Bulletin

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

RCSLT

HOW WE CONNECT

Networking is in our professional DNA

Clinical Excellence Networks offer learning, support and fun | How to get published in the IJLCD | **RCSLT's partnership with ASLTIP** | Membership update | **People with learning disabilities involved in research** | Coproducing museum signage | **Pledges for our 80th birthday**

SPRING 2025
ISSUE 842
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2022 MEMBERSHIP EXCELLENCE AWARDS — Highly Commended Best Magazine - circulation <20k

IN THIS ISSUE

From the heart

Whether it's a team meeting or a breaktime coffee, getting together with your colleagues for a chat about work often leads to other things. Being together can lead to change, discoveries and learning.

This issue looks at networking and professional connections. As Director of People and Communications at RCSLT, I've seen for myself how hard RCSLT staff work to create opportunities for members to connect, learn from and support one another both in person and online. Helping members to build those bonds of shared knowledge and commitment is at the heart of everything we do. When we come together, we inspire change, share knowledge and strengthen our profession.

One of the biggest opportunities to connect is on the horizon: our 2025 conference. But connection isn't just about the big moments. Throughout the year, we have a dynamic programme of workshops, webinars, and lectures. As well as our events, we ensure that members have access to the latest insights and resources through e-news, SLT Voices, podcasts, website materials and, of course, our much-loved *Bulletin* magazine.

In our cover feature 'Community starts here' (**page 22**) we visit some Clinical Excellence Networks (CENs) specialising in voice to find out first-hand from their committee members how each CEN works and their unique offerings. If you have ever thought about joining or starting a CEN or another kind of professional network, this might inspire you to action.

Connecting with other professionals and organisations is also critical, like the Hull-based SLT team who joined forces with a local museums service to create bespoke accessible signage for their revamped exhibition spaces (**page 34**). And we find out more about one of the RCSLT's key partnerships on **page 54**: how we and the Association of Speech and Language Therapists in Independent Practice (ASLTIP) work hand-in-hand promoting all the different ways of working available to SLTs.

I hope you enjoy reading this issue as much as I did!

When we come together, we inspire change and strengthen our profession

Cara McDonagh

Cara McDonagh,
RCSLT Director of People and Communications
bulletin@rcslt.org

PS turn to **page 45** for our membership update with details of our new focus on community, advocacy and professional development.

Content

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

REGULARS

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"As one of the first projects exploring the experiences of disabled SLTs at a national scale, this represents a key milestone in the journey towards making the profession more inclusive."

MÉLANIE GRÉAUX

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S

Sections featuring this icon represent all clinical features

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PERSPECTIVES

ANALYSIS

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RESEARCH AND OUTCOMES FORUM

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 **@rcslt**

LETTER

Pronouns and personal safety

We are responding to Olivia Ince's article ('Pronouns and gender', *Bulletin*, autumn 2024) advocating a more inclusive approach to teaching pronouns. For vulnerable groups (eg language disorders, learning disabilities) accessible language is vital for sex education and safeguarding, and the potential impact of this change would need to be evaluated.

Olivia acknowledges that extra information about pronouns may cause confusion and increased cognitive load, but the strategies she suggests (more explanation/processing time) may be insufficient for clients who already struggle with concepts and inference. This change might inhibit their ability to make independent judgements about personal safety, or be exploited by others with malicious intent. We support Olivia's call for guidance, with a risk assessment covering all perspectives.

LESLEY TRIVEDI, Independent SLT
lesley@welcomewords.co.uk
LUCY ATHERTON, Independent SLT
lucy.atherton@gmx.com

LETTER

Seeking SLTs with experience in the upper GI pathway

Hammersmith Hospital speech and language therapy team are currently completing a service evaluation of the speech and language therapy service provided within the upper GI pathway/cohort of patients. If you are an SLT who works or has experience in this area, please get in touch.

HARRIET GRINDLEY, Highly Specialist SLT
harriet.grindley@nhs.net

LETTER

We need to hear service user voices

I worked alongside Dan to support him with his servicer user voice article ('The only kid who was different', winter *Bulletin*, page 49). I think it's a great space to have within the *Bulletin* to allow the people we work with to share their experiences and insights. I think particularly when it comes to people with learning disabilities, our service users can often be omitted from opportunities to share their experiences - not necessarily with regards to the *Bulletin*, but regarding society more generally.

SINÉAD STAPLETON, SLT, North East Community Learning Disability Team
sinead.stapleton2@nhs.scot

LETTER

Manual therapy expertise

We are currently developing a new service offering manual therapy for patients with head and neck cancer. We have undergone specialised training in manual therapy techniques for voice and swallowing disorders through the Walt Fritz and Stephen King course.

