X @RCSLT #

Talking points

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

LETTER

Practical wellbeing

Dear *Bulletin*
Many congratulations on the quality of the *Bulletin* nowadays, in terms of content and presentation. So very different to how it was when I first qualified!

Your winter edition gave focus to personal wellbeing for SLTs, with a number of informative articles about different relevant aspects. I feel strongly that there is a huge omission in speech and language therapy training on how to physically and mentally look after ourselves. Part of the lack is the absence of practical experiential voice training, which used to give students some sense of the connection between body and mind.

As a long-lasting RCSLT member with a specialism in voice, and parallel professional work as an arts-based spoken voice teacher, I have long recognized that specific practical work with body, breath, voice and text can inculcate a feeling of physical and mental well-being – restoring energy and refreshing mind, heart and spirit.

One of your articles mentioned doing a short period of 'desk yoga', but there is far more that the stressed SLT can do in a short and simple sequence of body-based self-care. I have run two practical workshops for the general public called 'Body, Breath and Voice for Well-being' through the National Centre for Integrative Medicine, and hope to offer one for SLTs at some point. Meanwhile, even two minutes of stretching, shaking, sighing and several slow low slow breaths really can help after a difficult meeting...

CHRISTINA SHEWELL, Independent Voice Practitioner, SLT, Spoken Voice Teacher, Lecturer and Writer
✉ christinashewell@gmail.com

LETTER

Adult-onset Alexander disease

I am seeking SLTs with experience working with people with Alexander Disease (particularly adult onset). It is a very rare disease with the adult-onset subtype being even more rare, but there is a huge role for speech and language therapy here. I am seeking support and advice so I can provide the best service possible to my patient with this condition.

GEORGINA MALPASS WADE, Advanced SLT, Hertfordshire Community Trust
✉ georgina.malpass@nhs.net

BEST MAGAZINE COVER AWARD

We are delighted to say that we won the *British Society of Magazine Editor's* 'Cover of the month' award for January!

LETTER

Calling all service improvement leads

I started in a new role of Service Improvement Lead in a paediatric SLT service in the summer 2023. It is an exciting opportunity to support the team to identify strengths and challenges and work together to problem solve.

We are currently working on embedding episodes of care in our service delivery; ensuring statutory provision for children who have an EHCP is evidence based, equitable, and measurable; and working with the Patient Experience Team to gather feedback from our service users.

I would love to hear from colleagues who have similar roles or lead on service improvement as part of their roles, and to create an online peer support group to discuss our work, challenges and successes.

MARIE NEWTON, Service Improvement Lead, Speech and Language Therapy
✉ marienewton@nhs.net

Keeping the conversation going

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

Catching up with the latest *Bulletin.* Lots of really relevant discussions within the current world of SLT - great to see such a strong focus on wellbeing! 😌
Emma Robbin, SLT, HSC Northern Ireland

A great article from @JaniceMurrayMMU in *Bulletin* about choosing the right AAC!
Helen Robinson, AAC Service Lead, Barnsley Assistive Technology Team

Five-star review for the latest *Bulletin* with its abundance of health and wellbeing articles supporting self, team and #leadership. A fantastic focus to support #MyHCPCstandards and promote a #JoyfulJanuary start to 2024. TY Glenn Carter @SAClaire @BTHFTAdultSALT Sarah A
Carrie Biddle, Regional Head of AHPs, NHS England South West

Heard from @talkingoutcomes today that RCSLT now fully insures independent practitioners taking students on placement article in *Bulletin*! Great to hear this barrier has now been removed and looking forward to new opportunities @_ASLTIP & @MMUHPSC
Kim Turner, SLT, Senior lecturer, Manchester Metropolitan University

QUOTE OF THE QUARTER

"Aberdeenshire Council's decision to cut all their funding for children's speech and language therapy will have a huge impact on children and young people. We will work closely with the council to reverse this decision and preserve this vital resource."

GLENN CARTER, Head of RCSLT Scotland

Corrections

Bulletin would like to offer a sincere apology for wrongly including an image of a jigsaw puzzle alongside a news article about autism assessments in the previous issue ('NHS England reinstates SLTs in autism guidance' page 8). This symbol conveys negative meanings about autism and autistic people.

We omitted Dr Claire Ewen's correct title in her feature on wellbeing ('Not just a nice-to-have' page 24.)

We failed to pick up the use of 'dysphasia' instead of 'dysphagia' ('The big picture' page 17).

WHAT'S NEW ON rcslt.org

RAMADAN RESOURCES
For anyone supporting Muslim clients, students and colleagues, this new guide is packed with information about how to have open conversations, terms you need to know and clinical information about fasting. Particularly useful around the time of Ramadan, with practical tips which are relevant all year round.

rcslt.info/Ramadan

SUPPORTING DISABLED STUDENTS
RCSLT collaborated with disabled student SLTs and practising SLTs to update the guidance on supporting disabled students. The new resources enable university staff and placements to understand the needs of disabled students and provide a good learning environment. Turn to our article about disabled students on **page 38**.

rcslt.org/students-with-disabilities

THICKENED FLUIDS: NEW GUIDANCE
The RCSLT has developed new resources to support practitioners to understand the potential benefits and burdens associated with using thickened fluids. Turn to **page 22** for more on person-centred care and thickened fluid.

rcslt.info/thickened-fluids

SPEECH SOUNDS DISORDERS
Updated guidance on speech sound disorders (SSD) provides information on the sub-types of SSD, covering best practice and an introduction to the evidence base. A new position paper on childhood apraxia of speech (CAS) gives further guidance on this condition and replaces the policy statement on developmental verbal dyspraxia (2011).

rcslt.info/speech-sound-disorders

Need to

Early years campaign in Northern Ireland

In 2023, RCSLT Northern Ireland (NI) carried out local research around speech, language and communication needs (SLCN) in children under five in Northern Ireland, and found an increase in both the numbers of children with SLCN and in the complexity of need.

The data, taken from surveys of early years practitioners, community paediatricians and the NHS, revealed that between 2021 and 2023 there was an 83% rise in waiting lists for children and young people under 18. Department of Education census data also showed increases over 80% of children in nursery and 149% in Primary 1 on the SEN register with identified SLCN.

These figures appear against the backdrop of SLT vacancy rates of up to 28.6% in some areas of Northern Ireland.

At a roundtable event in November 2023, more than 30 key stakeholders gathered to discuss the findings and collectively agree a way forward, including the Department of Education and Health, the Public Health Agency, the Education Authority and third sector organisations. RCSLT NI is also meeting with the main political parties and forming a new early years communication alliance. The campaign aims to ensure that Northern Ireland has an SLCN framework or strategy and invests in the SLT workforce. It is also asking for a new SLT champion role and a regional platform for sharing information and resources.

Find out more
rcslt.info/ni-campaigns

know

Over
85,000
episodes of speech and language therapy now recorded on ROOT

Vacancy rates still over 20%

The latest RCSLT vacancy rates survey shows that vacancies in UK speech and language therapy services are at 20% in children's services, and 23% in adult services. The survey is the second to show that vacancies are unsustainably high.

The highest rates were in the North East and Yorkshire, the Midlands and the East of England. They were also higher in rural areas and in non-NHS services, indicating further challenges in recruiting SLTs outside of our cities. Berenice Napier, RCSLT Policy Adviser leading the survey, said: "We know that services are working hard to innovate and make productivity gains wherever they can. However, vacancies are only part of the challenge facing many services."

Barriers to making productivity gains include significant supply issues with little growth in the number of student SLTs in Wales, Scotland and Northern Ireland. Across the UK, demand continues to outstrip capacity, with one fully staffed service in the Midlands experiencing demand four times capacity.

RCSLT is working hard to gain the attention of policy makers, and survey results have been widely published including in the Health Service Journal (HSJ).

Find out more
rcslt.info/vacancy-rates-2024

NEWS IN BRIEF

Head and neck cancer: share your innovations

The updated head and neck cancer guidance on the RCSLT website includes assessment templates, service models and community case studies.
Can you help us grow this resource by sharing your head and neck practice, such as patient-centred innovations, effective service structures and clinical initiatives? To contribute, complete the templates in the resources section of the guidance and send to **info@rcslt.org**.

rcslt.info/head-and-neck-resources

Northern Ireland Assembly motion for SLCN support in criminal justice

Very soon after the return of the Northern Ireland Assembly in February a motion was tabled and passed recognising the importance of supporting people with speech, language and communication needs (SLCN) in the criminal justice system.
The RCSLT has highlighted that a failure to correctly assess the communication needs of those in the justice system can have life-changing consequences.
The RCSLT Northern Ireland team is calling for actions including an SLCN assessment of all those entering the system and communication training for all staff.

rcslt.info/ni-assembly-motion

Cuts threat in Aberdeenshire

RCSLT Scotland is leading the fight against 100% cuts to the children's speech and language therapy funding by Aberdeenshire Council. The cuts could mean losing all provision in schools and early years, and the loss of nine full time equivalent SLT jobs.

However, the Scottish Government's announcement of extra funds for councils provides a fresh opportunity to find a solution. RCSLT will work closely with the council to preserve this vital resource.

Swallowing Awareness Day


SLTS FROM ALL OVER WALES AT THE SENEDD EVENT

To mark Swallowing Awareness Day in March, SLTs and student SLTs across the UK held events and raised awareness on social media.

Swallowing Awareness Day takes place during NHS Nutrition and Hydration Week, and aims to highlight the important work SLTs do in supporting people of all ages living with dysphagia. RCSLT leads along with Speech Pathology Australia and other organisations around the world.

In Wales RCSLT held a dysphagia café at the Senedd (Welsh parliament), partnering with the Senedd catering team to provide modified food to Senedd members. Politicians were able to meet with SLTs from all parts of Wales to understand more about our role in supporting people with eating, drinking and swallowing difficulties.

Elsewhere around the UK, SLTs and students held events to encourage people to talk about and ask them about eating, drinking and swallowing difficulties.

You can see more of what happened around the UK and rest of the world on social media using the hashtag **#SwallowAware2024**.

RCSLT Wales: youth justice summit

RCSLT Wales played a key role in bringing together key stakeholders at a youth justice summit aiming to improve the support on offer to young people with speech, language and communication needs (SLCN) within the youth justice system in Wales.

The summit took place on 24 January in response to the report published in April 2023 '60%: Giving Them a Voice' which highlighted the high number of young people with SLCN in the system.

The summit's goal was to formulate a new workstream looking specifically at the impact of SLCN on children and young people and the links to getting involved with the youth justice system. Representatives came from all youth justice services in Wales, Youth Justice Board officials, a range of civil servants from key departments and leading academic in the field, Professor Karen Bryan.

Head of Wales office Pippa Cotteril said: "We were pleased to play an important role within the summit and will follow progress very closely." The Welsh Government is considering future actions within the All-Wales Justice Board forward work programme.

Members can get updates on X **@RCSLTWales**.

ATLAS manifesto launch

RCSLT supported the launch of the ATLAS Leiden 'Think Language First' manifesto at the House of Lords in January, hosted by Lord Paul Boateng and addressed by Professor Karen Bryan of York St John University.

The manifesto is a declaration of children's language and communication rights across Europe, and is endorsed by over 50 organisations here and in Europe. It outlines a vision to guarantee that every child and young person achieves their highest potential, with language highlighted as a key pillar for educational success and overall wellbeing. It provides the latest data and information to help policy makers as well as recommendations for system change.


L-R: DR ALEXANDRA PEROVIC, PROF TRACEY REYNOLDS, PROF MARIA ARCHE, LORD BOATENG, PROF JANE HARRINGTON

ATLAS is a group of speech therapists, linguists and others including RCSLT members. It is the initiative of Professor Maria Arche at the University of Greenwich.

Find out more **rcslt.info/atlas**

UP COMING

APRIL
Parkinson's Awareness Month
7 World Health Day

MAY
6-12 Dying Matters Week
20-26 Action for Brain Injury Week

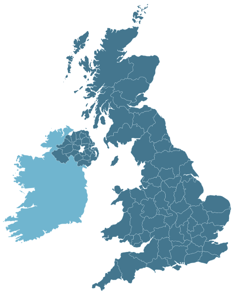
JUNE
Pride Month
17-23 Learning Disability Week

Help us address health inequalities

In a bid to help tackle health inequalities in England, RCSLT has written to all Integrated Care Systems to ask them how their plans will support local people with speech, language, communication and swallowing needs. Get involved by writing to your ICS. You can use our new infographics to help raise awareness.

Find out more online: **rcslt.info/health-inequalities**

Coming to you in 2024!



Look out for details of our UK-wide engagement events in 2024, taking place in England, Wales, Scotland and Northern Ireland. The free in-person events will be a chance to connect with our work, have your say, and find out more about the opportunities for getting involved with RCSLT and all the networks we support.

Birmingham Pride

Join RCSLT marching in the May Pride parade in Birmingham.

New TOM user guide

The authors of the Therapy Outcome Measure (TOM) have announced an updated version of the 'TOM User Guide' published by J&R Press later this year. It includes new sections: the TOM-PROM (Therapy Outcome Measure: Patient Reported Outcome Measure) and a Patient Reported Experience Measure (PREM).

Find out more **rcslt.info/toms-scales**.

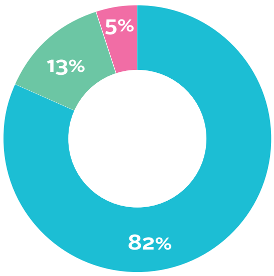
IMAGE: ISTOCK

ROOT: new health inequalities fields

The RCSLT Online Outcome Tool (ROOT) is the database for UK SLTs to collect outcomes information and other routine clinical data, and now has over 85,000 episodes of speech and language therapy recorded. Around 80 services and independent SLTs now use ROOT for evaluation, quality improvement and service planning.

As part of our work on health inequalities, RCSLT will be adding new patient data fields to ROOT later in 2024 to help SLTs identify potential inequalities in their service.

The new fields include ethnicity, need for an interpreter, language profile and deprivation decile. Please get in touch to register your interest.



EXAMPLE OF A ROOT HEALTH INEQUALITY FIELD REPORT

The team is also seeking members to get involved in reviewing how gender is recorded on ROOT. Contact: **root@rcslt.org**.

Find out more **rcslt.info/monitoring-inequalities**

Call to party leaders

Ahead of the general election, the RCSLT is helping to lead the **#LetsTalkCommunication** coalition calling for children's spoken language and communication to be at the heart of 2024 election manifestos.

The coalition, led by RCSLT, Speech and Language UK, and Voice 21, has brought together over 50 organisations to send open letters to Conservative leader Rishi Sunak, Labour leader Sir Keir Starmer and Liberal Democrat leader Sir Ed Davey.

Demands include a sustained focus on spoken language and communication across all ages and stages of education, supporting teachers and schools to develop their students' spoken language and communication, and meeting the support needs of children and young people with long-term speech and language challenges.

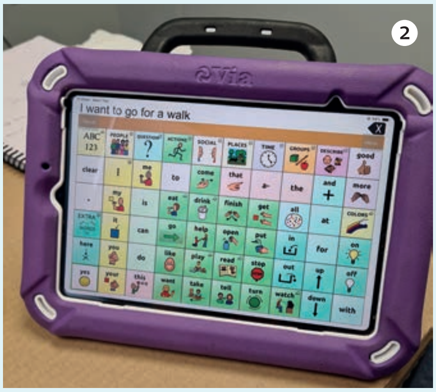
Look out in e-news for more updates on RCSLT's general election work.

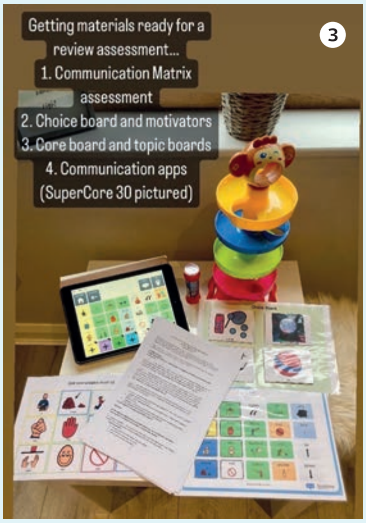
Find out more **rcslt.info/letstalkcommunication**

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on X 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 beauty in a morning commute, creative SLTs and support workers using unique materials for sessions and the joyous occasion of SLTs tying the knot



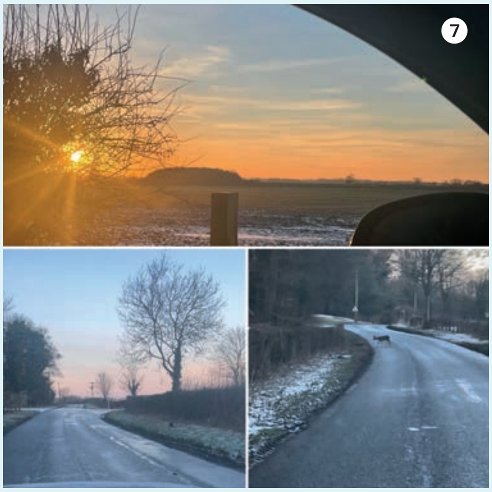


Getting materials ready for a review assessment...
1. Communication Matrix assessment
2. Choice board and motivators
3. Core board and topic boards
4. Communication apps (SuperCore 30 pictured)

REGULARS

IN PICTURES

6



7

8

9

① City of London master's student SLTs enjoying graduation celebrations and catching up on NQP life! **@AliceHowellsSLT**

② SLT Amy Guest and SLTA Mark Mallen have been successfully supporting a student to develop his use of a high-tech AAC device. He is now able to build sentences using the vocabulary page and the keyboard. **@Amy_Guest_SLT**

③ **@Sazalder** shares an example of some of the materials she uses for an assessment.

④ With some varnishing and a fixed chimney, Peppa's house is ready for some child-centred interaction. **@inspiretospeak**

⑤ SLTA Sarah Halford decided to think outside the box when she saw some unused PE equipment. She used it during her therapy sessions to practise verb recognition, counting syllables and sound discrimination. **@10sarahlou10** **@WMISLT2**

⑥ During their third-year placement, Huddersfield student SLTs, Emma and Ellie, brightened up Mid Yorkshire NHS' Featherstone waiting room with a wonderful language tree to share their knowledge of the fundamentals of language development with families. **@MidYorksCT**S

⑦ It's definitely not dull in Hull. **@NickyWestSLT** shares her morning commute to work - an amazing sunrise backdrop to see one owl, two pheasants and three deer.

⑧ Two of SLT Lisa Murray's favourite toys for Intensive Interaction. They are always a big hit with the little ones. **@LisaM_SLT**

⑨ Fergus (Adult Acute Bank SLT) and Emily (Community Paeds SLT) from NHS GRAMPIAN got married last October! Here they are joined by their SLT friends and colleagues from across the country, Glasgow and Fife to Aberdeen and Moray.

DR SEAN PERT

Clinical guidance: how do you do it?

Dr Sean Pert asks how we can keep striving to achieve best practice

> Using a published assessment can take more time, but may lead to a more accurate diagnosis

Visit the main clinical guidance page for our 42 topic areas **rcslt.info/clinical-guidance**

The HCPC Standards of Proficiency (2023) state that SLTs must "assure the quality of their practice" and "engage in evidence-based practice". In a world where there are significant demands on our time, it is often difficult to find time to stand back and evaluate our skills and knowledge, and decide if care pathways meet the latest standards and evidence.

RCSLT has much to offer its members to address these challenges and ensure our service users access the best possible care, and we are the only UK SLT membership organisation to produce clinical guidance. Our professional development resources are available to all members online.

But researchers have highlighted that some SLTs and services are not making full use of these resources. Morgan et al (2021) found that for children with suspected speech sound disorder (SSD) "…assessment data available in the case notes across all sites were insufficient to be used to compare the effectiveness of different interventions", and that many services used informal picture assessments with no systematic analysis. Sharpe & Perovic (2023) found that 89% of SLTs were aware of RCSLT's guidance on bilingualism, but "…less than half had read even just part of it". Barriers to implementation included time pressure and large caseloads, and lack of support from managers.

How can we address barriers to engaging with the guidance? Team leads and managers can contact the RCSLT Professional Enquiries Team for support. Some undertake service re-designs based on audits which highlight gaps in their offer. For example, using a published assessment to assess a child with suspected SSD and analysing the data using a systematic method. This can take more time, but may lead to a more accurate diagnosis and more effective therapy, decreasing the treatment time and reducing waiting lists.

