Bulletin

RCSLT

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

EQUAL DIVERSE INCLUSIVE

How EDI is integral to speech and language therapy

ISSUE 840 AUTUMN 2024

RCSLT.ORG

ChatGPT: SLTs consider the possibilities and risks | Gender diversity: how can we bring more men into the profession? | **Aphasia assessment with BSL users** | Becoming an SLT leader of colour | **Diane's drinks: one service user and her thickened fluids** | Sustainability and the profession

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

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

IN THIS ISSUE

Making change happen

We have known for a long time that our profession does not fully reflect the society that we live in. Although improvements have occurred, we know that more is needed for our profession to reflect the diverse and rich tapestry of life in the UK. How can we all be a part of that change?

This issue of *Bulletin* arrives around the start of the academic year and the beginning of autumn, which often brings changes to our work or home routines. All these changes are predictable and expected so they are anticipated and accommodated.

However, transition and change can be unpredictable and turbulent. We are in the early stages of a new government who are keen to quickly follow through on their election mantra of "it's time for change!" When we reflect on where we are as a society other changes are happening that have left people feeling destabilised. This summer, we all witnessed what happened when aggressive and sometimes hate-filled words and actions divided and antagonised people without due thought to the fear and anxiety they induced.

As SLTs we are a part of society, and we have so much to offer. We know the value of communicating messages using different methods. We support service users and their families to maximise their ability to give and receive messages using empathy and compassion to support our efforts. We each can use the same skills to ensure all around us are doing OK during this time of change.

I hope you will read and be inspired by the articles in this issue about the SLTs in the London borough of Lewisham leading change by creating an anti-racist and inclusive service. There are other articles about equality, diversity and inclusion to support your reflections on what it means to be an SLT in the UK in 2024. Be encouraged to take action where you work. You can make a difference: for colleagues, so they feel like they belong in your team, and for service users, through truly personalised care that achieves great outcomes.

Be encouraged to take action where you work

Irma Donaldson

Irma Donaldson,
RCSLT Deputy Chair of Trustees
bulletin@rcslt.org

PS why not share this issue of *Bulletin* at work and start a conversation about EDI? To find out more about RCSLT's EDI working groups and other ways of getting involved, email **info@rcslt.org**.

Content

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

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"One of the first steps in evaluating whether our service was providing inclusive and equitable care was to find out whether our team truly understood the community we were working in"

LEWISHAM COMMUNITY CHILDREN'S SPECIALIST SERVICES

AUTUMN 2024
ISSUE 840

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Sections featuring this icon represent all clinical features

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COMMUNITY & DEVELOPMENT

ILLUSTRATION: TIM BOUCKLEY

SHARE YOUR THOUGHTS ON X @RCSLT

Talking points

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

LETTER

Evidence and empathy

In recent years our profession has perhaps been overly concerned with one side of the evidence-based practice triangle: the 'external scientific evidence', at the expense of 'clinical expertise' and, crucially, 'client perspectives'.

It is easy to gather 'data' in discrete trials where a child has to repeat the same very limited behaviour in a highly controlled situation. This has led to interventions which autistic and neurodivergent people are telling us have taught them to mask their neurodivergence. For example, using hand-over-hand, instructing a child how to communicate, and withholding items until a child requests them in the correct manner. This has caused them harm, impacting on their sense of self, and their trust in communication partners.

Therapists have felt a misalignment between their core values and what they have been trained to do.

Social media and podcasts have been a rich source of learning where neurodivergent people have taught us about such concepts as 'the double empathy problem' and what wellbeing looks like for them.

The evidence-based practice triangle means nothing if we can't apply empathy and ethics to our practice.

ALISON BATTYE, **PAM HUNT**, **SARAH HOOPER**, **SALLY RIGDEN**, **JESS WATES**, **CATHY SHILLING**, **RUTH JONES**, **LUCY POLLARD**, **NATASHA HILL**, **REBECCA TURNER**, **EMILY BREARLEY**, **STEPHANIE KERR-GUEST**
ali.battye.speech@gmail.com

LETTER

Culturally responsive modified diet resources

We are a team of community paediatric SLTs working in dysphagia with preschool children in the community including under-one-year olds, and school aged children in both special schools and mainstream. We are seeking to put together figures for our workforce planning, following some changes in our team. We would love to hear from anyone who has put together figures for notional caseloads for this specific caseload, or who has advice around developing these ourselves.

WING YEE LAM Practice Development SLT, Central London Community Healthcare NHS Trust
wingyee.lam1@nhs.net

LETTER

Dysphagia e-learning

As part of a service development project here at Bristol, we're hoping to develop a dysphagia e-learning module for nursing and care staff. We're keen to establish if other trusts across the UK already have something similar in effect, and how successful it has been in developing the knowledge and skills of care staff working with people with dysphagia.

If you or your trust have developed an e-learning module, please contact me. We're looking forward to hearing from you.

ROSEANNE METCALFE, SLT, University Hospitals Bristol and Weston NHS Foundation Trust
Roseanne.metcalfe@uhbw.nhs.uk

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, so tag in #RCSLT.

Thanks @RebeccaRose_SLT for a refreshing article in Summer *Bulletin* on diverse roles for SLTs (Finding my place as a leader, page 17) I am all for AHPs using their expertise in different sectors.
Gillian Currie @gill_educator

Really great article by Norma O'Leary in *Bulletin* on trauma informed care (Trauma informed care, page 38) We see a lot of this in voice and upper airway caseloads too not just kids. Really highlights the importance of psychological support for us as well as our patients and need for accessible training.
Kirsty Bui @KirstyBui

Such an insightful article to read in this summer term's *Bulletin* from my professors and expert SLTs in multilingualism and DLD (Assessing multilingual children for DLD, page 50) - highlighting the importance of considering multilingualism in the context of language assessment in DLD.
Asif Basha @Asif_Basha_SLT

What great timing - I got back home [from giving a talk on setting the public health agenda in Cyprus] to find the *Bulletin* waiting for me, with featured theme on SLT roles in the health inequalities agenda.
Hazel Roddam, FRCSLT @HazelRoddam1

Remembering Joyce Cook, SLT, [in] *Bulletin*. I was privileged to do a placement with her in the 90s and was impressed with her professionalism and the respect that other colleagues had for her knowledge and experience.
Sue Foster @SueFoster50

QUOTE OF THE QUARTER

"If we define oracy as prioritising spoken language skills over other forms of communication, then we are excluding children who communicate differently from the start"

CAROLINE WRIGHT, Policy Adviser, RCSLT, and **LOUISA REEVES**, Director of Policy and Evidence, Speech and Language UK

LETTER

Parent of twins?

I had twins last summer and we are currently accessing support from Twins Trust. They currently have a vacancy for a volunteer SLT, ideally another SLT with their own twins or multiples or who has experience of working with multiples. The role is about signposting and basic support for parents of twins. Please contact me for more details.

ELAINE MCCULLOUGH, SLT
lainey.mccullough@btinternet.com

Correction

Many apologies for mis-spelling the names of authors Laura Bishop and Charlie Molloy in the summer issue ('Knowledge does "Natter"').

Need to

WHAT'S NEW ON rcslt.org

RESEARCH FUNDING AND OPPORTUNITIES

New web page for the latest in funding, opportunities and resources relating to research and evidence-based practice. The opportunities listed here will usually be updated bi-monthly, but relevant closing dates and deadlines are included where relevant.

rcslt.info/research-funding-opportunities

NEW E-LEARNING ABOUT PALPA

The CPD site has added a new module to the Formal Assessments e-learning series, which introduces key assessment tools and resources. The latest one is the 'Psycholinguistic assessments of language processing in aphasia' (PALPA) resource. The module includes video content of the assessment being run so you can see how it works in practice. It's free for members to access.

rcslt.info/how-to-formal-assessments

CLINICAL ACADEMIC CAREERS

With the increasing focus on research and clinical academic careers we have updated our webpages in this area. Written by an expert member group, the new pages provide information around topics such as career development, training, management, leadership and more.

rcslt.info/clinical-academic-careers

NEW CEN DIRECTORY

Visit the new Clinical Excellence Network (CEN) directory on our website, designed to make it easy to search for a group that suits your professional needs and interests. The directory allows you to browse or search by CEN name, region, clinical area, client group, or format.

rcslt.info/CENs

New EDI vision

RCSLT is working with members to develop a new equality, diversity and inclusion (EDI) vision and strategy, due to be published in late 2024. This work follows a review carried out in spring 2024 which revealed the need for RCSLT to clarify our goals and plans for the future. In July, representatives from EDI working groups gathered in London to discuss key issues. The outcome of these discussions is being used to shape the new strategy and vision.

The groups discussed and debated topics including ways of creating real change on the ground, and how the RCSLT can be fully supportive and work together with members to define a new vision for EDI. The range of member networks and groups at the meeting included the Anti-Racism Reference Group, Disability Working Group, LGBTQIA+ Working Group and Men in SLT, SLTs of Colour, Neurodiversity Working Group and the Jewish Representatives Network.

Anti-racism statement

The refreshed anti-racism statement is now live on the RCSLT website. It sets out RCSLT's commitment to anti-racism and the expectations for the profession. RCSLT Policy Advisor Najmul Hussain said: "We are now working towards normalising anti-racism across the SLT profession, at every stage of your career."

Find out more **rcslt.info/anti-racism-resources**

Dysphagia dining event

Working together with Wiltshire Farm Foods (WFF), RCSLT hosted a pop-up dysphagia dining experience at Kapara, a stylish restaurant in London's theatre district, on 4 September. The event was designed to get people with dysphagia together around the dinner table with their family and friends and raise awareness of dysphagia. Eating out can feel like a challenge if you need soft or pureed food, but we wanted to show that mealtimes can be a chance for eating, chatting and relaxation for all. Everyone deserves food that looks and tastes great, including modified diets. The food was provided by WFF's leading chefs, Phil Rimmer and Jethro

Lawrence, who cooked and served the menu of soft food at Level 4.
RCSLT President Nick Hewer, who joined the diners, said: "So many of our daily interactions with friends and family revolve around food and drink and this can be challenging with dysphagia. That's why today's event is so special."

know

of UK children having speech and language therapy are boys

Buddy Chat launch

The RCSLT NI office is proud to announce the launch of a unique video-based resource teaching children all about speech, language and communication needs (SLCN). The new resource gives tips on how to be kind, caring communicators in school. Buddy Chat is the first of its kind and was coproduced with children, families, teachers and specialist members. It is a fantastic suite of resources for teachers to share with their classes. Buddy Chat was officially launched at an event at Cranmore Integrated Primary School on 29 August.

RCSLT staff, SLTs, teachers and children were delighted to be joined by RCSLT president Nick Hewer.

Pete Bradley, adult who stammers, said: "It can be tough when you are different and you talk differently. This initiative teaches kids from a young age that everyone has a voice."

L-R STEVE JAMIESON, RUTH SEDGEWICK, NICK HEWER, PETE BRADLEY

RUTH WITH CHILDREN FROM CRANMORE SCHOOL

Find out more: **rcslt.info/buddychat**

NEWS IN BRIEF

Latest workforce vacancy survey results

Over 290 speech and language therapy services responded to our latest workforce vacancy survey, in Spring of 2024. The results show that recruitment is challenging across the nations and multiple levels of the profession, for example, in the UK:

- the independent sector SLT vacancy rate is higher (20%) than it is in NHS services (16%)
- 32% of independent SLT services also said they had to turn down new or extended contracts in the last year because they couldn't recruit qualified SLTs.

View the results: **rcslt.info/spring-2024-workforce-survey**

RCSLT Awards shortlist

In October, we will be celebrating RCSLT members and service users for their contribution to the profession at our 2024 awards event. The categories recognise all the hard work, innovation and achievement of the profession.

Alongside the awards, our Honours awards give fellowships to those SLTs who have made an impact within and outside the profession at local, national or international level. Look out for the winners' names in the e-news.

View the shortlist: **rcslt.org/get-involved/rcslt-awards**

Student leadership placements at RCSLT

In June, we hosted a student leadership placement offering four students a two-week virtual experience. They also spent a day at RCSLT's offices. The placement focused on leadership and strategic working, including group projects, independent learning, coaching and shadowing. The students collaborated on writing an article about the RCSLT Online Outcome Tool (ROOT) to gain insights on health inequalities.

To read the article on using ROOT to monitor health inequalities turn to **page 56**.

Member survey update

Earlier this year we asked you to contribute to our first full membership survey since 2018 and we're hugely grateful that so many of you took the time to share your views with us.

While the six years that have passed since our last survey have seen some tumultuous challenges for healthcare professionals, the key points identified as causes of concern – particularly around workload – remain very similar. One challenge we have seen increase since the pandemic is the need to balance long waiting lists with providing the right level of care, with 55% of respondents citing this as one of the top three issues facing the profession.

On top of taking a snapshot of the state of play in speech and language therapy, we wanted to assess how you feel about us at the RCSLT. While we're delighted that over 95% of you engaged directly with us and what we do in the past year, we also hear you when you say we have some work to do, such as our ongoing efforts to improve some of the functionalities of the website.

As a membership organisation, the needs of our community play a pivotal part in steering every single one of our activities. Your priorities are our priorities, and we will use this important information to inform our work over the coming months and years.

Your job satisfaction

78% Satisfied with my profession

68% See my long-term future as an SLT

Biggest day-to-day challenges

66% Workload pressures

42% Finding time to do CPD

39% High levels of admin

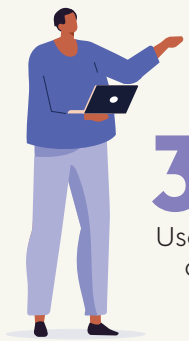
35% Complex caseload

> ***"As a newly qualified practitioner, I find the wealth of information and guidance from the RCSLT relating to different clinical areas extremely helpful and beneficial."***
>
> Newly Qualified (Practising) Member, South East England

Ways you have engaged with the RCSLT

86% Read ***Bulletin*** magazine

60% Read clinical guidance



31% Used CPD diary

28% Attended webinar or event

Key areas you want the RCSLT to focus on

18% Promoting/improving learning

27% Increasing visibility of the profession

17% Advocating for better funding

19% Addressing staff shortages

UP COMING

OCTOBER
Black History Month
7-13 Dyslexia Awareness Week

NOVEMBER
Mouth Cancer Action month
5-9 International Stress Awareness Week 2024

DECEMBER
3 International Day of Persons with Disabilities
10 Human Rights Day

Celebrating 80 years of the Royal College

The RCSLT turns 80 in 2025! We are looking forward to marking our big birthday with a year of celebrations, kicking off with a special winter issue of *Bulletin* featuring amazing documentary photographs of SLTs. We will be recognising the hard work, care, curiosity and commitment that goes into all you do. Get involved in 2025 with our events and pledges for activating and promoting the profession. Look out for more on the website and e-news.

RCSLT Northern Ireland events

To mark DLD Awareness Day 2024, the Northern Ireland office is holding an event on 18 October celebrating children and young people with developmental language disorder (DLD). Also coming up: the 2024 RCSLT Connect NI event takes place on 21 November. Find out more:
janet.mcgookin@rcslt.org

Anti-racism training

A 12-month research project is underway to develop a new 'Active anti-racism for SLTs' programme of learning: a package of materials building on the RCSLT's resources used in the previous profession-wide anti-racism workshop. Members of the RCSLT Anti-Racism Reference Group will serve as 'trainers' for their local teams and networks, who will trial the package.

New qualification for TAs

From November, teaching assistants and early years practitioners will be able to begin working towards the new Higher Level Communication Practitioner (HLCP) award. The aim is to recognise practitioners' skills and enable them to liaise with colleagues, local services and SLTs to support children more effectively. The national Level 4 award is being developed by training provider Elklan in partnership with a cross-sector advisory group.
elklan.co.uk/HLCP

Supporting student SLTs with disabilities

The RCSLT Disability Working Group has created a short e-learning course and guidance about how to support disabled students in education and on placement. The course aims to help achieve equity for student SLTs with disabilities by helping to ensure they can get the best from their learning and placements.

Over 20% of student SLTs have declared a disability. This is above the national average for the student population, and equates to almost seven students in a cohort of 30.

The new course is aimed at practice educators (PE) working with students on placement, and gives help in understanding the needs of and promoting the equality of access for disabled students. It helps PEs to learn about practical approaches to support disabled students, and understand and explore what is meant by the term 'ableism'. They will learn about the difference between learned and lived experience and how this might impact on disabled students. The training offers the opportunity to reflect on learning using additional reading and resources, either individually or in groups.

- Access the e-learning **rcslt.info/students-with-disabilities-elearning**
- Visit the guidance **rcslt.info/disabled-student-SLTs**

Help us develop new guidance

Over the next few months, we will be opening several consultations on a range of guidance topics and we need our members to help us by giving feedback. We rely on our members sharing professional expertise and lived experience to help ensure our guidance pieces are fit for purpose.

This autumn we are seeking feedback on the updated 'Eating, drinking and swallowing' guidance and competency framework, and our new curriculum guidance.

We will also be consulting members on a range of other guidance topics in the near future including dysfluency/stammering, awake craniotomy, brain injury, cognitive communication disorders and Parkinson's.

- To join a consultation, contact **info@rcslt.org**
- Details and dates: **rcslt.info/current-projects**

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on X tagging **@rcslt** and using the hashtag **#GetMeInBulletin** or drop us an email **bulletin@rcslt.org** and we'll publish a selection of the best

Got something you want to share?

This issue spotlights mood-boosting garden visits, SLTs supporting cancer research, winning awards, and celebrating birthdays

IN PICTURES

1 Great idea from Sarjit **@SpeechWalsall** creating a handy badge swatch to remind fellow staff of the IDDSI levels for diet and fluid recommendations

2 Congratulations to SLT **Charlie Mellor** for winning the 'Team Member of the Year' at the Phoenix Heart Awards in July.

3 SLT Hena Ali and her daughter Ayla prepare the Barts Health NHS Trust's SLT early years stand at a local community celebration as part of the "Get down, get talking, Tower Hamlets!" campaign. **Clair Chen**

4 Many celebrations are in order for Cheryl as she celebrates her birthday and passing year two of her BSc. **@CR_futureSLT**

5 Scoping training has begun thanks to **@EllieCSLT** and her glam assistant Hedley. **@SLT_LHCH**

6 **Penny Gravill** received her MBE on 2 July at Holyrood from the King for speech and language therapy services to neurosciences and facial palsy.