We are seeking to connect with other healthcare professionals who have experience with manual therapy in the context of head and neck cancer and would be grateful if you could share your insights and experiences.

SARAH FLETCHER, Pathway Lead SLT in Head and Neck Cancer and Laryngectomy
sarah.fletcher@somersetFT.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.

Winter *Bulletin* is an emotional one for me. Feel like I've been firefighting as an SLT for the past year or so, but this issue is a stunning reminder of why we do what we do. Also validating that, as put by Dr Carol Stow, it's rock solid, hard and we all feel this [A conversation to remember, page 32].
Beth Littlewood @lilwood_SLT, X

I've been reflecting on this letter from the recent RCSLT *Bulletin* [AI and sustainability, page 6] for days. Thank you to Thais Cardon for raising this important issue - it's come up in every AI training session I've run since.
Rachel Barton, LinkedIn

80th anniversary issue of *Bulletin* is full of UCL graduates and teaching staff doing amazing work! Proud of you all for leading and inspiring: Natasha Kidane, Alys Hollyer, Elisabeth Feest, Claudia Kate Au-Yeung, Kate Shobbrook, and Anna Volkmer.
UCL speech and language therapy @UCL_MScSLS, X

Fantastic to see @speechiere [Quote of the quarter, page 7] featured in the latest *Bulletin*! Also, happy birthday to speech therapy - 80 years old this year! We are all so proud to be in the profession.
NHS Chesterfield Royal Hospital speech and language therapy team @TeamSLTCRH, X

Really great to see a service user voice in this month's *Bulletin* from RCSLT.
Katie Hallam @KatieHallam_SLT, X

QUOTE OF THE QUARTER

"Supporting a person to communicate can open a whole new world of opportunity for them"

SARAH SMITH, Labour MP, Hyndburn

DID YOU GRADUATE FROM UCL IN 1988?

We are planning a UCL reunion at Chandler House on Friday 27 June, 4- 7pm. We are also collecting memories and photos. If you would like to find out more, please get in touch!

We started our training in 1984 at The National Hospitals College of Speech Sciences in Portland Place and were the first cohort of student SLTs to graduate from there.

SARAH FLETCHER, **SARAH (GILBERT) MORRISON** and **ROSEMARY (WOODCRAFT) TOWNSEND**, Principal SLT, PPA Service
RosemarySLT@gmail.com

Correction

The picture of Tessa Gilmartin ('From AAC to canvas', page 61) was used with permission from the Bluecoat Gallery, Liverpool.

Need to

WHAT'S NEW ON rcslt.org

BECOME A TRUSTEE

The exciting opportunity to join the RCSLT board of trustees is now available. Open to all who are passionate about driving the profession forward and making a difference. Explore the available roles on the website.

rcslt.info/trustee-vacancies

STAY UPDATED ON PRESCRIPTION ONLY MEDICINES

RCSLT has shared an essential update on the use of prescription-only medicines during videofluoroscopies. SLTs are advised to consult their pharmacy, medicines governance team or manager for guidance.

rcslt.info/videofluoroscopy-update

NEW EDS GUIDANCE

RCSLT has launched updated eating, drinking and swallowing (EDS) guidance, along with resources and a revised competency framework. This provides best practice guidance, defines SLTs' roles in dysphagia management and aligns competencies with professional development.

rcslt.info/new-eds-guidance

COMMITMENT TO SUSTAINABILITY

As part of 'Greener allied health professionals (AHP) week' in April, RCSLT has released a new sustainable speech and language therapy statement reinforcing our commitment to becoming an environmentally responsible profession. To get involved, consider joining the SLT Sustainability Network (Susnet) @SLTSusnet.

rcslt.info/sustainable-slt

Petition leads to debate in parliament

Following a successful petition by campaigners supported by the RCSLT, MPs in the House of Commons held a debate about investment in speech and language therapy on 27 January this year.

The petition was started by campaigner Mikey Akers who has childhood apraxia of speech and founded Mikey's Wish Foundation to raise awareness of the condition. In parliament along with Mikey was broadcaster Chris Kamara, who was diagnosed with apraxia of speech as an adult, and other members of the campaign group with representatives from RCSLT.

The RCSLT's Policy Team collaborated with the campaign group to create a briefing for MPs, which was endorsed by 45 communication organisations. The debate covered the key issues facing people with communication problems, and set out the need for more funding to be given to speech and language therapy in order to meet a range of critical support needs. MPs shared their own experiences of speech and language therapy and those of their constituents. During the debate Dave Robertson, MP for Lichfield, said: "These treatments are so much more than just a clinical service: they are the bridge between silence and expression, isolation and inclusion."