So what could help you and your teams engage more actively with our guidance? Here are some ideas:

- Reviewing clinical guidance in your clinical supervision sessions or team meetings.
- Comparing your care pathways with current recommendations, including using evidence-based, published assessment tools.
- Taking part in the ROOT data collection to help you understand your service users' outcomes.
- Linking with CENs and academics carrying out research into treatment intensity (dosage), efficacy, or less frequently implemented treatments.
- Address any training needs. There are resources available through CENs, advertised in *Bulletin*, and free RCSLT e-learning **rcsltcpd.org.uk**.
- Reading tutorials published in peer-reviewed journals such as IJLCD(free to members) and on ASHA's 'Evidence-Based Practice Tutorials'.

Please share your tips for keeping up with the guidance on social media **#RCSLT.** B

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

STEVE JAMIESON

Listening and collaborating

Steve Jamieson highlights the value of member and service-user voices in all our work

> The voice of the people and communities we serve is a golden thread through all we do

This issue of *Bulletin* focuses on person-centred care and the importance of listening to service users and their families. At the RCSLT our mission is to enable better lives for people with communication and swallowing needs. We are on a journey to full coproduction in all parts of our work, so the voice of the people and communities we serve is a golden thread through all we do.

We listen to you, patient groups and charity partners to understand how we can best give support. For example, we convened a long COVID working group, bringing together SLTs and service users to look at the available evidence and clinical experience of SLTs working in the field. Although not widely recognised, SLTs provide support to long COVID patients who experience voice, swallowing, communication and upper airway symptoms. With the help of the working group and people living with long COVID we published a patient handbook and factsheets to ensure this patient group is recognised and supported.

As well as developing practical support, we use our status to influence the UK and devolved governments on behalf of service users. We recently wrote to the UK Government, urging them to reinstate speech and language therapy for people with primary progressive aphasia following cuts to the only dedicated clinic at the National Hospital for Neurology and Neurosurgery.

We work with other organisations to campaign for more support for children and young people's spoken language and communication development. Along with Voice 21 and 50 other organisations, we recently wrote to the three main political parties in the UK, calling for spoken language and communication to be at the heart of their 2024 election manifestos.

We played a key role in a recent Welsh Government summit on speech, language and communication needs within the youth justice system. We will continue to work to make sure our most vulnerable young people in the Welsh justice system get the speech and language therapy they urgently need.

In February we were proud to join the historic launch of the ATLAS Think Language First manifesto. Endorsed by over 50 organisations in the United Kingdom, and more from other European countries, the manifesto outlines a forward-looking vision to guarantee that every child and young person achieves their highest potential, with language highlighted as a key pillar for educational success and overall wellbeing.

These are just some of the examples of where we continue to speak up for service users. We are grateful for the support and insights that all our members provide in driving this important work. Ⓑ

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

ADVERTORIAL

WILTSHIRE
EST. FARM 1991
FOODS

Eating with the Eyes

The Importance of Visual Enhancement in Texture Modified Diets

For those living with dysphagia - also known as swallowing difficulties - it isn't just the physical effects of the condition that can be debilitating. Eating home-blended texture modified food can often be unappealing and negatively impact on a person's nutritional intake and overall quality of life.

Individuals living with dysphagia have a heightened risk of malnutrition due to factors such as a fear of choking causing food avoidance and aversion to texture modified meals resulting in an overall reduction in food intake.

Visually appealing texture modified meals are important to ensuring individuals living with dysphagia meet their nutritional requirements. Many people 'eat with their eyes' and therefore poor presentation may lead to reduced intake or refusal of meals. Presentation plays a key role in appetite stimulation, which is crucial as individuals living with dysphagia often face challenges enjoying meals. The appearance of a meal also provides sensory feedback that is involved in the salivation response and aids a safe swallow.

Not only can the visual appeal of a texture modified meal impact the eating process, it can also be a source of social anxiety. With more attention being drawn to the clinical condition, individuals may feel embarrassed or exposed to judgement from others, potentially resulting in an avoidance of social situations altogether. This, in turn, can negatively impact the mental wellbeing of an individual living with dysphagia.

It is therefore important from both a physical and emotional perspective to consider the visual appearance of a modified meal to best support those in your care.

In a social setting, if an individual can eat a safe texture modified meal that closely resembles a regular textured dish, it may reduce feelings of embarrassment and social anxiety; allowing for a more positive and comfortable mealtime experience. Also, providing a visually appealing meal has shown to increase meal consumption from 25% to 75%[1].

Puréed Chocolate Cake

Puréed Quiche Lorraine

apetito and Wiltshire Farm Foods understands the importance of enhancing the visual appeal of its award-winning texture modified range to bring dignity and enjoyment back to dining.

As stroke survivor, David Jones, explains: "Eating a meal in the correct texture allows me to have everything I enjoy eating without the worry of food going all over the place. They make what was once an unpleasant experience, pleasurable again."

The latest innovation from the meal provider includes its Level 4 Puréed Quiche Lorraine and Puréed Chocolate Cake, which have recently been improved by newly shaped specialist moulds and adding a browning effect to the top for that "freshly baked" appearance.

All texture modified meals from apetito and Wiltshire Farm Foods are created in line with guidance from the International Dysphagia Diet Standardisation Initiative (IDDSI), offering a range of meals, snacks, and desserts across Levels 4, 5 and 6.

Dysphagia dining event: keep an eye out for further details in RCSLT's e-news. **rcslt.info/dysphagia-dining**

View the full range of texture modified meals on: **wiltshirefarmfoods.com**

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

References:

1. Farrer O, Olsen C, Mousley K, Teo E. Does presentation of smooth pureed meals improve patients' consumption in an acute care setting: A pilot study. Nutrition & Dietetics. 2015 Jun 24;73(5):405–9. doi:10.1111/1747-0080.12198

FOCUS ON DIVERSITY

Free to be me

Kate Harvey writes about a fabulous workplace where she can be her authentic self

Working as an SLT played an important role in me seeking out an autism diagnosis as an adult. Completing a free online course about autism in females and engaging in several conversations with a wise and knowledgeable colleague helped me to see the autistic traits in myself and how these impacted me and challenged me in certain areas of life.

I am proud of my autism diagnosis, as it forms part of my identity and it makes me unique. I believe that being autistic makes me a better therapist, and that my autism brings certain strengths to my role. While I strongly advocate for the saying "if you've met one autistic person, you've met one autistic person", my diagnosis enables me to relate to the autistic children and young people that I work with. It fuels a passion in me to be an advocate for them. I also believe that my unique brain enables me to think more creatively, as well as driving a speedy efficiency in me when it comes to completing process-driven tasks.

KATE HARVEY

> The process from application to interview to getting the job was a neurodiversity-affirming experience

In November 2022, I had a conversation with a wonderful human being who is an inspiration on a personal and a professional level. At the time, I did not know that this conversation would dramatically change the course of my working life for the better. This person informed me that she was expanding her therapy team within the special school that she worked in, and asked me if I would be interested in coming to work there.

The whole process from application to interview to getting the job was a neurodiversity-affirming experience. My diagnosis was accepted throughout the journey and steps were taken to ensure that the interview process was accessible and comfortable for me. I feel safe to be open and honest, and I am always supported and nurtured which ensures that I can do my job to the highest standard that I strive towards.

I feel like I have been on a journey of reflection, as I have realised that I can be my true, authentic, autistic self. I have become aware of how much I was masking my feelings and behaviours previously. I have felt safe to gradually unmask and engage in using the strategies that support my sensory and emotional needs.

Sometimes I tap, sometimes I talk or hum to myself. Sometimes I fiddle constantly. I often find myself apologising for these things and without fail I am told that no apology is needed. Bringing my plush emotional support dragons with me to work not only comforts me, but also brings joy to the young people I work with.

I feel blessed to work in a team of people that accept me for being my true self, that value me for who I am. They embrace my neurodiversity, quirks, humour and have enabled me and provided me with the security to take off my mask and be free to be me.

KATE HARVEY, Highly Specialist SLT
✉ kate.harvey604@googlemail.com

Turn to our feature on how to have a neurodiversity affirming workplace on page 47

ILLUSTRATION: TIM BOUCKLEY

Steel yourself

Susan McCool revisits our wellbeing theme and investigates resilience. Does it come from within, or is it the product of a complex blend of factors?

My interest in SLT wellbeing is both professional and personal. With a background in child and adolescent mental health, I have a long-standing interest in resilience. I had a wonderful opportunity to carefully consider theories around wellbeing and resilience when writing my recent book about young people's mental health, language and communication (McCool, 2023).

DR SUSAN McCOOL

More personally, I've recently experienced substantial threats to my wellbeing through family circumstances. I've reconsidered my own hesitation about seeking support. Through counselling I've begun reflecting on the unsustainability of my own balance of self-care and other-care. So when it comes to SLT wellbeing, I'm invested.

However, when I hear about SLT wellbeing in forums like the previous Bulletin (issue 837) and HCPC guidelines I respond with a curious mixture of both welcome and worry.

Entering my fourth decade within the profession I do, of course, applaud efforts to sustain my fellow practitioners in our vocation. So why the reservations about 'wellbeing'? Two reasons. First, I fear that SLTs are being asked to work at their wellbeing not for themselves, but simply to keep on serving the needs of others. And secondly, placing the burden of wellbeing solely on the shoulders of therapists deflects attention from important responsibilities of employers and other power-holders.

Wellbeing: for whose benefit?

"To be able to care for your service users, you must take care of yourself". That's the header on the wellbeing pages of the HCPC website, backing up the recent introduction of a new regulatory requirement that all registrants monitor and maintain their mental health (Standards of Proficiency, 2023).

To me, that kind of messaging is potentially harmful. It says to SLTs that their own wellbeing as people doesn't really matter. Instead, what's important is their continued (and selfless) delivery of service to others.

Further, by making wellbeing-maintenance a professional obligation, it adds to their burden of responsibilities. SLTs are now formally required to work at their own wellbeing, not for their own sake, but to remain productive employees. And this wellbeing-work often takes place in their own time, and at their own expense.

REFERENCES

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

Not just an individual obligation

Since wellbeing is experienced at a personal level, we often mistakenly assume that the individual should accept all the responsibility for maintaining it. That's a short – and dangerous – hop from assuming that a practitioner who experiences ill-being has somehow failed in their personal duty. To me, both of these fallacies are wrong, and should be strenuously resisted.

Resilience is now thought of as having multiple layers and many moving parts: these can be within us, between us, or beyond us (Masten, 2021).

Elements within us, like temperament, certainly do have a bearing on resilience. Indeed, recent research found that SLTs with 'high sensitivity' were more prone to burnout (Bordarie and Mourtialon, 2023).

But most of the factors known to be most important in determining a therapist's resilience are contextual. These include elements between SLTs and the people around us, such

ILLUSTRATION: TIM BOUCKLEY

> **By making wellbeing-maintenance a professional obligation, it adds to our burden of responsibilities**

as the working culture in an organisation. Worrying in this regard are reports that SLTs feel undervalued by colleagues in other professions (Ewen, 2021).

Elements outside our control can also be critical. Here, political decisions hold influence, for example in allocating sufficient resources to pay and conditions.

Societal attitudes also hold sway, such as the chronic undervaluing of emotional labour typically carried out by women. Speech and language therapy is a majority female profession, so there may be some aspects of wellbeing that relate to how women are socialised (Litosseliti and Leadbeater, 2013). For example, women may tend to see themselves in 'helper' roles, and can struggle to concede that they also need support. As a woman I wonder if we have accepted, by extension, that our wellbeing is for others' benefit, and that it is our responsibility alone to carry that wellbeing burden?

Demand, control and support

All this means that we need a more rounded view of wellbeing in our profession. For that, SLT researchers such as Ewen recommend the Job Demands, Control and Demands, Control and Support Model (Johnson and Hall, 1988; Karasek, 1979).

Demands

Relentless and even overwhelming demand comes from excessive caseloads and large waiting lists. This problem is noted to be particularly serious in speech and language therapy (Ballatt, 2021; Ewen et al., 2021; Marante et al, 2023). It undoubtedly represents a significant hazard to our wellbeing.

Additional demand also comes from the relational nature of SLT. It brings us close to human fragility and vulnerability in all its rawness. Like all professionals who give of themselves in the service of others, SLTs are considered to be engaged in 'relationship-intense' work (Skovholt and Trotter-Mathison, 2016) with relentlessly repeated 'cycles of caring'.

To me, the relationship-related demands of the SLT role can be considered especially taxing, since the work often involves supporting people in their communication. Emotions are central to communication, and fraught emotions are core to the experience of communication support needs.

Control

SLTs have voiced how powerless they feel when deprived of autonomy for their own clinical decision-making. NHS therapists, in particular, described having to ration resource and offer restricted clinical pathways (Ewen, 2021). SLTs entered the profession primarily to help people and make a difference. It's clear these therapists felt that their clients' needs were not being met, and their distress was palpable. Organisational systems were making them feel fraudulent and futile. Moral distress of this kind can be profoundly damaging (Musto and Carlson, 2021).

Supportive relationships at work

Difficult interpersonal relationships at work can represent one of the biggest risks to resilience (Skovholt and Trotter-Mathison, 2016). Unfortunately, healthcare settings are notorious for incivility and challenging power dynamics (Frain, 2021). Speech and language therapy is not immune (Ewen, 2021).

Conversely, strong supportive relationships can and do offer a space to sustain and nurture the professional self in the face of external challenges. Given the opportunity, SLTs highly value these relationships, whether in the form of skilled supervision, supportive mentoring or informal peer support (Ewen, 2021).

Meaningful wellbeing

Resilience can be thought of as having the ability to navigate towards the resources we need (Ungar, 2021). Let's see ourselves, firstly, as workers who deserve resource – at multiple levels – to sustain ourselves in challenging tasks. We have the agency to ask for what we deserve.

DR SUSAN McCOOL, Principal Teaching Fellow and Director of Strategy and Partner Engagement (SLT Education), University of Strathclyde
✉ susan.mccool@strath.ac.uk

Skills for building partnerships

Clare Parsons and **Ruth Williams** on collaboration and person-centred care in AAC

We know that collaboration is key in person-centred care, but there are many 'external' barriers to collaboration such as time constraints, funding and language (Mandak and Light, 2018). At our online augmentative and alternative communication (AAC) journal club we reflected on how few newly qualified practitioners (NQPs) recognise 'internal' barriers and how their own practice can have a significant impact on collaboration (Jago, 2017). Here we have put together six things we wish we had known about collaboration when we were NQPs.

1 Listening

Active listening is a skill that many SLTs value highly (Weger et al, 2010), and this provides a powerful foundation for our AAC practice. If we do not listen to AAC users and communication partners, we invariably make assumptions about their goals or guide them too quickly to ideas that may not reflect how the individual really feels (Treisman, 2021).

2 Building rapport

Relationships enable increased ongoing positive interactions and communication which are essential to AAC support. From our experience, a focus on building rapport with communication partners alongside AAC users is extremely valuable, for example:

- prioritising chat and relationship-building alongside AAC implementation
- informal visits to the AAC user's environment
- using the names of parents, carers, and staff.

> There can be a self-imposed pressure to be the expert in the room

ILLUSTRATION: TIM BOUCKLEY

3 Being open and honest

Working honestly and non-judgmentally in a multi-disciplinary team (MDT) and asking others openly for support will improve collaborative working. Remember to include the AAC user, carers, family and support workers throughout the process.

4 Having realistic expectations of others

Therapists often start out with a clear idea of how we want parents and carers to collaborate with us on AAC but in reality we may be unconsciously reinforcing the model of therapist-led practice (Davies, 2017). Shared goals are key but require sensitive discussions to ensure that parents and carers are equal partners. SLTs can consider their role as 'coaching' parents: being there to guide and support but allowing the family to take the lead in implementation.

5 Practising instead of preaching

We need to be there to support AAC in classrooms, in homes and in the community. Working alongside the AAC user and their communication partners enables us to learn from each other, share ideas and allow sustainable AAC implementation. Using a coaching approach enables the SLT's key messages to be considered in collaboration with the real-life experience of the communication partners.

6 Being you!

When new to AAC, there can be a self-imposed pressure to be the AAC expert in the room. Being aware of this is important in order to understand ourselves and to be able to support our peers. There are many support networks available including MDT colleagues, AAC hubs, clinical excellence networks (CENs) and special interest groups.

Common ground

As an NQP you have the skills to increase the success of an AAC user's journey by addressing the barriers to collaboration. In order to be truly collaborative, we need to move beyond the 'us' and 'them' roles and feel confident enough to cross our professional boundaries in order to find common ground with everyone involved in the process. Ⓑ

CLARE PARSONS, Highly Specialist SLT, Belfast Health and Social Care Trust
✉ mcparsonsslt@gmail.com

RUTH WILLIAMS, Highly Specialist SLT, Guys and St Thomas Trust
✉ ruth.williams2@gstt.nhs.uk

Thickened fluids: putting the person first

Lizzie King *looks at the new approach to thickened fluids and the vital role of person-centred care*

ILLUSTRATIONS POAN PAN

Across the UK, thickened fluids are variably employed in clinical practice but overall, they are still considered one of the most common treatment tools for difficulty swallowing fluids (McCurtin and Healy, 2017). Some services may rarely or never use this treatment, for others it may be strongly embedded in their standard service model.

In January 2024 RCSLT published a position paper and resources on the use of thickened fluids in the management of eating, drinking and swallowing (EDS) needs. The project was developed in response to a call from RCSLT members for more clarity around thickened fluids as an intervention. The resources developed by the RCSLT were a result of extensive collaboration with key stakeholders and experts in various fields related to EDS practice.

Key principles and themes within the paper

- the importance of obtaining informed consent for thickened fluids
- the potential for adverse as well as beneficial effects
- recognising that drinking is more than hydration and that aspects such as psychosocial/spiritual aims should have space in conversations as well as clinical outcomes
- the need to understand basic aspects of respiratory physiology and our limitations in understanding aspiration pneumonia
- the need to challenge the assumption that there is always a direct, causal link between coughing, aspiration and aspiration pneumonia.

LIZZIE KING

This article explores some of the potential impacts and offers practical suggestions for evaluating practice and taking a person-centred approach to using thickened fluids in the management of EDS.

A person-centred approach

A person-centred approach in health is essential but what does that mean when we are thinking about the use of thickened fluids? And how can we apply that in busy, stretched services? The Patient Dignity Question (Chochinov, 2007) asks: "What do I need to know about you to give you the best care?" This could be reframed to: "What information do I need to know about you and what do I need to share with you to support you with drinking?"

Person centred care means working with the service user to understand what matters to them and support them to be actively involved in decisions about their care. This also means integrating biomedical aims ("I want to be medically stable") and psychosocial/spiritual aims ("I don't want to experience embarrassing coughing in front of people"). Aims may fluctuate depending on the

> **SLTs need to understand the role of drinking not only as a biological function, but also how it impacts on a service user's social, spiritual and psychological wellbeing**

setting. For instance, use of thickened fluids may be more manageable in an acute setting and have a clear, short-term goal, whereas longer-term use will require a broader range of considerations around sustainability, practicality and monitoring. SLTs need to understand the role of drinking not only as a biological function but use a person-centred approach to understand how it impacts on a service user's social, spiritual and psychological wellbeing.

Empowering service users: case studies

1 Choosing thickened fluids

A four-month-old baby with laryngomalacia and post airway surgery swallowing/feeding difficulty was seen in the acute setting. A naso-gastric tube was inserted. Assessment on IDDSI level 1 (slightly thickened fluids) showed an improvement in coordination and eliminated signs of stress and coughing. After discussion with the family and medical team on benefits and adverse effects of thickened fluids, they were able to go home fully orally feeding on IDDSI level 1 fluids. The family were aware of what to monitor and were followed up in the community. The baby went back to thin fluids after a videofluoroscopic swallow study two months post discharge.

2 Choosing thin fluids

A person with a diagnosis of progressive supranuclear palsy (PSP) was in his late 60s and lived in a nursing home. He was on IDDSI level 1 (slightly thick) fluids. When he was asked how he felt about his thickened drinks, he said that he didn't like them at all. He had not realised that he could have any choice in the matter. He was assessed and had mild occasional coughing on thin fluids. We agreed a trial of thin fluids with small sips. Follow up has showed his chest status is stable, he is well hydrated and his quality of life has improved.

These case studies highlight the importance of service users being aware of their choices. It shows the need to approach the situation with an awareness of previous interventions, the ability to see the person holistically, as well as questioning the evidence base and personal impact of any recommendations.