7 SLTs from across Cornwall and Devon joined friends and family for a cream tea in aid of brain cancer research into glioblastoma. **Moira Ryan**

8 SLT Heather has been making use of the stroke garden at Chesterfield Royal Hospital with her patients for communication therapy sessions. There's been such a positive impact not only on patients' moods, but hers as well. **@heatherjayneSLT**

9 Some members of the paediatric speech and language therapy team from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the Stamford 5k Muddy Run supporting cancer research. **Alanah Moore**

DR SEAN PERT

Time flies: make the most of it!

Dr Sean Pert looks over his shoulder, and then over the rainbow

If you become part of the change, it's empowerment

'Change' has been the watchword over my period as Chair of Trustees. I have welcomed Steve Jamieson as our CEO and overseen an increase in diversity in the board and other governance committees. RCSLT has developed strong links with our equality and diversity working groups, ensuring everyone's voice is heard. I am eager to see what the graduates of our new, free RCSLT leadership programme go on to achieve.

In the immediate future we face unprecedented challenges in terms of post-pandemic waiting lists. We need to keep influencing commissioners, politicians and government to ensure service users' voices are heard and our value as a professional is understood.

Next year we celebrate the 80th anniversary of the RCSLT. Early pioneers of our profession would have been amazed at the depth and breadth of our clinical practice, and the use of technology to enhance service users' lives. From humble beginnings, we now have over 22,000 registered members, and an active student membership. Although most members still work in the NHS, we have significant numbers in private practice, and we work in close partnership with ASLTIP.

We need to continue towards better access to our services and ensure that all we do is effective and co-produced. I am confident that the dedicated staff at RCSLT, led by our dynamic CEO Steve Jamieson in partnership with the incoming Chair Irma Donaldson, will rise to this challenge. It has been a great pleasure to work alongside Steve and Irma, as well as all the board members and staff.

I often hear people say 'RCSLT should do such and such', forgetting that they are talking about themselves. RCSLT is your professional body, there to support you, as you support those who need our specialist help and advice. Volunteering for a committee, working group, participating in a Clinical Excellence Network, becoming a board member or other professional activity contributes to our community of expert shared knowledge. And engaging with the RCSLT will boost your knowledge of governance, influencing and leadership: all great qualities to list on your CV.

'Change' can seem like a loss of control and may feel negative. But if you become part of the change, it's empowerment. I hope you enjoy being part of the change as much as I do, to make a future where ideas and dreams come true. You are a vital member of our life-changing, remarkable, pioneering, scientific, collaborative, compassionate profession: a speech and language therapist.

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

STEVE JAMIESON

Why we need to talk about EDI

Steve Jamieson reflects on the need to be active if we wish to achieve equity for the profession and those we serve

We need to listen harder and have uncomfortable conversations

In this edition of *Bulletin* we are focusing on equality, diversity and inclusion (EDI), an issue close to my heart and a key priority for RCSLT. While I have no doubt that the majority if not all SLTs show respect and even-handedness to all they work with, as a profession we need to go further than this. Being an equitable profession is about being actively inquisitive about EDI so that it is firmly and consciously embedded into everything we do. It is all too easy to become complacent and for many of us, me included, we need to listen harder and challenge ourselves, ask questions and have uncomfortable conversations. We can do this together and I believe we can be the leading allied health profession in actively championing the rights of minoritised people both within the profession and in the populations we serve.

Following the violent disorder in the UK this summer, we recognise the profound impact that prejudice and discrimination can have on our members, colleagues, and the communities we serve. The RCSLT is committed to fostering an inclusive and equitable environment where everyone feels valued and respected, regardless of their race or ethnicity. To our members, we want to express our deepest empathy and support. In these challenging times, we are here for you.

We are building a bank of resources to support you in this work, including helping to raise awareness and promote understanding of how to support LGBTQIA+ colleagues in the workplace. We have also produced materials to raise awareness about the context of working life for people with a disability, difficulty or difference. Our anti-racism statement has recently been updated (see **page 8**). This and our resources were created in partnership with members, many of whom lead voluntary groups to support SLTs from diverse backgrounds.

In July we brought some of these member groups together at White Hart Yard to have a candid discussion about our future EDI work. It was an enlightening and at times challenging day, and for me it demonstrated how far we have come but equally how much more we need to do. Thank you to all the members who took part to help us drive this agenda forward. We are taking the outcomes of this event to the board in the Autumn to agree next steps.

I'm excited about the next phase of this important work and I look forward to meeting and talking to many of you about it at future events and my service visits.

STEVE JAMIESON MSC, BSC (HONS), RN
RCSLT Chief Executive Officer
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More men needed

Pam Enderby looks at the issues affecting gender diversity in the profession

PAM ENDERBY

Why is diversity important? It is simple: different people bring different views, knowledge, life experience and styles; stimulating creativity and broadening the strengths of any team. While it can be irritating when people do not instantly agree (particularly with my opinion!) it is also important to appreciate that different opinions, understanding and approaches can lead to improved overall strength of the team.

"The risks [of a lack of diversity] are 'group think', and a lack of appreciation of those with different backgrounds and experiences. All professions should be representative of the public they work with for reasons of legitimacy" (Hecht et al, 2020).

Across OECD countries, historically female dominated occupations in healthcare, education and social services have been growing and it is expected that this will continue with the needs of a changing demography. However, the proportion of men in these occupations has barely changed over several decades despite a decline in many male-dominated employment opportunities such as manufacturing (Boniol et al, 2019).

The proportion of men in these occupations has barely changed over several decades

Our profession needs to attract and retain more males to ensure that we serve our clients appropriately. It is well established that male to male and female to female conversations are different from mixed gender conversations when individuals do not know each other (Baroni et al, 1995). Some of our client groups, may I suggest, would particularly benefit from the support and attention of a male therapist.

So what is preventing young men from being recruited to these historically predominantly female occupations? Gender discrimination has attracted significantly more attention over the last decade- but this is often represented as women not having opportunities in male dominated professions. Little has been written about the converse situation.

Furthermore, studies have shown that there is a high risk of attrition among males entering female dominated occupations when compared to women entering male dominated workforces (Torre, 2018). Stigma is a big barrier with male dominated professions still holding 'a higher ranking' status in the minds of many cultures and thus a woman entering a male dominated profession is seen as 'going up' whereas a male entering a female dominated profession which still has some associations with lower pay and lower influence is seen as 'going down' the social ladder. It takes a long time and consistent effort to ensure changes to prejudice and assumptions. Men entering our profession must be particularly resilient and self-reliant to follow this career (Simpson, 2004).

Many years ago, a service I managed was lucky to employ a couple of male therapists (they know who they are!). They brought so much to the team but I have some embarrassment in thinking of the way that our banter may have made them uncomfortable. I trust that today we can be more welcoming and celebrate our differences with gratitude but not losing the humour!

We need to ensure that we promote our profession in a gender neutral and positive style. We can work to ensure that the standing of our profession improves in the eyes of the public and be aware of unconscious bias in recruitment, support and employment opportunities.

PAM ENDERBY, Emeritus Professor of Community Rehabilitation, University of Sheffield
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Turn to **page 40** to read about the survey of male SLTs

Pronouns and gender

Olivia Ince asks if we need to think differently about gender representation in resources

OLIVIA INCE

I work with young people as part of an in-care and edge-of-care service. I was working with a young person who identified as non-binary and used they/them pronouns. They were taking part in a speech and language therapy assessment which included a selection of informal activities to give an overview of their speech, language and communication skills. One of the activities was a sequencing task, and I gave instructions referring to "the lady" shown in the resources.

After hearing the instructions, the young person asked me how I knew the character was a lady when we had no information about their pronouns. I agreed with the young person that I had made an assumption based on the character's physical appearance. I asked the young person how they would like to refer to the character in this activity and they suggested using 'the person' and they/them pronouns.

Other young people I had completed the activity with who were cisgender (when someone's gender identity is the same as the sex they were assigned at birth (Stonewall, 2023)) had not questioned my use of 'lady', as most likely they would have assigned the same pronouns to the character as I had. This assumption is called cisgender bias and is linked to cisgender privilege (University of British Columbia; Rider University, 2023).

> **Other young people had not questioned my use of 'lady'**

I reflected on how many other assessment activities require the client to use or attribute specific pronouns to stereotyped visual representations of gender in order to score correctly. For example:

- 'he/him' for characters wearing trousers with short hair
- 'she/her' for characters wearing a skirt or dress with long hair
- use of 'they/them' only for plural.

I've had difficulties finding more representative resources, so I wonder whether some could be created which have characters with gender-neutral appearances and whose pronouns are given along with the instructions? It would be important to consider how these resources could be integrated into standard practice, as it would not be inclusive to only use these resources with people who are trans (an umbrella term for people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth' (Stonewall, 2023)). It's also important to remember that some young people do not understand the term 'pronoun' and may be confused by this instruction without further explanation or modelling of the answer. Including pronouns in the instructions also adds another piece of information for the client to process when answering the question, which increases the cognitive load.

Pearson have published a FAQs document on Assessment with Gender Diverse Examinees (Pearson, 2022), which provides a starting point for reflections, some guidance and further reading. This topic goes beyond assessment resources and needs to be considered more broadly as part of inclusive daily practice. It may be helpful for the profession to have some guidance on this topic following further discussion and hearing more client experiences. B

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

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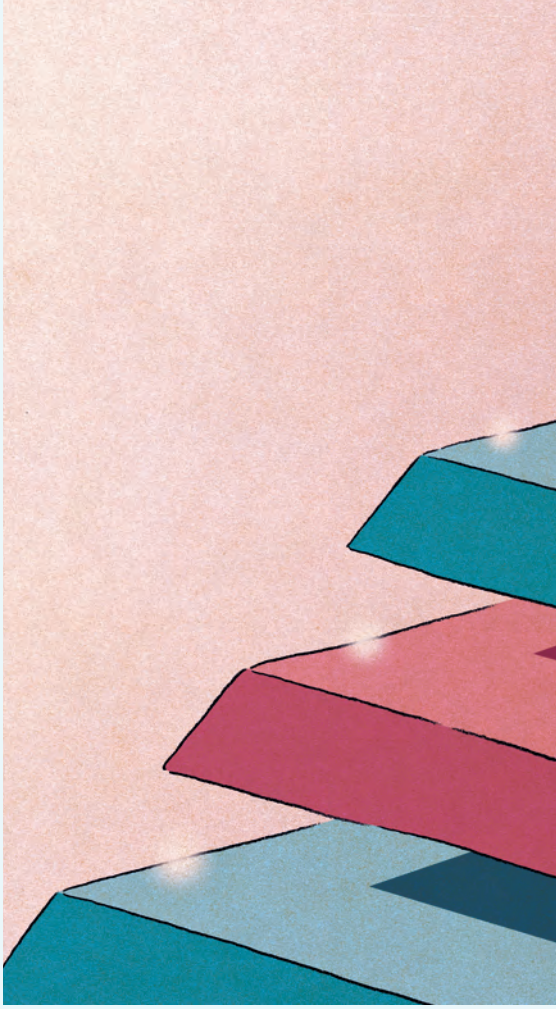
ILLUSTRATIONS: TIM BOUCKLEY

FOCUS ON DIVERSITY

Changing the story

Angelin Peeris shares what she has learned as a woman of colour becoming a leader



All of us have a mental image of a 'good' leader, formed by our social interactions, lived experiences and prior experiences of leaders. The extent to which an individual accepts and responds to a leader is heavily influenced by these criteria (Souba and Souba, 2018). The contradiction that occurs between the mental image of a homogenous team and a diverse leader often results in perception of ineffectiveness and misconceptions. My own leadership journey embodied these challenges and working through them enabled me to understand what it means to be a woman of colour in leadership. An identity which carries a double injury.

ANGELIN PEERIS

As a first generation immigrant, growing up I learned to blend in to avoid attracting unwanted attention or marginalisation. I carried this attitude with me through my degree and into my workspaces. I wanted my peers to see me and experience me as "one of them".

In my first leadership role developing a new service, I began with high ambition and drive. This resulted in the first misconception, with frequent requests to reduce my ambition and work to a more conventional pace.

Growing up as a child of immigrants, reasonable goals aren't a luxury that you are entitled to. When you grow up with the knowledge that your parents uprooted their lives leaving family and familiarity behind in hopes of better opportunities, aiming above the realistic becomes part of your makeup. Looking back, having achieved all my 'unrealistic' goals, the question of "is this a comfortable pace?" was never asked: rather it was assumed that this was an unsafe pace for me.

The second misconception occurred due to the cultural gap in understanding the interpersonal skills of a diverse leader. I highly value the connectivity of my team and view this as vital to providing high quality care. Connectivity varies dependant on cultural context, and within my own context this involves demonstrating visibility such as checking in with the team throughout the day, gaining status updates and being actively involved in decision making. I was told that my style was viewed as micromanaging. Again, this criticism was delivered as a matter of fact, which sent a message to conform to the stereotype of a distant leader that already exists in the team.

Taking stock of my experiences

This experience left me confused. I was encouraged to be my authentic self, but my attempts to 'unblend' were met with a clear message to "get back in line". I spent significant energy having to prove myself, my worth and negotiating the negatives. This is a common experience for a woman of colour in leadership (Chin, 2013). Reflecting on the criticism, it was evident that it had happened because neither I nor my service had an example of a non-white leader and did not appreciate the complexities.

Due to a lack of awareness, critical perceptions of me as a leader were served as facts, without curiosity to explore the conflicts and assumptions that created them. Speaking up and challenging others is not natural to an immigrant, nor was I ever told that I was entitled to be understood at work and to be my

ILLUSTRATION: TIM BOUCKLEY

authentic self without judgement. However, the moral injury of assimilating was damaging my ability to succeed in my role.

To preserve authenticity in my leadership role, I decided it was time to act and discuss these issues. This needed me to open conversations with my colleagues within the team and the wider trust to bridge the gap. Whilst these conversations provided context for my ambitions and approach to leadership, it highlighted the undeniable truth that the prejudice faced by people of colour remains a theoretical concept for many.

For some, the ability to 'code switch' and present different selves in different contexts can help to maintain flexibility and create a sense of belonging (Chin, 2013). A sense of belonging is vital in the workspace for self-satisfaction, self-efficacy, and self-esteem (Waller, 2021). However, as a first-generation immigrant and a woman of colour, I found it difficult to belong when I was filtering my authentic self. I made no attempts to 'unblend' until it was time to be a leader.

It is our responsibility to help each other have the difficult important conversations

Bringing the conversations

Creating organisational change involves shifting the network of conversations by intentionally bringing and sustaining new conversations (Souba and Souba, 2018). Therefore, I brought diversity to the forefront in team meetings to change existing views. These conversations began relationships rooted in inclusivity and promoting diversity.

To further increase awareness and begin new conversations in the trust, I took on the role of chair for the CODE staff network (Celebrating Our Diversity Everyday). This network is made up of allied health professionals (AHPs), nurses and corporate colleagues. I shared my experiences within this network and was taken aback by how easily they understood my ambitions without explanation and echoed my challenges. I was instantly offered the sense of belonging I craved, as they saw me for me.

As CODE's chair, I can liaise with key individuals in the trust to create meaningful change, increase cultural intelligence across teams and support colleagues going through difficult situations. An aspect of the role I enjoy is analysing the Workforce Race Equality Standard data alongside the equality and diversity team. I can use this data to improve the experience of all colleagues who are from ethnic minorities. I have also been involved in recruiting internationally trained colleagues and developing packages to effectively transition them to working life in the UK. I work with partner trusts to deliver webinars to raise awareness and provide practical skills to improve the experiences of my diverse colleagues.

The goal of my work is to increase curiosity amongst all individuals to feel comfortable to have difficult and interesting conversations to better understand each other's experiences and approaches.

"The label of an ineffective leader does not reflect an objective truth: rather it reflects the individuals' perceptual constructs" (Souba and Souba, 2018). So before delivering a well-meaning criticism to a colleague, take stock of your own unconscious biases and prejudice. Once this has been addressed, if the criticism still stands, approach with professional curiosity to understand.

In order to create an inclusive future, it is our responsibility to help each other have the difficult important conversations. We can all speak up or support a colleague to speak up when necessary and aim to create cultures that nurture everyone's unique personalities, traits, skills, and ambitions.

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ADVERTORIAL

People with swallowing difficulties delight in pop-up dining experience

L-R: Wiltshire Farm foods managing director, Ian Stone, development chef, Jethro Lawrence, RCSLT president Nick Hewer and head development chef, Phil Rimmer.

Wiltshire Farm Foods and the RCSLT were delighted to host the UK's first dedicated fine dining experience for people with eating, drinking and swallowing difficulties, also known as Dysphagia.

Held at Soho's stunning Middle Eastern restaurant, Kapara, the RCSLT and Wiltshire Farm Foods joined forces to give people with the condition a rare opportunity to enjoy a texture modified meal out with loved ones, friends, and carers.

Diners were treated to a free lunchtime meal, prepared by Wiltshire Farm Foods' chefs Phil Rimmer and Jethro Lawrence (a quarter-finalist on BBC *MasterChef: The Professionals* and finalist in National Chef of the Year). The menu included a variety of puréed meals such as Pork in Apple Gravy, Salmon in Butter Sauce, Chocolate Cake, and Sticky Toffee Pudding.

Head Development Chef at Wiltshire Farm Foods, Phil Rimmer, commented: *"It's been a privilege to work on the development of our Softer Foods range over 16 years, which enhances quality of life for so many of our customers living with dysphagia. Our puréed meals have been created using quality ingredients and state of the art technology, which ensures consistent smoothness and a safe texture that requires no chewing."*

The award-winning Trowbridge-based food provider develops meals specifically for people living with dysphagia. Its Softer Foods meals have been awarded a Queen's Awards for innovation in recognition of its puréed range.

The company believes passionately about a person's right to dine in dignity and its chefs

Chef Phil Rimmer wtih Diner Olivia Shephard.

work closely with its team of registered dietitians to create meals which are nutritious and, crucially, safe to eat, as well as meals which are a feast for the eyes and taste fantastic.

Following customer feedback, significant changes have been made to the Level 4 puréed range from Wiltshire Farm Foods, with all dishes now served in its more popular 'Puree Petite' portion size. They still remain highly nutrition but are instead available in a more manageable portion for those living with dysphagia.

One consideration for individuals with dysphagia is portion size; due to factors like mealtime fatigue, larger portions may no longer be manageable.

Food fortification is essential to counteract the nutritional deficit created by smaller portion sizes as not only does it optimise nutritional intake but can prevent people from being faced with large portions, as well as reducing food waste.

Most of these new dishes now have the addition of a sauce, which really elevates them to another level in terms of flavour. Development of the range did not come without its challenges though, as the team wanted the sauces to be punchy and flavoursome without the addition of too much extra salt.