ABOVE: CHRIS KAMARA AND SLT LOUISE BROWN
INSET: MIKEY AKERS WITH PETER JUST, RCSLT HEAD OF EXTERNAL AFFAIRS

SLT Louise Brown from the North East region attended the debate. She told *Bulletin*:
"I was genuinely impressed how the MPs had all clearly done their homework. Let's hope that this debate is indeed the start of a new era of support for speech and language therapy."

Find out more about the Invest in SLT campaign **rcslt.info/campaigns**

know

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active Clinical Excellence Networks

A new vision for equity, diversity and belonging

Last month we published RCSLT's new vision for equity, diversity and belonging (EDB) – a vision in which we build a profession where every voice is valued, every identity respected, and every practitioner empowered to thrive.

We worked with colleagues across our SLT EDB networks to co-develop the strategy which sets out how we will work to ensure EDB principles are fully integrated into every aspect of our work, shaping a profession that both uplifts and mirrors the vibrant diversity of our society.

The strategy sets out five core priorities, underpinned by a number of aspirations, which we will be taking forward as an organisation. EDB is everyone's responsibility, and we will continue to promote opportunities for our members to share their experiences, success stories and challenges. Additionally, our EDB webpages have been redesigned. The refreshed pages consolidate related content and make it easier to find relevant resources and information to support SLTs to learn about different people's lived experiences.

Find out more and read the vision **rcslt.info/EDB**

NEWS IN BRIEF

Voices of disabled SLTs

A new report, 'SLTs on the tightrope: learning from the experiences of disabled SLTs in the workplace', highlights the experiences of disabled SLTs. Based on a 2023 survey, the report shows that SLTs can't always rely on support at work, with some feeling included but others facing a lack of understanding or even discrimination. The report was produced by the RCSLT disability working group and authored by Mélanie Gréaux.

Turn to **page 42** to read Mélanie's article about reasonable adjustments.

MPs meet people with PPA to launch PPA Awareness Day

People with primary progressive aphasia (PPA), families and healthcare professionals gathered at the House of Commons for a special event on 25 March. This was a vital opportunity for MPs to learn about the challenges faced by people affected by PPA. The RCSLT and aphasia charity Dyscover organised the event and helped to launch the first ever PPA Awareness Day. RCSLT's External Affairs Officer, Elissa Cregan, said: "With greater awareness and investment in speech and language therapy, we can help people with PPA live fuller lives for longer."

Join the campaign: contact **elissa.cregan@rcslt.org**

Addressing artificial intelligence

The RCSLT is responding to the opportunities and challenges of AI. In May, Board and committee members along with staff will take part in a workshop to further our work understanding and enabling members to engage with AI. The range of issues includes SLT practice, assessment and intervention, as well as ethics, equity and diversity. It will also cover business efficiency and improvement, particularly in the independent sector; implications for universities and students and interaction with members.

Look out for updates in *Bulletin* and e-news

80th anniversary pledges

In the last issue of *Bulletin* we set out eight pledges you can fulfil to mark the 80th anniversary of the RCSLT and it's been great to see some of these in action over the last few months.

Pledges included lobbying local councils and MPs, giving careers talks and holding events amongst others. We've also been showcasing our special 80th anniversary exhibition around the country, starting with a special event for our stakeholders at our London offices and then going across to Buckinghamshire for their 'SLT Connect and Celebrate' place-based community event before landing at Leeds Beckett University SLT society's neurodivergence-affirming event.

RCSLT AT 80 NETWORKING EVENT AND EXHIBITION, RCSLT LONDON OFFICE

If you're holding an event and want to host the exhibition, please get in touch **info@rcslt.org**. And be sure to share all your activity with us on social media using **#RCSLTat80**

Swallowing awareness day

GLOBAL TEA PARTY HOSTED BY NUTRITION AND HYDRATION WEEK

To mark Swallowing Awareness Day on 19 March, SLTs and student SLTs across the UK organised events, shared resources and raised awareness on social media. Taking place during Nutrition and Hydration Week, the campaign highlighted the vital role of SLTs in supporting people with eating, drinking and swallowing difficulties (EDS).

On the day, Nutrition and Hydration Week held a global tea party, bringing people together to promote better hydration and safer swallowing.

Ahead of the day, on 13 March, RCSLT hosted an EDS webinar to introduce the new EDS guidance and competency framework. The session provided members with key insights into how these new resources can enhance service delivery and professional development.

To see more of the discussions, events and awareness-raising activities from across the UK, check out social media using the hashtag **#SwallowAware2025**.

New video for service users

To help spread the word about speech and language therapy, RCSLT has launched a new, accessible animation: 'What is speech and language therapy?'.

FILM TITLE SCREEN WITH BSL

Aimed at service users, family and carers, the video tells the story of three fictional characters narrated by an SLT. It explains the basics about what an SLT does and the conditions that can be helped by speech and language therapy.