Service models

In order for service users to make decisions about their health and treatment options they may need time to process and rationalise this information. An informed consent process requires organisational investment as well as individual clinician skills (BMJ, 2021).

With growing waiting lists and drives to improve

➔

efficiency we risk losing a meaningful service-user interaction, with real clinical need being disguised and clinician's work satisfaction reduced. In the current healthcare climate a distressing tension might therefore develop between a clinician's core value of adopting a person-centred approach and the reality of the service they are able to provide.

Services should have accurate job plans for all staff that consider person-centred care, and map the capacity within the service to the current demand. If there is a shortfall between these then services should lobby commissioners for timely access to SLT services which requires an investment in staffing. Retention of staff is supported by organisations that recognize the need for non-clinical time, professional development, service review/improvement and clinicians' work satisfaction (Marufu et al, 2021).

The position paper recommends that no one should be prescribed thickened fluids without a swallowing assessment completed by an adequately trained professional. If there is increasing demand for SLT services as a result of service users needing a person-centred approach, might that not suggest that the demand was previously unseen as a result of over-reliance on thickened fluids as a 'quick' blanket solution?

Service users may also be more likely to appropriately use available resources and services if they have been more actively involved in decision making. Pharmaceutical prescriptions are the second greatest contributor to the NHS's carbon footprint and part of the NHS sustainability plan is to review these to ensure environmentally responsible practices (BMA, 2020).

The SLT role is about far more than recommending modified diet and fluids and here is an opportunity to showcase that.

Professional identity

Thickened fluids as an intervention may be closely tied to SLT professional identity or how we are viewed in the multidisciplinary team (MDT). However, perhaps this opens an opportunity for using 'appreciative inquiry' about the multifaceted role of SLTs in managing EDS? Appreciative inquiry involves asking what already works, and how to build on it to create change. This model encourages organisations to move from a problem orientated to a strengths-based approach.

Case study: working with the MDT

"One surprising outcome was that over time the nurses and GPs also saw the benefit of making individually

→

EXAMPLE FAQS TO SUPPORT THE MDT

Q **Won't the person develop a respiratory infection while waiting for a swallowing assessment?**

A: Thickened fluids may reduce the risk of aspiration, but do not necessarily prevent the development of respiratory infections. Used as a blanket approach they might make individuals unwell in other ways, for example due to dehydration.

Q **What are the alternatives?**

A: SLTs have a host of tools to manage EDS. Common sense advice can be offered by anyone, such as ensuring an upright posture when drinking, taking small, single sips and maintaining oral hygiene. Thickened fluids may still be the most appropriate intervention for the service user but you should ensure this decision has been made through a person-centred approach.

Q **What if the person is still coughing when drinking?**

A: A strong and effective cough can be an important and natural way to protect the airway. It is helpful to determine if the coughing is very frequent, lasts a long time, is distressing or impacts hydration. This will help determine if someone needs to be assessed and how quickly. Coughing is one factor of many that need to be considered when completing an assessment.

Q **Is there a 'ban' on thickener?**

A: No, there may be a role for thickened fluids for any individual. Anecdotally, some people might find them more comfortable because they reduce worry or fatigue from excessive coughing when drinking. In this situation there might be an agreed trial, to include monitoring of any side effects.

tailored decisions about thickened fluids, and were more likely to try other things first such as positioning, or pacing. Previously a blanket approach was used and they would jump straight to the 'easy option' of thickening without really trying the other things we suggested."

The quote illustrates how looking at the best of what there is (in this case, other SLT interventions to manage EDS), rather than what might be (worry about losing the intervention of thickened fluids) can lead to positive change.

Risk and dealing with uncertainty

The RCSLT position paper also raises questions about how we quantify, evidence, report and communicate risk and uncertainty.

Despite uncertainty being inherent in healthcare, it can commonly lead to increased feelings of stress for SLTs, and a reluctance to communicate the uncertainties to service users and colleagues (Kim & Lee, 2018).

However, being open about uncertainty has not been found to cause a lack of confidence in service users as we may fear (Simpkin & Armstrong, 2019). Instead, an authentic and honest admission of "I'm not sure" helps open the gateway for sharing information that will help the service user to reach an informed decision. It can also close the gap between expectation and reality in a supportive way, for example where there is an unrealistic belief that SLT intervention is going to 'cure' EDS difficulty, where we feel under pressure to offer something 'tangible', or where the individual is experiencing hidden distress for not being able to adhere to thickened fluids.

Intolerance of uncertainty can also result in a formulaic response to EDS difficulties. We may recall for example times where we have simplified a decision about thickened fluids to the presence of a symptom such as a cough, rather than thoroughly exploring the nuances of that person's circumstances and what they stand to gain or lose.

Some strategies for dealing with and communicating uncertainty include: tailoring the conversation to the individual's characteristics and preferences for 'how much' and 'how to' communicate health information, involving alternative or novel solutions, leaning on colleagues for advice and reassuring the person of your commitment to helping support them (Simpkin & Armstrong, 2019).

Reflecting on why we might feel uncomfortable with uncertainty is not just a moral obligation but is likely to become more prominent as our knowledge increases and uncertainty along with it. Sometimes, the more we learn the less we know. We may need to foster a culture of professional curiosity more than ever.

For some speech and language therapy teams, the position paper may lead to a big change in how they work, and for others very little. The important thing is starting the journey to openly reviewing the treatments and interventions we use and trusting that each step taken with this will positively impact patient care and professional development, however small that step may be. Our ambition is for an SLT to be part of the assessment process for every service user withinf a person-centred approach. You can help to raise awareness in your own multidisciplinary teams and services by following some of the tips in our 'Five practical steps' section. Ⓑ

LIZZIE KING, Allied Health Professional Clinical Lead and Professional Lead for Adult Speech and Language Therapy, Oxford Health
✉ kinglizzie@hotmail.co.uk

Find out more

Thickened fluids position paper and resources
rcslt.info/thickened-fluids

FIVE PRACTICAL STEPS FOR CHANGE

1 Carve out time to consider CPD needs

Using evidence to inform practice is an HCPC standard, so time to source and review evidence should be supported by your service. This might involve coming together as a team to review the position paper and doing a gap analysis of current against best practice, reviewing the evidence base for your area or transferring it as best able from elsewhere, using the RCSLT practice-based scenarios, or linking with other services that have implemented changes. You may feel that there is an opportunity to extend personal learning; exploring the range of other interventions available for EDS management or revisiting core principles of swallow anatomy and input that feel rusty.

2 Raise awareness in the MDT

Members of the core and wider MDT may be unaware of changes in the evidence base or clinical practice around thickened fluids. A starting point may be simply to raise awareness that used as a blanket approach without personalised assessment, thickened fluids may harm the individual as well as benefit them and that as such, informed consent is needed.

Develop a communications plan and a list of who might need to know about any changes, and who might help you circulate the message. An example education plan could include some live drop-in sessions, 'bitesized' recorded sessions, posters or documents that can be circulated and linked from MDT websites or notice boards. Pre-prepared FAQs might help to anticipate any questions or anxieties and act as a supportive script for less experienced practitioners. It is common for people to feel worried about 'losing' an intervention that has been trusted. In this situation appreciative inquiry, focusing on the positive effects of helping someone off thickened fluids, or examining what other interventions have been beneficial, may be a helpful strategy.

3 Review your resources

Look at your policies, standard operating procedures, patient facing information and the wider MDT policies such as prescribing policies and eating and drinking with acknowledged risks (EDAR) pathways. Do these suggest a non-patient centred approach? For example do they imply that thickened fluids are always the better or safer option, encourage trialling thickened fluids before assessment, or suggest that a patient is 'non compliant' if not accepting of thickened fluids? Work with your team to adapt these to be more balanced and person centred. You could use some of the wording from the documents in the RCSLT online thickened fluids resources.

4 Obtain and document informed consent

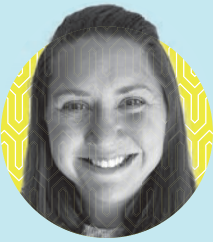
A documentation audit may help you understand how consent and capacity is currently recorded in your area. Check in with yourself and your team: do you feel supported to understand what informed consent entails and how to start a discussion about whether thickened fluids might be the right intervention for someone? If no, what support or training do you need? Use clinical notes and other forms of clinical communication such as discharge reports to communicate the decision making around thickened fluids, not just for the patient but for the team around them too.

5 Monitor change

Monitoring and demonstrating change can have a threefold effect. One, seeing the small steps you take can be motivating, especially when the task feels overwhelming. Two, it could influence decisions around resources. Three, it can help you identify where and what changes are needed. Examples of processes that could support this might include patient engagement and feedback, clinical audit, narrative reports, data management and incident reporting systems.

Putting us in the picture

CAITLIN LONGMAN



CATHERINE MOORE

Caitlin Longman *and* **Catherine Moore** *explain how the Stroke Association co-creates resources with people with aphasia*

“If you are making something for stroke survivors you need to listen to stroke survivors. We know what we need. We live it every day” says Geeta, a member of Aphasia and Accessible Voices, the specialist stroke survivor involvement group at the Stroke Association. Geeta is one of the 10 group members helping us make our information and services more accessible to all.

At the end of 2021, we reviewed our aphasia resources at the Stroke Association. It was important that people with aphasia were involved throughout this process, and we worked closely with Aphasia and Accessible

Voices. During this review we recognised the need for aphasia-friendly information guides that focused on communication difficulties and stroke. We also identified that our previous communication resources were dated and did not reflect the needs of people with aphasia.

And so began our journey to co-create new aphasia-friendly resources. The project was broken down into separate pieces of work to help us focus on one element at a time. This included identifying what type of resources were needed, the topics within the resources, the design and the images to support the resource. Aphasia and Accessible Voices were instrumental in recognising that two separate resources were needed: one for the period in hospital and another for when a stroke survivor returned home and was back in their community.

Multiple discussion sessions were held with the group and once we felt we had a good understanding of what we wanted to develop we then took these ideas to more stroke groups across the UK to verify our thinking.

Identifying and creating our illustrations took over a year to develop. We started by looking at different examples of illustration styles and narrowing down which of the characteristics help make the images functional and easy to understand. It was important to us and the group that the characters reflected the diversity of the stroke community.

After multiple rounds of testing different images with and without text we took our top options to additional stroke groups and asked them to share their preference. Over 60 people with aphasia were able to share their ideas with us. We then reflected on the feedback and met with an illustrator who was able to capture all the elements that we identified in our testing. Once we received the first draft from the illustrator, we were able to define the style further.

Aphasia-friendly content how-tos

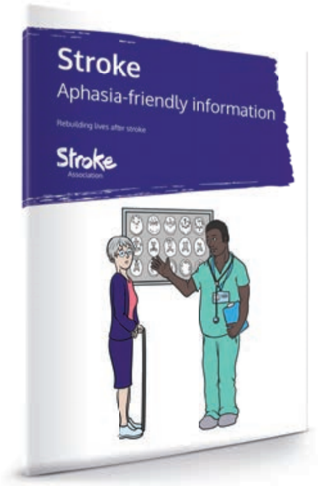
Content designed for people with aphasia is usually picture-based, using images that support understanding of the text. The text uses short phrases or sentences made up of familiar words. Aphasia-friendly documents may need to be tailored to meet individual needs and preferences.

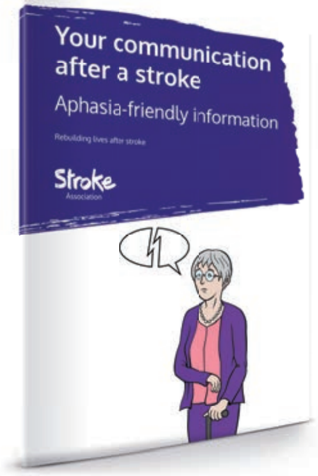
People with aphasia might have other conditions like sight loss, memory and concentration problems so the content should follow accessible design principles. The process of co-creation helps to ensure that the aphasia-friendly content prioritises the information that the reader needs, and delivers it in a form they can access. A person with aphasia might read the content by themselves, or in partnership with a co-reader.

Our top tips for creating aphasia-friendly resources

- Use a sans serif font like Arial and use a font size of 14 or higher.
- Keep your sentences simple. We try to write to a reading grade six or lower.
- We place our images on the left of the text to support understanding.
- We bold key words.
- Pictures are a consistent style and are appropriate for an adult audience. The images are also representative of the stroke community.
- When concepts are abstract, or a picture does not support understanding then no picture is used.
- Key information is chunked together.
- In digital content all pictures and diagrams use alt text (alternative text that describes the image in words).

> **I have had to relearn that what I have to say is equally valid**





Collaborating with stroke survivors with diverse needs

Here are a few key things we did to ensure our group members were able to participate to the best of their abilities:

1. Prior to joining the group all members were contacted individually. During this first conversation we were able to support members to use technology that may be new to them, set expectations and discuss access needs.
2. We reviewed all of the access needs and developed a plan on how best to support each member. For example, some members benefit from SMS reminders on the day of meetings, other members benefit from large text or aphasia-friendly documents.
3. We join meetings early and encourage members to join early if they have any questions or need technical support.
4. At the end of meetings, we ask for feedback and encourage members to let us know when something has not worked for them. We are constantly reviewing how we work and making changes based on our learning.
5. Prior to our 'testing session' we run a pre-discussion meeting where we run through all the materials (slides, documents, images). This usually happens a few days before the testing session. This allows members ask any questions to help improve their understanding of the materials.
6. We have two members of staff during meetings so that one staff member can offer additional support and the other member can facilitate the meeting.
7. Importantly we have fun and have had social meetings to get to know our group or learn about new topics.

Resources created by our project

Communication Picture Book: Hospital for stroke survivors who are unable to communicate verbally effectively soon after a stroke. It contains key vocabulary that might be needed while in hospital. Hospitals can order up to ten copies at a time for free.

Communication Picture Book: Community for those with moderate to severe communication difficulties who would benefit from using pictures to support them in their community.

Two aphasia friendly information guides one about stroke and one about communication difficulties.

The Communication Support Pack includes the above items plus a guide about communication difficulties for carers, and a wallet sized communication card that stroke survivors can use to let people know they have had a stroke and may need help to communicate.

What happened next?

Since publishing the resources in May 2023 we have distributed over 10,000 printed items and emailed 1,500 resources. We completed an evaluation of our new resources using focus groups and a survey of 612 stroke survivors, family members and health professionals which told us:

- 82% of stroke survivors found the images helpful when reading and understanding the information.
- 83% of stroke survivors said that the pack had a positive or some positive impact.
- 97% of healthcare professionals said that they have recommended, or are planning to recommend the pack.

We were also delighted that 'Your communication after a stroke' was shortlisted for the British Medical Association's prestigious patient information awards 2023.

Geeta told us: "I think the Communication Picture Book is particularly helpful. If you can't get the words out, for whatever reason, you can still get your message across by pointing to the pictures."

Looking back, there is no magic 'one size fits all' when it comes to co-creating with people affected by stroke (and many other conditions). When we first established Aphasia and Accessible Voices, we wanted a group which celebrated all stroke survivors and gave them the opportunity to make real changes. The last word is for Geeta: "I could not have been part of this group the first 18 months after my stroke, but I still remember what that experience was like. The reality is that we are experts."

CAITLIN LONGMAN, Accessibility Lead, Stroke Association and SLT
✉ Caitlin.Longman@stroke.org.uk

CATHERINE MOORE, Development Lead, Stroke Association
✉ catherine.moore@stroke.org.uk

Find out more

A list of Stroke Association communication tools can be found on the professionals' page on the website **rcslt.info/stroke-tools**

Other aphasia resources and information available online include a aphasia documentary, aphasia-friendly videos about communication after stroke and the 'Getting online for people with aphasia' guide **stroke.org.uk/what-is-aphasia**.

IMAGES: PICTURE BOOKS - STROKE ASSOCIATION / ISTOCK

CASE STUDY

Geeta Patel:
Aphasia and Accessible Voices member

I have had two strokes: my first was in 2015 and my second stroke was in 2020 during Covid lockdown. Before my stroke I was a primary school teacher and had been teaching for over 30 years.

After my second stroke I had zero confidence, but I knew I wanted to make a difference and help others affected by stroke. The Stroke Association had helped me during lockdown, and I wanted to give back.

When we first met as a group we were strangers, but I felt that connection straight away. We all came from different stages in our recovery, but we can understand each other. We don't always agree, but I have had to relearn that what I have to say is equally valid. Being part of the group has helped me with my recovery and my confidence.

One of my favourite projects has been working on creating images to support aphasia-friendly materials. Stroke can happen to anyone. As a group we wanted the images to be inclusive of stroke survivors of different ages, gender, race, cultural backgrounds and who have different experiences of disabilities. We worked through many different images to find a style that is easy for people to understand. I can see myself in these images and I'm really proud of this work.

The Communication Support pack is great. I wish I had been given this pack when I was first discharged from hospital, it would have made a huge difference to me. I left hospital with discharge papers, not knowing that I had aphasia.

I hope that these resources will make stroke survivors feel less alone, so they can think 'it's not just me' who is feeling like this. Our group speaks up for and represents stroke survivors who might not be able to or ready to share their voice.

Ripple effect

Kate Boot *and* **Jessica Otto-Davis** *bring you the new LGBTQIA+ affirming zones of practice*

When you visit the new LGBTQIA+ guidance on the RCSLT website, you will find the LGBTQIA+ affirming zones of practice diagram. This crucial part of the guidance is a visual model of a journey of growth, from "I don't know" to being a leader.

The diagram and new guidance for supporting LGBTQIA+ SLTs, students and support workers were produced by the RCSLT and UK SLT Pride Network LGBTQIA+ working group. We were inspired to develop the visualisation after our own reflective practice and CPD which included work in anti-racism and questioning unconscious biases, and optimising neurodiversity affirming practice. The first model we encountered was Andrew M Ibrahim's 'Becoming an anti-racist: fear, learning, growth framework' (2020). This is used in the RCSLT anti-racism workshops, and explores the stages of fear, learning, and growth people may progress through. It enables frank discussion and recognition of these stages, and encourages a progressive move to action.

KATE BOOT

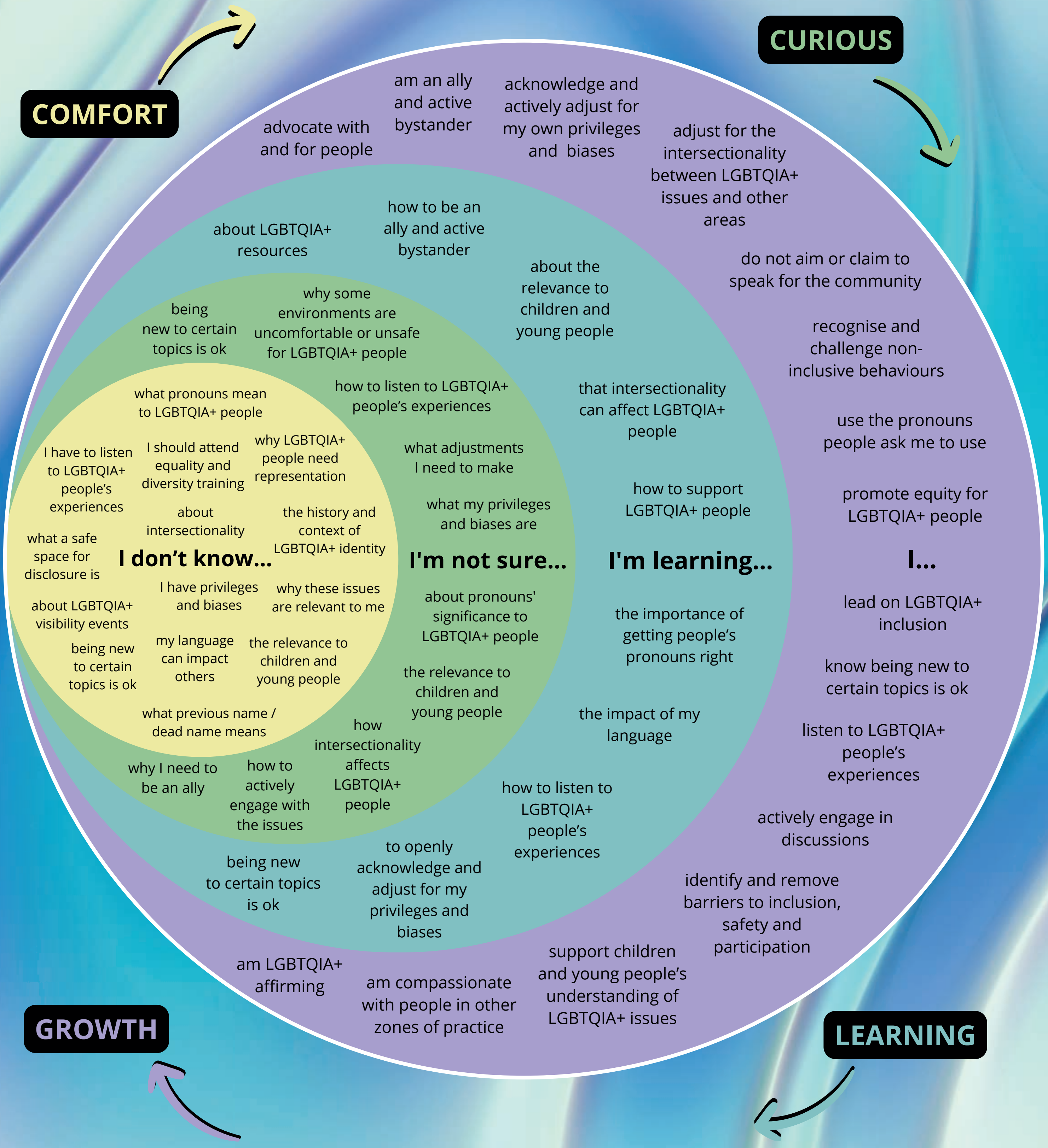
JESSICA OTTO-DAVIS

Ibrahim's model inspired Kerry Murphy's 2024 'Neurodiversity affirming zones of practice' which similarly groups zones in levels of growth and encourages people to map where they 'currently are' and where they 'might want to be'.