A great deal of work was carried out to ensure the latest puréed range also ticks the boxes from a nutritional perspective, with every meal containing at least 15g of protein and 500 calories to help combat the risk of malnutrition for people living with dysphagia.

WILTSHIRE EST. FARM 1991 FOODS

RCSLT President Nick Hewer, who also attended the pop-up explains more about the condition, saying:
"Dysphagia affects people of all ages and speech and language therapists play a key role in identifying and managing the condition. Swallowing difficulties often occur with other health issues such as dementia, stroke, and head and neck cancer. They can affect a person's quality of life, including their ability to socialise with others. So many of our daily interactions with friends and family revolve around food and drink and this can be challenging for people with Dysphagia. That's why today's event is so special."

One of Wiltshire Farm Foods' customers, 99-year-old, Olivia Shephard, had a wonderful day out with her daughter:
"This pop-up is a fantastic idea. To be invited to an event of this kind is such a treat as I never eat out anymore and it's been invaluable for me to understand more about the fantastic work that speech and language therapists and Wiltshire Farm Foods are doing to help those with dysphagia."

Carer Mary Hollington with Sarah Briscoe.

To view the new Level 4 Puréed range, visit **wiltshirefarmfoods.com**

Now is the time

Starting off with brave conversations about racism in 2020, the community children's team in the diverse London borough of Lewisham took their ambitions for equality and turned them into a new cross-team approach to EDI. **Dorett Davis** *writes about their journey and plans for the future*

ILLUSTRATIONS JENNIFER TAPIAS DERCH

For years, our work around equality and diversity as a team was very much through the twin lenses of bilingualism and gender: getting more men into the profession!

We began to develop our approach following an inspiring and enlightening bespoke training session for the team in 2020: "Working with Children and Families from Diverse Communities," delivered by Sunita Shah, former Chair of the Clinical Excellence Network in Bilingualism. This highlighted the rich diversity of languages and cultures our clients bring to us, and that bilingualism does not stand on its own. It underscored the need for us to understand and value these differences as strengths rather than barriers. The training created a space for the SLT team to start to consider the broader issues of diversity, equity, and inclusion. We set about developing a speech and language therapy-orientated action plan taking forward these ideas and others from the training.

Who we are

Lewisham's Community Children's Specialist Services, part of Lewisham and Greenwich NHS Trust, includes allied health professionals (AHPs) in dietetics, occupational therapy, physiotherapy and speech and language therapy. The team deliver high quality acute and community care to children and families across the London Borough of Lewisham from our base at the Kaleidoscope Centre in Catford.

We are an ethnically and linguistically diverse AHP team: after English, over 20 different languages are spoken among the team.

Exploring inclusion

We started critically examining our assessment tools and methods. Were they culturally and linguistically right for our diverse population? Did they accurately reflect the strengths and needs of bilingual and multilingual clients? We became acutely aware that our tools and interventions must not unfairly disadvantage any group.

We also focused on our therapeutic approaches. It was essential that we create inclusive and supportive environments where all clients feel seen, heard and valued. This meant tailoring our interventions to respect

Discover Lewisham

Lewisham is a borough in south-east London with a population of 300,600. It is the 14th largest borough in London by population size. It ranks 63rd most deprived of all 326 English local authorities and 7th most deprived borough in London. In terms of broad ethnic groups, 51.5% describe themselves as white, 26.8% Black, Black British, Caribbean or African, 9% Asian or Asian British, 8.1% mixed or multiple ethnic groups and 4.7% 'other'. 87 different languages are spoken in the borough, although local intelligence suggests there may be over 130 (ONS Census, 2021).

and integrate each client's cultural and linguistic background, rather than expecting them to conform to a Euro-centric monolingual or monocultural norm.

Our real turning point came in the summer of 2020. The killing of George Floyd in May 2020 ignited a global outcry against racism, racial injustice and systemic inequalities, compelling individuals and institutions worldwide to confront these deep-seated issues. The incident highlighted the pervasive nature of racism not only in law enforcement but across various public systems, including healthcare and education. In Britain, Black Lives Matter UK gained considerable political prominence and visibility.

In the NHS, disparities in health outcomes for minority ethnic people became a focal point. It was revealed how structural racism affects access to care, treatment quality, and overall health, amplified by the impact of the poorer outcomes of Black and Asian people who contracted COVID. This was one of the factors for the creation of the NHS Race and Health Observatory (**nhsrho.org**) in 2021.

Similarly, the education sector faced scrutiny over inequalities in resources, opportunities, and disciplinary practices that disproportionately disadvantaged students of colour. "Black Caribbean school children in the UK are over-represented for any special educational need or disability relative to white British children. This is, in part, related to greater social disadvantage experienced by Black children. However, Black children are less likely to receive adequate support for their additional needs." (Wheeler et al, 2024, p8)

We recognised that as an AHP team we needed to push through the discomfort to begin talking about the "R" words: race and racism. It was time to address the systemic biases and inequalities that exist, not only in our broader society but within our own profession and practices.

We could move from being 'colour blind', ignoring or minimising racial differences, to being 'colour brave' (Hobson, 2014). An attitude and approach that actively embraces and celebrates racial and cultural diversity, while courageously addressing and discussing issues related to race.

> **It underscored the need for us to understand and value differences as strengths rather than barriers**

Developing an anti-racist service

We started by creating safe spaces for small groups of clinical and non-clinical staff (eight maximum) from our Community CYP AHP team to come together for facilitated sessions: 'Why are we reluctant to talk about race?'. These 60-minute sessions gave the opportunity for staff to explore and discuss a 'taboo' subject, something one should not talk about especially within the workplace.

Staff reflected and discussed:

- A time when they were the 'only one'. How did it make them feel? How did being the 'only one' impacted on their behaviour? What did they learn from this experience?
- What are the personal and professional benefits of being more colour brave?
- What are the perceived barriers to being more colour brave?
- What will you do to be more colour brave?

Staff who have never had to think about how their skin colour allows them to navigate through the lens of privilege a 'colour blind' world, were being confronted with an alternative view and lived experiences of simple things: choices around where you go on holiday, live, socialise, get a job and promotion.

Some staff were fearful that they might say the wrong thing, be viewed as racist or a bad person. Staff from minoritised groups wondered how much they should or could share with their white colleagues. They were not looking for pity and recognised the emotional toll of sharing their stories. There was shock and

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

surprise from white colleagues on learning about the day-to-day lived experiences of their Black and minority ethic colleagues. People of colour are 'taught' race (often from an early age) and the mantra of "we must work twice as hard as our white counterparts if we wish to succeed" felt like a shared experience.

The conversations brought to light the systemic biases and inequalities that exist, not only in our broader society but within our own profession, practice and team. The sessions concluded by recognising: "to dismantle unjust, racist structures, we must see race. We must see who benefits from their race, who is disproportionately impacted by negative stereotypes about their race." (Eddo-Lodge, 2017, p84). Furthermore, as providers of healthcare, being aware of the importance of how we identify, acknowledge and address inequalities experienced by Black and minority ethnic service users, communities and workforce became an area of priority.

After these sessions, as an SLT team we refocused and broadened our original "bilingualism/multi-lingualism" work to include our occupational therapy, physiotherapy and dietetic teams as part of supporting our combined commitment as an AHP team to reflecting on and addressing our biases. We formally began our journey, moving from 'not racist' to developing anti-racist practice, with education and self-awareness as our foundation. Everyone committed to doing the work and not relying on the Black and minority ethnic colleagues to fill in the gaps!

We now have a growing library of fiction and non-fiction books about equality, diversity and inclusion (EDI), chosen by staff to help them be culturally curious, and become aware of race related issues and their impact on people of colour.

When I started my specialist role back in 2019 I could see that the Lewisham team was different from teams I had worked in before, as there were people that looked like me, people who I felt represented me and people that shared the diversity of the community that we serve.

Over the years, issues faced by those with protected characteristics and work around anti-racism have been at the forefront of our team discussions. The conversations are held in a protective and supportive way and don't feel as though they are part of some sort of checklist.

Where in the past I have not been comfortable talking about my experiences around race I now feel safe, listened to and a valued member of the team. Having a leadership with an understanding of the complex issues that affect people from minoritised groups through lived experience or through allyship really makes a difference.

NATALIE BRYAN, Highly Specialist SLT

Embedding anti-racism

We have started to acknowledge and recognise the ways in which racism, both overt and subtle, can influence our interactions, assessments, and interventions with clients and each other. This awareness drives us to question and change the norms and practices that may inadvertently perpetuate inequality.

Furthermore, we are now seeking out and incorporating the voices and perspectives of those from marginalised communities. This involves not only listening to our clients and their families but also engaging with colleagues and experts from diverse backgrounds. Their insights are invaluable in shaping our practice to be more inclusive and equitable.

Our journey also includes ongoing professional development. We take part in training and workshops focused on cultural competence and anti-racism, for example. We have an EDI library of books supporting cultural humility. These will equip us with the knowledge and skills necessary to name and challenge racism in all its forms, and to advocate for systemic change within our profession and beyond.

We hold ourselves accountable. All staff have an EDI objective as part of their performance development review. Each task and finish group provides regular highlight reports on their progress. These are shared, discussed, and reflected on in meetings such as our annual CYP AHP Team

Listening to families

A Lewisham SLT worked with a family where the parents shared how much their son loved the daily prayer ritual and singing prayers. Sharing a similar cultural background, the therapist understood the significance of these rituals and inquired if they would be comfortable using this to work on their son's language and communication goals.

The SLT used the structured and predictable nature of the prayer ritual to create a familiar and meaningful context for language and communication goals.

This experience underscores the importance of diversity in speech and language therapy, enabling therapists to connect more deeply with families, respect cultural practices, and deliver personalised, care. This approach not only facilitated the child's engagement but also reinforced the family's trust in the therapeutic process.

meeting. Time is spent collectively reflecting on our work, sharing the learning, celebrating successes.

We are also becoming more honest in confronting our shortcomings where for any reason a task and finish group has not progressed an objective as hoped for. We use supervision as a safe space to reflect on experiences of EDI. Staff might reflect on where they should have called something out but did not. We explore our work through the lens of equalities; does the demographic of their caseload reflect the school? Are some groups over or under-represented on our caseloads? How can we address this?

Our EDI work is becoming more embedded in our consciousness, in our approach to our work and interactions with our clients and each other. We recognise that anti-racist practice is a dynamic and integral part of our work. It is a journey of continuous improvement.

In doing this work, it is important to acknowledge that it is a marathon not a sprint. Breaking large objectives into smaller achievable steps and acknowledging the emotional load of this work for all involved is key. When we tire, we hold on to the words of Michelle Obama from her Facebook post May 2020, cited by Leah Asmelash, CNN 2020.

"Race and racism is a reality that so many of us grow up learning to just deal with. But if we ever hope to move past it, it can't just be on people of colour to deal with it," she wrote. "It's up to all of us - Black, white, everyone - no matter how well-meaning we think we might be, to do the honest, uncomfortable work of rooting it out."

DORETT DAVIS, General Manager, Community Children's Specialist Services and Head of Children's and Young People's Therapies, Lewisham and Greenwich NHS Trust

Additional material by **AYMAN JERAJ**, Principal SLT, Lewisham and Greenwich NHS Trust
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LEWISHAM'S EDI WORKSTREAMS

Seven co-produced multi-professional workstreams developed by the team are shown below. Each has a task and finish group committed to delivering tangible outcomes within the workstream. You can read more about some of the workstreams on pages 28, 30 and 38.

Community CYP AHP, Equality, Diversity, and Inclusion Workstreams 2020 to date

1 All staff will access a broad range of learning opportunities designed to enhance their knowledge and implementation of an inclusive, culturally competent, equitable service and understand their own cultural biases.

2 Service managers will be able to evidence processes in place to ensure recruitment and promotion opportunities are equitable for staff from all ethnic and cultural backgrounds and protected characteristics.

3 To hold timely and accurate data about the demographics of the children and families who need our services to help us target provision in accordance with best practice guidance.

4 To actively promote a culture of inclusivity, the importance of cultural awareness and the benefits of being multi-lingual amongst service users, colleagues, service stakeholders and wider professional networks.

5 Improving multilingual resources for working with diverse families ensuring resources are evidence based and representative of the demographics of our local communities.

6 To develop a protocol for working with multilingual children, which will be referred to by all staff to ensure consistency of approach to care from triage through to discharge.

7 Use the RCSLT Health Inequalities self-audit tool across all teams as a framework to obtain a baseline understanding of where we are as a team working in this space and inform the direction of travel in our journey of moving from 'not racist' to anti-racist.

WALK THE WALK

Sections of the Berlin Wall outside the Migration Museum

From the site of a historic tragedy to busy markets, the tour of Lewisham is an eye-opener for new starters

The EDI Tour is open to all members of our multidisciplinary therapies team. The over-arching aim is to foster empathy and appreciation of the richness and complexity of the Lewisham community and to inspire action towards equality, diversity and inclusion in clinical practice. The EDI Tour was developed by Hannah Lewis and Kara Morrison, SLTs leading one of our EDI workstreams. You take the tour in pairs or small groups, following a printed route with brief information about each places along with a QR code to dig deeper. There are also questions to lead your learning and reflection.

Vegetable stall at Catford Market

- Starting in Catford, we walk through the Broadway market filled with familiar and unfamiliar food and music until you reach the wall of the Catford Civic Suite. Here, amidst the busyness and noise of the high street, we pause to read the names of fourteen young people who died in the New Cross fire of 18th January 1981.
- We continue to the Migration Museum inside the shopping centre and go on to New Cross and Honor Oak. As we walk or travel by bus, we notice diverse places of worship, nurseries and schools, donation hubs and community centres. We make a note of the languages we hear and read. We share personal anecdotes and childhood memories and learn about each other's places of origin. The Tour paves a way for conversations we might not have otherwise had.
- After the tour, participants sign up for a guided reflection session that follows the principles of reflective practice groups (Thomas & Isobel, 2019). Participants consider personal biases and assumptions, share observations which may have delighted them or created discomfort, explore their own values and identify new insights and actions to inform practice.

"I've lived in Southeast London all of my life. While my upbringing has given me invaluable insight into this area, EDI initiatives like the tour of Lewisham underscore the significance of recognising that our personal experiences may not mirror those of others. It's a crucial step toward ensuring that our services are truly inclusive and effective for everyone."

HANNAH LEWIS

I see the meaning of this initiative to be manifold. It offers protected time for directly immersing oneself in the diverse community in which we work while reflecting on our place in it. It creates an opportunity to experience the "everyday multiculturalism" of the borough (Wise & Velayutham, 2009). Its sounds, sights and history highlight the inter-connectedness between the service we provide and the community in which it is situated. The intertwining roads on the EDI Tour map can be seen as a metaphor for the intersections of gender, race, ethnicity, age, culture, religion, health and other influences which can materially shape individual lives lived in Lewisham (Umeh et al, 2023). In this way, as clinicians, we may also find a path towards evidence-based practice enriched by an ethics of care – the knowledge of not only what works and what matters, but also what works and matters here (Tomkins & Bristow, 2023).

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Working with interpreters

Katie Levy *explains how Lewisham Community Specialist Services has created a new protocol to make sure their interpreter service better meets the needs of SLTs and families*

KATIE LEVY

The 2021 Census data revealed that 87 different languages were spoken within Lewisham borough, and yet the booking figures for our interpreting provider, LanguageLine, suggested that interpreters were often under-used within the team. This was particularly the case for SLTs working in schools compared to in clinics where it may be more 'obvious' that an interpreter is needed. This may be because children might speak English at school, but parents/carers bringing a child to a clinic may have lower levels of English.

Our objective was to develop a protocol for working with multilingual children and families, to be referred to by all SLTs and speech and language therapy assistants (SLTAs) working across clinics and educational settings, in order to ensure consistency of approach to care from triage through to discharge. This included developing more effective working partnerships with interpreters.

Scoping and research

We began by looking at existing guidance such as RCSLT clinical guidance on bilingualism, and working with interpreters. We then sent out a survey to all team members to find out more about how interpreters were being used and how this impacted the care being provided.

What we learned

Twenty SLTs and SLTAs completed the survey. Nearly all respondents (18 out of 20) said they were not allocated extra time when using interpreters despite advice in RCSLT guidelines. When asked how much longer planning and delivering bilingual assessments/intervention could take, responses varied greatly (often depending on which pathway the therapist worked on), ranging from 30 minutes to 1 hour for planning, and "maybe 15-30 minutes longer" to "2-3 hours" for delivering the assessment.

RCSLT guidance states: "Working with an interpreter should always involve planning time and a debrief. Time to translate recorded language samples is also required."

ISTOCK

Respondents reported challenges including:

1. explaining specialist terminology to interpreters (12/20)
2. the interpreter arriving late so having less time to brief them (10/20)
3. explaining the assessment process to them (8/20).
4. five people also commented that interpreters often added their own advice or gave their own opinions to parents.

Other comments included: "I wish that for blocks of therapy admin would book [the interpreter] 10 minutes before the start time to avoid interpreters running late, it's unsettling for the little ones", and: "I feel inexperienced in how to plan a best-practice multilingual assessment so often just use standard English tools, with an interpretation to get an informal idea of how they're doing".

> **Armed with this evidence, we approached team leads to discuss changes within each pathway**

Creating change

Armed with this evidence, we approached team leads to discuss changes that could be feasibly made within each pathway to better reflect best practice and improve our quality of care. These changes mainly focused on two areas.

1. including extra questions on referral forms, to obtain better information about home language use at triage stage allowing more time to be able to secure an interpreter for assessments
2. more time allocated as default to any sessions needing an interpreter.

Once these changes were approved, we created a flow chart explaining the protocol, from triage to discharge, for all pathways. This included links to all resources available such as translated resources, and the RCSLT 'Information for interpreters' leaflet, so therapists could easily and quickly access all relevant information in one place.

We also purchased the FLAC (Functional Language Across Countries, Black Sheep Press) in three of the most spoken languages in Lewisham (Spanish, Polish and Mandarin; sadly the FLAC was not available in any of the other most-spoken languages in the borough), as well as the English version. The FLAC is an informal, culturally and linguistically sensitive tool, designed specially for use with interpreters, to assess the early language skills of bilingual children. SLTs have reported that having this resource available has made it much quicker to prepare multilingual assessments, and to brief and debrief interpreters.

We are also in the process of updating a list of the languages staff members speak, and whether they would feel comfortable using them in different contexts such as taking a case history, carrying out an assessment or translating advice, with a view to using these skills from within the team more often.

Although this may result in some clinical time being taken away from staff in the short term, it can save both money and time in the long term. For example, an SLT may spend a whole morning translating an advice sheet, but this resource can then be added to a bank of translated resources, to be re-used in the future. Similarly, a case history phone call with an interpreter will take longer and cost money, but could be carried out in half the time by a bilingual therapist who already understands the terminology and assessment process. The result may be potentially more accurate and nuanced information, while achieving a better rapport with families.