It was produced with involvement from service users and SLTs with lived experience of disability.

It is available in English and Welsh and includes British Sign Language as standard. It is free to access on the RCSLT website and on YouTube.

Please share!

The film is ideal for anyone new to speech and language therapy including parents and people with communication and swallowing problems. It can also be useful in careers talks. Contact **info@rcslt.org** to request clips for sharing on social media and online.

Watch online: **rcslt.org/speech-and-language-therapy**

UP COMING

APRIL
Parkinson's Awareness Month
2-8 World Autism Acceptance Week

MAY
12-18 Mental Health Awareness Week
15 Global Accessibility Awareness Day

JUNE
Pride Month
16-22 Learning Disability Week

RCSLT conference 2025: share your work

The RCSLT conference is our flagship event, which takes place every two years to bring together SLTs from the UK and around the world. This year it's happening online from 26 to 27 November. Join us to connect with others across sectors, specialisms, career stages and locations. This event offers a platform for knowledge exchange and professional growth. Abstract submissions for the conference are now open, offering a chance to showcase innovative research, clinical practice and service developments. SLTs across all career stages are encouraged to contribute their work and help shape the future of the profession. Stay tuned for updates on social media and e-news.
rcslt.info/RCSLTConf2025

Join new Professional Networks platform

Basecamp, the platform used by Clinical Excellence Networks (CEN) and other groups, closed on 31 March. All CENs and hubs have now moved to RCSLT's Professional Networks digital communication tool, providing a dedicated space for collaboration and knowledge-sharing.
rcslt.info/professional-networks

VoiceBox 2025

On Blue Monday, 20 January 2025, primary schools across Scotland kicked off the VoiceBox campaign with joke competitions. The competition finalists from all 32 local authorities will share their jokes at an in-person grand finale event in the Scottish Parliament on 5 June 2025.
rcslt.info/scotland-voicebox

HCPC renewals: are you ready?

The Health and Care Professions Council (HCPC) will begin its next registration renewal period and CPD audit of SLTs this July. If you are selected for audit, you will be notified at the beginning of July and will have until 30 September to submit your profile and evidence of your CPD activities.

Please make sure HCPC have the correct details for you and let them know as soon as possible if you move, or if you change your telephone number or email address.

You can update your details online **rcslt.info/hcpc-registration** or contact the HCPC via email at **registration@hcpc-uk.org**.

Help from RCSLT

Log into the website for a recorded webinar packed with advice from RCSLT experts **rcslt.org/events**. Our Professional Enquiries Line is here to support you **info@rcslt.org** or call **020 7378 3012**. Turn to **page 66** for some tips on using CPD evidence.

Curriculum review underway

RCSLT's curriculum guidance for higher education institutions (HEIs) is being reviewed. The guidance provides a blueprint to support and guide educational leaders and partners in developing degree-level entry routes to the speech and language therapy profession.

The renewed guidance is moving from the five RCSLT 'core capabilities' to reflect the four domains and five core components within he Professional Development framework. The review aims to ensure that the guidance is fit for purpose and remains informative, and that all the clinical areas are in touch with the skills required by a graduating SLT.

Supporting the review is a working group along with contributions from expert members and a public consultation. Publication is expected in autumn 2025.

Find out more:
rcslt.info/curriculum-guidance

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 showcases the incredible work of SLTs across the UK pioneering online neuro therapy, raising awareness on BBC Breakfast and celebrating community connections

1


2

3

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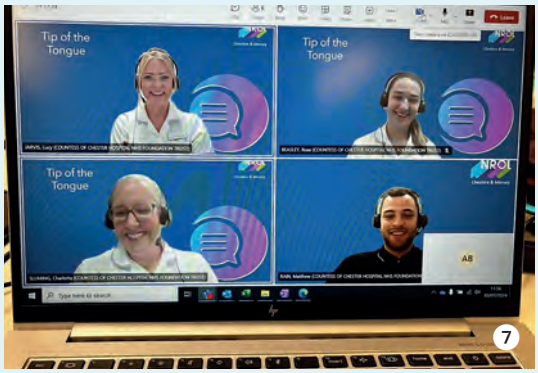

1 SLT Steph and speech and language therapy assistant Stacey had a great time celebrating the launch of Tudor Rose Family Hub. **Steph Broodbank**

2 The symbol connect team enjoyed a green Xmas, bringing pre-loved ornaments or homemade treasures for a shared display and take home. **@SymbolConnect**

3 On BBC Breakfast, **@NickyWestSLT** and **@DrBeckFoljamber** raised awareness of the impacts of technology on speech language communication needs in young children. **Nicky West**