Our LGBTQIA+ zones of practice are designed to be reflective tools which promote reflections on one's own identity. They also encourage the de-centring of one's self: to listen and respond without reference to your own beliefs and experiences. One aim is to think more broadly about the intersecting factors which oppress certain groups of

REFERENCES

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



COMFORT

CURIOUS

LEARNING

GROWTH

I don't know...

what pronouns mean to LGBTQIA+ people

I have to listen to LGBTQIA+ people's experiences

I should attend equality and diversity training

why LGBTQIA+ people need representation

what a safe space for disclosure is

about intersectionality

the history and context of LGBTQIA+ identity

I have privileges and biases

why these issues are relevant to me

about LGBTQIA+ visibility events

being new to certain topics is ok

my language can impact others

the relevance to children and young people

what previous name / dead name means

I'm not sure...

being new to certain topics is ok

why some environments are uncomfortable or unsafe for LGBTQIA+ people

how to listen to LGBTQIA+ people's experiences

what adjustments I need to make

what my privileges and biases are

about pronouns' significance to LGBTQIA+ people

the relevance to children and young people

how intersectionality affects LGBTQIA+ people

why I need to be an ally

how to actively engage with the issues

I'm learning...

about LGBTQIA+ resources

how to be an ally and active bystander

about the relevance to children and young people

that intersectionality can affect LGBTQIA+ people

how to support LGBTQIA+ people

the importance of getting people's pronouns right

the impact of my language

how to listen to LGBTQIA+ people's experiences

to openly acknowledge and adjust for my privileges and biases

being new to certain topics is ok

I...

advocate with and for people

am an ally and active bystander

acknowledge and actively adjust for my own privileges and biases

adjust for the intersectionality between LGBTQIA+ issues and other areas

do not aim or claim to speak for the community

recognise and challenge non-inclusive behaviours

use the pronouns people ask me to use

promote equity for LGBTQIA+ people

lead on LGBTQIA+ inclusion

know being new to certain topics is ok

listen to LGBTQIA+ people's experiences

actively engage in discussions

identify and remove barriers to inclusion, safety and participation

support children and young people's understanding of LGBTQIA+ issues

am compassionate with people in other zones of practice

am LGBTQIA+ affirming

people. De-centring oneself requires support, community, reflection, commitment and time to strengthen. This is because there will always be aspects of others' lived experiences which your own cannot speak to. However, this does not mean they should be overlooked and arguably should be centred, because this will create the greatest change.

Intersectionality

Intersectionality doesn't invite us to count up how many identity markers a person may have. Instead it is what Crenshaw (1991; 2016) and others explain in their work as understanding the ways in which different identity markers intersect with one another, influenced by environments, creating distinct experiences for different groups of people. Through our group discussions it became important for us to produce tools that could be of practical use in the workplace to help audit and improve both teams and individual experiences. These key foundational models enabled us to consider our focus area - the experiences of LGBTQIA+ SLTs and students - and begin to map them into zones of practice.

What are the zones of practice?

The LGBTQIA+ affirming zones of practice aims to loosely group people into a stage of growth or understanding. By recognising where one most likely fits at present, it is possible to see if there is scope for progress, and what this may look like when actualised. In developing this model we acknowledge that where someone recognises themselves may vary depending on the environment or situation they face, as well as with differing intersections within LGBTQIA+ matters. For instance, one may feel able to be an active bystander, able to recognise and challenge behaviours such as discrimination or micro-aggressions within a known small group of colleagues, but may not feel safe or able to do the same in a supervisory relationship. It may also vary depending on the group or situational dynamics and how empowered someone feels in relation to their other protected characteristics. One model of intersectionality refers to the ways in which identity markers weave together, intersecting to shape an individual's or group's experiences.

Using the visual tool

The design of the model follows the others with the use of the stacked circles. We see them as ripples which naturally radiate outwards. The addition of arrows to our model act to reinforce the non-linear growth and variability in zones, dependent on environmental and individual factors, such as privilege.

As with Ibrahim and Murphy's models, ours may challenge and raise feelings of discomfort. We invite you to sit with these feelings and question their origin, perhaps using our suggested questions below.

Some guiding and curious questions to ask may include:

- What thoughts and emotions are showing up for me right now?
- Where does this come from? Is it because it isn't my shared, lived experience? Is it because I too have experienced that?
- What is this telling me?
- Is there further reading, listening or CPD I could do to feel more comfortable and confident?
- Who can I lean into for community here?
- Are there other people who may share my experience who are open to learning and reflecting together?

So how is any of this relevant to you or your teams? No doubt, most people reading will have experienced discomfort throughout life, particularly in relation to learning new things. As an evolving profession we must develop and engage with the topics relevant to all of us. As managers, colleagues, supervisors, and peers, we all have a role in optimising the work environment and work experience for one another. Evidence highlights the importance of being able to bring one's whole self to work, and the policy and organisational changes required to support this (Mara et al, 2020; Cain, et al, 2023).

We invite you to use the zones of practice, and our further guidance which is soon to be published, to aid open and positive discussion within teams. The resources may help you understand the zones as we list examples of things you may have said, felt, or done which help to bring the "I" statements to life. We welcome feedback, so please get in touch with your responses.

> We all have a role in optimising the work environment and work experience for one another

KATE BOOT, Clinical Locality Lead, Outcomes First Group and independent practitioner
@neurodivergent_advocacy
kateboot.com

JESSICA OTTO-DAVIES, Highly Specialist SLT, Epsom and St Helier University Hospitals NHS Trust

Jess and Kate are co-chairs for the UK SLT Pride Network, the UK's first and only network to support LGBTQIA+ SLTs and SLT students
sltpridenetwork@gmail.com
@uksltpride

Find out more

Access the new LGBTQIA+ guidance and zones of practice **rcslt.info/LGBTQIA-guidance**. Send us your feedback **peter.just@rcslt.org**.

Revolutionize your dysphagia patients' drinks with Slõ Syrup

Slõ Syrup is a concentrated liquid thickener which uses a pump to dispense the perfect volume of thickener into any cold uncarbonated drink and ensure IDDSI consistency.

It promises to be quick and easy to use with colour-coded bottles and pictorial instructions, minimizing training time…1 pump for IDDSI 1, 2 pumps for IDDSI 2, 3 pumps for IDDSI 3.

Once added your patients' will be presented with a Slõ Drink which matches the IDDSI level prescribed as safer for them; is lump free and maintains its true taste.

From the 15th of April, you will be able to revolutionize the drinks your dysphagia patients are given. Slõ Syrup will be available to prescribe and for hospitals to order. In the meantime, for more information and order samples scan the QR code above or visit www.slodrinks.com/clincians-library and go to the Slõ Syrup section or email on support@slodrinks.com

Sent from Slõ: Drinks for Dysphagia

MADE IN
BRITAIN

Equality for disabled student SLTs

Claire Westwood *and* **Keely-Ann Brown** *take a look at the issues affecting equal access to learning and training for disabled student SLTs*

In the SLT-patient role, there is the assumption that the patient is the only person with a health condition or disability. That is not true. We now know that 22% of student SLTs identify as having a disability, which is approximately one in five SLTs post-graduation (RCSLT, 2023).

Recently, multiple conversations around diversity have emerged in the profession, including in the disabled SLT and student SLT working group started by RCSLT in 2019. It has been a refreshing and healing group for many SLTs and students to share experiences with those who understand, as well as a forum for activism and action. In the meetings, students were reporting discrimination while on placement, the negative effect of late diagnoses on access to support, and issues with receiving reasonable adjustments on their courses. These experiences can often be draining for people already exhausted from managing their disabilities day-to-day and can be compounded for some students from multiply marginalised backgrounds.

Disabled students and their experiences

Student experiences can be good and bad, and the same student may have a very different experience with one practice educator (PE) compared to another. A working group member talked about their PE making uninformed comments about their difficulties:

"My PE told me it would be harder for me due to my dyslexia as I would struggle to help them with writing [...] On my placement when writing up the medical notes, the PE would dictate, and I would have to type as they spoke. While this may be how they are with all students, for those with learning difficulties/disabilities, having your weakness exaggerated is hard especially when you are trying to show your strengths in the subject." – **Phoebe**

In this scenario, the PE may have good intentions, but is negatively affecting the student's confidence in their abilities. Experiences where students feel their needs are not understood, believed or legitimised may cause students to be apprehensive about sharing their diagnoses with universities or PEs. The impact of this can be doubting themselves and their skills, disengaging with the course and even thinking they can't be SLTs at all.

Other group members shared some examples of good practice and how this made them feel:

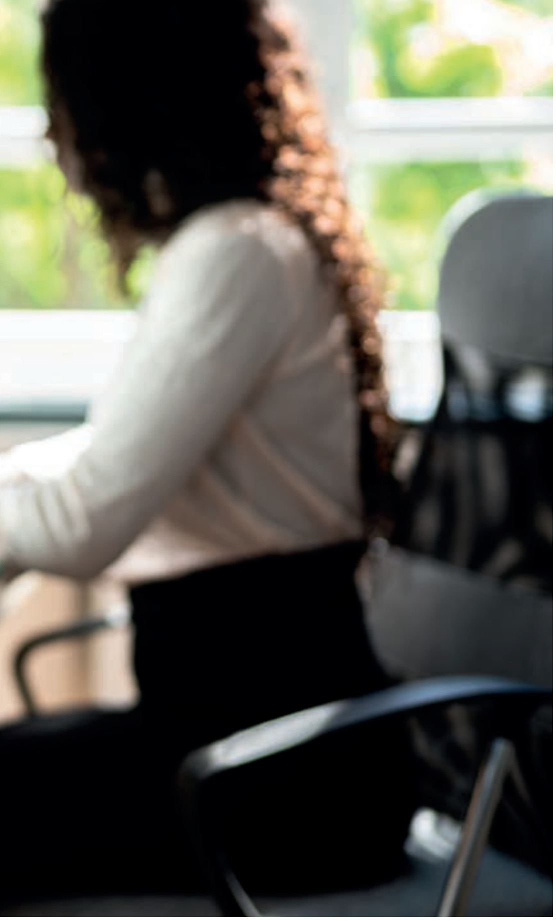
"I eventually spoke to my PE who immediately did exactly what I needed: she believed me from the get-go and didn't question how I felt."– **Charlie**

"A PE pre-checked with a setting that I could use my crutches on placement if required which made me feel at ease and took the shame away from needing to use them."– **Keira**

Tips for disabled students

Some things to think about to help you stay confident and get the support you need:

- Decide whether to share information about your disability. You may want to



> **Disabled students were reporting discrimination while on placement and issues with receiving reasonable adjustments on their courses**

talk it through with your family, friends, or other networks to help you weigh the pros and cons.

- Arrange a meeting with your personal tutor/disability lead tutor. If you feel comfortable, you can discuss some or all of the topics mentioned below. Make sure to get the contents of the meeting confirmed in writing afterwards.
  a) a description of your access needs
  b) your strengths and things you are good at
  c) what you think will help
  d) the services and reasonable adjustments your higher education institution (HEI) can offer
  e) the protocol for checking in with a member of staff if your needs change or aren't being met.
- Contact disability support services to receive an assessment. This could lead to getting Disabled Student's Allowance, a learning support plan and specific equipment and access arrangements for assessments.

Tips for supporting disabled student SLTs

Disability is a protected characteristic which makes it against the law for any education providers to discriminate against disabled students (Equality Act, 2010). All disabled student SLTs deserve the chance to understand their rights and easily exercise them. Discussions and preparation for placement are a joint responsibility for all parties and the burden shouldn't solely fall on the student to gain access to a placement. The PE or HEI should recognise that being disabled often involves expending more energy on things like learning and managing the administrative aspects of a person's life.

What can you do?

PEs and HEIs should be aware of the ways they can provide disability-inclusive environments for their students. For example creating an open environment, listening to students' concerns and being proactive by providing the correct solutions to any problems.

1 Create a culture where disability is openly spoken about as part of the SLT workforce: students need to feel safe to discuss their needs free from criticism and discrimination.

2 Acknowledge the intersectionality for students from marginalised/racialised backgrounds and/or LGBTQIA+ students, and act in solidarity with them.

3 Provide students with options for ways to contribute to lectures. For example, use of technology such as Padlet and Mentimeter.

4 Share information on disability with all students not just those who are disabled, particularly around allyship.

5 PEs can demonstrate allyship to disabled students by being aware of microaggressions and their impact. For example, think about the language you use in the workplace, not only when in front of service users.

Explore the RCSLT guidelines

To address the challenges facing disabled student SLTs, RCSLT has worked in collaboration with students to update guidance on supporting disabled students.

Our new guidelines offer detailed information to enable HEI staff and PEs to understand the needs of disabled students. The guidance explores their lived experience and provides a clear framework for creating a good learning environment.

It is imperative that the profession reflects the diversity of the people it serves. Disabled SLTs bring valuable lived experience to the role, contributing a unique perspective and empathy to the SLT-patient dynamic.

We talk about 'giving voice' in relation to our service users, but let's also 'Give Voice' when advocating for marginalised colleagues. In the words of Maya Angelou, "Do the best that you can until you know better. Then when you know better, do better". B

CLAIRE WESTWOOD, SLT and Lecturer at Birmingham City University
✉ claire.westwood@bcu.ac.uk
𝕏 @Claire_SLT

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

Find out more

RCSLT Students with Disabilities guidelines are available online and to download **rcslt.org/students-with-disabilities**

Good food, good company

Caroline Ewers *took inspiration from research into the emotional impact of head and neck cancer to set up a social eating event*

Head and neck cancer (HNC) can have a devastating impact on an individual's lifestyle due to the physical, social and emotional effects of the disease and its treatment (Lang et al, 2013). Swallowing difficulties and communication impairments that arise from the disease and treatments can severely restrict social eating and social contact for people with HNC (McQuestion, 2011, Klein et al, 2014).

Social eating, loneliness and depression

A large study of people with HNC across the UK, 'Head and Neck 5,000', found a strong relationship between depression, social eating and social contact for people with HNC at 12 months post-treatment. It also demonstrated high levels of loneliness in this population. The study concluded that more effective interventions addressing social eating and social contact are required. This in turn may reduce levels of loneliness, isolation, depression and poor quality of life (QoL) for patients (Paterson et al, 2022).

Our social eating event

As a specialist SLT working with people with HNC at Sunderland Royal Hospital, I decided to address the findings from this study by organising a pilot social evening for people with HNC. The aim was for participants to socialise, eat and chat with others in an environment away from the hospital setting.

We held the event at the REfUSE Café in Chester-Le-Street, which offers a menu based on food waste and is run by volunteers who generously gave their time to host the event. We invited people with HNC that had expressed difficulty with social eating and communicating. People who had made progress in this area were also invited in the hope that they could share their journey and offer guidance to others. Guests could bring someone with them. The event was funded by the Innovation Team at Sunderland Royal Hospital which meant it was free event to attend.

Professor Jo Patterson of Liverpool University opened the evening with a short talk on the impact of HNC treatment on social functioning and quality of life. The evening was informal and conversation was led by people with HNC, their family and friends. Some of the volunteers at the cafe had undergone treatment for HNC and their experiences helped to design the menu options. Buffet options ranged from puree and liquidised textures through to easy-chew meals with people putting as little or as much on their plate as they felt comfortable with.

Listening to people with HNC

Guests completed standardised questionnaires, including the EORTC quality of life questionnaire, to capture information about social eating and socialising after their treatment. Attendees also completed an SLT-designed questionnaire to capture their experiences of the evening and suggestions for future events.

The majority of people with HNC indicated that:

- social gatherings were less enjoyable due to swallowing problems
- work and leisure activities had changed due to swallowing problems
- swallowing difficulties made it difficult to have a social life
- they would not go out to eat because of their swallowing problem.

Similarly, the majority of family members indicated that:

- they don't go out to eat meals with friends as much as they used to
- the places they chose to eat out had changed as a result of the person with HNC's swallowing difficulties.

The evening concluded with an evaluation of the event and ideas for the future. We asked people what they enjoyed the most about the evening. Common themes included talking to others who have been through the same experiences and sharing the same problems:

"Talking to others who have been through the same operation as myself but had different experiences. Learning about these and how they are coping – plus good company and conversation around the table."

"Really great to hear from other people and their families who had been affected. I feel it also made my dad open up about his experience and talk because we could speak to people who have had the experience."

We asked people with HNC whether the evening changed how they felt about social eating and communicating. People indicated increased self-confidence having attended:

"It has given me confidence, and made me feel a little less self-conscious."

Everyone that attended was extremely enthusiastic about the evening and wanted to see therapy provided in this format going forward:

"Absolutely yes (…) Talking in a much more relaxed and convivial environment with people talking from experience is simply the best therapy!"

"Yes definitely - I am the wife of a patient and have found the whole experience uplifting. When you are told the operation will be life changing you don't realise that it is life changing for you as well."

"Yes! It's the 'outside the hospital real life challenges' that are more apparent".

