

Supporting communication with your constituents

Top tips on caring for and projecting your voice

As an MP, your voice is one of the most powerful communication tools you have. These recommendations will help you to care for and project your voice as you represent your constituents.

General advice

- Maintain hydration and keep alcoholic drinks to a minimum. Drinking 8-10 glasses of water a day is recommended, as dehydration can lead to vocal fold injury and changes in vocal quality.
- Rest your voice when possible. Steam your voice when required and use a humidifier or water spray to moisten the air in centrally heated offices or homes.
- Monitor changes in your voice quality carefully and do not disregard changes if they last for two weeks or more.
- 'Warm up' your voice before speaking in public by relaxing your shoulders and neck and gently humming.
- Get enough sleep and exercise. Your voice reflects your general health and wellbeing.

What to avoid

- Talking above loud background noise at large events or overusing your voice for long periods.
- Smoking, vaping, recreational drugs, chemical irritants, or particulates such as dust, dirt or smoke all compromise the delicate vocal folds and can cause changes that affect their structure and function, leading to alterations in vocal quality.



- Foods that cause indigestion or eating a large meal just before going to bed at night; both may cause reflux which can lead to vocal cord irritation and damage.
- Spicy foods and dairy produce can cause thick secretions and throat clearing.
- Vigorous throat clearing can lead to vocal fold irritation. Sip water or cough gently instead.
- Drinks that cause dehydration such as tea, coffee and carbonated soda drinks.

Projecting your voice

- Aim for an open and relaxed stance with weight evenly distributed and balanced posture. Poor posture affects vocal delivery, so avoid locked knees, weight on one leg, raised shoulders and forward thrust of the head and neck.
- Wear comfortable shoes and clothes.
- Try to develop a relaxed form of delivery with controlled breathing.
- Articulate clearly and use a good range of intonation to improve your projection.
 Emphasis, energy and variety projects the voice better than a loud and strained voice.
- Don't try to speak too loudly as it can lead to a constricted and often harsh vocal pitch.

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Pay attention to the environment

- Be aware of the acoustics of the space to determine the amount of reverberation (vibrations and/or echo from your voice).
- When speaking outdoors, if possible stand on a platform or near a wall.
- When possible, use amplification to avoid voice strain.

Accessible communication

As an MP, you will be aware of the need to make adjustments to be accessible to your constituents. Ensuring accessibility might include providing wheelchair access, the use of sign language, braille, or induction loops.

You will also represent many people who communicate differently or with difficulty. Some of your constituents may communicate through augmentative and alternative communication or they may acquire a communication difficulty, for example following a stroke or because they have dementia. These people will require accessible communication in the following areas:

- Interpersonal communications
- Public documents
- Websites and online tools and/or services
- Presentations
- Social media

Accessible communication benefits everyone by making information clear, direct and easy to understand. It takes into consideration the various barriers to accessing information some of your constituents may face and provides opportunities for feedback.



Organising an accessible office

- Ensure the physical environment is accessible with clear signage.
- Welcome people and introduce yourself using your name.
- Speak and write in a concise and simple style to ensure users understand content quickly and

completely.

- Avoid jargon.
- Explain all acronyms.
- Use short sentences and plain English.

Producing accessible literature

Layout

- Use wide margins.
- Justify all of your writing to the left.
- Use at least 1.5 spacing between lines.
- Number the pages at the bottom right hand side.
- Use large font: at least size 16.
- Use a clear font like Arial.
- Use numbers, not the words for numbers: 8 not eight.
- Do not use text boxes as the formatting is hard to adjust.

Organisation

- Use headings and subheadings. Use colour, bold and large font to highlight information. Check colours used will copy well in black and white if appropriate. Always use the same font across all the headings.
- Always finish a word on the line.
- Always finish a sentence on the same page.
- Always finish a paragraph on the same page.

Images

- Use symbols, pictures, photos or drawings to support main points.
- You can purchase "picture kits" from specialised organisations.
- Make sure the pictures are relevant and age appropriate.
- Don't put pictures over the words.
- When using photos make sure they are up to date and clear with not too much in the photo.