4 A lovely visual resource produced by Birmingham City University first year students, Grace-Liberty Lessiter, Toni Renee and Lucy Wall. **Richard Armstrong**

5 Student SLT Kathryn couldn't help but smile when she saw this in a shop. **Kathryn Bracey**

6 Huge congratulations to the University of East Anglia's student SLTs who have been awarded Health and Social Care and Nursing student prizes. **@uea_slt**

7 Well done to **@TheCountessNHS** stroke speech therapy team for receiving great patient feedback for the first online neuro therapy speech group in NHS Cheshire and Merseyside. **Countess of Chester Hospital speech therapy team**

8 SLT Lucy loved using her new colourful semantics resource, helping the year 2 students understand how different parts of a sentence fit together. **Lucy Daniels**

9 Following a morning of paediatric dysphagia and referral discussions, the Judith A Schofield and Associates team enjoyed an afternoon of fun with a special visit from the youngest member of the team. **Lauren Booth**

10 Sandwell and West Birmingham Hospitals NHS Trust's SLTs were at the Lyng Centre, West Bromwich, raising awareness of developmental language disorder. **@SandwellSPOT**

IRMA DONALDSON

A space for connection

Chair of Trustees, **Irma Donaldson**, looks at how our SLT community unites the personal and the professional

Meeting up can help to build up the invisible bonds between us

What does it mean to be part of a community? All of us in the speech and language therapy profession know that we don't do anything in isolation. All our work happens with people: we are always working in partnership with those who access our services and their families, as well as with other professionals. It's not only other SLTs who are part of our therapy landscape: we straddle 30-plus clinical areas engaging with teachers, researchers, social workers, other clinicians, those working in the justice system and so many more.

Perhaps we don't always realise how much we do to create those vital links that are the bedrock of our SLT community. It is not always easy to find time to step out of our routines to meet other SLTs and refresh our knowledge. There are different ways we can do this, and many are not formal events or training. Meeting up with old colleagues or giving feedback to another team can help to build up the invisible bonds between us.

Attending the RCSLT annual conference or another big speech and language therapy gathering can give you a feel for the sheer size of us as a profession and the work we are part of. Smaller regional or topic groups like Clinical Excellence Networks (CENs) bring us together for training and discussion. Today we have so much flexibility to meet in person and online, which is helping our CENs to go from strength to strength.

These kinds of gatherings often end up with us taking away more than new skills: a feeling of belonging to a dedicated workforce, joined in our ambitions to help people with communication and swallowing problems. More than that, being with others can keep our individual sparks of enthusiasm alive, and let us feel nurtured while we nurture others.

I know in the early years of being an SLT I found a lot of benefit from going to predecessors of CENs, called special interest groups (SIGs). I found the Paediatric Dysphagia SIG and the London Autism SIG really stimulating and perfect for cheap CPD and networking, while building my clinical confidence. Having spaces where experienced SLTs explore the boundaries of their clinical work while supporting less experienced colleagues is enriching for the profession.

We are in a profession where knowledge and understanding are evolving all the time, and it's great to be able to keep up to date while growing your connections with others. So why not join a CEN and build your community?

IRMA DONALDSON,
RCSLT Chair of Trustees
irma.donaldson@rcslt.org

STEVE JAMIESON

Be an ambassador for the profession

CEO **Steve Jamieson** encourages all SLTs to get involved in championing the profession for RCSLT's 80th and beyond

This year marks a remarkable milestone for the RCSLT – our 80th anniversary! Eight decades of championing our profession, supporting our members, and ensuring that people of all ages receive the life-changing support they need to communicate and swallow safely.

As we celebrate this incredible achievement, we also recognise the challenges ahead. One of the biggest being the urgent need to grow our profession. We know that speech and language therapy is an amazing career: rewarding, varied, and crucial to so many different areas of society. Yet, we need more people to join us. That's why, in our 80th year, we are calling on you, our members, to help inspire the next generation of SLTs.

This is one of the eight pledges we are asking members to commit to as part of our celebrations. Whether you work in the NHS, independent sector, education, social care, or the justice system, your voice and experience can showcase the incredible impact of our profession.

So how can you get involved? There are many ways to be an advocate for speech and language therapy:

- Give a talk in a school about what an SLT does and how rewarding the career can be.
- Attend careers fairs to promote the profession to students and career-changers.
- Use social media to share what you love about being an SLT – whether it's a 'day in the life' post, a story about your career journey, or a simple post highlighting the importance of our work.
- Encourage friends, family, and networks to explore speech and language therapy as a career.

To support you in this, we've developed new resources, including our brand-new animation, 'What is speech and language therapy?', which is a great way to introduce people to our profession. You can find it, along with other advocacy tools, on our website.