The main barriers to making these changes were around communication between team leads and administrators, to ensure everyone was on the same page regarding new processes. It has been helpful to have regular equality, diversity and inclusion 'check-ins' in service meetings so we can give updates on where we are at with implementation of the new improved processes, and make sure everyone is aware of where to find and how to use resources for working with multilingual families.

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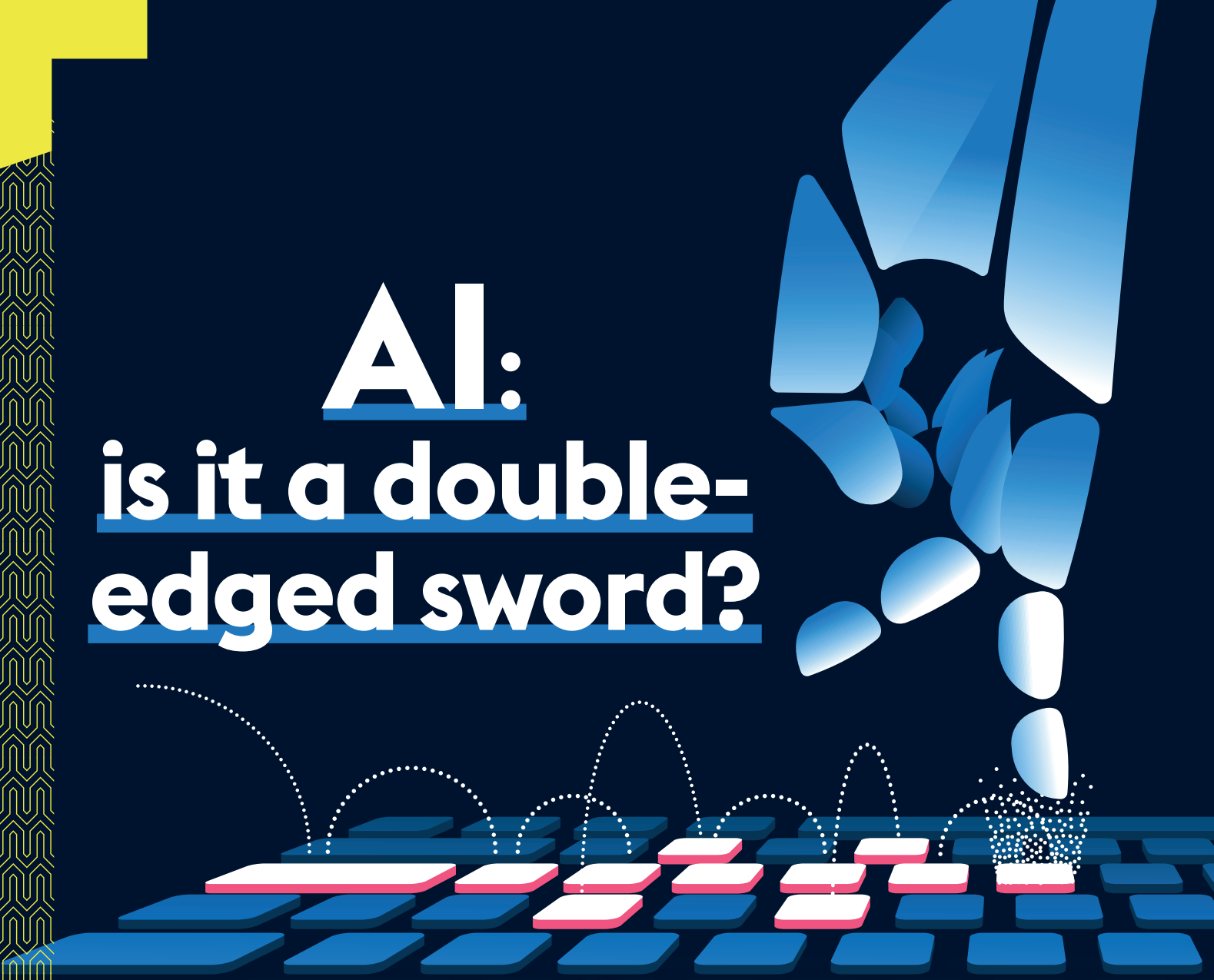
Find out more

Visit the RCSLT guidance on interpreters and bilingualism
rcslt.info/bilingualism-guidance

AI: is it a double-edged sword?



Student SLT **Jane-Taylor Brook** *and her supervisor* **Dr Fiona Menger** *investigate the risks and opportunities of using AI in clinical practice*

JANE TAYLOR-BROOK

DR FIONA MENGER

Large-scale language models (LLMs) such as ChatGPT are gaining traction. The ability of an artificial intelligence (AI) deep-learning model to generate novel content and engage in written conversation as if a human is both incredible and, for those of us having seen apocalypse films where robots take over, unnerving. However, this technology is here to stay. Universities across the UK are providing guidance on the use of AI in higher education (Russell Group, 2023), work that will influence provision of SLT training. But what about implications for clinical practice?

Researchers have suggested that AI could enhance various aspects of speech and language therapy, such as aiding in diagnosis, augmenting aphasia interventions, and performing lexical analyses (Adikari et al, 2022; Azedo et al, 2023). However, there are concerns about data ownership, production of misleading or incorrect information, and inappropriate language in the use of AI in speech and language therapy. The use of the technology has not been tested in clinical practice or in collaboration with end users (Adikari et al, 2022; Azvedo et al).

Exploring AI in clinical practice and research

During Jane's second-year clinical placement at the Tavistock Aphasia Centre at Newcastle University, Jane had a client with a keen interest in sports and a personal goal surrounding being able to 'talk sport' with his friends again. She turned to ChatGPT to produce sentences of increasing complexity to generate resource materials, allowing her to spend more time on other aspects of her clinical work.

Her idea led to some interesting discussions with her tutor Fiona around potential AI applications for aphasia, and what the technology might mean for the future of the profession. This shared curiosity inspired Jane's application for a Barbara Stringer Research Scholarship, a competitive scheme run by Speech and Language Sciences at Newcastle University to give undergraduate students experience in conducting research. Jane was successful in her application, obtained approval from the Newcastle University ethics committee and completed a six week project under Fiona's supervision investigating the opportunities and risks surrounding large-scale language models and speech and language therapy.

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

Wide-ranging views ... were collected from student SLTs, working clinicians and educators

The study: how do SLTs see AI?

Jane's aim was to gain the perspectives of clinicians, academics and students in speech and language therapy on the potential opportunities and barriers of using LLMs to generate content or summarise text for therapy.

She selected a rapid qualitative analysis approach (Vindrola-Padros and Johnson, 2020), allowing her to conduct focus groups and interviews with nine local clinicians (all aphasia specialists), seven academics and seven students. All participants were from Newcastle University, or, in the case of clinicians, attendees of a clinical study group linked to the university.

Jane gave all participants a short presentation on the capabilities of LLMs, a summary of limitations and concerns covered by existing literature, and a demonstration of possible use of ChatGPT for SLT resource generation. She then asked participants to share their own views on the risks and opportunities for using LLMs to generate content for therapy and to summarise pieces of text. Finally, she asked them to share ideas on research priorities for using LLMs in clinical practice.

Opportunities were grouped into three themes: 'Professional applications', 'Client-focused', and 'Efficient'. Themes on associated risks were 'Content', 'SLT role' and 'Systemic'.

Regarding research into AI for speech and language therapy resource generation, the 29 participants generated no clear focus for priorities, producing broad-ranging suggestions. Examples included whether students should be taught more on AI as part of SLT training, the need to consult with service users on the technology, whether time is actually saved using the software, and comparison of AI vs 'human-created' resources.

Putting AI into context

So what do these findings mean for our profession? There are limitations to the extent that this work can answer such a question as it was small qualitative study, using convenience sampling over a short period of time. We adopted a pragmatic approach to data collection, meaning some discussions were 1:1, some in groups, some online, and some in person. We did not transcribe our data, meaning we may have missed some of the nuance and refinement of ideas that might come from in-person focus group discussions.

Nevertheless, wide-ranging views on an important topic were collected from a sample that encompassed SLT students, working clinicians and educators.

The resulting themes illuminate that the SLT community feel that LLMs have the potential to be an asset to the field of SLT within the context we have explored, ie in providing person-centred and bespoke resources in a more efficient way.

However, they are also concerned about risk. Culturally biased or erroneous content conflicts with the profession's commitments to diversity and inclusion. The danger of system-reliance may be a threat to the humanity and personal connection that is intrinsic to our profession. The risk of systemic barriers points to wider issues around NHS IT systems, privacy, and how to support our clients with access to technology. Participants' wide-ranging views on foci for research points to the relative novelty of AI and LLMs for our participants.

We are at the onset of rapidly

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evolving technologies; SLTs and students acknowledge the significance of AI, but our ability to understand what this means for us and prioritise where we should direct our energies is, at present, limited. The technology is untested in clinical settings and the concerns expressed by SLTs should be taken into consideration when conducting any clinical trials. Service users should also be involved in the design of technologies for their benefit and AI researchers can be guided by precedent in this field (Roper and Skeat, 2022).

Reflections

We came into the project as 'tech-adopters', willing to embrace new technologies and keen to innovate. We achieved our initial goal to listen to and represent a range of views from the SLT community on AI for resource generation and we have gained a great deal from our discussions with colleagues. We remain enthusiastic about the potential opportunities of AI for speech and language therapy, not just for resource generation but beyond. For example, recent published papers on the topic cover the opportunity to achieve more accurate assessment and diagnosis (Adikari et al, 2023) and innovations in robotics that could facilitate work on social interactions (Georgieva-Tsaneva et al, 2023).

However, we are concerned about the possibility that these technologies may advance without involvement of those who might use them and without considerations of the realities of clinical contexts. Our new HCPC standards of proficiency require us to change practice as needed 'to take account of new developments, technologies and changing contexts' (The Health and Care Professionals Council, 2023). We have learned that, in the context of AI, it would be dangerous to go forward into blind acceptance.

VIEWS ON OPPORTUNITIES AND RISKS OF AI RESOURCE GENERATION FOR SLTS

OPPORTUNITIES	RISKS
PROFESSIONAL APPLICATIONS Most frequently cited by clinicians, participants identified areas where LLMs could create materials to support therapies, eg produce accessible narratives for reading comprehension, vocab lists etc.	**CONTENT** A common concern was the potential for inaccurate information (highlighted within the presentation) and perpetuating online cultural bias. LLMs not suited to complex requirements of therapies.
CLIENT FOCUSED LLMs can be used to create more tailored client resources encompassing unique interests, adding to engagement and motivation. Clients could use LLMs independently to enhance autonomy.	**SLT ROLE** Academics saw risk of 'brain drain' and system-reliance by SLTs. Clinicians suggested time-saving may be a false economy, due to checking/editing requirements. Risk of un-checked content.
EFFICIENT Most frequently identified by students; LLMs could save SLT time in creating customised resources, particularly for clients with less severe aphasia. Could be an aid to creativity eg combatting writer's block.	**SYSTEMIC** All participant groups expressed risk to client confidentiality and concern for copyright and data ownership. Clinicians advised of ChatGPT being blocked by their organisations.

We now urge RCSLT and our SLT community to work towards a better understanding of what this technology means for our profession. How can we harness its strengths whilst gathering evidence on how it can be used to best support our client groups while protecting them and ourselves from potential risks?

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Find out more

Download Jane's research poster
rcslt.info/ai-research-poster

Visit RCSLT members' guidance and resources on AI
rcslt.info/ai-resources

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Northern Ireland autism competencies

LORRAINE McERLEAN

Lorrainne McErlean *on the collaboration behind the new competency framework for Northern Ireland*

The new Northern Ireland framework for autism was developed in response to the 2011 Autism Act Northern Ireland which placed a legal duty on the five integrated Health and Social Care Trusts (HSCTs) to report on the number of children and young people undergoing assessment, as well as the number who receive a diagnosis.

Collaboration across the nation

To support the new legal requirements, a Regional Autism Improvement Collaborative was established by the Health and Social Care Board in 2016. Its purpose was to look at current practices across Northern Ireland, with the aim of creating a standardised care pathway to support autistic children and young people. To contribute to this multi-agency and multidisciplinary collaborative, lead SLTs met via an established regional SLT working group, the Children with Disabilities Network (CWDN). The CWDN was formed by the SLT Northern Ireland Managers Forum.

The group completed several pieces of work including the Regional Guidelines on SLT Role in Assessment for Autism Spectrum Disorder (2016). In 2019, the Managers Forum requested that the group consider the competencies required for SLTs working with children and young people, pre and post autism diagnosis, across the region.

The aim of the competency-based framework for SLTs working with autistic children was to:

- provide guidance to SLT managers, clinical leaders, clinicians, students, and practice educators, on the required competencies
- assist SLT managers and clinicians, to identify training needs
- act as a tool to ensure that SLTs working at all levels of practice, have the skills and competencies to deliver safe, effective, quality care.

The initial framework was completed in April 2019. The review of the document was due in April 2021, but was delayed due to the impact of COVID-19. When the review took place in 2023 it was able to incorporate the new Advanced Allied Health Professions Practice

SLTs are beginning to reflect on the neurodiversity paradigm and consider how to implement a strengths-based approach

Framework published by the Department of Health Northern Ireland (June 2019), as well as the RCSLT's autism guidance and resources for its members (2023) which are strongly supportive of neurodiversity.

The reviewed NI framework uses identity-first language, as this is preferred by a significant majority of the autistic community (Kenny et al, 2016) and incorporates pro-neurodiversity models of support.

It has outlined the learning and adaptions made to clinical practice as a result of COVID-19. In addition, it has considered the impact of the changes in Northern Ireland due to the implementation of Regional Emotional Health and Wellbeing Frameworks in health and education.

Developing the framework

1 Exploring the evidence base

A broad scope narrative literature review was completed in 2018 and updated in 2023. This included research evidence, documents within the grey literature and a review of best practice guidelines, including Nice Guidelines, RCSLT autism guidance and resources, SIGN guidelines and American Speech-Language-Hearing Association (ASHA) guidance.

2 Audit of clinical practice

We surveyed SLTs working with autistic children across Northern Ireland to find out about care pathways, staffing levels and roles in assessment and intervention, level of experience and training required for each role and training needs.

The new competencies are designed to be compatible with other RCLST frameworks, and the descriptors used for each level of practice are aligned with the Northern Ireland Department of Health's Advanced AHP Practice Framework NI (2019). The use of these allied health professional (AHP) titles is being implemented across Northern Ireland from band 7 posts and upwards. The framework outlines the knowledge, skills and competency level for each of the Advanced Practitioner roles.

Autism Competency Framework	Advanced AHP Practice Framework
Level A	Foundation
Level B	Developing Specialist
Level C	Advanced Practitioner level 1 or 2 Specialist
Level D	Advanced Practitioner Level 2

The framework is a guidance document only, for CPD and not a prescriptive list, as each staff member will have different needs, at different times, based on their clinical experience and training to date.

Implementing the framework

The framework was approved by the SLT Northern Ireland Managers Forum in December 2023. Since then, the focus has been ensuring that it is widely shared for discussion and implementation within the relevant SLT teams supporting autistic children and young people.

The feedback to date has been positive. It reflects the RCSLT autism guidance, the current research on neurodiversity and other areas such as use of AAC. It is informing and driving forward clinical discussion and implementation of neurodiversity-affirming practices. It is being used as a tool for assisting with staff appraisals, identifying the CPD required to develop their competencies at each relevant level.

The framework feeds into the regional training plan that commissions and funds training on a three-year rolling basis. Already it has led to regional training by a respected autistic advocate, on the lived experience of being neurodivergent and what is important for SLTs supporting autistic children and young people to be aware of in their practice.

Looking forward

Much of the evidence in autism intervention that informs clinical practice has been deficit based. Measurements for outcomes and perceived progress have often been based around 'symptom reduction', such as improved pro-social behaviour and decreases in restricted and repetitive behaviours (Pickles et al, 2016). There is a growing understanding, supported by empirical evidence, that autistic communication is valid and effective between autistic people (Crompton et al, 2020).

Building on the work of Damian Milton (2012), contemporary research is now focusing on the bi-directional nature of communication difficulties across different neurotypes (Morrison et al, 2020). SLTs are beginning to reflect on the neurodiversity paradigm and consider how to implement a strengths-based approach (Donaldson, Krejcha and McMillin, 2017). The neurodiversity paradigm guides clinicians towards approaches which presume competence, promote autistic identity and authentic autistic communication, while providing necessary supports such as access to alternative and augmentative communication (AAC), supportive communication and sensory safe environments. B

LORRAINE McERLEAN, SLT, Chair of the Competency Framework Working Group

Find out more

To review the NI competencies, please contact **Geraldine.Byrne@southerntrust.hscni.net**

You can find the RCSLT's autism guidance on **rcslt.info/autism**

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Asking the difficult questions

Lewisham SLTs are leading the multidisciplinary team on how to understand health inequalities and talk about racism, with the help of RCSLT resources

Awareness of our local health inequalities

As a multi-disciplinary working group of allied health professionals (AHPs) including SLTs, occupational therapists and physiotherapists in the Lewisham Community Children's Specialist Services, we felt that one of the first steps in evaluating whether our service was providing inclusive and equitable care was to find out whether our team truly understood the community we were working in. We were interested in staff understanding of the general Lewisham population and the population who accessed our services. To learn more, we evaluated our staff knowledge on Lewisham's demographics and unique cultural make-up.

We did this by modifying the RCSLT health inequality self-audit tool: 'Part one: understanding your community' and conducting a staff survey across all therapies to understand how much staff knew, and if they knew where to find information. We distributed the online survey via email to the whole therapies team in March 2023.

The survey of 32 staff members provided us with valuable data points and insight. It highlighted that 75% (24) staff did not know details of the health inequalities within the service or where to find this information.

A further 62% (20) reported not knowing, and being unsure of where to access information related to demographics and inequalities affecting the population we serve.

The survey findings highlighted the need to signpost staff to the relevant information and platforms.

We presented our findings at our annual cross-team children and young people's therapies meeting. We also shared useful resources giving insight into local demographics, including:

- Lewisham Observatory: Population Report for Lewisham **rcslt.info/lewisham-observatory**
- Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) **rcslt.info/BLACHIR**
- How life has changed in Lewisham **rcslt.info/lewisham-changes**

Next steps
Supporting the use of resources

The general response to the signposting was positive but we need to gather more evidence regarding utilisation. In future we plan to redistribute the questionnaire annually and gather more information from each team on how they are accessing and using the resources that have been shared.