Communication Access training

Free training for you and your staff is available via the Communication Access UK website www.communication-access.co.uk

Once you have undertaken the training you can display the Communication Access symbol in your offices.



Communicating with people

or with difficulty

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who communicate differently

Making me welcome

Being respectful of any

making assumptions.

Giving me **time**

ignoring me.

communication difference or

Being patient, giving time to

Speaking **directly** to me

communicate and not rushing or

Talking to me (rather than to my

carer or support worker) with

Adapting communication as

required. Communication is a two-

repetition if you do not understand.

Checking I have understood.

Providing information

Writing things down when

needed and providing accessible

information in an appropriate form.

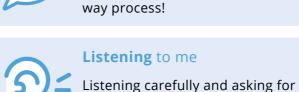
in a way I understand

appropriate eye contact.

Asking what helps

difficulty, supporting me and not









Which of your constituents will have communication and/or swallowing needs?

Difficulties with communication, and eating, drinking and swallowing, can affect people at any age. They can be lifelong, affecting someone from birth, or they can be acquired later in life, through accident or illness. Some of the areas in which speech and language therapists work with your constituents include:

- Autism
- Stammering
- Mental health
- Deafness
- Progressive neurological conditions, such as dementia, motor neurone disease, multiple sclerosis, and Parkinson's
- Stroke
- Cerebral palsy
- Learning disability including Down syndrome
- Voice
- Brain injury
- Cleft lip and palate
- Craniofacial conditions
- Speech sound disorder
- Long COVID
- Cancers, including head and neck cancer
- Some respiratory conditions
- Some rare and genetic conditions
- Developmental language disorder

Which other constituents will speech and language therapists support?

In addition to working with your constituents who have communication and/or swallowing needs, speech and language therapists also support the development of early language and communication skills. They also support people receiving accident and emergency care, those receiving neonatal care, and those at the end of their lives.

Supporting the needs of your constituents

How many of your constituents will have communication and/or swallowing needs?

A large number of your constituents will have communication and/or swallowing needs. Left unidentified and unsupported these can lead to a range of negative outcomes. For example, in relation to their mental health and well-being, educational attainment, relationships, employment, contact with the criminal justice system, and safe eating, drinking and swallowing. They can also result in avoidable costs to the public purse.



Communication needs

- Over 10% of children and young people some
 1.4m in the UK have long-term communication needs.
- In areas of socio-economic disadvantage, around 50% of children can start school with language difficulties or other types of communication needs.
- Over **60%** of young people in the youth justice estate have communication needs.
- 20% of the adult population may experience communication difficulties at some point in their lives.

Swallowing needs

Many of your constituents will also have difficulties with eating, drinking and swallowing (this is also known as dysphagia). This can lead to malnutrition, choking, chest infections, pneumonia, hospital admission and, in some cases, death.

How do speech and language therapists support your constituents?

Speech and language therapists support your constituents who communicate differently or with difficulty, and those who have difficulties with eating, drinking and swallowing.

They work with your constituents so they can communicate in the way that suits them best. This helps them to achieve their potential in education, the workplace, and wider society, and achieve the outcomes that matter to them. This can include, in some cases, supporting them to demonstrate whether they have the mental capacity to consent to and make informed decisions on their treatment and care.

They help your constituents to eat and drink safely thereby reducing the risk of choking, chest infections and hospitalisation.

Speech and language therapists work in a range of settings in your constituency, including schools, community clinics, hospitals, care homes and justice settings.

They work directly with your constituents who have communication and/or swallowing needs as well as with families and friends. They also train the wider health and social care, education, and justice workforce.

Speech and language therapists can also provide advice and training for parents and early years practitioners about how they can support children to develop early language and communication skills.

About the Royal College of Speech and Language Therapists

As the professional body for speech and language therapists, we work to enable better lives for people with communication and/or swallowing needs. We have offices in London, Edinburgh, Cardiff, and Belfast.

For more information, or a personal briefing about the work of speech and language therapists, please contact:

Elissa Cregan, Policy and Influencing Officer, RCSLT on elissa.cregan@rcslt.org Follow on X @RCSLTpolicy @GivingVoiceUK