The future of our profession depends on inspiring the next generation, and no one is better placed to do that than you, the SLTs delivering real change every day. As we mark 80 years of RCSLT, let's celebrate, advocate, and grow our profession together.

Find out more and access resources at **rcslt.info/80th**

Here's to a fantastic year of celebration, advocacy, and impact!

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

We are calling on you, our members, to help inspire the next generation of SLTs

ADVERTORIAL

Wiltshire Farm Foods
Nutrition & Hydration Week

This March, Nutrition & Hydration Week (17th-23rd) is a time for healthcare professionals to focus on essential parts of care provided in health and social care settings, hospitals, care homes and in support of those living at home.

What and how we eat has the potential to impact on every area of our lives and can play a part in the prevention, management, and treatment of certain conditions. We also mustn't forget the importance of considering the social impact of eating well. Various research studies and core clinical guidelines recommend eating with others as an intervention that can help to prevent malnutrition, particularly among older adults.

Wiltshire Farm Foods Sweet and Sour Chicken Mini Meal

Perhaps the most pressing nutritional issue for healthcare professionals to be aware of, particularly those working with older and vulnerable adults, is malnutrition. Malnutrition is a major public health issue in the UK, and one that does not receive the focus it requires, despite it being incredibly costly to the health service and largely preventable.

Healthcare professionals can play an important part in supporting their patients and clients to prevent or treat malnutrition

Malnutrition is a complex condition with many signs, symptoms, causes, and treatment methods to be aware of. Healthcare professionals can play an important part in supporting their patients and clients to prevent or treat malnutrition, and as always, collaboration with dietitians and other healthcare professionals is important.

Ready meal providers such as Wiltshire Farm Foods have a specialist range of Mini Meals which offer smaller portion sizes but contain between 140-420 calories, so there's no compromise on nutritional intake.

MAKING A DIFFERENCE EVERY DAY

Healthcare professionals are well placed to support with good nutrition and hydration as they often have regular contact with the service users that they support. If as an SLT you're concerned about your patient's or client's nutrition, there are some things you can do, including:

- Have an open discussion with the individual about their nutrition. You could ask if they have any concerns, have unintentionally lost weight recently or have lost interest in food.
- Make a referral to a dietitian, who can provide a full nutritional assessment and a personalised Make some recommendations around improving their nutrition.
- Using a food-first approach and recommending nutrient-dense foods can be very effective and is usually the first step in managing malnutrition.

Watch this video from Wiltshire Farm Foods and the BDA on how to keep healthy in older age.

Innovative placement solutions

Monia Molino and **Anja Kuschmann** explain how a peer-assisted learning model can help to address the shortage of placements for student SLTs

MONIA MOLINO

ANJA KUSCHMANN

In 2021, the RCSLT launched a nationwide initiative to address the shortage of placements for student SLTs. In response, the University of Strathclyde's undergraduate speech and language therapy programme pioneered innovative solutions including the introduction of an online student-led Intensive Comprehensive Aphasia Programme (ICAP; Molino et al, 2024).

ICAPs are increasingly becoming the preferred option for high intensity aphasia rehabilitation. Despite evidence of their effectiveness, ICAPs remain underused in the UK due to practical constraints like staffing (Monnelly et al, 2023). Recognising their potential, we embraced ICAPs to address placement shortages, and since the first iteration, we have successfully conducted four ICAPs.

The adoption of the evidence-based peer-assisted learning (PAL) model was central to the success of our ICAPs. PAL involves two or more students supporting and learning from each other under the supervision of a practice educator (PE). In other allied health profession (AHP) disciplines, such as dietetics, using this model increased placement capacity, fostered peer collaboration and independent problem-solving (Reidlinger et al, 2016). However, the PAL model has only recently begun to be used in SLT placements (Allison and Thompson, 2023).

Peer-assisted learning (PAL) in action

We decided to pilot the model in our in-house ICAP in 2022 to experience its potential benefits first hand and create new placement opportunities. We employed two PEs over the duration of the ICAP to supervise eight students. We chose a PE to student ratio of 1:4 to allow PEs sufficient supervision time for their allocated students without compromising the quality of supervision.

The PAL model facilitated a structured and supportive learning process with students gradually taking on more responsibility. Initially, they shadowed the PEs, then progressed to co-leading sessions, and eventually led sessions independently. Students shared clinical responsibility over clients, collaboratively prepared session plans, and divided duties for session delivery and evaluation. They engaged in regular discussions about clients, working together to develop creative solutions to challenges. This hands-on approach empowered students to fully engage in all aspects of clinical management, ensuring a well-supported transition to independence.

What we learned from our pilot

Following the ICAP, we gathered the students' views of their experience using a questionnaire. They reported feeling well supported, with peer collaboration enhancing their learning experience. Students enjoyed working with their peers and supporting each other throughout the placement. They said they found it helpful to discuss questions with their peers before approaching PEs supporting a solution-focused approach. We found that the model supported them well in consolidating their team-working skills.