Capturing data

It also led us to our second action point as a working party: to think about how we can better capture information on who accesses our service. We also wanted to compare the demographic data of the children and young people on our caseloads with demographic data from the wider Lewisham population.

We worked with our Lewisham Business Intelligence team to create a Community Ethnicity Data report. We are hoping that our data comparisons will help us to identify underrepresented groups so that we can consider ways to best reach them going forward. Feedback overall has been to pilot future changes, initially within our therapies team with the possibility of expanding to our trust.

Starting to talk about race

After the 2020 Black Lives Matter protests sparked by the death of George Floyd, the Lewisham SLTs took part in the RCSLT's 2021 online anti-racism webinar: 'Anti-racism in speech and language therapy: towards diversity and inclusion for our profession and service users'. Supporting the event was a programme of learning designed to help everyone in the profession and beyond with taking the first steps on the way to anti-racist practice. This included a series of videos and follow-up discussion workshops, available online at **rcslt.info/anti-racism-discussions**.

> **It is recognised that these conversations can bring up a range of feelings**

We in Lewisham have used the resources available on the RCSLT website to continue these conversations and run anti-racism workshops for all staff in our CYP therapies teams. This includes SLTs as well as physiotherapists and occupational therapists. We use a team meeting to promote the workshops and we have facilitators from the different professions who encourage team members to sign up to the discussion groups. Our workshop facilitators meet regularly, and we have a rolling programme of workshops throughout the year.

The workshops last around 30 minutes, with a 10 minute video and a follow-up discussion for 20 minutes. The topics we have covered include understanding white privilege, cultural inquisitiveness and what is meant by anti-racism. Everyone is given the opportunity to discuss their thoughts and experiences in a safe and supportive environment. This is created through ensuring the conversations are held in small groups, and keeping to the guidance offered in the RCSLT anti-racism resources. This includes acknowledging that attendees will have had direct experience of racism in the workplace, and that conversations may feel uncomfortable but are important to have.

The RCSLT resources provide visual models, definitions and prompts, to help spark conversation around specific topics such as 'Consider the definition of white privilege. Discuss the privilege checklist and the feelings it generates'. Members are encouraged to contribute to the discussion and complete reflections in their own time, so that they can think about how they might change their practice in the future.

It is recognised that these conversations can bring up a range of feelings, and group members are encouraged to share the feelings generated by the discussions. Facilitators will signpost group members to appropriate wellbeing support and resources within the organization as required, and create space to receive feedback on the sessions.

We've had great feedback on these workshops so far: "...increased my critical thinking skills"; "wonderful group discussions"; "increased my awareness of diversity and equality". Team members have said the workshop process inspired further thinking about ways to improve their practice as clinicians and the way the team functions.

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How do men join the profession?

In the search for greater gender diversity, should we look at the way men choose a career? Asks **Adam Brown** *of the Men in SLT working group*

It won't have escaped anyone reading this that speech and language therapy as a profession has an extreme gender imbalance. Recent data shows that in the UK, therapists identifying as men make up only 3.3% of the total number on the practice register (HCPC, 2021). The numbers have remained stubbornly low over recent decades (Mathews and Daniels, 2019) although the proportion of men entering training rose from 3.5% in 2018 to over 5% in 2020 and 2021 (RCSLT, 2023).

There is an obvious motivation to increase diversity within healthcare professions; a more diverse workforce is more likely to better understand the range of clients who present with communication and swallowing needs, and a workforce that is almost entirely made up of women does not reflect the clients that it is serving. Greater recruitment of men into the profession would be of benefit since many of our clients are men or boys who have, for example, articulation disorders, fluency disorders, autism spectrum disorders and acquired brain injury where the prevalence is higher for men and boys (Christensen et al, 2016). This is not to overstate gender as a diversity issue in the profession or suggest that male SLTs may not benefit from male privilege in the wider sense. However, understanding how men make the decision to enter the profession and factors affecting retention may be helpful in achieving the aim of greater representation.

How and why do men enter the profession?

A survey of 51 male SLTs was conducted by the RCSLT in 2020, aiming to gather the accounts of men in the SLT profession who entered training either as non-mature or mature students. We focused on their perceptions of influences on their career choices at different ages with a particular focus on understanding why men do not choose speech and language therapy as a career at school age and why some men change those choices over time. The Men in SLT working group conducted 14 in-depth semi-structured interviews followed by thematic analysis to understand their perceptions of the experience of choosing speech and language therapy as a career. The participants represented a range of ages and professional settings and supported people with a range of communication and swallowing needs.

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Age at recruitment

Although speech and language therapy first degree courses have a higher proportion of mature students (26%) compared to other degree programmes (21%), the 2020 survey showed a discrepancy in the ages at which men and women choose to enter the profession. 80% of respondents recorded that they started studying for their degree age 21 or over, and 46% were over the age of 26 (RCSLT, 2020). This difference might be explained by differences in the experiences of the genders when making career choices during the teenage years. In a survey of UK school and college students, girls were almost five times more likely than boys to say they would consider a career in speech and language therapy (Greenwood, Wright and Bithell, 2006). Such differences may decrease in the following decade of life. Among an older group of US graduate school student SLTs, men and women had similar reasons for choosing to enter the profession (Lof, Mullen and Rabinowitz, 1999).

Career readiness

For those entering training as mature students a common experience at age 18 was lack of self-knowledge in terms of career planning and a somewhat haphazard approach to higher education choices. Some told us: "I didn't know what I wanted to do", or; "I studied [at university] what I was good at"; They felt that their peers shared their experience: "I don't think anyone at that age is really interested in [professions]". Although not universal in our study, this was a clear majority experience and participants came from a wide range of backgrounds including first degrees in the arts, humanities and social sciences and a variety of types of employment.

Awareness of the profession

This was typically low at age eighteen: "It wasn't on my radar"; "There was just no awareness", although participants said this applied equally to their awareness of other allied health professions. Where participants had gained some awareness of the role of the SLT the most frequent reason was from exposure through family and friends, which is a common feature of applicants to undergraduate speech and language therapy programmes in general. Although adult careers advisors played a part in some decisions made by mature entrants, awareness of the profession also came from chance encounters such as volunteering settings.

Push and pull factors

Participants spoke of both push and pull factors influencing their decision. Participants did not indicate that salaries or managerial opportunities were either positive or negative for men considering SLT as a career which aligns with data from the RCSLT survey. Attractive aspects of the profession included the breadth of the role, the mix of science and creativity and helping people. There was a strong sense of a personal 'fit' between the individual and the profession: "I just felt it"; "It was like a light bulb"; "This is language in action". Also strongly influential was the positive perception of the SLTs the participants met: "Amazing people"; "I liked what she said to me"; which reinforced the sense of finding their place.

Participants also noted issues which might affect retention, although these were not specifically gender-related: they reported that roles could be stressful and commented on the difficulty of asserting a strong professional voice within wider inter-disciplinary teams which contributed to a sense of being relatively low in the professional hierarchy.

Professional culture

The participants demonstrated great overall satisfaction with their career choice. However, some of the interviews revealed social and cultural challenges related to gender. As the only man in a SLT team, some participants sometimes felt socially awkward, for example: "not knowing how to communicate at lunchtime". Some reported feeling uncomfortable when conversations included stereotyping of men. Some participants encountered prejudiced behaviour such as having their motivation for entering the profession questioned.

What next?

This study suggests increasing recruitment of men into SLT may be supported by:

- focusing recruitment efforts towards graduates and mature candidates rather than school leavers.
- promoting male roles models within the profession
- ensuring an inclusive professional culture.

To find out more about the Men in SLT working group, email **info@rcslt.org**

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Addressing the overlooked

Deaf sign language users with aphasia are bilingual and we should support them as such, says **Carl Dalton**

CARL DALTON

British Sign Language (BSL) is now recognised as a language in the UK (British Sign Language Act, 2022).

The charity SignHealth conducted a report in 2014 which identified health inequalities in the Deaf population. The report highlighted Deaf people are twice as likely to suffer from preventable illnesses compared to the hearing population due to a lack of awareness, accessibility and support for the Deaf community.

I currently work in paediatrics but also experienced a period with adults on an acute stroke ward. When a Deaf person was admitted to the stroke unit where I worked, I recognised that assessments for hearing people were being used with them and these were being verbally spoken to them. This would not meet the standardisation criteria, being more a test of their lip-reading skills than their language skills.

I grew up with two Deaf parents, and I'm known in the Deaf community as a Child of Deaf Adults or CODA. I developed an interest in this area since I am bilingual and recognised the lack of support for Deaf people with Aphasia. I used my native British Sign Language (BSL) skills to converse with the Deaf person to see if I could recognise any language changes. Fortunately, in this case there appeared to be no language deficits post-stroke.

This made me reflect on the fact that Deaf individuals face unique challenges in communication and access to information. I decided to look at the research and resources available in this area to find out more.

A short report by Marshall et al (2003) recognised that there was a low referral rate of Deaf neurological patients to speech and language therapy services, which could be due to many factors such as rarity amongst the Deaf population, symptoms being undetected by staff and lack of SLTs and other staff with a sufficient level of BSL. This aligns with SignHealth's findings on healthcare provisions for Deaf people, suggesting

persistent inequalities. It is unclear whether Deaf people fall through the gaps due to SLTs' lack of knowledge, awareness, or ability to support them.

It is also important to highlight that this report was conducted 20 years ago and since then access for Deaf people could have improved, declined or maintained. Conducting this survey again would provide current data on whether there is still a need for specific BSL service provisions in aphasia. Denying Deaf individuals rehabilitation in their own language is unjust.

Many Deaf people grow up learning both BSL and English but use BSL as their main form of communication, and there are around 87,000 Deaf BSL users in the UK (RNID). It would disadvantage them to assess only their English language skills.

Are there any BSL resources?

I found online assessments that can be used by SLTs for Deaf people. Deafness, Cognition and Language Research Centre (UCL, 2024) offers resources to assess Deaf people's language. For aphasia, they have a BSL Aphasia Assessment Battery which may be useful. This would need to be done in conjunction with a BSL interpreter if you are not fluent. There is also a cognitive screen which may be of use. The resource is **dcalportal.org** and requires a subscription to use.

ILLUSTRATION: LAUREL MOLLY

There are around 87,000 Deaf BSL users in the UK. It would disadvantage them to assess only their English language skills

Research on BSL and aphasia

Unfortunately there appears to be no research or evidence on aphasia therapy given to Deaf people; how this is being delivered and if the therapy works or doesn't. Looking at the therapy myself and what I have learned, it is possible that some of the therapy could be used as therapy delivered in BSL but would require research. Semantic and word-finding therapies are possible to conduct with the right type of input. This would require someone proficient in the use of BSL as some words are not translatable. For example, 'vehicle' does not exist in BSL, and it depends on the type of vehicle (car, bus) that influences the signing. Other forms of therapies to support the service user could also involve the use of partners) who are more likely to also be Deaf. One helpful resource is the SPPARC book (Supporting Partners of People with Aphasia in Relationships and Conversation.

Another study which conducted interviews with Deaf BSL users with stroke highlighted that 60-70% of the service users received physiotherapy and occupational therapy, but only 30% saw an SLT; of whom less than 15% were given aphasia assessments (Atkinson et al, 2002).

Tips for working with BSL speakers

- Ensure you book a BSL interpreter. It is important that the Deaf person has the communicative ability to advocate for themselves. You should also advocate for the Deaf person's right to equal access and follow the Accessible Information Standards.
- Do not use family members to communicate or assess their language skills as this can separate them from being emotionally available for their family. There could be some lack of clarity in their own BSL skills, and they are also not covered by insurance should there be any errors in the interpretation.
- Family should only be used if there are no alternatives and where it is time sensitive which would need to consider if the benefit of using the family member outweighs the risk.
- If you are assessing language using standardised tests, ensure and interpreter is present so that you know you have someone qualified and insured to provide a high level of BSL input.
- You could seek consultation with others who are familiar with the service user or knows BSL better before making inferences around the observations. As you don't know what you don't know and arriving at invalid conclusions is detrimental.
- Attempt to communicate in whatever means possible. Trying is better than not trying. You could use pen/paper, gesture/text to speak.

Since qualifying as an SLT I have met many professionals and joined a few clinical excellence networks (CENs) to learn more about what services are being provided and what evidence-based practice exists. I have since found that there is some research around Deafness and aphasia which has been eye-opening to the current service provisions.

If anyone has any experience with this area or is currently using some form of evidence based/non-evidence-based therapy with a Deaf person who has aphasia, I would love to discuss and learn more about it. Equally, with my experience and use of the online BSL assessments, it is possible that I could also share my expertise. B

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Building a sustainable future

Milly Heelan *and co-authors*

explore the latest research on SLTs and sustainability

During the summer of 2023, we gained funding via the University of Reading Undergraduate Research Opportunities programme to work with two student SLTs to conduct a scoping review of the literature on the current discussion and themes on sustainability in speech and language therapy. In this article we explore the methods involved in the review and findings relating to how sustainability is envisioned and defined in the profession.

What is sustainability?

When we think of sustainability, we often think of avoiding single-use plastic, using less paper and cutting our carbon footprint. These actions are a small part of the complex concept of sustainability which encompasses environmental sustainability as well as economic, social, and human sustainability. Sustainability is defined by the United Nations (UN) as meeting the needs of the present without compromising the ability of future generations to meet their own needs (UN).

Why is sustainability important in speech and language therapy?

It is widely recognised that climate change is one of the biggest threats humanity is facing for sustainable development (World Health Organisation, 2023). Climate change threatens severe changes in weather conditions, such as extreme drought, storms, heatwaves and floods, emerging infectious diseases and increased pressures of food availability.

As SLTs we often work with some of the most vulnerable people in society. These individuals are likely to be disproportionally affected by climate change, with changing weather conditions affecting the onset and intensity of diseases and increasing psychological stress particularly for people with disabilities (Pillay and van den Bergh, 2016). The populations we work with are likely to change over time with extreme weather conditions leading to forced displacement and migration of people around the world. The incidence of new conditions that affect communication and swallowing is likely to increase. For example, extreme heat and air pollution increase the risk of cardiovascular and respiratory diseases especially in urban areas (Romanello et al, 2022).

Calls to action

In 2015, the UN set 17 sustainable development goals (SDGs) as an urgent call to action to end poverty, protect the planet, and improve the lives and prospects of everyone, everywhere (UN). The goals reflect our work as SLTs, for example to aim for good health and wellbeing, quality education and reduced inequalities. Sustainability is one of the guiding values of the RCSLT professional development framework (RCSLT, 2023), with aspirations in the RCSLT vision to maintain a profession that actively engages in supporting environmental sustainability (RCSLT, 2022). We must ensure that the profession is fit to deliver affordable, high-quality care now and in the future. As SLTs we all have responsibility to advance the profession towards creating a sustainable and resilient workforce. To help with this, SLTs should build competence to meet the UN agenda for sustainable development by 2030. However, whilst the wide-ranging impact of climate change is currently experienced and documented, there is little discussion of sustainability and climate change in speech and language therapy, and current published research in this area is still emerging.

> **The incidence of new conditions that affect communication and swallowing is likely to increase**

This project aimed to fill this crucial gap and document available evidence on sustainability as it relates to the profession. We wanted to understand how sustainability is discussed in speech and language therapy and identify future research gaps in this area.

What we did

We conducted a search using six databases (eg PubMed, APA Psych Net, LLBA, Web of Science, Cochrane) and search terms, finding over 3,200 articles. After excluding articles that did not meet our criteria, 41 articles were selected. Of the 41 articles, 39 were described as commentaries and two as invited commentaries. Ninety percent of articles were published in the International Journal of Speech-Language Pathology with over half (51%) of the studies from Australia. The remainder of the articles had lead authors and researchers from the UK, New Zealand, South Africa, Canada, Iceland, and Cambodia.

We decided to follow the UN SDGs framework to critically examine and identify if and how individual articles addressed the UN SDGs. We mapped out characteristics of each article with UN sustainability goals and used a narrative synthesis to generate key themes on how sustainability is envisioned and defined in the profession. All articles addressed one or more SDGs, however three SDGs were not addressed at all, ie, clean water and sanitation (Goal 6), affordable and clean energy (Goal 7), and responsible consumption and production (Goal 12).

What we found

Our review identified the following four key themes relating to how sustainability is envisaged and defined in speech and language therapy.

Addressing sustainability within micro vs macro level transformations

We identified articles conceptualising sustainability either within the context of micro and macro level changes. We define micro-level changes as those that refer to conscious efforts for improving sustainability at an individual or organisational level. This includes changes such as lowering the carbon footprint and reducing plastic use. Macro-level changes are broader changes looking at how systemic issues are impacting the profession. For example, extreme weather conditions and civil conflict will force displacement, migration and refugee crises within Global South and from Global South to Global North. However, no articles addressed how the speech and language therapy profession should prepare and respond to these global events.

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2 SLT Capacity building

Most articles included in this review focused on capacity building in the Global South by Northern researchers with few studies providing information regarding the involvement of local researchers or stakeholders. It was unclear from these studies how local culture and values were incorporated into the training programme they were developing other than using Global North norms, and paradigms for service delivery. Additionally, no studies addressed capacity building within the Global Northern context.

Our suggestions

Future capacity building must involve local scholars, practitioners or other stakeholders who are more knowledgeable in identifying the requirements for developing a culturally responsive service delivery in relation to a particular local context. The knowledge and experience from Global Southern context can be translated into Global North, for instance, within the UK, how to shift and scale up service delivery due to the forced displacement of people or environmental refugee crisis.

3 Developing SLT competencies in responding to sustainability challenges

The included articles demonstrated that the workforce needs to be prepared to provide service delivery to changing demographics within their local population due to the impact of global events.

Our suggestions

Research is needed in terms of systematically studying and identifying what types of competencies are required to meet sustainability challenges. They must be addressed within HCPC guidelines and integrated within the Higher Education context.

4 Sustainability challenges exacerbating systemic inequities

Key sustainability challenges such as extreme weather events linked to climate change can exacerbate systemic inequities which will intensify food insecurity, poverty, and forced displacement. Articles included in this review highlighted that people with communication disabilities are more vulnerable to systemic inequities ranging from homelessness or inaccessible communication leading to a risk of physical safety in case of a climate emergency.

Our suggestions

Currently how challenges in sustainability intersect with systemic inequities in communication disability is not addressed within the profession. More research is required to address this issue.