Reflections and next steps

Given the success of this pilot evening, we hope to drive this innovation forward at Sunderland Royal Hospital. However, there are some points to reflect on including:

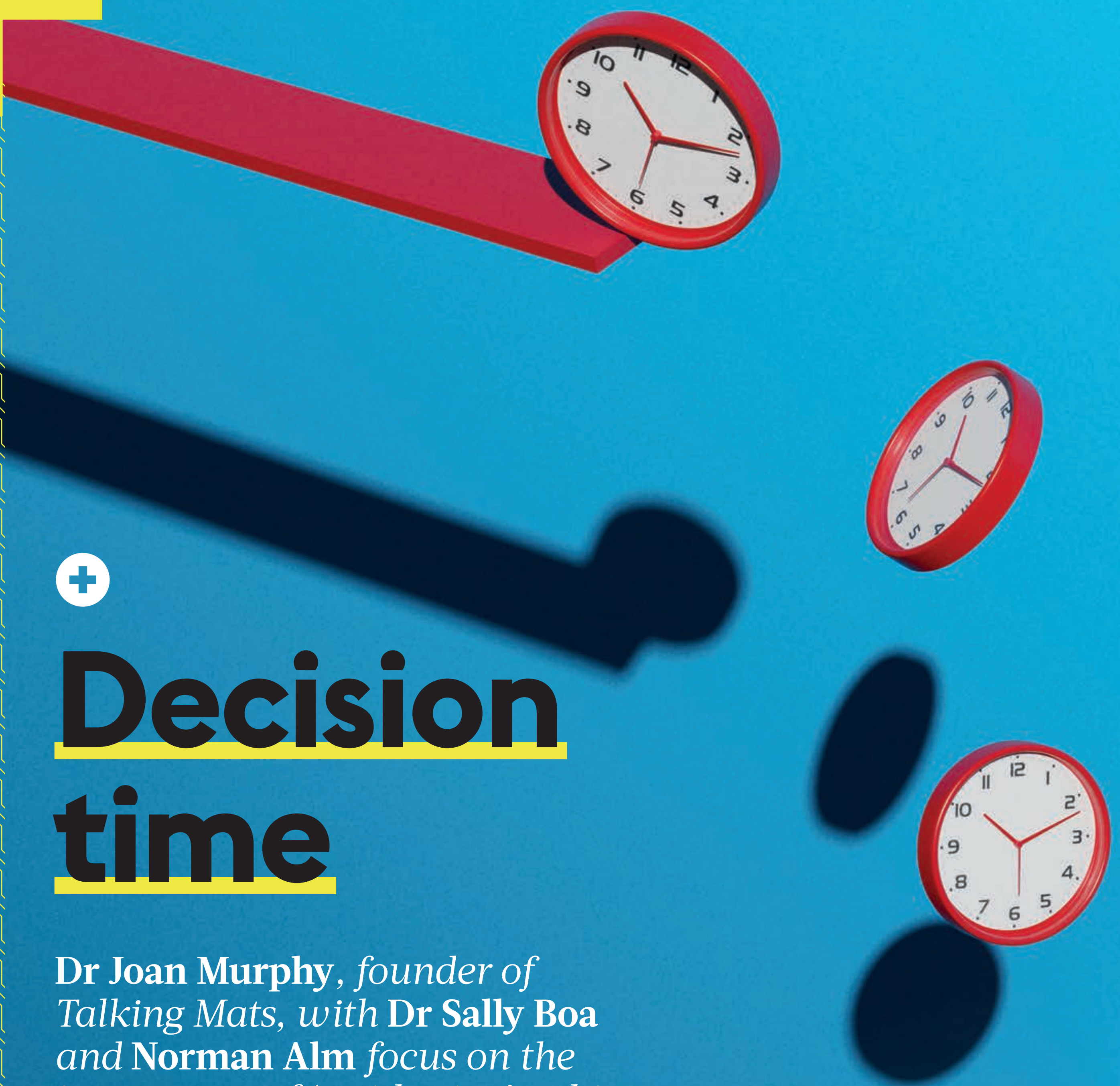
- **How do we encourage uptake of this type of therapy for all of our patients such as those from low socioeconomic backgrounds, or with limited social contacts?** These may be people that are at greatest risk of low mood and isolation who may really benefit from this intervention style.
- **What venues and events would work well?** People who attended the evening suggested different venues to help with inclusivity eg choices of café, restaurant, and other locations where no food and drink involved.
- **Who runs the event?** The people with HNC indicated it could be something they could help to organise. We also need to think about funding and frequency of the events going forward.

We have also considered if this therapy format could be trialled with other patient populations, for example patients with swallow and communication impairment due to stroke or Parkinson's disease. Thought would be required as to what outcome measurement tools were used to capture this work, particularly as research suggests that some swallow evaluation tools used in stroke, such as the SWAL-QOL and EAT-10, do not consider the person's experience of dysphagia (Moloney, J, 2023).

Our event told us that speech and language interventions for head and neck cancer must address social eating and social contact. The lived experiences of people with HNC and their families are the most valuable. These experiences should be included in the co-design and evaluation of future interventions to ensure therapy meets their needs.

CAROLINE EWERS, SLT, South Tyneside and Sunderland NHS Foundation Trust
✉ caroline.ewers@nhs.net

Additional material from
LAURA JAYNE WATSON, Clinical Lead SLT for HNC at Sunderland Royal Hospital



Decision time

Dr Joan Murphy, *founder of Talking Mats, with* **Dr Sally Boa** *and* **Norman Alm** *focus on the importance of 'swithering': taking your time to consider things*

DR JOAN MURPHY

DR SALLY BOA

DR NORMAN ALM

The Talking Mats Research Network started up on Zoom in 2020, and currently includes 66 people from 12 different countries. This has led to various subgroups examining different aspects of research related to Talking Mats. One of the subgroups is investigating whether conversation analysis can help us to understand how and why Talking Mats works.

Talking Mats is a type of alternative and augmentative communication (AAC) using a pictorial communication framework to help people with communication difficulties to express their feelings and views. It began as a paper-based product and moved onto a digital platform in 2012.

It is made up of three sets of symbols (topic, options and a top scale) and a space on which to display them. Once the topic has been chosen, the 'thinker' is given the options one at a time by the 'listener' and asked to think about each one, placing it on the Talking Mat to indicate how they feel about it.

Conversation analysis

In a recent project we compared the interactions of a man with severe aphasia (the 'thinker') with a conversation partner ('listener'). They had two conversations: one without using Talking Mats and one with Talking Mats. Both conversations were about how well the thinker felt he was managing activities under topic headings such as 'Domestic life', 'Leisure', 'Communicating', 'Health' etc. The conversation without Talking Mats was much shorter than the one with Talking Mats. The thinker was unable to respond at all to some questions without Talking Mats and only responded with a positive or negative response and with no attempt to elaborate. In the conversation with Talking Mats the thinker gave a response to every question and attempted to elaborate on a number of topics.

We employed conversation analysis techniques (Wilkinson, 2019) in a close analysis of a few minutes from the video recording of the session where Talking Mats was used.

A significant feature which emerged was that, with Talking Mats, the thinker often hesitated while thinking where to place the card, moving it back and forth before finally settling in one position. This movement allowed the listener to be quiet and give the thinker space to consider their response before placing the card.

For example, when asked how he felt he about the topic heading 'Walking', the thinker initially put the symbol underneath the positive symbol but his facial expression displayed doubt. He then picked up and held the card before moving it backwards and forwards under the three top scale symbols and vocalised "hmmm" before finally putting it under the 'not sure' symbol. This provided the listener with information about what might need further discussion or drilling down using a sub-mat.

> Do we always give people with communication disability space and time to swither?

What is 'swithering'?

We used the Scottish word 'swither' to explain this phenomenon. There are several dictionary definitions of swither such as:

Google: Scottish verb: To be uncertain as to which course of action to choose.

Cambridge dictionary: To be uncertain about what to do or choose.

Most definitions, as above, focus on swithering being a state of uncertainty. But in our analysis of Talking Mats conversations, we have seen a thinker hold the symbols and display their thought processes in a physical sense. This also provides them with some uninterrupted thinking time as the listener is less likely to interject.

When people have communication disabilities such as aphasia or use AAC methods of communication, staff can find the mental capacity assessment process complex and challenging (Jayes and Enderby, 2017). In mental capacity assessments, people must be able to understand, retain, and use or weigh up information in order to make a decision and then communicate that decision (Adults with Incapacity Act Scotland, 2000; Mental Capacity Act 2005).

We argue that swithering, when we move our words or thoughts about in our mind to help us make a decision, is an important positive feature of conversation and decision making. A person with a communication disability may find it hard to give a nuanced response rather than a clear 'yes' or 'no'. It can be seen as a failing if they appear uncertain, whereas swithering should be regarded as a positive and crucial aspect of how we think and communicate. Given that weighing up is an important element of the assessment of capacity, do we always give people with communication disability space and time to swither?

Talking Mats has been used successfully in a number of studies to help people express their views and share perspectives (Murphy and Oliver, 2013; Gillespie, Murphy and Place, 2010). One of the reasons why Talking Mats is useful is that it allows people to 'swither', by giving them permission to be unsure. It gives them access to a more modulated, considered reply and allows them time to respond to the potential complexity of a situation rather than forcing them into a premature binary choice.

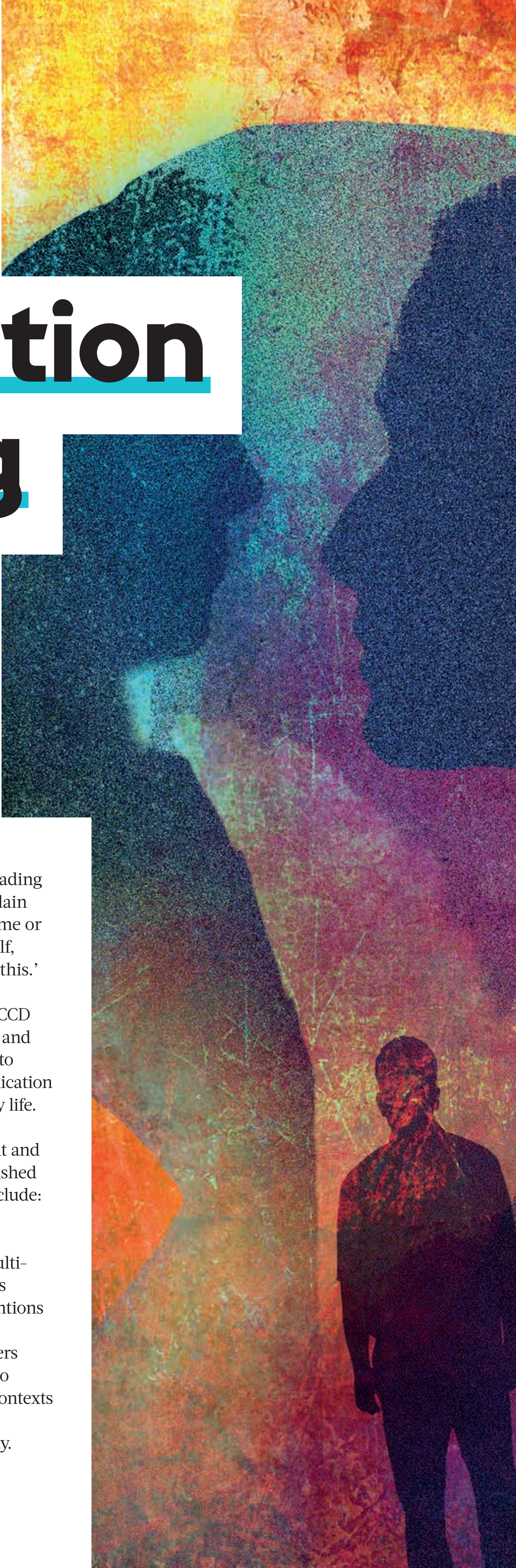
The use of conversation analysis has helped us to uncover an important element of the Talking Mats approach and how it can provide a space for swithering, thereby revealing a person's capacity to weigh up information and respond. We intend to continue to use conversation analysis to see what else we can uncover.

In the meantime, we recommend that the positive aspects of 'swithering' are worth thinking about when you next support someone in a capacity assessment or even in more general conversations. B

DR JOAN MURPHY, FRCSLT, retired director of Talking Mats Ltd
✉Joanfmurphy@gmail.com

DR SALLY BOA, Head of Education, Research and Practice Development, Strathcarron Hospice
✉ sally.boa@nhs.scot

DR NORMAN ALM, Honorary Research Fellow, University of Dundee
✉ n.a.alm@dundee.ac.uk
🔗 talkingmats.com



Communication is everything

Susan Howell *shares a case study following a person-centred approach to cognitive communication disorder following traumatic brain injury*

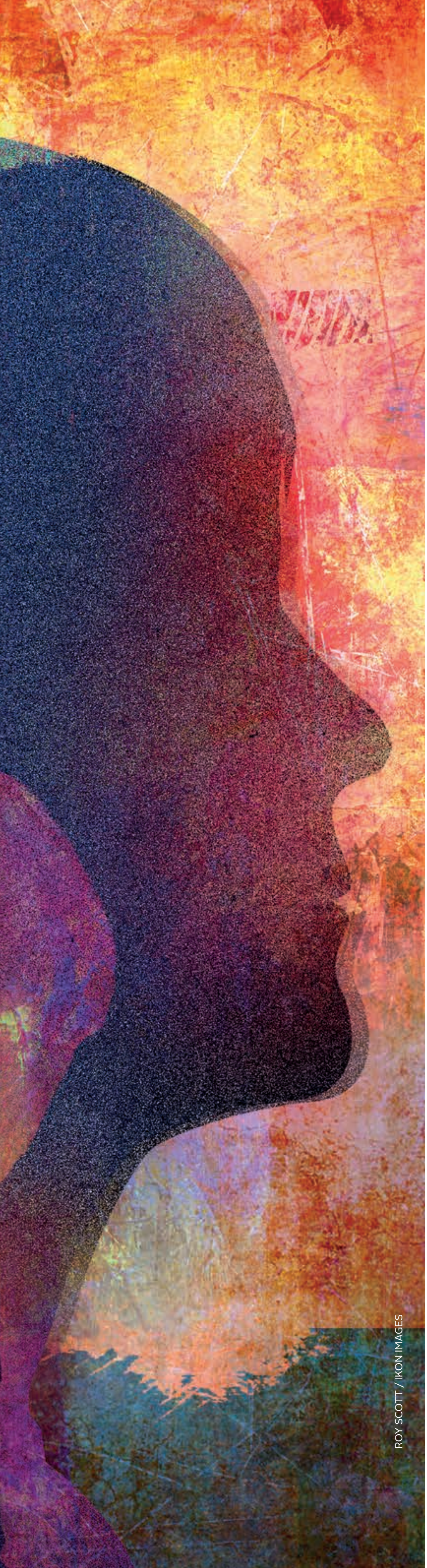
A traumatic brain injury (TBI) has complex, life-changing impacts and the effect on communication competence can be profound, but these effects are often overlooked because the person can talk.

Cognitive communication disorder (CCD) following brain injury refers to any aspect of communication that is affected by disordered cognition and a loss of behavioural control following injury (ASHA, 2005). CCDs are most keenly observed at the level of discourse and social interaction, and can undermine the person's ability to independently manage the communication and interaction demands of everyday life.

As one person with CCD explained: "Communication is everything. It's about how you interpret the world, how you deal with the hidden little intricate bits like other people's facial expressions, reading between the lines and how you explain stuff. And if other people interrupt me or ask me to elaborate, I think to myself, 'I cannot articulate my way around this.' It's a head bake."

The long-term consequences of a CCD following TBI are well-documented, and may undermine the person's ability to independently manage the communication and interaction demands of everyday life. Best practice and evidence-based recommendations for the assessment and management of CCD were first published in 2014 (Togher et al, 2014). These include:

- assessment and treatment by a specialist SLT
- collaborative working within a multi-disciplinary team (MDT) of experts
- person-centred treatment interventions and strategies
- training for all involved stakeholders
- communication partner training to maximise capability in everyday contexts
- evaluation of outcomes from participation in real-world activity.


ROY SCOTT / IKON IMAGES

These guidelines were recently reviewed and supplemented with new evidence for the management of both CCDs and disorders of social cognition following TBI (Togher et al, 2023). The guidelines set out the current evidence, treatment approaches and available decision-making tools to guide clinical decision making. This was the topic of the IJLCD Annual Lecture 2023. A recording of the lecture: 'Cognitive Communication Disorders (CCD) and Traumatic Brain Injury (TBI)' is available on both the IJLCD and RCSLT websites.

However, and despite the strengthening of the evidence underpinning these treatment recommendations, there are barriers to their implementation. These include gaps in professional awareness and recognition of the disorder, an underappreciation of the adverse impact of the disorder in everyday life, and gaps in professional awareness of the SLT scope of practice (MacDonald, 2017; MacDonald, 2021). Barriers also include SLT confidence in managing the complexities of the disorder with variable use of best evidence in clinical practice (Riedeman and Turkstra, 2018).

In order to learn more about the impact of this evidence-to-practice gap on the person with CCD, their family and the healthcare and legal professionals supporting them, our research team at University College London conducted an investigation into the views of a diverse group of stakeholders each involved in a single case of a community dwelling individual.

> On the face of it, you think he can absorb information and communicate

Cognitive communication disorder: case study

BB sustained a severe TBI as a pedestrian in a road traffic accident. His CCD was not identified during his 10 months of acute and post-acute rehabilitation phase, resulting in discharge without assessment or onward referral for SLT evaluation in the community. 10 months later, BB's maladaptive communication coping strategies (attributed to his behavioural difficulties) were picked up by a care expert and a new team was appointed to assess and treat his needs.

To gather our data, we used a semi-structured interview methodology grounded in a thematic framework. Interview topics were informed by the literature on best practice for the management of CCDs and known barriers to the implementation of best practice. Four themes were derived from the analysis: the role of the SLT within the MDT, CCD knowledge shifts as a result of working on this case, the impact of SLT intervention on the person with CCD and on professional practice, and barriers to accessing CCD expertise.

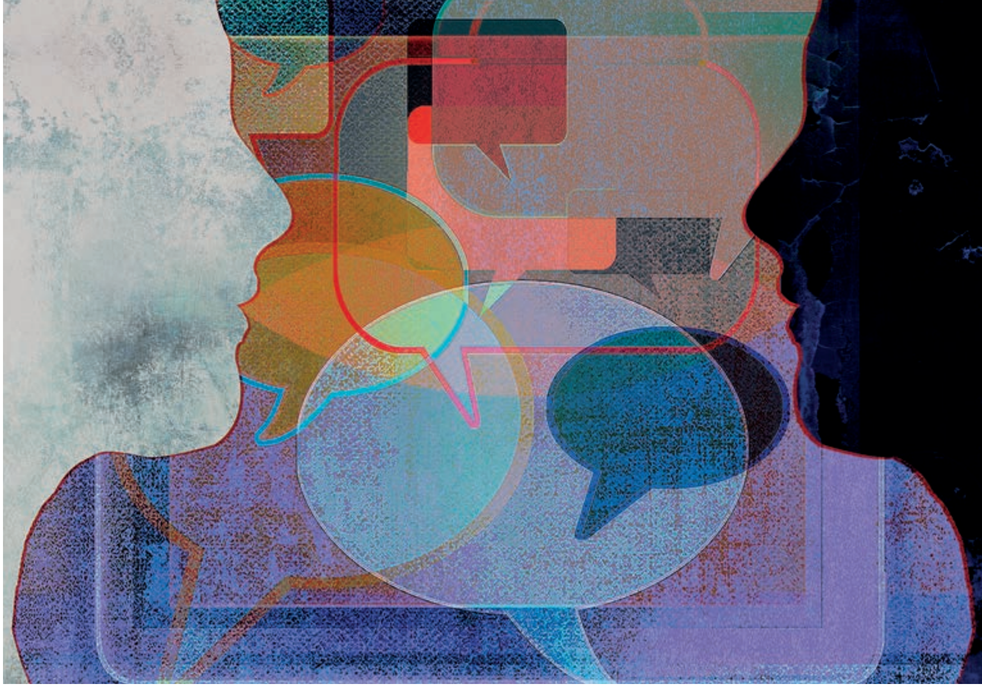
The SLT role

The healthcare and legal professionals acknowledged the need for specialist communication expertise within the team.

"I imagine her like a tent peg in the ground of the circle and she kind of goes round and impacts all the other therapists who sit round the edge of it and the support workers, and she kind of knocks into all of us because she has to. It's her input that underpins what we do. If her input wasn't there, the others can't operate. It's that fundamental because his cognitive communication difficulties are so significant."

Health professional

Both healthcare and legal professionals saw the role of the SLT as integral as the case progressed: mapping out procedures to share new information, planning for difficult conversations and devising strategies to address persisting communication challenges.



ROY SCOTT / IKON IMAGES

CCD knowledge shifts

Reports indicated that SLT advice and training changed the quality of interactions with BB.

"It's been pivotal in helping us understand what we communicate, the language we use, the amount of language we use at any one time, and how and when we do that."

Health professional

Legal professionals identified practical demonstration as particularly beneficial.

"I then actually went out to visit him with the SLT and I remember leaving and thinking it was fascinating because on the face of it, you think he can absorb information and communicate in one way. But the information I already had from the SLT meant that I was reading into things differently and very much changing the way that I communicated with him, which you just wouldn't realise unless you had that involvement from the SLT."

Legal professional

Practical training included methods to structure a conversation, strategies to get the conversation back on track, the use of tools such as scripts and key phrases, how to formulate a text message and other written documentation to make it both accessible and a usable resource.

"The most amazing thing she did was she wrote a list of phrases he uses and what they actually mean. And one of them was 'oh well, if you like', and that was 'I really don't want to do this'."

Health professional

The impact of SLT intervention on the person with CCD and professional practice

All stakeholders identified a positive impact on BB's quality of life as a result of improved access to support and information, better relationships as a result of improved understanding, more agency in decision-making and an overall sense of control.

Both legal and healthcare professionals identified a change in perspective on CCDs more generally as a result of working on this case:

"So, I think where it's changed my practice is saying 'this is something you can change'. If you change the way you communicate with this client, maybe that problem will no longer be a problem."

Healthcare professional

Barriers to accessing CCD expertise

Despite the available evidence to support best practice recommendations, the healthcare and legal professionals in this case report ongoing barriers accessing expertise as a result of under-recognition of CCD among professional groups providing rehabilitation services for people with TBI, and poor awareness of current best evidence and practice standards within the speech and language therapy profession.