Using the PAL model within a student-led ICAP confirmed the benefits of this approach and allowed us to run in-house placements while managing our resources. We found that this approach helped us address placement shortages without compromising supervision quality and learning. We have been promoting PAL to our external placement providers.

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ILLUSTRATION: TIM BOUCKLEY

The role of SLTs in CAMHS

Sabrina Anderson, **Leah Madnick** and **Rob Brindley** highlight the need to integrate SLTs into child and adolescent mental health services

In recent years, the role of speech and language therapy in child and adolescent mental health services (CAMHS) has expanded significantly. With the growing communication and mental health needs of children and young people, the role of SLTs in CAMHS should be clarified ensuring more SLTs are recruited and retained within these services.

Our project

At West London CAMHS, we completed a six-month project to understand the role and benefits of SLTs working in the team. Through surveys, feedback from parents and young people, and collaboration with CAMHS staff, the project found three key benefits of the SLT role in CAMHS:

1 Improved multidisciplinary team (MDT) assessments

Achieved through SLTs being part of CAMHS MDT discussion meetings and joint assessments with CAMHS clinicians, offering consultations for CAMHS staff and specialist interventions such as for selective mutism.

2 Supporting home and school life

Achieved through SLTs working alongside parenting and systemic approaches to highlight the link between communication and relationships. For example, parent workshops with CAMHS clinicians.

3 Improved identification, documentation and adaptation to communication needs

Achieved through SLTs within CAMHS teams assessing speech, language and communication needs (SLCN). They help by outlining how communication can be adapted to reduce the impact on child mental health, and supporting CAMHS staff to make their work more accessible.

> **They help by outlining how communication can be adapted**

Our learning

The integration of SLTs in CAMHS is important in providing insights into the role of speech and language in mental health and improving diagnoses.

Research highlights a connection between language difficulties and mental health in children and adolescents. A meta-analysis in 2015 found that 81% of children with emotional and behavioural difficulties, such as anxiety and depression, have undiagnosed and significantly below-average language abilities (Hollo et al, 2014). Similarly, children with ADHD are at risk of language difficulties (Korrel et al, 2017).

Guidelines across organisations recognise this connection. The national Institute for Health and Care Excellence (NICE) advocates for the assessment of SLCN as part of the diagnostic assessments for autism and social anxiety (NICE, 2013). RCSLT reinforces this by highlighting the SLT role in autism assessments (RCSLT, 2023). Guidance on working with children with learning disabilities and mental health challenges emphasises assessing communication to better understand and remediate the causes, and manage risk (Dinenage and Zahawi, 2019).

For SLTs, CAMHS offers various opportunities for learning and development, such as Recruit to Train programmes for additional training in psychological therapies, and progression posts where SLTs can transition from their current band. If you are interested in working in this area, we encourage you to reach out to your local CAMHS teams to explore your potential role as an SLT in CAMHS.

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Service users in SLT education

Fiona Baillie explains how the University of Reading brings service users on board to help students get a true understanding of life for those we support

FIONA BAILLIE

It's been fantastic to see service user voices being included in *Bulletin* and it's inspired me to share the way we get service users involved in supporting our SLT students at the University of Reading.

The experts

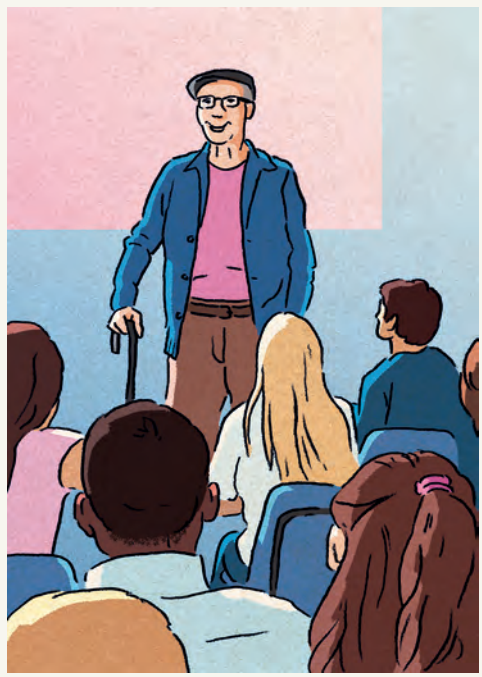
Our service user panel is known as the 'Lived Experience Partners' (LEPs), and we have approximately 20 members on the panel.