SUSTAINABLE DEVELOPMENT GOALS

Next steps

This review has highlighted that the discussion on sustainability in speech and language therapy is just beginning and has been driven predominantly by a special issue of the International Journal of Speech-Language Pathology. It is crucial that future research supports the preparation of a climate-resilient profession and a workforce that can meet the changing demand for services. Addressing sustainability directly in the curriculum and professional guidelines would aid developing SLTs' competence in preparing and responding to sustainability challenges.

Steps to take as SLTs

- Reflect on the UN sustainability goals and consider how your service is working towards meeting these goals.
- Add sustainability to meeting agendas so that sustainability at both micro and macro levels can be discussed.
- Consider how service delivery can be adapted to make the profession sustainable and build capacity in the future.
- Educate SLTs and service users about the impact of climate change on their health.
- Work with other professionals to reduce the impact of the social determinants of health.
- Encourage students to consider sustainability within your service and talk about ways to improve.
- Take part or embark on research that addresses the sustainability goals.
- Join the AHP sustainability network, share ideas and good practice: **rcslt.info/ahp-sustainability-network**

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Can you picture it?

Shona Corker *considers the emerging study of differences in how people experience visual imagery and emotions*

I first heard of aphantasia during an autism diagnostic assessment. The intelligent Oxbridge candidate explained their frustration with their school who did not believe them when they said they could not imagine the visual creations expected of them in their lessons. They had to work twice as hard to understand the abstract methods of learning that their teachers used. This was effortful, time-consuming, and disheartening when their teachers believed they were being obtuse.

A quick Google search showed me there was a name for this: aphantasia.

Shortly after, I heard Professor Adam Zeman and colleagues discuss the topic on the Rutherford and Fry Podcast broadcast on BBC Radio 4 in 2023. They described aphantasia as the "absence of the mind's eye" first named in 2015 (Zeman, 2021).

Visual imagery in diagnostics

As an SLT working in autism diagnostic assessment, it astonished me how often I relied on visual imagery throughout various components of the assessment. For instance, when assessing understanding of figurative language, imagination, or the ability to infer and make predictions about affect-laden scenarios.

Alongside this, I was attempting to make sense of alexithymia: a difficulty with identifying, understanding, and describing emotions (Autistica, 2023). Distinguishing between aphantasia and alexithymia felt imperative. For instance, when assessing symbolic language such as: "that teacher is an absolute dragon", if an individual had difficulties in this area, was it because it was difficult to mentally visualise a teacher as a dragon (aphantasia) or because it was difficult to describe the emotions associated with a dragon as a teacher (alexithymia)? Perhaps aphantasia is the inverse of literal thinking. Accurate differentiation was important for understanding and enabling appropriate recommendations for supporting the individual.

> **They described aphantasia as the "absence of the mind's eye"**

Research has already suggested that alexithymia has a link to anxiety and depression in autistic people (Oakley et al, 2022). Presently, there is research exploring how aphantasia affects mental health experiences (Mawtus et al, 2023) with preliminary evidence that the presence of aphantasia is associated with missed or mis-diagnosis of mental health conditions such as post traumatic stress disorder, as well as reduced efficacy of interventions such as CBT (Mawtus et al, 2024).

Growing our professional understanding

The experience of aphantasia in autistic people needs further exploration: perhaps the presence or combination of alexithymia and aphantasia could go some way to explaining the variable results of mental health interventions for autistic people (Linden et al, 2023)?

As SLTs, we are fortunate to be able to explore these features with a person as part of their diagnostic assessment. Since post-diagnostic support is often limited (Crowson et al, 2023), the opportunity to identify at point of assessment, any potential increase for less effective outcomes in mental health due to the presence of these autism-adjacents should not be overlooked.

I feel that these transdiagnostic factors should be priorities for research. Differences such as alexithymia, aphantasia, anauralia (lack of inner auditory imagery) and synaesthesia need a better evidence base and recommendations for clinical practice.

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Finding the best dosage

Jill Titterington *and new strategic group share evidence around evidence-based dosage for children with severe speech sound disorder*

Currently, NHS services are under immense pressures as waiting lists increase and children wait for potentially life changing speech and language therapy interventions. When looking at children with specific moderate to severe speech sound disorder (SSD), evidence is gathering which indicates that dose (number of target trials per session), frequency (number of sessions per week, day or month) and total intervention duration (overall number of sessions provided) (Warren et al, 2007), are as important to efficient and successful outcomes as the actual approach and targets selected (Kaipa and Peterson 2016).

While services are beginning to recognise this need for change, the reality is that practice often lags behind evidence, and change is difficult to effect in busy and already overloaded clinical services (Hegarty et al, 2021). The evidence-based dose of 70-100+ target trials per session, delivered two to four times per week for children with severe SSD, depending on the nature of the child's difficulties, (Allen 2013, Cummings et al, 2021), seems unachievable in practice. However, evidence-based changes can be made to dosage either at the individual session level, eg the number of target trials (the dose); or at the service

delivery level, eg session frequency, continuous therapy duration, and who delivers the intervention, which is more within control of management and commissioning.

More evidence is required before we fully understand what combinations of dosage are optimal for these children but we have enough evidence to know that services can be delivered more efficiently if delivered at higher doses and frequencies (number of sessions per week) than typically found in routine care (Allen 2013, Cummings et al, 2021).

The aim of a new UK and Ireland group, Raising Awareness of Dosage in SSD (RADiSSD), is supporting services to change dosage to become more evidence-based for children with moderate to severe SSD thereby improving child outcomes, life potential, and use of clinical resource. The vignettes here are examples of innovations where SLT services have attempted to apply evidence-based principles to practice for children with SSD.

Vignette 1: Increasing effectiveness of speech and language therapy for children with severe SSD in community services

HILARY MCFAUL AND JILL TITTERINGTON

Need for change

Children with severe SSD in Southern Health and Social Care Trust (Northern Ireland) were making slow progress in therapy, and parents and SLTs were dissatisfied with the routine service provided. Prior to joining the improvement project, the 10 children who participated had received about 30 target trials in once weekly sessions delivered in 6-weekly blocks. Many had received breaks between therapy of significantly longer than the Trust's eight week target. The dose and frequency of intervention fell well below the evidence-base for such children, ie, a dose of 70-100+ trials per session, delivered two to three times per week, which was seen to be a key causative factor of poor outcomes.

Innovation

Quality improvement (QI) methodology aimed to deliver an evidence-based dosage of twice weekly intervention, with a dose of ≥70 target trials per session over a 12 week period for 10 four and five-year-olds with severe SSD.

Context

Community SLTs were trained on how to apply criteria developed to identify children with severe SSD. Assessments were purchased/downloaded to support the roll out of the project (Diagnostic Evaluation of Articulation and Phonology (DEAP), Dodd et al, 2002; Intelligibility in Context Scale (ICS), McLeod et al, 2012; Stimulability Assessment, Powell and Miccio, 1996).

Two specialist SLTs for children with developmental language disorder and SSD within the community service trialled and refined measures of change to service delivery and child outcomes with the lead author. These measures considered dose and frequency of sessions, percentage consonants correct (Shriberg, 1993) and ICS scores. Waiting times for the specialist SLT services were measured to ensure that other elements of the service were not negatively impacted by these changes. Plan, do, study, act cycles tested and refined the change ideas.

Outcomes

Accuracy of speech production measured by percentage consonants correct showed a mean increase of 28% across the group (range: 11-53%) which compares favourably to the improvement we might expect in research studies considering outcomes of intervention (Sweeney et al, 2020). Intelligibility improved for all children by a mean of 0.93 (range: 0.71-1.57) on the ICS where the maximum score possible is 5 (McLeod et al, 2012).

Dosage

Increasing dose to more than 70 target trials per session was easily achieved and sustained (mean: 87, range: 73-112). The frequency of twice weekly appointments was more difficult to achieve with various factors impacting this such as sickness, annual leave, child readiness etc. However, a revised target of less than seven days between appointments was met across the 12 weeks of the project.

The QI project's more intensive and continuous model of care appeared notably more efficient and effective than routine care for the children participating.

Vignette 2: A service delivery model based on evidence-based dosage delivery

JAN BROOMFIELD

Broomfield and Dodd (2005) found that children with phonological delay (PD: N=184) respond better to intervention provided at five years and older, regardless of whether there is a motor component. In contrast, those with consistent phonological disorder (CPD: N=66) respond better during preschool years; inconsistent phonological disorder (IPD: N=30) also responds better at three years. Articulation distortions eg, lateral /s/ (AD: N=40) respond best at age seven and above.

Dodd et al, (2018) found 67% of children with PD at four years had spontaneously resolved by seven. Wren et al, (2012) report that CPD can persist into late childhood, and McAllister et al, (2023) report that atypical speech development at eight years associates with self-harm with suicidal intent. There are early indications that different deficits may underlie PD and CPD, with CPD having difficulty with rule abstraction and cognitive flexibility (Dodd 2011). Differential diagnosis is

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therefore essential to enable differentiated evidence-based intervention programmes and care pathways.

Prior to the Middlesbrough randomised control trial (RCT), the SLT service delivered clinic-based services. We differentiated articulation from phonology, offering different interventions but providing the same pathway. Childhood Apraxia of Speech (CAS) cases received more therapy.

Following the RCT findings, evidence review and local consultation, service reorganisation led to locality working and redesigned care pathways. Specialist SSD posts were established to support locality teams with complex and/or persistent cases. Table 1 overviews the revised provision.

Detailed assessment using the DEAP (Dodd et al, 2002) was implemented. Where more evaluation is required, diagnostic therapy is available, supported by the specialist SSD team, allowing further examination. Evidence-based intervention is offered to all cases.

Given that, for PD presentation, 67% resolve and school-age intervention is most effective, they are reviewed at five years or above. If they are resolving, they are further monitored or discharged, with a home/school programme given for example phonological awareness, attention, and/or auditory discrimination. However, if the delay has not reduced, intervention is offered. For AD, a review is offered from age seven, unless the target sound is easily stimulable when an earlier therapy trial may occur.

In contrast, given the risks for ongoing atypical development, those with CPD, IPD and CAS are offered intervention as soon as possible after assessment to treat the difficulties and minimise the long-term impact.

Exceptions to the care pathways are discussed with the specialist SSD team. SLT assistants (SLTAs) and trained teaching assistants are employed to increase dosage. Ongoing evidence reviews support the choice of intervention approaches.

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

Vignette 3: Designing and implementing an evidence-based speech assessment and intervention Episode of Care (EoC) for children with severe SSD

KATINKA BAKER AND HELENE SOMERVILLE

Need for change

Hertfordshire Community Trust Children and Young People's (CYP) Therapy Service uses 'The Balanced System' three tier model (Gascoigne 2006) and the Prioritisation Matrix developed by the Midlands Partnership NHS Foundation Trust to determine the level of care (universal, targeted or specialist) CYP with SSD require. The specialist level, for children with severe SSD with significant impact, had historically consisted of weekly (in community settings) or twice weekly (in speech and language bases) intervention until reduction of impact. More recently, due to caseload pressures, children with education health and care plans (EHCPs) still received this offer, while children without EHCPs received a reduced service. This involved a five week package consisting of a parent training workshop and four parent and child group sessions focusing on sound modelling and early phonological awareness skills, delivered by SLTAs. This was followed by an individual SLT assessment session and four to six intervention sessions by SLT/As. Children were then placed on a waiting list for further intervention as necessary, ie one SLT assessment session and four to six SLT/A intervention sessions. When evaluated, this reduced service was inefficient and resulted in poor outcomes.

Innovation

A QI project aimed to increase dosage for 21 four to 10-year-olds with SSD through the design and implementation of a rolling 10 session EoC, including diagnostic assessment and evidence-based intervention, dependent on need.

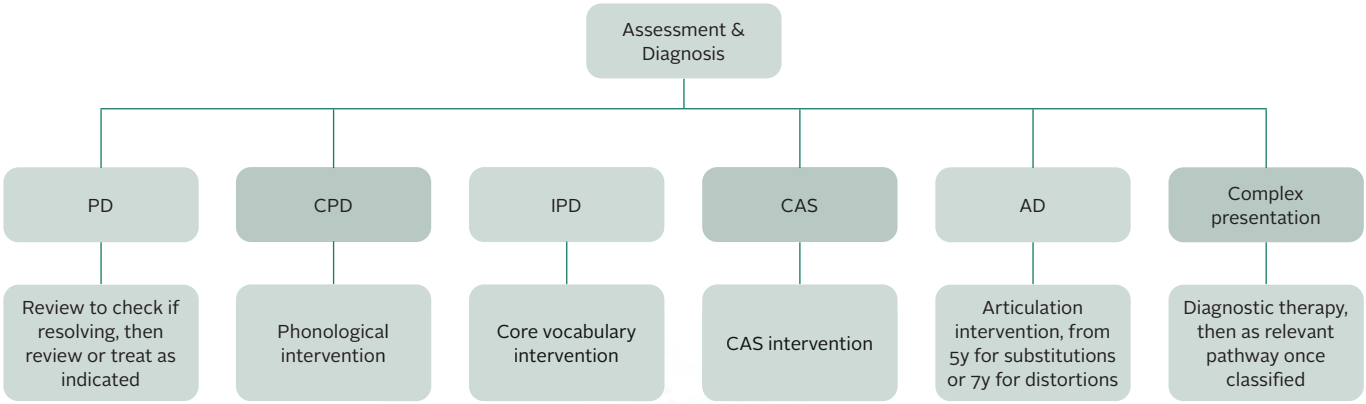
The dosage targeted was 70–100 trials per session, delivered weekly over a total of 10 weeks.

Context

Training was provided to community SLTs focusing on diagnostic assessment (Bates et al, 2021), selection and delivery of evidence-based intervention approaches (Hegarty et al, 2018), and delivery of effective dosage (Williams et al, 2021). Further support was provided by a rolling programme of 'bitesize' training in speech assessment and intervention, and access to clinical SSD specialists.

The new EoC was delivered by community SLTs with some sessions delivered by trained SLTAs under supervision of a therapist.

TABLE 1: SSD Care Pathway



Outcomes

12 out of 21 children (58%) in the new EoC showed reduced prioritisation matrix scores, compared to only one out of 11 children (9%) still receiving the reduced service. 12 out of 13 parent respondents (92%) reported improved intelligibility on the ICS (McLeod et al, 2012). Pre-and post-measures of percentage consonants correct (PCC, calculated from the DEAP (Dodd et al, 2002)), obtained for seven children, showed an average increase in PCC of 16%, a notable improvement in the context of intervention research (Sweeney et al, 2020).

Out of 10 children who were able to share their views, six made positive comments about their speech progress following the intervention and four children indicated no change in their experience.

The new EoC, with subsequent inclusion of the The MISLToe_SSD protocol (Cleland, 2021), is now the agreed pathway for all CYP requiring specialist intervention for severe SSD. Children without EHCPs now receive 10 sessions of intervention per episode rather than four to six. Scale and spread have been achieved with the roll out of a new early years speech clinic since March 2024, which has shown an ongoing positive impact on child outcomes. Implementation and monitoring strategies are in place to continue to increase frequency of contacts, and within-session dose.

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By using SLT resources more efficiently, children with moderate to severe SSD can be supported to make more rapid progress

Reflections: what can we do?

Importantly, we are not necessarily advocating that children receive more therapy. Rather, by using SLT resources more efficiently, children with moderate to severe SSD can be supported to make more rapid progress, reaching their potential in a more timely manner than is possible with routine models of service delivery. Potentially this approach could free up SLT resources for reallocation to improve services across the board.

Our vision is to support the use, development, and application of evidence-based dosage of intervention for these children to improve their outcomes and the efficiency of SLT services across the UK and Ireland. Our members are a combination of clinicians, managers, academics and researchers. Please keep an eye out for developments and pieces of work coming from this group and get in touch if you have good examples of applying evidence-based dosage to practice and/or are interested in being involved.

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Get smart

A one-sided conversation with a smart speaker led **Jodie Mills** *to a PhD studying their potential clinical uses*

JODIE MILLS

"Alexa, I said 'play Radio One'!" I'm shouting at my smart speaker. Again. Was I not loud enough or did I need to speak more clearly? As an SLT on the Parkinson's UK 'Speak Up Speak Out' voice support programme in Northern Ireland, I was thinking about ways to help people with Parkinson's generalise and maintain their speech gains in naturalistic contexts without access to Lee Silverman Voice Treatment (LSVT). I realised that Alexa gave feedback when I wasn't speaking loudly or clearly enough, and after a quick Google, I saw that smart speakers could have unexpected uses for speech and language therapy such as improving accessibility and volume and clarity of speech (Pradhan et al, 2018).

When a PhD studentship at Ulster University was advertised exploring the use of smart speakers as a speech maintenance facilitator for people with Parkinson's, I applied and was accepted. I started by reviewing the literature, keen to see if smart speakers could improve volume, articulation and intelligibility.

Are SLTs using smart speakers in clinical practice?

Although most SLTs hadn't used smart speakers in clinical practice, a recent survey showed 21% had done so (Kulkarni et al, 2022). The technology was mostly used with dysarthric clients to provide feedback on the volume and intelligibility of speech, to support home practice and as an outcome measure, with service users monitoring how well they were understood by Alexa. As part of my PhD, I scoped the literature to explore how smart speakers were being used to manage speech and voice difficulties associated with Parkinson's disease.

> I realised that Alexa gave feedback

Can smart speakers improve volume and intelligibility?

Yes, but more research is needed. As this is an emerging area, there is not yet much literature about therapeutic impacts. Four papers suggest smart speakers can improve outcomes for speech intelligibility, clarity and volume of speech (Duffy et al, 2021; Smith et al, 2021; Kulkarni et al, 2022; Bleakley et al, 2022). This is because when smart speakers don't understand us, they tell us, and we change our speech by increasing our volume or over-articulating, similar to the strategies used in LSVT. However, only one paper to date (Smith et al, 2021) has trialled the technology as an intervention, so more research is needed around the dosage and duration of the potential intervention.

What is the clinical potential of smart speakers?

Participants in the literature reported that smart speaker feedback improved their self-awareness of speech and applications for smart speakers to aid therapy may include facilitation of internal recalibration, similar to LSVT. This continuous, impartial feedback reportedly also helped with motivation to complete home practice exercises following therapy, increased speech confidence and reduced anxiety and embarrassment around speech. Although we don't know which adult population may benefit the most from using smart speakers therapeutically, literature indicates populations like people with Parkinson's may be potential candidates. Smart speakers have potential as a speech and language therapy tool across impairment, activity, participation and wellbeing.

I invite clinicians to contact me with any questions or if you wish to participate in online focus groups on smart speaker usage.