"I didn't have an appreciation for the difference in the understanding or maybe the training of speech and language therapists. I just assumed it was a niche area and they all did the same thing. Because I accepted [it] when I was told by two SLTs that he didn't have any issues."

Legal professional

Closing the evidence to practice gap

This case illustrates the economic consequence to lost time, if the MDT interventions (which are typically verbally mediated) are not fully accessible for the person with an undiagnosed CCD, resulting in suboptimal therapeutic outcomes. It also highlights the inequities in wider service provision if CCDs go unrecognised.

SLTs working with people with brain injury can connect with other professionals via professional networks and Clinical Excellence Networks (CENs) for news of current published research, best practice guidelines and continuing professional development and training opportunities.

Going forward, raising awareness of CCD among professional groups providing rehabilitation services for people with TBI is a priority. This case has investigated the knowledge and training needs of these groups, and shown the dependence of non-clinical professionals on clinical expertise for diagnosis and referral. Findings from our research can be used by other stakeholder groups to promote awareness of CCD and the SLT role within the MDT.

DR SUSAN HOWELL, Clinical Researcher and SLT, Psychology and Language Sciences, University College London
✉ s.howell.12@ucl.ac.uk

Find out more

Read Susan's research in the IJLCD: 'Stakeholder views on cognitive communication assessment and intervention for a person living independently in the community with severe traumatic brain injury' **rcslt.info/ccd-research**.
More information about CCD **rcslt.info/ccd-headway**.

Workplace = our place

Polly Davis *on how to support and empower neurodivergent SLTs*

At the end of the first year of my master's degree, I was diagnosed with autism and ADHD. With hindsight, both of these conditions were obvious in me since childhood. But, at the time, finally having a label for what I had been experiencing felt like a revelation, as did being able to request reasonable adjustments to stop me falling behind academically and professionally. I no longer felt like there was something fundamentally wrong with me; instead, I began to understand how my neurotype impacted on my life.

I learned why I struggled to maintain focus for two hour biomedical lectures, and how to employ sensory strategies to regulate this. I learned how to trick my brain into starting tasks I was procrastinating on.

I learned why I found it so difficult to focus within certain environments, and that it was okay to work flexibly. I learned how to balance my time to avoid social fatigue and burnout. Most importantly though, I learned how to advocate for myself. For me, this has meant being brave when asking for reasonable adjustments and adaptations to my working practices. It has also meant learning to call out discrimination and microaggressions when these occur.

Navigating my diagnosis has felt incredibly lonely at times, especially in a career where neurodivergent individuals are so often considered patients to be treated or problems to be solved. Not once within my training did anyone suggest that an SLT might also have lived experience of a communication impairment or neurodivergence. Autism was talked about as an impairment to be treated, as something a parent will grieve over, as something that caused distress that culminated in the videos of meltdowns we watched.

Validating our experience and skills

During my time in the profession, I have also seen examples of practice that invalidate neurodivergent individuals, including teaching masking, forcing eye-contact, not offering accessible information or AAC, and asking people to sit on their hands to avoid stimming.

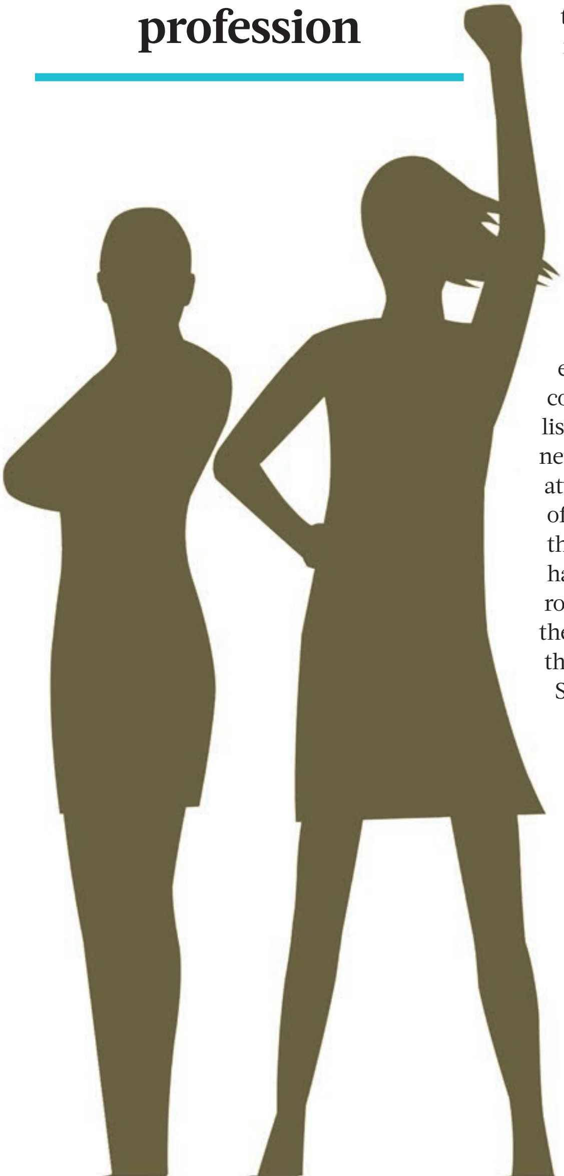
This view of neurodiversity feels dated and medicalised. Neurodivergent people are not a problem to be solved, we are a credit to this profession. Neurodivergent SLTs can have a range of strengths, many of which relate directly to our neurodivergence. These skills vary between individuals and conditions, but they can include:

- the ability to hyperfocus
- analysis skills
- empathy
- passion about areas of interest
- lived experience of disability
- pattern recognition
- creativity
- problem-solving ability
- consistency and directness.

Benefits of community

In 2022, two SLTs (Jodee Simpson and Laura Chapman) set up a peer support group for neurodivergent SLT professionals (NDSLTUK). This group has been invaluable to connect and share experiences and advice with colleagues.

> **Neurodivergent people are not a problem to be solved, we are a credit to this profession**



The value of peer support networks is well documented within academic literature, including supporting management of mental health difficulties (Shelby & Agyapong, 2020) and promoting access to work (Dorstyn et al, 2020).

A founding member of NDSLTUK reported that “having this community is helping me to become more self-aware and to be able to advocate for myself.” The group has also shed light on the level of discrimination and unconscious bias that neurodivergent clinicians are facing. Several anonymous colleagues have shared experiences of workplaces refusing to fund, provide, or meet reasonable adjustments, even when these have been suggested by Access to Work or occupational health services. One dyslexic individual reported being told they would be “struck off the register” due to their “poor” written communication.

Autism and employment

Only 22% of autistic adults in the UK are in full-time employment (Office for National Statistics, 2021), despite research suggesting the majority of autistic adults wish to be (National Autistic Society, 2021). The reasons for this employment gap are likely to be complex and multi-faceted, and listening to the lived experiences of neurodivergent adults is important in attempting to address it. A recent poll of SLTs in our support group found that around four out of five members had considered downgrading their role, reducing their hours or leaving the profession in order to cope with the pressure of the workplace. Similarly, nine out of 10 student SLTs in the group reported they had considered dropping out due to pressure and lack of support.

Inclusive recruitment

Job specifications often unconsciously discriminate against neurodivergent individuals. Skills such as “excellent written communication” may discourage dyslexic candidates, “good organisational skills" may discourage candidates who have ADHD, and "excellent interpersonal and communication skills" can discourage autistic candidates. Similarly, many neurodivergent individuals can find interviews both overwhelming and unpredictable. There are many simple adjustments which can be made to support individuals to manage this. These include supplying questions in advance, allowing access to notes, promoting the use of AAC, and avoiding questions which unconsciously bias against neurodivergence (eg those relating to "social skills" or fit within the office culture). The fact that neurodivergent SLTs hold positions of varying banding and responsibility level shows that we are more than capable of an excellent standard of practice and professionalism.

Adjustments in the workplace

Within the workplace, there may also be adaptations needed. These adaptations will vary depending on the needs, strengths, and preferences of an individual, and will need to be assessed and implemented on a case-by-case basis. One colleague reported: "the challenges that impact the most on my work are the hidden aspects of disability." Sensory issues are one example of this. Personally speaking, I find it very difficult to concentrate in noisy office spaces, and prolonged exposure to these environments can cause me to shut down in the evenings to recover. I currently manage this by using noise cancelling headphones, private workspaces, and flexible working allowing me to complete administrative tasks from home.

Social interaction at work

Another common issue relates to difficulties engaging in social time with colleagues, which can lead to increased isolation and anxiety. It is important that difficulty managing these cultural aspects of a role are not seen to impact on a neurodivergent individual's overall competence. Team education around how neurodivergence may impact on social functioning can help individuals to feel more understood and supported.

Finding ways to support with tasks

Neurodivergent SLTs also report being well supported when colleagues understand and adapt to specific aspects of the role they may struggle with. For example, proofreading reports for dyslexic colleagues, minuting meetings with colleagues with executive functioning difficulties, or body-doubling to aid completion of a given task (working alongside someone, either in person or on a video call). It's important to understand that these adaptations are not special treatment, they are equitable support which allow neurodivergent staff members to perform our roles to the highest standard.

Respect and trust neurodivergent clinicians

It is important that managers understand the difference between positive support for disabled clinicians, and causing them to feel invalidated through micromanaging their caseload or questioning their ability to complete their job responsibilities. Many neurodivergent clinicians report being afraid to disclose their diagnosis at work, for fear of how others will react. This is why the new guidance also includes information for managers on how best to support neurodivergent staff members, as well as how to have brave conversations when it is required.

Avoiding burnout

Burnout in neurodivergent individuals can look very different from neurotypical people. Symptoms can include a regression in skills, lack of self-care, low mood, insomnia, and persistent difficulties completing activities of daily living. This burnout may last for several days, weeks, or months, depending on the severity. Neurodivergent individuals may also experience difficulties with interoception (awareness of your physical and emotional state) and self-monitoring, which may further impact on their ability to recognise symptoms of stress and burnout.
New guidance to support neurodivergent SLTS at work.

In response to the difficulties neurodivergent SLTs are experiencing, an RCSLT working group made up of SLTs with lived experience of neurodiversity has produced new guidance with practical advice for supporting neurodivergent SLTs in the workplace. The new guide covers topics including:

- support for neurodivergent clinicians
- support for managers
- managing difficult conversations
- reasonable adjustments
- signposting to further support.

This article contains lots of ideas for managers and individuals to try out, and you can carry on exploring in the guidance on our website.

It can sometimes be difficult for neurodivergent SLTs to identify their own needs or areas for support, especially when newly diagnosed. Neurodivergent individuals may also struggle to identify their own strengths. A colleague reported that "internalised ableism means that a lot of us are really quick to judge ourselves for things that we've been told are deficits". So it is important that managers support staff to access support services like occupational health or Access to Work.
It is also important for neurodivergent individuals to take time to learn about and explore their own neurodivergence, and to value their own contributions to the profession.

POLLY DAVIS, Specialist SLT, Happy Talk Ltd
𝕏 @PollyDSLT

Find out more

Look out for new guidance on supporting neurodivergent SLTs coming soon: more details in e-news and on the RCSLT website.

Peer support groups on social media:
- Facebook: UK Neurodivergent Speech & Language Therapy Professionals Peer Support.
- X: **@NDSLTUK**

NICK LOWNDES / IKON IMAGES

Circle of inclusion

Helen Day *looks at a collaborative approach to supporting children with additional support needs in mainstream classrooms*

For more than two decades there has been the presumption that all Scottish children and young people (CYP) will be educated in mainstream settings unless there are exceptional circumstances preventing this (Standards in Scotland's Schools Act, 2000). Most CYP with additional support needs (ASN) including autistic children are educated in a mainstream setting.

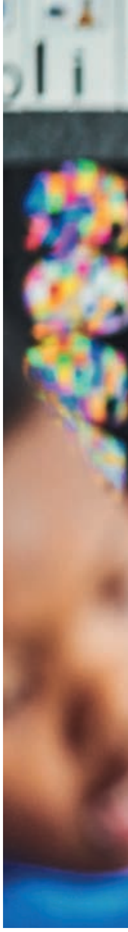
However, recent reviews into how well included CYP with ASN are in mainstream settings suggests improvement is needed. For example, a report by Enable Scotland finds that "inclusive education is still far from a reality for many young people" (Enable, 2017). They found that 98% of teachers surveyed agreed that teacher training did not equip them to successfully teach CYP with ASN, and 80% agreed that the presumption of mainstreaming was not working for all CYP with ASN. These are worrying statistics given that CYP who have speech language and communication needs (SLCN) and autism require access to an education setting where staff have appropriate skills and where environmental adaptations are made to support communication and learning needs (Cross, 2011).

Policy in Scotland requires that SLTs work in universal ways to provide training, and support communication-friendly environments in addition to their specialist direct work with CYP (Scottish Government, 2016). The Scottish Intercollegiate Guidelines Network (SIGN) recommends supporting autistic people by adapting the social, communicative and physical environment (SIGN No 145, 2016).

Adaptations which can have a positive impact on participation and inclusion in schools include psychosocial (eg packages to help peers understand neurodivergent pupils) and pedagogical interventions (eg helping teachers understand how to teach autistic CYP) (Leifler et al, (2021). This suggests that the environment, with particular focus on education professionals' skills and knowledge, is an important area to consider.

There is, therefore, a need as well as a duty upon SLTs to be working in collaboration with education colleagues to promote communication-friendly environments, and staff knowledge and skill in working with CYP with ASN including autism. But collaborative practice is not always easy to achieve, for several reasons. For example, therapy packages being embedded in mainstream classes places demand on schools' resources (Sutton, Webster and Westerveld, 2018). Teachers and therapists may not always understand the value of each other's specialist knowledge (Wilson, McNeil and Gillon, 2015) and although many teachers may appreciate joint working with SLTs, others may not (Baxter et al, 2009).

CYP with ASN are a heterogeneous population and mainstream schools are heterogeneous environments (Adams et al, 2012).



CIRCLE: a framework for collaboration

For collaboration to be successful, there needs to be a shared understanding and trust between professionals (McKean et al, 2017) as well as a shared understanding around the communication difficulties that CYP in our schools are facing (Gallagher et al, 2019).

To help enable collaboration, a framework for promoting inclusion in Scotland's schools has been devised by the Child Inclusion: Research into Curriculum, Learning and Education (CIRCLE) collaboration (Maciver et al, 2021). The CIRCLE resources were designed by a group of education and health professionals to promote joint working between professionals in mainstream settings. They address environmental barriers and facilitators to participation, and promote confidence in using evidence based practice (Maciver et al, 2021).

The resources aim to promote good practice for inclusion and a shared language to enable collaboration between education, therapy professionals and parents. They include a classroom assessment tool and evidence-based

strategies which can be linked to individual CYP's needs.

Implementing CIRCLE

Initially, the CIRCLE Early Years resource was piloted across three school nurseries where there were high numbers of children known to community speech and language therapy teams. Training was run by local SLTs and the local authority's autism outreach team.

Feedback from staff on the ground in these nurseries was positive but SLTs and nursery staff both felt that for the framework to be fully adopted into everyday use, increased engagement from school leadership teams was key. Head teachers have an important role in supporting staff confidence around inclusive practice (Ferriday and Cantali, 2020) and they have the power and influence to make sure that inclusion positive frameworks such as CIRCLE are a success.

Based on the information from this pilot, the leads of education and health services agreed that CIRCLE should be rolled out across all local authority (LA) settings in the city. A plan for implementation began in summer 2022. This included online resources for all LA nurseries and schools to access, sharing of CIRCLE information and resources at headteachers meetings and at newly qualified teacher events and question and answer events online where school staff could come along for information and advice.

> For collaboration to be successful, there needs to be a shared understanding and trust between professionals

All schools and nurseries were asked to appoint a CIRCLE lead practitioner who could roll out the framework to their local setting. Local SLTs have all been encouraged to use the CIRCLE resources as the basis for joint discussion and goal setting in schools where appropriate. Although this takes time, it promotes quality communication which is key to successful collaboration (Salm, 2017; Pease and Goodenough, 2021).

Since the initial year-long plan for implementation, evaluation of how schools and nurseries are benefiting from the CIRCLE Framework has taken place. Further support and training will be required for CIRCLE to be fully implemented across the LA, and collaborative work between education and speech and language therapy at all levels is ongoing to embed this resource into practice.

Frameworks such as CIRCLE are useful in giving practitioners tools they can use to support the inclusion of CYP with ASN in mainstream settings. They can also provide a focal point to base collaborative discussions and goal setting around CYP. However, implementation requires considerable collaboration and willingness to adopt something new among both education and health professionals.

Key strategies for successful implementation noted by this author include:

- Engaging stakeholders at all levels, especially at senior management level.
- Creating collaborative plans for implementation which allow plenty of time for schools and nurseries to engage with the resources.
- Targeted face-to-face support and training.
- Sharing examples of good practice that can be used to inspire schools and nurseries locally eg visit settings who are further ahead in their implementation journey.
- Open discussions and joint usage between health and education professionals using the framework day-to-day.

HELEN DAY, Highly Specialist SLT, Community Paediatric Team, Aberdeen City, NHS Grampian
✉ helen.day5@nhs.scot

Find out more

CIRCLE resources are free to access
thirdspace.scot/circle

Funding to build research capacity

Dr Hazel Roddam *and* **Amit Kulkarni** *explain the exciting new funding from NIHR and how SLTs in England can benefit*

In August 2023 the National Institute for Health Research (NIHR) announced £30M of additional funding investment, recurrent for the next four years. It is specifically for research capability building, to embed research within NHS organisations and services and to strengthen careers for research delivery staff and under-represented disciplines and specialisms (NIHR, 2023).

In this article, we explore the key opportunities for SLTs at all career stages to benefit from these exciting developments.

What is the role of the NIHR?

Over the past decade, the NIHR has been the largest and most important investor in research for nursing, midwives, allied health professionals (AHPs), pharmacists and healthcare scientists in England. Their established programmes include:

- HEE/NIHR Integrated Clinical and Practitioner Academic Programme (ICA)
- NIHR Senior Research Leaders Programme (previously70@70 Nurses & Midwives)
- Clinical Research Network (CRN) Development Activities such as greenshoots schemes, internships and fellowships.

In 2022, two national summits were facilitated by NIHR focusing on nursing and then AHP research. The recommendations from these events highlighted the need to widen eligibility to research opportunities and to support increased success rates across a wider range of health and care professionals (HCPs). You can read the AHP research summit briefing papers and full report of the November 2022 summit **rcslt.info/nihr-hee-summit**.

Barriers to a research career

Some of the specific barriers identified for HCPs to develop in their research careers included:

- poor understanding of research and visibility of research as a career option in pre-registration programmes
- limited introduction to research opportunities at early career stages
- lack of recognition and career development for research roles

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

NICK LOWNDES / IKON IMAGES

- minimal signposting for opportunities locally, such as local schemes, access to research infrastructure, networking and peer support leading to a poor geographical spread and patchy provision of research opportunities
- a lack of career pathways for post-doctoral careers, particularly within the NHS
- reduced opportunities to access multi-disciplinary research communities
- poor diversity among clinical academics, specifically in leadership positions, with a lack of role models.

What are the new NIHR funding streams?

The new investment that was announced in August 2023 is in addition to the already established NIHR funding streams for research capability building. The package of new funding has been badged for all healthcare professionals, with an express commitment to support previously under-represented sectors of the workforce, particularly welcome news for our AHP disciplines. There is a specific focus on support to grow the healthcare professional research community across all career stages, including boosting opportunities for pre-registration students, and opportunities for those employed by local authorities.

There will now be more opportunities for early to mid-career professionals to access research training, as well as increased pre-application support for fellowships. And for more advanced career researchers there are increased opportunities for them to be retained in or return to health and care settings, with an even higher commitment for awards to be made to previously under-represented, or under-recognised groups.

New AHP research leadership plans

This landmark investment marks an enormous potential boost to accelerate change in the growth and sustainability of the AHP research environment and culture. The establishment of a new national leadership role for AHP research will be one of the most significant highlights for the AHP research community.

In addition, a new Clinical Research Leadership Programme will be launched before the end of this year. This will provide fully funded development opportunities for sequential cohorts of research-active AHPs in practitioner roles, and will support the growth of the collective AHP research community. It will also secure much stronger visibility, reputation and profile for the individual AHPs within their own organisations. This can contribute to the agenda for developing a culture of recognition and value for AHP research activity and roles.