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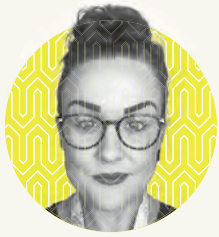
On the road to somewhere

Katie Sharp *created a new model for reaching young people with SLCN in major trauma centres*



KATIE SHARP

When I started working as an SLT in the acute paediatric team within a London major trauma centre (MTC) in May 2022, I was astounded by the number of younger patients attending hospital because of injuries following interpersonal violence.

Research highlights the need to identify speech, language and communication needs (SLCN) and social, emotional and mental health needs in young people entering the youth justice system (YJS) (Bryan et al, 2015; Howard et al, 2023). However, many young people who come to our hospital are not known to the YJS or do not attend school, so have never received SLT support. I found myself thinking: how can speech and language therapy make a 'road to somewhere' and not continue this "road to nowhere" (RCSLT Justice System Webinar, 2018)?

One particular patient stood out. He was 15 and attended a pupil referral unit, with attendance at under 40%. He was admitted following multiple penetrating injuries. He was known to police, but not the YJS. He was described as "challenging", "non-compliant" and "aggressive" and concerns were raised about his understanding and expression on the ward. As he had no acute speech and language needs following his injuries, he was not seen by our service. This felt wrong.

From this, the SLT and Violent Trauma project was born. I collected data from ED colleagues and inpatient wards to determine how many young people involved in violent traumas had signs of SLCN. Data collection showed that of 233 0–17-year-olds attending hospital from April 23-April 24 with violent injuries or trauma, 43% demonstrated SLCN signs, of whom only 22% were identified at admission.

Developing the new model

I began by liaising with adult and youth justice SLTs to join services and build networks within the community. I connected with St Giles, a charity that supports individuals affected by poverty, criminal justice system and abuse. I also formed links with the Metropolitan Police and Violence Reduction Co-ordinators and created training for the charity YourStance. I delivered training to nurses, raising awareness of the importance of identifying SLCNs and the signs and red flags to look out for.

The Paediatric Trauma Nurse Co-Ordinator in the MTC described some of the new practices relating to young people:

"There has been a real increase in the awareness of identifying verbal and non-verbal 'red flags' since being upskilled. The training allowed the SLCN and neurodiversity diagnosis to be considered during care planning and after discharge. We can ensure adaptations to how the multidisciplinary team (MDT) interacts with children and young people, and understands their responses in the clinical settings alongside their acute trauma.

We have been able to ensure the wider professional network is made aware in order to support engagements with teams such as social workers and police."

We are still at the beginning of our new approach, and one barrier for this project is the young person's motivation to access SLT services and time constraints for screening in other disciplines. The next step will be to work co-productively and be innovative in our approach to increasing awareness of SLCNs in young people in the major trauma context.

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Find out more

RCSLT webinar on SLCN in the justice system **rcslt.info/slcn-justice-system-webinar**

Should you take a course in evidence-based practice?

Amit Kulkarni *and* **Lotte Meteyard**

consider a recent review of educational interventions designed to improve EBP

Whether you are an SLT student, newly qualified, or have many years of experience behind you, you will surely at some point have reflected upon the term 'evidence-based practice' (EBP). Precise terminology, components, and frameworks for EBP are now hotly contested (McCurtin and Rodam, 2012; Greenhalgh et al, 2014) but implementing some version of this approach continues to be a requirement of our professional standards (HCPC, 2023). The debates surrounding the model are crucial – they embody our aim to continuously improve our practice and ensure it is meaningful. However, while models and approaches evolve, we still have our clients, patients and service-users to support.

So what EBP model or approach should we use?

While different EBP models and approaches exist, arguably, most involve a core set of actions. First steps are typically about identifying gaps in our knowledge and formulating focused questions around them. Next steps focus on systematically searching for evidence to address these questions and critically appraising the results. Final stages are concerned with adapting results to individual circumstances, applying the findings, and evaluating outcomes (and then repeating the EBP cycle to continue improving). Broadly speaking, the term 'evidence-based healthcare' can be used to encapsulate this approach (Dawes et al, 2005).

Different conceptualisations of EBP raise questions around what constitutes the 'evidence' (Dusin et al, 2023). At the RCSLT, we strongly believe this includes evidence from all sources, including published research, our own expertise, the views, priorities, and preferences of our service users, and our insight into the specifics of their particular circumstances (RCSLT, 2024).

But how easy is it to take such an approach?

Developing the knowledge, skills, and confidence to implement such an approach is hard, and maintaining it within the busy reality of everyday practice is a challenge (Greenwell and Walsh, 2022). As a result, we have developed a range of resources to try to ensure the introduction to evidence-based healthcare (EBHC) is prioritised in pre-registration training, and that a connection can be maintained across careers (RCSLT, 2024).

A wealth of evidence also exists around more and less effective ways to do this (Bala et al, 2021). As a result, we thought it was high time to review this research in our own evidence-based approach to the situation. There were many different questions we wanted to ask, but after much discussion, the key questions we decided to explore were: do educational interventions impact on SLTs EBHC knowledge, skills, attitudes, behaviours and healthcare outcomes? If so, what are the most important pedagogical components of such interventions?

What did we find? We did not find a huge amount of evidence in speech and language therapy, but we did find lots of studies across healthcare more broadly, with 61 randomised controlled trials (RCTs) including data from over 5,000 participants. We took this narrow focus on RCTs to allow us to collate results across studies and analyse it together as a larger body of evidence (a meta-analysis).

To get a clear sense of impact, we split outcomes into those measured at three time points: the end of the workshop or course, a short-term follow-up (three to six months), and longer-term follow-up (over six months). Outcomes were focused on measures of knowledge, skills, attitudes, and self-reported behaviours. Knowledge was assessed by asking for recall of taught information, for example, important factors in defining a question. Skills were assessed through tasks such as defining a search strategy or completing critical appraisal. Attitudes were evaluated by self-report responses from participants about their attitude towards research and EBHC. Behaviours were evaluated from self-report of how often participants completed literature searches or read studies.

> **Our review suggests educational interventions can help develop knowledge, skills, attitudes, and behaviours... but this isn't a quick fix**

Some caution is required when interpreting our findings as we could only grade them as of 'low certainty' (Guyatt et al, 2008). But overall, we found that EBHC educational interventions could have a large positive effect on knowledge, skills, attitudes, and to a lesser extent behaviours, at the end of the educational intervention. Broadly speaking, these effects diminished over time, with no consistent effect on knowledge, skills, or attitudes more than six months post-intervention. In contrast, evidence was found of a potential strengthening of effect on behaviour in the longer term (six months plus post-intervention) but further research is required to understand this.

Our comparisons highlighted a number of promising principles, components, and topics of educational interventions. Important principles were: blended learning; active learning; consistency in the individual delivering the intervention; regular learning (ie avoid one-off training sessions). Promising components of intervention were: linking to clinical practice; providing individual feedback; giving opportunities for self-reflection and assessment. Key topics for consideration included: accessing the literature; critical appraisal/critical thinking; how to apply results to practice.

So is it worth taking a course on EBP?

Our theories, models, and frameworks will continue to evolve. What is clear is that we are beyond the point of rigidly focusing on the EBP model in (arguably) its original conceptualisation (Sackett, 1996). However, we still need to draw from the best available information in the most sensible ways to guide our practice. Our review suggests EBHC educational interventions can help us to develop and refresh the knowledge, skills, attitudes, and behaviours to do this (Hill et al, 2024).

But it is not as simple as attending a quick webinar or going on a one-off course. The right course, with the right content, delivered carefully, can help, but this isn't a quick fix. A commitment to continuous improvement is required to assure the quality of our practice. We all need to take responsibility for this – the RCSLT, our higher educational institutions, organisations, teams, and most importantly, us. Ultimately, we are the professional in the room with the person with communication and/or swallowing needs.

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

LOTTE METEYARD, Lead Research and Outcomes Consultant, RCSLT

Coming soon

Over the coming months the RCSLT will draw from this review and other evidence to develop a programme of work to support the profession's evidence-based approach to practice. Look out for updates on the website and e-news.

PABLO BLASBERG / IKON IMAGES

Using ROOT to identify inequalities

Our four RCSLT leadership placement students, **Capucine**, **Emma**, **Fraser** and **Garbhán**, met SLTs using the RCSLT Online Outcome Tool (ROOT)

The use of outcome measures is a Health and Care Professions Council (HCPC) requirement but collecting and analysing this information can be challenging in everyday clinical practice. This is where the RCSLT Online Outcome Tool (ROOT) comes in. Available for free to all RCSLT members, the service enables users to upload Therapy Outcomes Measures (TOMs) data and then produces easy-to-read charts and reports which can be used to inform clinical decision making, service improvement and conversations with commissioners and other funders. Users are also able to compare their individual service results with those of the entire database, allowing for benchmarking.

There are currently 85 organisations (ranging from sole traders to large NHS Trusts) actively using ROOT across the UK. A total of 90,000 episodes of care have been recorded in the database and RCSLT is able to draw from this data to provide insights for the profession as a whole.

Introducing health inequalities fields

Recently, four new health inequalities fields have been added to the ROOT, designed to enable analysis of potential inequalities in speech and language therapy services. The fields are:

- ethnicity (using locally determined categories)
- need for an interpreter
- language profile
- deprivation decile (based on postcode using the nation-specific index of multiple deprivation).

The new fields were launched after a pilot project across seven services between 2022 and 2024.

SLTs Hannah Hare and Shani Ackford were involved in the pilot scheme. Shani works in the Augmentative and Alternative Communication West of England Specialist Team (AAC WEST). AAC WEST have been using ROOT for seven years and Shani became involved as the new health inequalities fields were launched.

Hannah works for NHS Greater Glasgow and Clyde (GGC) in the adult acute and inpatient rehabilitation service. The team have been using ROOT for three years, and Hannah is one of the SLTs who lead on TOMs and ROOT, coordinating training and support for other members of the team.

Impact of collecting additional health inequalities data

Both Shani and Hannah told us that collecting additional data about the background of the people they work with has led to an increased awareness in their services of the factors that may impact equity in healthcare. Although there were initial concerns about how time consuming collecting additional data could be, once systems were set up, this has proved largely manageable within standard service data input processes.

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

TANIA YAKUNOVA / IKON IMAGES

Time constraints have had more impact in terms of being able to carry out detailed analysis of the data so far, but both services have begun to learn from their data.

Considering unmet need

Shani explained that AAC WEST had not previously looked into local demographics, but with the ROOT data, they are beginning to consider whether their service is being accessed by all parts of the community.

The service used census data to find out the breakdown of ethnic groups across the six integrated care boards that they work in and then compared this with their ROOT data. When Shani looked at the data in November 2023, the make-up of the AAC West caseload was generally similar to the census data. However, there was a concern that they were not seeing anyone under the broad 'Asian' category, despite this representing 3% of the local population.

Shani reflected that there were possible explanations, such as small numbers in the data overall and the fact that people identifying as 'Chinese' are allocated to this overarching 'Asian' category in the census, but not in the NHS categories used by AAC West. However, the service also needed to consider the possibility that this could indicate perhaps fewer people from an Asian background accessing local SLT services or being referred on to their tertiary AAC service.

Shani has re-run the ROOT data after six months and, now she has more data, is reassured that this group is closer to the expected 3%. Shani is now looking at data every six months and sharing the results at team meetings. She has also presented findings to therapists from other services in the area.

Looking at unwarranted variation

Hannah has started to run reports on the ROOT checking for unwarranted variation (unexplained differences in outcomes that may be due to inequalities). Initial data did not indicate correlation between improvement in TOMs and the level of deprivation where a person lives. However, Hannah is cautious about drawing firm conclusions, because she is aware that there are established links between social deprivation and healthcare outcomes. She is meeting colleagues to look at this in more detail and is particularly interested to explore whether there is more variation for specific clinical conditions, and to consider how people who fail to attend are captured in the data.

> **ROOT can reveal inequalities you hadn't expected**

Hannah highlighted the benefit of the ROOT as a live system, so she can access up-to-date reports and review trends as the service adds more data and ensures this is as accurate as possible.

Next steps

For both services, the pilot has provided a starting point, allowing them to consider questions about inequalities in a new way and raise the profile amongst colleagues. They are now looking to improve the quality of their data and establish regular monitoring and analysis going forward.

Data alone can't explain what is happening or why, but as Shani says, "ROOT can provide data to back up what you feel as a clinician might be happening or reveal inequalities you hadn't expected." It cannot provide all the answers, but it may be a powerful part of our toolbox when striving to identify and reduce health inequalities.

Hannah and Shani's tips

Hannah told us: "My advice to teams looking to use ROOT is to ensure that it is part of new staff induction, alongside TOMs training, as this really helps embed use of the system. It is important to establish peer support and help SLTs appreciate the benefits of ROOT, if they are to spend time inputting data."

Shani told us: "My service has appreciated being able to use the upload function, as this streamlines the process by adding data from our existing recording system in bulk, rather than therapists manually inputting individual data points."

CAPUCINE HOLLOWAY, University College London
EMMA CORP, University of Essex
FRASER WAKELING, Manchester Metropolitan University
GARBHÁN CANNON, Queen Margaret University, Edinburgh

Find out more

- Explore ROOT **rcslt.info/ROOT**
- Join ROOT: email **root@rcslt.org**

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

COURSE LISTINGS

Developing Specialist Skills in Assessment and Therapy with Deaf People
Online
Cost: £600
If you are starting to specialise in work with deaf people, then our "Developing Specialist Skills in Assessment and Therapy with Deaf People" is the right course for you. Run by the CSD Consultants: Sarah Beazley, Judy Halden and Ruth Merritt for over 30 years, this course in its latest format, can be accessed flexibly. The 5 modules are each supported by a 1-hour individual tutorial, offered via a remote platform, with each of the CSD Consultants to help guide your journey. The timeframe for the course can be arranged to suit each therapist, and usually includes approximately 25 hours self-directed study spread over 4-6 months. The course supplies all materials to support the therapists' learning, including a 120-page bound handbook, directed study workbooks for each module and full access to all videos, PowerPoint and other resources.
"I appreciated being able to cover the course flexibly and at my own pace, with no pressure to complete the course within a given timeframe." 2024
"The tutorials at the end of each of the module have been really useful in order to tie all the information together and relate it to my caseload so I could see how to put information into practice functionally." 2023
www.csdconsultants.com/courses

smiLE Therapy Training Day 1 and 2
6-7 and 10-11 March 2025, 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 criteria apply, where therapy is delivered in a neurodiversity-affirming way.
For ages 7 to 25.
Clear visible outcome measures, empowering parents and generalisation integral. For SLTs and teachers. Loved by students, parents, practitioners, managers, SENCOs, OFSTED. Now named on EHCPs. Email us to book a place or to enquire about bespoke training for your team.
FREE 1-hour taster session online. For you, your NHS Trust, CEN, university, special school or college, local authority, independent practice. Email us.
info@smiletherapytraining.com
www.smiletherapytraining.com

The current evidence base for school-aged children with DLD with Dr Susan Ebbels
18 and 19 March 2025, 9am-1pm, online via Zoom
Day 1: Appraising the reliability of research. Evidence for different methods of delivery of intervention including tiers 1, 2 and 3, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels
Book at least 10 days before course date
01883 712 271
training@moorhouseinstitute.co.uk
www.moorhouseinstitute.com/the-current-evidence-base-for-school-aged-children-with-dld/

The SHAPE CODING™ system
Part 1: Self-paced online course available anytime.
Part 2: 2-part workshop,
7 and 14 November 2024, 1-5pm, online via Zoom
Practical Applications: 2-part workshop,
5 and 12 December 2024, 1-4.30pm, online via Zoom
Designed to teach spoken and written grammar to school-aged children with Developmental Language Disorder (DLD). Three accredited courses available for SLTs and those working within Education. Book at least 5 days before course.
01883 712 271
training@moorhouseinstitute.co.uk
www.moorhouseinstitute.com/shape-coding-courses/

Deborah MOLL

Research SLT

When asked what I enjoy most about my career, I have always highlighted its diversity. Early in my career, I had the opportunity to work at The Children's Trust, which includes a paediatric neuro-rehabilitation centre for young people with acquired brain injury, and a school specialising in profound and multiple learning disabilities. These are very under-researched populations and little has been published to inform evidence-based decisions. I decided to get involved with the Trust's Research Team, and this grew into a deeper appreciation of clinical research.

> **I would never have guessed where my SLT career would lead**

I then took a big leap, starting a full-time job as a Women and Children's Research Assistant at the Royal Berkshire Hospital. Although the studies were not about speech and language therapy, I learned a huge amount about research processes and procedures. When the pandemic started, I coordinated a data collection study, supporting a research team to collect data relating to all the hospital's COVID-positive inpatients. Despite being emotionally challenging at times, this was a completely new experience that I thoroughly enjoyed.

I now work as a Research SLT for Oxford Health NHS Foundation Trust, in the Memory and Cognition Research Delivery Team. This is a multi-disciplinary team including allied health professionals, nurses, research practitioners and medics. We mostly deliver the clinical aspects of research studies, which are overseen by other institutions such as universities or pharmaceutical companies. My team identifies potential research participants, completes the consent process with them, delivers study interventions, and administers outcome measures such as assessments of cognition, social functioning and quality-of-life. We also have a 'home-grown' mixed-methods study exploring access to communication intervention for people with dementia, and its quality-of-life impact. I am also working on a RCSLT project involving a scoping review of economic evaluations of speech and language therapy. This has provided opportunities to work with experts to develop my knowledge of these methodologies, as well as the 'bigger picture' of therapy provision.

I work part-time as the Patient and Public Involvement Lead for NIHR Oxford Health Clinical Research Facility, which focuses on early-phase experimental medical research in mental and cognitive health. This role aims to give patients and the public a voice in the team's research activity, ensuring we deliver research with and by people with lived experience, rather than to, about or for them. I am soon to start a full-time team lead role within this team, and am excited to work with them to continue delivering high-quality participant-centred research opportunities.

My research roles have allowed me to use my clinical skills on a regular basis, while also developing my understanding of research, and contributing to clinical evidence-bases. I draw on my SLT skills regularly, for example when conducting outcome assessments, assessing mental capacity for research participation, and exploring ways to increase the accessibility of research opportunities for people with cognitive impairments. I would never have guessed where my SLT career would lead, or the diversity of my work. I would like to encourage SLTs to get involved in local and national research projects.

deborah.moll@oxfordhealth.nhs.uk

RCSLT jobs

Speech and Language Therapist (Youth Justice)

Blackburn/Hybrid

Salary: Band 7

Band 6/7 Speech and Language Therapist

South Yorkshire

Salary: Band 6, Band 7

Lead Speech and Language Therapist

Greater London and South East

Salary: Competitive

Speech and Language Therapist

Sunningdale

Salary: Competitive

To check the latest jobs, visit:
www.speech-language-therapy-jobs.org

In Memory

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

Jessica Rose
1981-2024

We are devasted by the loss of Jess Rose, our superb colleague who died aged 42. Jess started her career in Harrow, instantly making an impact on the MDT and families through her clinical work, drive, personality and wider charity work. In every aspect of her life, Jess' energy and enthusiasm was infectious. In her clinical and research roles (the PACT-G trial), colleagues were always impressed with her insights on the experiences of the families she met. Jess was surrounded by enormously supportive people and a very close family; her husband Josh and two fabulous boys. Jess endured challenging treatments with bravery and humour, and she died on 3 January, just 18 months after her diagnosis.