How can I apply for these new NIHR funding streams?

Dr Hazel Roddam was commissioned by the Workforce Education and Training Directorate at NHS England to build an online resource package of information and links with specific advice for allied health professionals (AHPs), their educators, managers, employing organisations and service commissioners. The resource is packed with detailed information and direct links for NIHR announcements and application guidance on this new package of research funding. Visit **rcslt.info/nihr-awards**.

The resource includes a list of Hazel's top tips for preparing an application to increase your chances of success. Underpinning these tips are two clear guiding principles:

1 Be realistic about how long it will take to prepare a strong submission.

2 Find an experienced mentor, as well as a supportive network of research contacts at a range of career stages (see our recommended links below).

The NIHR website provides full advice about funded opportunities for research training and careers, including profession-specific case study exemplars. In the section for 'Researchers', follow the tab for 'Supporting my career as a researcher' and go directly to 'Starting my research career' or 'Which development award?'. Alternatively, the 'Funding opportunities' tab lists all current announcements of NIHR funding calls in date order, and it is helpful to apply filters for funding types, where you can then check eligibility. Visit **nihr.ac.uk/researchers.**

Where can I find experienced research support and mentorship?

A number of networks provide support and potential mentorship for SLTs. As well as the RCSLT research champions and clinical academic mentors, there are the ClinAcSLT and North East Research Network CENs. Other support networks include: the Council for Allied Health Professionals in Research (CAHPR) UK-wide regional hub network, NIHR AHP Research Champions, ReSNetSLT, Healthcare Professionals in Research, SLPhD, and the Clinical Doctoral Research Fellowship SLT group. For links to all of these networks, please visit the 'Research Capacity Builders' page of our website **rcslt.info/research-capacity-builders** B

DR HAZEL RODDAM FRCSLT, Independent Consultancy for AHP Research
✉ hazeroddam@gmail.com

AMIT KULKARNI, RCSLT Head of Research and Outcomes
✉ amit.kulkarni@rcslt.org

Stories for learning

Saskia Whittaker reveals the new collection of interactive scenarios that help bring your CPD to life

SHUTTERSTOCK

We have just added a new interactive resource to the RCSLT Professional Development Framework based on true-to-life professional scenarios. Drawing on real situations and day-to-day challenges faced by SLTs, our professional development scenarios are designed to be a practical learning resource to be used alongside other RCSLT guidance.

They cover a broad range of subjects you may encounter in your professional life, including issues ranging from duty of care and safeguarding to mental capacity and supported decision making. They also incorporate all four domains of the framework:

- professional practice
- facilitation of learning
- leadership and management
- evidence, research, and innovation.

The scenarios are relevant to members at all stages of their careers and from a wide range of employment situations. Each one provides a work-based problem for you to consider and is designed to encourage reflective practice. You can work through the stories on your own, with a colleague or supervisor, or in groups. You can either click through the pages online, or download and share with others.

For instance, you could work through a scenario in team meetings, peer supervision sessions or at a CEN meeting. Working through the topics counts towards your continuing professional development (CPD) and you can dip in and out, depending on how much time you have. The resources signpost you to key RCSLT website content, including clinical and professional guidance, and useful external content.

How the scenarios work

The scenarios are in four parts:

1. **the scenario:** for you to read
2. **the questions to consider:** for you to gather your thoughts on practice issues relating to the scenario
3. **next steps:** for you to plan what you would need to do next
4. **relevant resources:** links to relevant resources and webpages.

Scenario topics include:

- cultural competence
- data protection
- burnout
- scope of practice
- multidisciplinary team relationships
- supervision of assistants
- evidence based practice and shared care
- using social media appropriately
- eating, drinking, and swallowing with acknowledged risks.

These topics will not cover every possible situation you may face as an SLT, but scenario-based learning will help you to reinforce confidence in your knowledge and practise your problem-solving so you can handle similar situations more effectively. It also develops skills like critical thinking and decision-making. Our Learning and Development Manager Mark Singleton tells us: “Doing the scenarios in a group is a great way to learn from and with others, and get other people's points of view on a topic.”

> **You could work through a scenario in team meetings, peer supervision sessions or at a CEN meeting**

A person-centred approach

Working through these narratives will encourage you to consider the case in front of you, and not simply apply a one-size-fits-all approach. It is important to consider these scenarios in the context of the individual you are working with and their specific needs. The ‘Questions to consider’ and ‘Possible next steps’ serve as a reminder to put the person at the centre of decision making.

Each story featured here has different reflective elements which will be specific to where you work. Remember, if you are faced with similar situations, it is essential to think about them in the context of the frameworks that govern your practice, such as the Health and Care Professions Council (HCPC) Standards, RCSLT professional standards and guidelines, local and national policies, and the policies of your employer (or your own policies if practising independently). Being familiar with these requirements will empower you to feel confident in your clinical decision making.

Access the scenarios here
rcslt.info/ProfDevScenarios

Join our webinars on the RCSLT Professional Development Framework

This spring, we are running an online series of four free live webinars to help you understand how to use the Professional Development Framework for your own CPD, with colleagues, or with your team. Each webinar covers a different topic. Join us on 25 April and 22 May, and access recordings of these and the February and March events by registering online. All are welcome and we recommend you attend all four if you can. Recordings of the webinars will also be available.

Find out more and register
rcslt.info/ProfDevWebinar

SASKIA WHITTAKER, Project Manager – Clinical and Professional Guidance, RCSLT
✉ Saskia.whittaker@rcslt.org

DEALING WITH WORKPLACE TENSIONS

This example of a scenario looks at workplace relationships.

1. Scenario

- You start a new job and have a sense that there is some discomfort and some strained relationships within the team, and it is beginning to affect you.
- How do you manage this situation?

2. Questions to consider

- Are there particular staff members who are causing a negative atmosphere? Could you discuss this with your manager?
- Can you speak to the group directly and ask if everything is ok?
- What can you do outside of work to ensure you stay as well as possible?
- Are there relevant policies or procedures?

3. Possible next steps

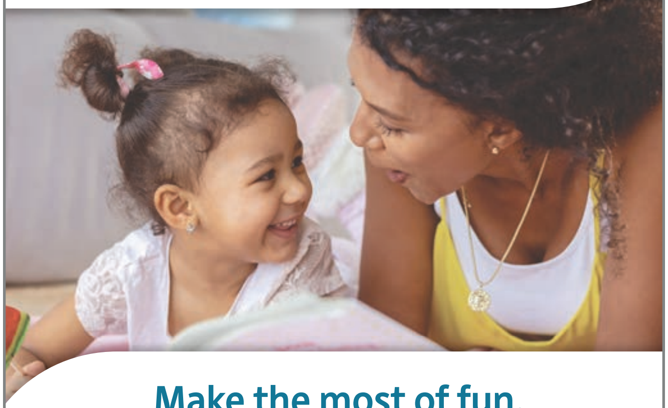
- Seek out a supervisor or manager to discuss the situation with
- Consider accessing occupational health if you feel you need it
- Approach members of the team individually to build relationships
- Discuss with your supervisor/manager where is the most effective place for you to work
- Access support outside of work too

4. Relevant resources

- RCSLT’s bullying guidance **rcslt.info/bullying**
- Article “Good working relationships...” **rcslt.info/work-relationships**
- NHS mental health services **rcslt.info/nhs-mental-health**

The Hanen Centre®

This Autism Month...



Make the most of fun, back-and-forth interactions

Engage parents and caregivers to use a child-led approach to support the communication skills of young autistic children.

Until 30th April...

Save 20% on autism resources with code **AM24**

Save 30% on autism e-Seminars with code **AMSEM24**

Visit **www.hanen.org**

CITYLIT

INSPIRING PASSIONS · REALISING AMBITIONS

City Lit has many years' experience in running high quality training courses for SLTs. Coming up in 2024:

Introduction to mindfulness for SLTs

in person 16-17 May £199

Experiential introduction to key elements of mindfulness referencing mindfulness-based stress reduction and mindfulness-based cognitive therapy. Relevant to adult and paediatric client groups, with personal well-being benefits.

Assertiveness for recently qualified SLTs

online 16 May £99

Develop your personal effectiveness and practise key assertiveness skills. Relevant in a range of situations including: interviews, working with clients, communicating with your manager and contributing to an MDT meeting.

Acceptance & Commitment Therapy (ACT) for SLTs

in person 17-18 June £199

Goals of ACT, a mindfulness-based approach, are acceptance of experience that is out of personal control and taking committed action towards living a valued life. Learn how to apply ACT in your work with a wide range of adult and paediatric client groups.

Advancing your practice for SLTs

online 19 July 2024 £99

Advance your knowledge of current stammering research. Two academic papers will be the focus of small and larger group discussion.

Working with adults who stammer

online 16-18 Oct and Mar 31 £549

Covers assessment, Block Modification therapy, interiorised stammering, cluttering, acquired stammering, mindfulness.

Please contact: speechtherapy@citylit.ac.uk

https://www.citylit.ac.uk/courses/specialist-learning/speech-therapy/training-courses-in-speech-and-language-therapy

RCSLT

Keep the conversation going!

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

You can also find out what's happening in:

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

Follow our feeds for the latest news and information

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

COURSE LISTINGS

MFA Professional Voice Studies at Bristol Old Vic Theatre School
September 2024 – July 2025, Bristol
This one-year, intensive master's course provides specialist, vocational voice training within a stage and screen context. You'll apply the theories of vocal anatomy, physiology and phonetics to explore a range of technical and creative approaches in coaching voice, speech and accents.
0117 973 3535
✉ **student-recruitment@oldvic.ac.uk**
🔗 **oldvic.ac.uk**

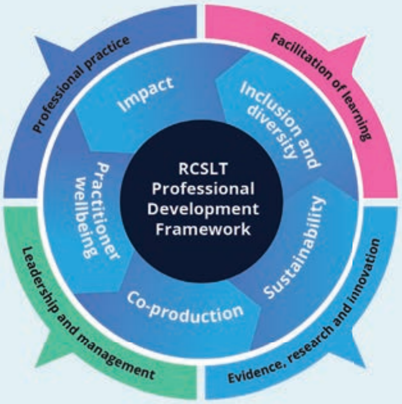
The current evidence for interventions for school-aged children with DLD
21 and 22 May, online via Zoom
Day 1: Dr Susan Ebbels: appraising the reliability of research. Evidence for different methods of delivery of intervention including tiers 1, 2 and 3, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels.
01883 712271
✉ **training@moorhouseinstitute.co.uk**
🔗 **moorhouseinstitute.co.uk/current-evidence-base**

smiLE Therapy Training Day 1 and 2
10-11 and 14-15 October, 9am-12pm, online
Innovative 10-step therapy teaching functional communication and social skills in real settings for students who are deaf, have DLD, learning difficulties, Down Syndrome and physical disability. Also teaching functional communication for some autistic students, where there are criteria and pre-requisites. For ages 7 to 25. Outcome measures, empowering parents and generalisation integral. For SLTs and teachers. Loved by students, parents, practitioners, managers, SENCOs and OFSTED. Now named on EHCPs.
Email us to book and to enquire about bespoke training for your team.
Free 1-hour online taster session available for you, your NHS Trust, CEN, university, special school or college, local authority or independent practice.
✉ **info@smiletherapytraining.com**
🔗 **smiletherapytraining.com**

NAPLIC CONFERENCE 2024: Developmental Language Disorder (DLD)
27 April, The studio, 7 Cannon St, Birmingham B2 5EP
Cost: £130 (members' early bird), £170 (non-members' early bird)
NAPLIC CONFERENCE 2024: Developmental Language Disorder (DLD) - the latest research and practice. Focusing on all aspects of Developmental Language Disorder (DLD) and SLCN, the NAPLIC Conference will look at the latest research, innovations and best practice to improve outcomes. Early Bird Closes 04 April 2024.
07951 579 603
✉ **naplic.conference@gmail.com**
🔗 **naplic.org.uk/conferences**

Elklan Total Training Packages to deliver Speech and Language Support courses to practitioners
2-5pm, online via Zoom
0-3s: *24-27 June 2024 and 16-19 June 2025*
3-5s: *17-20 June and 11-14 November*
5-11s: *17-20 June and 4-7 November*
11-16: *3-6 June and 4-7 November*
Post 16s: *18-21 November*
SLD: *24-27 February 2025*
Autistic pupils: *11-14 November and 10-13 March 2025*
Complex needs: *29 April-2 May and 18-21 November*
Cost: £520pp excluding VAT
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. Book online or contact Michelle for more information.
✉ **michelle@elklan.co.uk**
🔗 **elklan.co.uk/Training/Tutors/#Tutor**

Elklan Total Training Packages – AAC specialist training pack to deliver courses to staff supporting children and adults using AAC
7, 14 and 21 June or 11, 18 and 25 November, 9am-12.30pm, online via Zoom
Cost: £240pp excluding VAT
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. Book online or contact Michelle for more information.
✉ **michelle@elklan.co.uk**
🔗 **elklan.co.uk/Training/Tutors/#Tutor**



Have you used the RCSLT Professional Development Framework?

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

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

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

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

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

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

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

Ampcare Effective Swallowing Protocol (ESP™)

Therapeutic Neuromuscular Electrical Stimulation (NMES) Technology for Dysphagia

Ampcare ESP is a non-invasive, CE-marked treatment for dysphagia that combines electrical stimulation parameters with specially selected resistance exercises to help rehabilitate swallow function.

Two systematic reviews investigating non-invasive neurostimulation therapies reported positive effects on swallowing function and quality of life when using NMES (*Li et al, 2021; Wang et al, 2021*). Other research using Ampcare ESP has demonstrated that providing intensive dysphagia therapy (30 minutes) is possible within inpatient, outpatient, and/or domiciliary settings. This results in significant functional improvements in swallow safety and an increase in swallow-related quality of life, particularly in dysphagia following stroke (*Sproson et al, 2018; Martindale et al, 2019*).

NMES is a recommendation in the 2023 National Clinical Guideline for Stroke. It states:

> *People with dysphagia after stroke may be considered for neuromuscular electrical stimulation as an adjunct to behavioural rehabilitation where the device is available, and it can be delivered by a trained healthcare professional.*

What is covered by Ampcare's training?

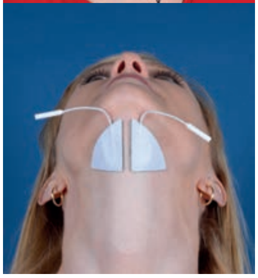
Ampcare's training options will guide clinicians through the latest clinical approach to treat dysphagia. Ampcare's ESP combines NMES with specifically designed electrodes to fit the submental and facial areas and works in conjunction with indirect techniques and therapeutic exercises. This systematic rehabilitation approach works to improve hyo-laryngeal excursion, speed up laryngeal vestibule closure reaction times, and enhance swallowing posture by providing the tools to accelerate swallowing function.

Each course will teach participants the specific rationale behind the parametes best suited for small muscle rehabilitation and review the anatomy of the muscle groups and the cranial nerves associated with swallowing.

Training Options

Three training options are available:

- In person UK-based training events £300.00
  (4 hours of online pre-course work followed by 6 hours of in-person training)
  Tuesday 4 June 2024 Venue: TalarMade Ltd, Millennium Way, Chesterfield
  Thursday 6 June 2024 Venue: tbc
- Online self-directed learning modules £200.00
- Hybrid taining £250.00
  (a mix of 4 hours of online pre-course work followed by 2 days of 2-hour live webinars)
  Wednesday 18 and Thursday 19 September 2024



How do I enrol for a course?

Registration is very simple:

1. Email info@ampcarellc.com detailing which course you wish to register for and any equipment you wish to purchase.
2. You will be sent a quote that details how to pay.
3. Once payment is received you will be sent a link to register for your training.

Melanie LORD

Communication Lead SLT in an acute trust

I am writing following a demanding Christmas period in our hospitals, with record capacity pressures including three day waits for people in the emergency department, and emerging from a six day junior doctors' strike. It was against this backdrop that Paul* had a stroke on 27 December, and I had a first session with him a few days later.

The challenging situation in our hospitals has strengthened my resolve to deliver a standard of excellence for people with communication difficulties and respond to the NHS capacity pressures, in my relatively new and unique role of Communication Lead SLT in an acute trust.

I started in the trust five years ago as a Team Lead. Through persistent advocating and workforce planning, our service has developed to the point where we can offer bespoke assessment, differential diagnosis and management, including engaging in communication training with MDT colleagues.

When I first met Paul, I knew that security had been called after he tried to leave the ward, as there were concerns regarding his safety. He lived by himself and he had 'failed' a kitchen assessment. The provisional plan was for him to move to an inpatient brain injury unit.

The extent of his auditory comprehension impairment and frustration was immediately apparent, but more importantly, so was his determination and ability to express a great deal through partially intact phrases and as a natural and observant total communicator. He used his smartphone to show images of his home, garden and aviary. He showed the sense of meaning and purpose he would regain in his home environment and his obvious concern for his birds. This highlighted how misplaced he was in a hospital environment and understandably desperate to resume the roles he knew he could still do at home. He showed insight into communication breakdowns and how they made him feel: "I'm useless".

> **When I first met Paul, I knew that security had been called after he tried to leave the ward**

It became apparent that his partner worked in the hospital and it was likely that he had wanted to visit his partner, not leave hospital.

I used fluid, multimodal communication support, trial and error with humour to navigate the many breakdowns, and finding out online the best, bespoke techniques to support Paul at this time. We were able to begin stroke and aphasia education, validate Paul's experience and hold space for Paul to guide decision-making around discharge.

Returning to the kitchen, he appropriately offered to make me a coffee, and we rearranged the repeat assessment which he passed with flying colours. My SLT colleague completed the mental capacity assessment and liaised with family to ensure appropriate support on discharge home.

This patient story illustrates the impact of an SLT working in partnership with a person with aphasia.

We can change the narrative with an individual, from being seen as having challenging behaviour and needing inpatient care to an autonomous and capable individual, ready to go home with input from the early supported discharge service. SLT communication expertise can also help to ensure efficient management of hospital beds and capacity.

✉ Melanie.lord@nhs.net

**Paul is an anonymised name*

POWERFUL VOICES LTD
EVERYONE HAS A VOICE

Community Speech and Language Therapist in Complex Needs

Join our team at Powerful Voices as a Community Speech and Language Therapist, specializing in Complex Needs. We have opportunities in Northampton and Hertfordshire for dynamic individuals passionate about making a therapeutic impact.

Our Band 6 positions, with paths to Band 7, offer full and part-time roles, competitive pay based on experience, and a comprehensive benefits package for well-being.

At Powerful Voices, you'll collaborate in a supportive team, develop specialist skills, and manage your caseload, positively impacting children's lives in the community and educational settings. We champion a voice for all, fostering development through a need-led, impact-based service model.

Ready to amplify your career? Send your CV and cover letter to **office@powerfulvoices.co.uk** and become a part of our mission to empower through speech and language therapy.

SPEECH & LANGUAGE THERAPIST

NQT, NHS B5 & B6 equivalent positions available in South East London, Bromley and Bexley.
Full time / part time / term time only considered.
£34, 056 - £50,372 depending on experience
(inclusive of London Weighting)

Therapy Links UK CIC (TLUK) is a trailblazing multi-disciplinary not-for-profit therapy company providing "pay what you can afford" services to families and weekly support to a range of school settings. We have a strong supportive team and actively support staff wellbeing and work-life balance.

We are looking for creative, dedicated therapists to join our team in September, and will consider applications from NQTs up to those looking for a band 6 position. We offer lots of support, supervision and CPD for staff, and run a service that is highly valued by families and settings. The role will involve both, weekly support in identified schools, alongside referrals in our "pay what you can afford" service. As we are a small company there is lots of scope to get involved in service improvement projects.

For more information please email
info@therapy-links.co.uk,
to apply please visit
www.therapy-links.co.uk/vacancies

Therapy Links UK

ACCESS
speech & language therapy

Flexible Speech & Language Therapist Roles

North London
Band 5 or 6 | Starting at £33K, DOE

ACCESS Speech & Language Therapy Ltd is seeking dynamic Band 5 or 6 Speech & Language Therapists for immediate start.

Enjoy varied work in different educational settings, competitive pay, and a career tailored to your goals and life balance.

What We Offer:
- Personalised career development
- One-to-one supervision
- Professional training & CPD budget
- Supportive, evidence-based work environment

Ideal Candidate:
- Experience in educational settings
- Excellent adaptability & communication
- Driving licence (preferred, not mandatory)

Join Us: Shape futures and thrive in a role designed around you. For a rewarding career with flexibility and support, send your CV to johncane.access@gmail.com or call John Cane on 07952 918 715.

Want to get your SLT role in front of the *Bulletin* readership?

Email: rcsltjobs@redactive.co.uk

Next issue deadline: 11th June 2024
Published: 28th June 2024

In Memory

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

Ruth Chandler

1959-2023

Ruth started work in children's speech and language therapy in 1981, becoming a specialist SLT in deafness, and was influential in developing and teaching the ACS course in deafness. She was a strong advocate for therapies and children's services, and an amazing therapist and teacher, nurturing and supporting those around her. She steered the children's therapy services with great leadership and positivity. Those of us who worked with her knew her kind ways, care, knowledge, understanding, strength, clear thinking and guidance. This is a huge loss to us as a department, and to many of us on a personal level who were privileged to call her a friend. She is much missed by her family and friends.

KATE, SIAN, SARAH, SUTTON SPEECH AND LANGUAGE THERAPY TEAM and **CHILDREN'S THERAPY TEAM**

Alison Clarke

1933-2023

Alison was a wonderful friend and colleague whose skills as a therapist and team leader were respected and appreciated by all who worked with her. Appointed in 1954 as only the second speech therapist in West Ham (later Newham), she rose to district and area therapist. Her forward thinking and initiative gave the borough a speech and language unit, a bilingual service and effective therapy provision in all special schools and clinics. She supported students in training, many of whom came back to work under her. Retiring at 60, she embraced her new role as an Anglican priest from 1993 to second retirement in 2008. Alison described herself as an "ordinary therapist" when College honours were bestowed. She was much more.

ANNE SPRINGATE, PAULINE BARNETT, JANE LEEBURN, CLAIRE STONEHOUSE, JEANNETTE SEAMAN, HELENA JENKINS, SHEILA LE BRETON and **NITA MADHANI**

Jill Elizabeth Oliver

1962-2023

With great sadness I write of Jill's unexpected and sudden passing in November. She was a dear friend and colleague. Jill left Belfast in 1981 to begin SLT training in Leeds Polytechnic. After qualifying in 1984, Jill started her career in Chorley, then worked in Trafford.
Jill resumed her career in Harrogate in 1998 after a break to have her three children. In 2012, Jill helped set up the Autism Assessment team in Harrogate.
Jill touched the lives of everyone she met. She was a great team player, kind, compassionate and great fun. A dedicated professional, devoted wife, mum, and grandma. Jill will be missed by everyone who had the fortune to know her.

ALISON REECE, and all colleagues in **SPECIALIST CHILDREN'S SERVICES HARROGATE** and **DISTRICT FOUNDATION TRUST**

In the journals

In this section we share recent research articles and resources hand-picked by our readers and the Bulletin team. Inclusion does not reflect strength of evidence. Look for tips on critically appraising evidence to inform your practice at **rcslt.info/EBP**.

Integrating trauma-informed care

This paper acknowledges that although speech and language therapy goals do not directly work on healing trauma, SLTs who practice in a trauma-informed way can provide clients with another context in which healing can take place.

The article cites research papers which show the links between speech and language difficulties and trauma, social, emotional and behavioural difficulties, and mental health needs.

The authors highlight the importance of building safe relationships within trauma-informed practice and how SLTs need to understand the client's lived experience of trauma, the ongoing impact and ways to avoid re-traumatisation. They outline several ways SLTs can do this, including providing choice-making opportunities and being aware of any potential triggers.

The authors highlight the importance of self-care for SLTs and how this can reduce the risk of vicarious trauma, which can occur when supporting clients who have experienced trauma and "may potentially lead to compassion fatigue and burnout". They advocate for ongoing research into how SLTs can put trauma-informed care into practice.

OLIVIA INCE, Highly Specialist SLT, Norfolk County Council

O'Leary, N., Rupert, A. C. and Lotty, M. (2023) 'Understanding the why: The integration of trauma-informed care into speech and language therapy practice', Advances in Communication and Swallowing 26, 81-87

SAGE: free research resources for members

Did you know that as part of your RCSLT membership, you get free access to SAGE Research Methods? This online platform provides books, cases, datasets, podcasts, videos and tools for various research methods and concepts.

Just like the RCSLT Journals Collection, members access SAGE Research Methods via the RCSLT website: navigate to Research while logged in.

We are looking for members who have used SAGE Research Methods. What did you like about it? What did you use it for? How has it helped you in your research or practice? Please let us know by contacting **info@rcslt.org**

Exploring lower-intensity aphasia therapies

This Australian study looked at whether two aphasia interventions designed to be carried out at high intensity over two weeks would be effective when the same dose was delivered over a longer period.

High-intensity Constraint-Induced Aphasia Therapy Plus (CIAT-Plus) and Multi-Modality Aphasia Therapy (M-MAT) are interventions used at high intensity with people with chronic aphasia.

33 participants from a larger research trial were randomised to receive the same dose of these interventions but at a lower intensity (six hours per week for five weeks rather than 15 hours per week for two weeks). Seven did not complete the trial for reasons not connected to the interventions. Measures of word retrieval and functional communication immediately post intervention indicated similar treatment effect from both interventions, and word retrieval was also significantly improved at 12 week follow-up. Initial data from the larger higher-intensity trial suggests similar outcomes, but with a significant improvement on communication-related quality of life not found in this sub-study.

The authors say that more research could help us to learn more about the effect of intensity in these treatments.

KEELY-ANN BROWN, Assistant Content and Engagement Officer, RCSLT

Pierce, J.E. et al. (2023) Acceptability, feasibility and preliminary efficacy of low-moderate intensity CIAT-Plus and M-MAT in chronic aphasia after stroke, Topics in Stroke Rehabilitation, 31(1), 44–56

SINGING OUT

Head and neck cancer survivor **Jon Organ** *shares his journey back to independence supported by his SLTs*

My name is Jon Organ and I live in South London, England. I have four children and 11 grandchildren. I have worked in construction my whole life and for the past seven years I have run my own business as a consultant and trainer in health and safety, and equality and diversity.

At Christmas 2023, I sang with the 'Shout at Cancer' laryngectomy choir. Amazing, considering that only a few months before I could not talk.

In January 2023 I had surgery to remove my larynx, 84 lymph nodes and my thyroid. My surgery was on 9 January 2023 and lasted 11 hours, followed by a 14 day hospital stay. I had to learn how to breathe, eat, swallow and talk again. Everything we take for granted was a daily challenge.

After months of radiotherapy and chemotherapy, I was given an electrolarynx that I mastered with the help of my speech and language therapy team. They not only gave me the ability to speak but the confidence. With my team behind me I felt I could achieve anything. Since my laryngectomy I have started a Facebook group and an online diary, as well as presenting to conferences and training for SLTs and nurses.

When I joined the choir, I had several weeks training face-to-face and online with the choir master. On December 8 I along with 12 others sang carols in church for a Christmas celebration. I also recited a poem I wrote. Yes, I am one of them boring poets. To cope with the treatments I made notes in books, and at the end of the day shut the book and that day was done. The new day bought a new page. Later I turned these notes into poems.

> **"To cope with the treatments I made notes in books, and at the end of the day shut the book and that day was done**

My latest and most important achievement is to change my own voice prosthesis using a tracheo oesophageal puncture (TEP). My SLT Jess taught me it all. After five weeks training, I went from going through a step-by-step guide to changing my own valve. I was very nervous about doing it at first and actually pulling the old one out, even though I had all the training and read all the paperwork Jess had put together for me.

I did not sleep much the night before. 10 am meeting and Jess said: "Right do you have all you need? Take me through it." She then left the room and I stood there alone. I know she was only outside but I kept calm and it was all done. A year ago I did not know what a TEP was or a heat moisture exchanger (HME), and now I know what a 16 French is [devices used with voice restoration].

When Friday evening comes a lot of us larys worry - I know I did. We worry about leaking over the weekend. I know we have plugs and thickeners but it's a worry. And going away on holiday, even to Devon, we had to notify the nearest ENT hospital.

Well for me now, I have the freedom and independence. The surgeons took away my cancer but it was my speech and language team that gave me my life back.

JON ORGAN
jonscancerlarydiary
lifeafterlary.co.uk

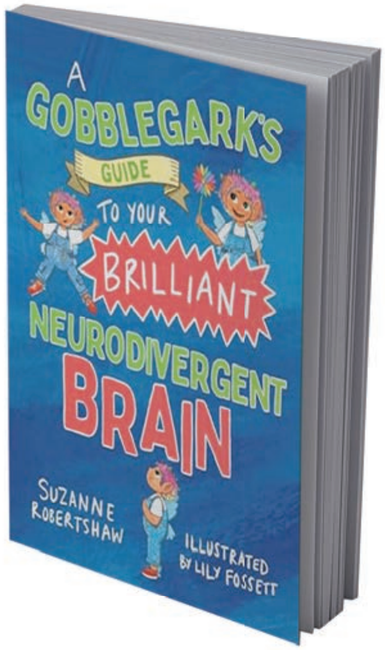
Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪◖

A Gobblegark's Guide to Your Brilliant Neurodivergent Brain

AUTHOR: Susanne Robertshaw
PUBLISHER: Jessica Kingsley Publishers
PRICE: £16.99



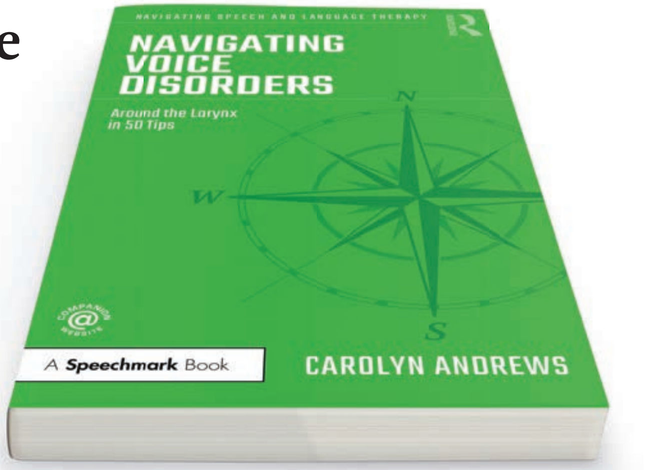
This book takes the reader on an adventure to collect gold coins to unveil a secret message at the end of the book. It contains a lot of information on neurodiversity that is useful for adults supporting neurodiverse children. There are practical activities for children to complete. The recommended age range is seven to 12 years, however I felt that some concepts and ideas were quite complex for the younger end of this age bracket. It would also be more engaging if the illustrations were coloured throughout the book. Overall, it is a helpful book for guiding discussions and empowering neurodiverse children.

KATE LEWIS, Specialist SLT

✪✪✪✪◖

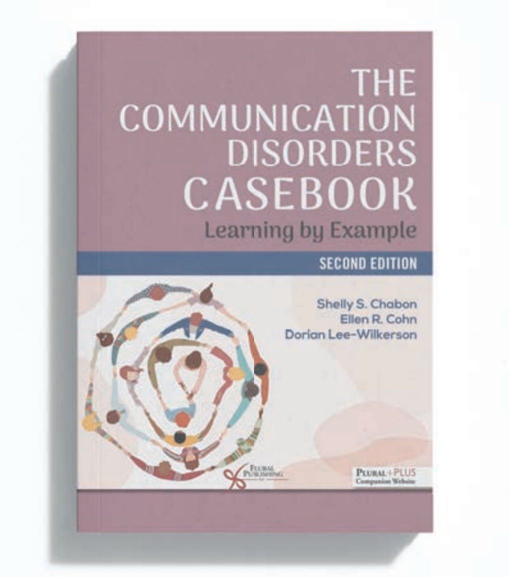
Navigating Voice Disorders

AUTHOR: Carolyn Andrews
PUBLISHER: Routledge, 2023
PRICE: £18.99



This book offers a comprehensive and insightful exploration of voice disorders and carefully considers the clinical pathway from assessment to discharge. A wide range of topics are covered in the book including, vocal anatomy, common disorders, diagnostic procedures, and therapeutic interventions. There are self-development activities throughout the book that encourage the reader to reflect on their own voice and clinical practice. The book has a user-friendly approach, offering clear explanations and actionable strategies supported by scientific research. This is a hugely valuable resource for anyone seeking to understand, manage or support those with voice disorders.

JO JACKSON, Highly Specialist SLT, South Sefton Adult Speech and Language Therapy, Mersey Care NHS Foundation Trust



✪✪◐

The Communication Disorders Casebook: Learning by Example

AUTHOR: Second Edition by Shelly S. Chabon, Ellen R. Cohn and Dorian Lee-Wilkerson
PUBLISHER: Plural Publishing
PRICE: £94

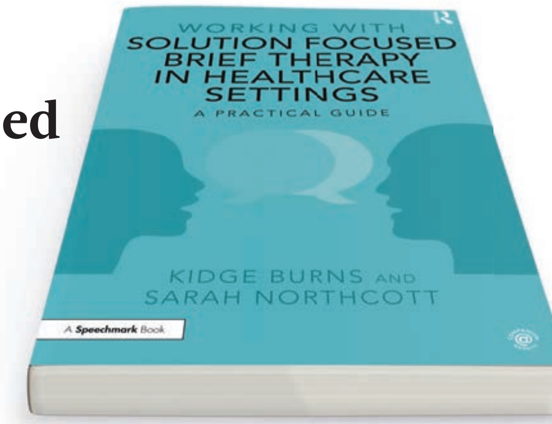
The second edition of this casebook presents a diverse range of people with speech, language and hearing difficulties from infancy to adulthood. Written by academics and expert clinicians, each of the 61 cases briefly covers conceptual knowledge before providing a more in-depth examination of assessment and treatment. A notable proportion of the cases are hypothetical and developed from the authors' clinical experience. The tone of the book remains consistently approachable and engaging.

The accompanying website can be accessed by clinicians teaching at a HEI and offers additional resources and a test bank. Some SLTs may welcome the broad range of topics, while others may find limited applicability for their particular work setting.

SUKHI AUJLA, Clinical Specialist SLT, CLCH Tri-borough Community Neurological Rehabilitation Service

✪✪✪✪✪

Working with Solution Focused Brief Therapy in Healthcare Settings, A Practical Guide



AUTHOR: Kidge Burns and Sarah Northcott
PUBLISHER: Routledge
PRICE: £36.99

This book is aimed at any therapist wanting to work in a client-centred, solution-oriented way, whether they are already familiar with the Solution Focused approach or not.

It starts with a thorough introduction to the origins, principles, and development of the approach, along with evidence of its efficacy. It goes on to describe Solution Focused Brief Therapy in practice, with many real-life case examples and reflections, drawing on the authors' extensive experience. Summary sheets are included at the end. The book is clearly set out, practical and very easy to read. I found it inspirational.

EMMA OSEI-MENSAH, Independent SLT and Solution Focused Practitioner

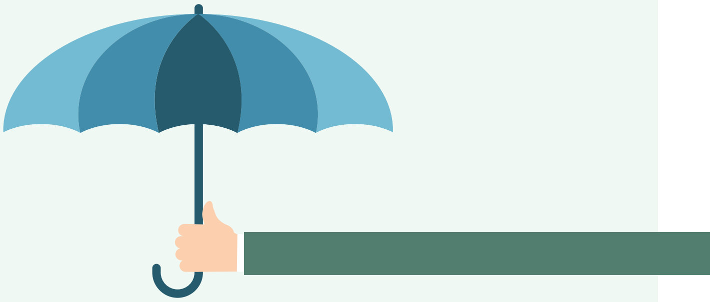
✪✪✪✪

Total Speech

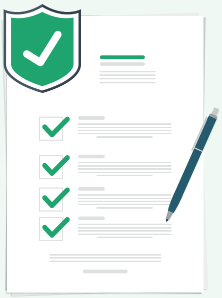
AUTHOR: Karen Massey and Gemma Lester
PUBLISHER: Routledge
PRICE: £22.99

This book, aimed at clinicians, is written in an accessible style for parents and education practitioners. The authors illustrate, through a multitude of case studies, how blending approaches can support children who are not progressing with a more traditional approach. They acknowledge that this means there is a limited evidence-base. The book outlines the approaches they use most often and their decision-making process. There are chapters on creating Total Speech groups and IEP/EHCP targets. Blending approaches to create bespoke therapy is something many of us are already doing and it is affirming to see this in print.

LAURA WHITTALL, Independent SLT



A PROBLEM SHARED...



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

I am hoping to evolve my role by carrying out tracheal suctioning for my patients. Is this allowed within my scope of practice? And will my insurance cover me?

The Health and Care Professions Council (HCPC) sets out the basic scope of practice for an SLT. Some newer areas are not specifically included, but could be viewed as falling into the expected remit of an SLT in certain circumstances. Practices that are not within the basic remit of a SLT may be considered part of an extended scope role. So provided these tasks are reasonably appropriate for an SLT to undertake, there is no reason why they could not be completed safely if you follow the guidance.

The RCSLT offers guidance around evolving roles and extended scope of practice and we are currently working on guidance around advanced clinical practice. You can use this information to help decide whether or not the approach you are considering would fall under the umbrella of extended scope of practice.

When you're thinking about using a new approach or treatment process, keep these questions in mind:

- Is the approach evidence-based, and is speech and language therapy indicated in this instance?
- Is the approach being used for therapeutic speech therapy purposes?
- Are you able to access training from an appropriate individual (this may be someone from a different profession)?
- Are you able to access ongoing supervision from an appropriately trained individual (again this may not be from an SLT)?

You can find detailed suctioning competencies within the 2022 RCSLT Tracheostomy Competencies Framework **rcslt.info/tracheostomy-competencies**.

The Intensive Care Society (ICS) SLT pillar, developed by a group of our members, also defines levels of competencies **rcslt.info/SLT-pillar**.

Moving up the levels of practice

The levels of practice start with Foundation and Specialist levels, moving up to Advanced and Expert. Some more in-depth processes, such as decannulation decisions within the multidisciplinary team, are encompassed in the Advanced level of professional practice and NHS pillar of leadership. Offering these practices may be considered a novel contribution to patient care, spanning Advanced and Expert levels of the clinical decision-making pillar.

Insurance cover for extended scope roles

Yes, your RCSLT insurance policy does contain an extended roles clause. But we strongly encourage members to contact the Professional Enquiries Team before starting new extended roles. We can help you check that you meet the criteria to ensure you stay covered.

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

Useful links

- Evolving roles guidance **rcslt.info/evolving-roles**
- Evidence-based practice guidance **rcslt.info/EBP**
- RCSLT insurance information **rcslt.info/insurance**

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

RCSLT

Make the most of your RCSLT membership

Whether you're a long-time member or are new to the RCSLT community, here's how you can make the most of your membership beyond *Bulletin*

Find us online

🔗 **rcslt.org**
𝕏 **twitter.com/RCSLT**
◎ **instagram.com/RCSLT**

Your online CPD diary

Log and organise evidence of your CPD activity in this specially designed online diary.

🔗 **rcslt.info/cpd-diary**

Access to journals

Members can access more than 1,700 journal titles for free in the RCSLT journals collection, including the International Journal of Language and Communication Disorders.

🔗 **rcslt.info/accessthejournals**

Clinical Excellence Networks

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

🔗 **rcslt.info/join-cens**

Your local RCSLT Hub

RCSLT Hubs are a great way to connect with peers in your local area for regional updates and professional support.

🔗 **rcslt.info/rcslthubs**

Get involved in research

Find out more about RCSLT research champions and how to join the network.

🔗 **rcslt.info/research-champions**

Chat with peers in professional networks

Get involved in up-to-date discussions on key topics like COVID-19, anti-racism, redeployment and telehealth on the RCSLT's online forum, professional networks.

🔗 **rcslt.info/professional-networks**

Insurance and legal support

Find out more about the professional indemnity insurance and medical malpractice cover included as a benefit of your membership.

🔗 **rcslt.info/legal-support**

Professional enquiries service

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

✉ Get in touch with them by emailing **info@rcslt.org** or phoning **020 7378 3012.**

Questions about your membership?

To change your name, address, membership category, or if you have any questions about payments, get in touch with the membership team – call **020 7378 3010 / 3011**.

✉ **membership@rcslt.org**
🔗 **rcslt.info/MemberQs**

Return address
RCSLT
2 White Hart Yard
London
SE1 1NX

CITIPOST MAIL Smart mail management

Delivered by
Royal Mail
C9 10020