VICKY SLONIMS, on behalf of the ELCH SLT and Neurodevelopmental Team and **LAUREN WEINSTEIN** on behalf of Harrow Child Services

Barbara Hull
1930-2024

Barbara was a far seeing and innovative manager who developed a highly regarded SLT service in Oxfordshire having a wide influence across the profession. After a variety of posts elsewhere she came to Oxfordshire where she was appointed Area Therapist in 1978, a role she kept until her retirement, fulfilling her vision of an integrated child and adult SLT service. Her collaborative approach gained the respect of other managers in health and education. She will be remembered for showing interest and care to all members of her staff. She looked for potential in all and encouraged development leading to a few specialisms richly benefiting the service. Nationally, she contributed to the working party on the use of assistants and establishing courses for SLT managers. Her contribution and influence on the development of the profession was recognised by the awarding of College Honours when she retired in 1993.

JANET ALLAN and **PATRICIA MARSH**

Dr Alison Louise Cooper
d. 2023

Alison joined the clinical world from industry with an English language background. After graduating in London, she enthusiastically returned up north as an SLT at North Tees Hospital. She never felt like a traditional academic and yet began clinical research at Newcastle University gaining her PhD in voice. During this time, she met and married her soulmate, Roy, and had sons Daniel and Thomas. The family moved to New Zealand where Alison remained a dedicated clinician, supervisor, and teacher, finally joining the SLT department at Massey University. Alison was a warm, positive, genuine friend. She fought cancer with strength, grace, and the loving support of her family and faith. We miss her deeply and are grateful to have known her.

PAULA LESLIE and **HELEN INGHAM**

In the journals

This section highlights recent research articles in the International Journal of Language and Communication Disorders (IJLCD). All members get free access to IJLCD and a wide range of other journals at **rcslt.info/journals**. For tips on critically appraising evidence to inform your practice visit **rcslt.info/EBP**.

Can we agree?

What this paper adds

Phonetic transcription is the use of the International Phonetic Alphabet (IPA) to represent and analyse speech sounds. SLTs are expected to use phonetic transcription to record and interpret speech difficulties. As it is highly dependent on human perceptual skills, people often question its reliability. Some studies have aimed to measure how well transcribers agree, but these mostly involve specialist transcribers, eg phoneticians, rather than SLTs. This paper compared twelve paediatric SLTs' transcription of a video of a boy with a speech sound disorder (SSD).

Why this matters

The low agreement score amongst SLTs suggests that the transcription may not always be reliable or accurate, potentially leading to different SSD diagnoses, therapy targets and intervention choices. Regular continuing professional development (CPD) opportunities should be offered more frequently at a national level to enhance and maintain transcription skills.

Williams, P., Slonims, V. and Weinman, Mallaband, L.J. (2024) The agreement of phonetic transcriptions between paediatric speech and language therapists transcribing a disordered speech sample, *IJLCD* [Preprint].

AAC experiences over time

What this paper adds

Measuring the outcomes of augmentative and alternative communication (AAC) interventions is challenging because communication is complex and context dependent. Current research has highlighted the lack of patient-reported outcome measures to accurately capture the AAC users' perspectives, making it difficult to measure how effective AAC is.

Using a longitudinal qualitative research approach, this study looked at the evolution of individuals' expectations and outcomes from AAC over time. It aimed to understand what outcomes are important to users, how their expectations evolve, and what environmental factors influence their use of AAC.

Why this matters

This study found that individuals' hopes and expectations from AAC evolve as they engage more deeply with these devices. By developing adaptive ways to measure the outcomes from AAC, healthcare professionals can be empowered to navigate the factors affecting AAC users, leading to more effective person-centred care.

Broomfield, K. et al. (2023) Using longitudinal qualitative research to explore the experience of receiving and using augmentative and alternative communication, *IJLCD*, 59(3), 1043–1065.

Supporting safe swallowing

What this paper adds

Difficulty swallowing, or dysphagia, significantly impacts quality of life and increases risks such as choking, dehydration and malnutrition. Research suggests that dysphagia affects over half of care home residents. Despite this, current training for care home staff lacks specific focus on dysphagia management. This study observed two London care homes and assessed how well SLTs' recommendations for managing dysphagia aligned with the actual care given to residents.

Why this matters

While SLT guidance on managing dysphagia was often included in care plans, the focus was mainly on food and fluid modifications, with less emphasis on swallowing strategies and safety.

To improve care for residents with dysphagia, care homes need more detailed and practical guidance from SLTs, enhanced staff training and better integration of SLT recommendations into daily practices.

Griffin, H. et al. (2024) Supporting safe swallowing of care home residents with dysphagia *IJLCD*, 59(4), 1478–1488.

MIXING IT UP!

Diane Lawrence *took her thickened drinks from yuk to yum, with the help of some Christmas spirit*

My name is Diane. I have a very rare genetic disorder called Andersen Tawil Syndrome. This is a neurological channelopathy, which affects potassium channels. It mainly impacts my heart, all of my muscles and causes mobility issues. It is also characterised by features such as a small face, small mouth, and a high arched palate. It sometimes affects my mental and cognitive health. I was born at 25 weeks and have multiple other conditions like asthma, chronic kidney disease and severe reflux. I have been under the care of a specialist neurology hospital since 2012.

I find it hard to chew. My tongue can be shaky and hard to control. If I have a chest infection or poorly-controlled asthma, I find it difficult to control my breathing, and drinking is especially hard. I sometimes cough on my saliva.

In summer 2019, I stayed in the neurology hospital for some assessments. I'd had multiple severe chest infections (four or five per year), so I saw the speech and language therapy team. I had a videofluoroscopy and was referred to the local speech and language therapy service. The local SLT assessed me at home and recommended IDDSI level 1-2 drinks and level 6 food.

> **The thickener has improved my chest condition immensely**

I was told I needed to use thickener shortly before Christmas 2019. I was a bit miffed. On Christmas Day, myself and my friend Debbie who is a SLT decided to turn it on its head and play with the thickener. We made thick gin cocktails with banana, and thickened mulled wine. They were absolutely delicious! By the end of the night, I was trying to encourage everyone else to try it too. It also works great with cider, and makes a delicious latte. Thickened rosé and white wine wasn't so successful!

After Christmas, the SLTs at the hospital were delighted when I told them what we'd been up to. Using thickener in my regular (non-alcoholic) drinks has improved my chest condition immensely and I've only had six chest infections in four years.

I have one piece of feedback for SLTs. The local SLT showed me how to use the thickener, but I didn't try making it myself with her. I had also been bombarded with lots of questions so it was difficult to take all the information in. Hence, I didn't know how to use it properly and it tasted foul. When my friend showed me and we did some practice, I was able to do it well. The drinks tasted a lot better and the texture was much smoother. Making drinks with patients would really help.

When I use the thickener now, it makes me laugh because I think about the mulled wine! I no longer feel disheartened or that it's such a big issue. It is what it is. I've grown to accept the situation and I no longer feel oppressed by it.

I hope this article will encourage you. It was lovely to see the hospital SLTs and hear that I was one of the few patients to report such a positive experience with the thickener!

DIANE LAWRENCE,

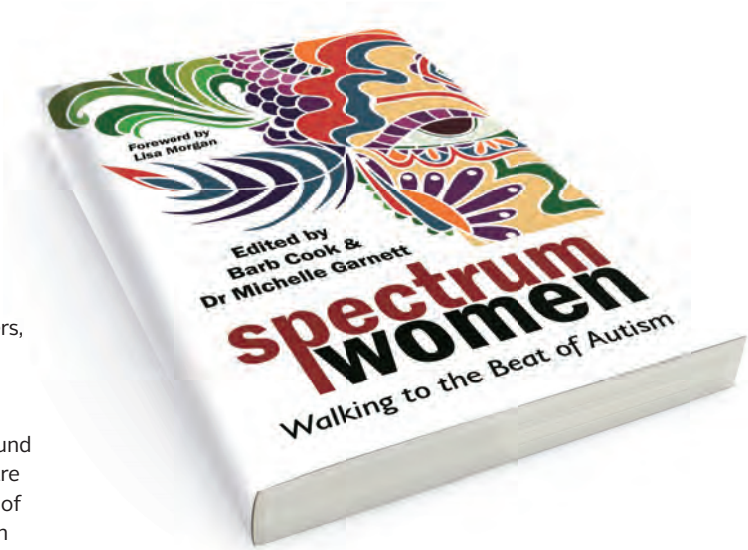
With **DEBORAH MOLL**, Research SLT, Oxford Health NHS Foundation Trust
deborah.moll@oxfordhealth.nhs.uk

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪✪✪

Spectrum Women: Walking to the Beat of Autism



AUTHOR: Barb Cook and Dr Michelle Garnett
PUBLISHER: Jessica Kingsley Publishers, 2018
PRICE: £16.99

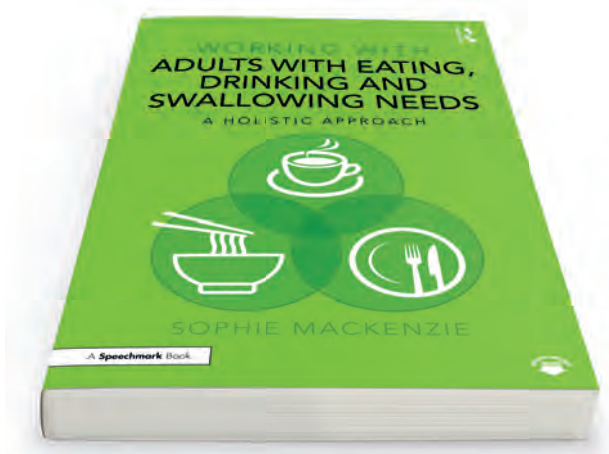
In this inspiring text, women from around the globe on the autism spectrum share their life experiences. A diverse range of topics are covered from growing up on the spectrum to identification of ASD, employment, communication, relationships, health and wellbeing. Clinical Psychologist Dr Michelle Garnett provides an insightful commentary following each chapter.

Incredibly funny at some moments and at others heart-breaking. It encourages readers in their own journey towards self-understanding, a sense of belonging and community. It is also an important reference for clinicians, providing pointers where health services need to adapt to become more autism friendly. Well worth a read.

BETHAN DAVIES, Paediatric SLT, Community/Special School, Cardiff and Vale UHB

✪✪✪✪✪

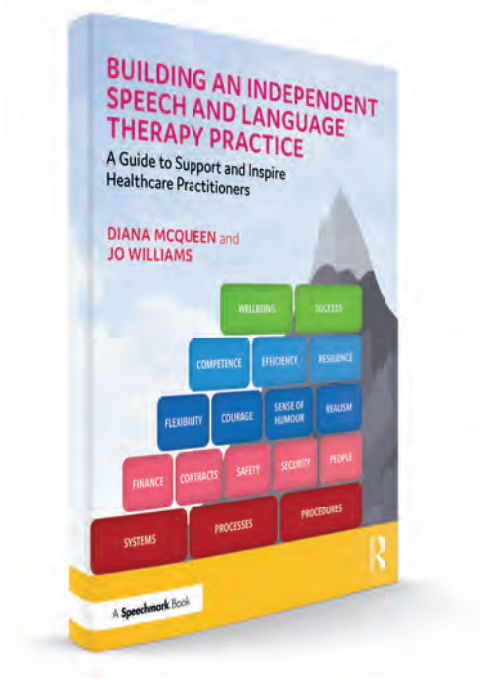
Working with Adults with Eating, Drinking and Swallowing Needs



AUTHOR: Sophie Mackenzie
PUBLISHER: Routledge, 2024
PRICE: £34.99

This book is aimed at students, newly qualified practitioners (NQPs) and those new to the management of dysphagia. It closely aligns itself to the RCSLT NQP eating, drinking and swallowing competencies. Written in a highly accessible style, it takes the reader through the fundamental knowledge required to assess and treat dysphagia holistically. The book is structured to include self-test questions at the end of each chapter (with indicative answers provided), case studies and other supportive materials which can be photocopied. It will be a highly valuable resource for students and NQPs alike..

SUE SMITH, SLT, South-East Essex Dementia Intensive Support Team



✪✪✪✪✪

Building An Independent Speech and Language Therapy Practice: A Guide to Support and Inspire Healthcare Practitioners

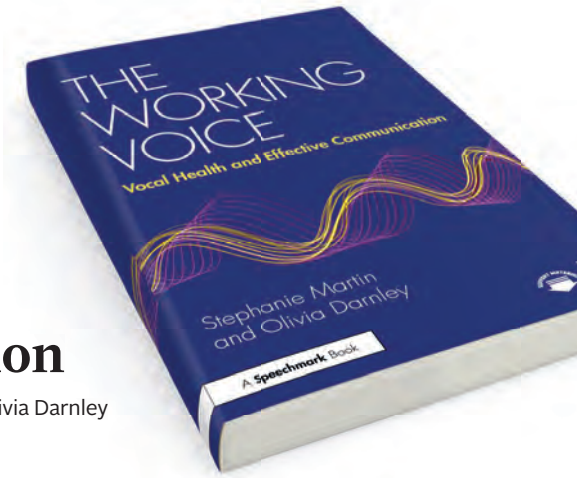
AUTHOR: Diana McQueen and Jo Williams
PUBLISHER: Routledge (Taylor and Francis Group), 2024
PRICE: £26.99

This guide is aimed at SLTs looking to set up an independent practice and those already working in that sector. Setting up independently can feel daunting and this book is divided into clear chapters, taking the reader through what might be required. It is grounded in the authors' own experiences which will be relatable to many. I like how the information is accessible and presented in a variety of ways to suit different learning styles. The detailed practical advice on topics such as technology, money and governance, make this an invaluable resource.

ISABELLE FARREN, Specialist SLT, Early Years Speech and Language Therapy, Central and North West London Foundation Trust in Milton Keynes

✪✪✪✪

The Working Voice: Vocal Health and Effective Communication



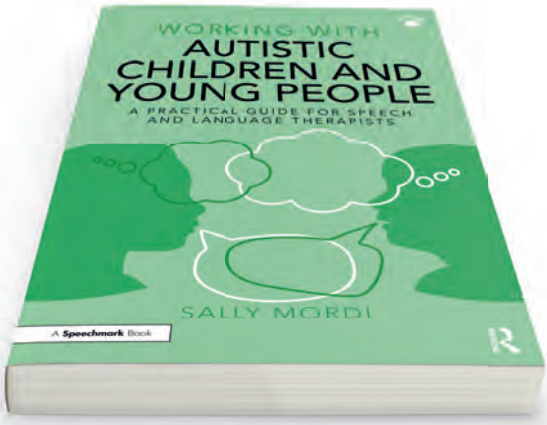
AUTHOR: Stephanie Martin and Olivia Darnley
PUBLISHER: Routledge, 2024
PRICE: £24.99

This book is aimed at professional voice users and is designed to equip those who have high vocal demands with the knowledge to understand how voice works, the ability to identify areas of concern in the voice and practical exercises to develop vocal skills. This book is comprehensive in content and readers can dip in and out according to their needs. Each chapter has a different focus such as posture, release of constriction, exploring pitch and projection and contains many exercises and practical tips. Printable resources are also available after purchase but access to videos of exercises would improve accessibility.

ANNA WHITE, Highly Specialist SLT, Voice Disorders, Nottingham University Hospitals NHS Trust, and HEE/NIHR Clinical Doctoral Research Fellow, University of Nottingham

✪✪✪✪✪

Working with Autistic Children and Young People: A Practical Guide for Speech and Language Therapists



AUTHORS: Sally Mordi
PUBLISHER: Routledge, 2024
PRICE: £31.99

The book is aimed at SLTs, supporting autistic children and young people. A key strength is its neuro-affirming stance, including a section dedicated to autistic people's language preferences. It covers our role in diagnostic assessment and identification of communication supports. This includes advice regarding gestalt language learning styles, visual supports and promoting self-advocacy. Online, printable resources are also provided, eg, assessment templates to support professional practice. Overall, this book has been excellent for developing my practice, and I would highly recommend it to all SLTs supporting autistic children and young people.

KIRSTY MACMILLAN, SLT, NHS Borders

A PROBLEM SHARED...

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

I am an SLT employed by a school. I'm a bit worried about the update to the Health and Care Professionals Council (HCPC) standards of proficiency which requires us to use interpreters, as I do not have easy access to professional interpreters. What should I do when bilingual children are referred to me?

Of course SLTs need to be aware of the standards set by the regulator (HCPC) at all times and aim to meet these within their practice. However, the standards are not designed to be dictatorial and often there may be several ways that these can be interpreted or achieved. So if you find the standards directly affect a person's ability to access therapy, then you may need to use your clinical judgement.

As we have been getting questions about this from quite a few members, we joined forces with the Association of SLTs in Independent Practice (ASLTIP) to ask the HCPC for help clarifying the issue.

The HCPC told us: "Lack of appropriate interpreters should not be a barrier to service access. Where an interpreter is not available, registrants need to evidence their approach to using interpreters in consultation with the service users to meet the standards."

We all strive to access services but there may be times when this is just not possible. As long as you provide evidence that you have taken all reasonable steps to meet the standards and can clinically reason why you have chosen the treatment process, there is no reason why the HCPC would view this as a breach of the standards.

For example, you might be able to involve an interpreter at an early stage to ascertain how the client or their family wants to communicate, and proceed using family members for day-to-day interpreting. An interpreter might help you to review a past interaction and advise on the appropriateness of the approach from both a communication and cultural perspective.

New statement on interpreters

You can now find the RCSLT statement on using interpreters, based on our collaboration with the HCPC. You can use this as a tool to help aid you in discussions with employers and commissioners regarding the use of interpreters.

Using interpreters is a complex issue and if you have concerns or questions about what you should do, try speaking to your manager. We are also here to support all our members with individual advice and information.

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

Useful links

- RCSLT statement on use of interpreters **rcslt.info/interpreters-guidance**
- RCSLT bilingualism guidance **rcslt.info/bilingualism-guidance**
- HCPC guidance on meeting standards **rcslt.info/hcpc-standards-slt**

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

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