Our LEPs have experience living with, or caring for someone with, a range of acquired and developmental communication disorders. Several of our LEPs have communication difficulties as a result of having a stroke, as well as some parents of children with communication disorders. We also have adults who stammer or have acquired communication disorders and a young person with developmental language disorder (DLD). It's great to have a variety of members, and we appreciate the different perspectives they bring.

What the experts do

Our experts are invited to attend panel meetings two times a year, during which we reflect on each term of teaching. They are invited to attend the university open days and visit days to meet with prospective students and join in with the interviews. Experts are involved with our teaching programmes, and they attend 'Meet the Clients and Carers' workshops with groups of students.

The experts share insightful, personal accounts of living with, or supporting someone with a communication disorder with our students and are always happy to answer any questions from the students and to share advice and strategies they have found useful themselves. They provide a useful reminder to stressed out students about what all the exams and deadlines and challenging placements are for!



ILLUSTRATIONS: TIM BOUCKLEY

What the experts by experience say about their role

"Being part of the panel is so valuable and I personally wanted to give a little something back to the team to help."
"The panel are all a really great bunch of people and I feel energised and inspired."
"I really enjoy meeting the students and hearing their questions and hope it helps them understand their future clients and their families a little better."

What the students say

"It is so valuable to meet service users and to hear about their experiences. It helps to focus on things from the person's perspective"
Second year master's student

"This session was incredibly helpful and informative. It was also helpful to hear positive and negatives of their experiences too."
First year undergraduate student

"The session has really made me think about how every little thing can affect a client and I should always be actively thinking about how I can make their experience better."

> **We appreciate the different perspectives they bring**

We are always looking for ways to expand our panel and to increase opportunities for our students to engage with a variety of service users. We are keen to hear from clinical staff at other universities about how you engage service users and include them in your teaching, so please get in touch!

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Making every role count

Nicola Verity and **Maggie Evans** give their insights into recruiting an NQP into a new assistant practitioner role

We are all familiar with pressures experienced by speech therapy teams in the current funding environment. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is the head and neck surgical centre for Bradford, Airedale and Calderdale. We manage the surgical inpatient caseload and other complex pathways within head and neck.

Through service evaluation, we found that although the patients were being reviewed, this was at significant cost to service developments and patient input was often reactive rather than proactive. Although no adverse events had been identified, we recognised that we were unable to provide optimal care (Frowen et al, 2021).

NICOLA VERITY

MAGGIE EVANS

There were positive outcomes in every area we measured

We process-mapped our work collaboratively with the trust's transformation team, and this helped define what we do and the skill mix needed. It was important for us to have a post that dealt with non-complex patient work and routine administrative jobs. Using the AHP Support Worker, Competency, Education and Career Development Framework from NHS England, we proposed an assistant practitioner post.

A small 0.2 whole time equivalent (WTE) band 7 vacancy was converted to a fixed-term 0.7 WTE band 4 post for six months. We wondered if this would interest a newly qualified practitioner (NQP), giving them experience until their first band 5 role came along. We began recruitment in spring 2023.

Grace joined the team in May 2023. She was a graduate with a desire to work with adults, wishing to gain experience while looking for her first post. Her role developed in a way that was only possible because she was qualified. Within the framework of RCSLT's Clinical Competencies for Support Workers (March 2023), her role initially included dysphagia screening, following therapy programmes, telehealth reviews, ordering laryngectomy equipment, organising support groups, and liaising with stakeholders.

We gave Grace regular supervision and training, and delegated to her to ensure she was supported and competent. She very quickly completed her basic competencies, so we developed her role to include more extended duties such as Yankeur suctioning under supervision, delivering training to the HN ward and assisting in videofluoroscopy and FEES clinics.

The addition of an assistant to the team enabled us to use our expert time more effectively and offer services previously shelved due to capacity issues. The post provided extra experience for an NQP who had studied during Covid with reduced opportunity for face-to-face placements. Grace fed back that that this has improved her professional development and confidence. There were some challenges faced and there was the accepted risk that an NQP will gain their first Band 5 and leave before the contract's end. However, there were positive outcomes in every area we measured: increase in patient contacts, training, patient satisfaction, and colleague feedback.

Benefits of this project have been incorporated into our business case with the hope this role will be included in any future staffing uplift.

NICOLA VERITY, Highly Specialist SLT, Bradford Teaching Hospitals NHS Foundation Trust

MAGGIE EVANS, Highly Specialist SLT, Bradford Teaching Hospitals NHS Foundation Trust

ILLUSTRATION: TIM BOUCKLEY

Community starts here

Clinical Excellence Networks (CENs) exist to provide some of the essential training required for registration, but they mean a lot more to their members than just training. Bulletin's **Deborah Fajerman** *asked CEN leaders around the UK to share their expertise and advice with readers*

ILLUSTRATIONS PETRA ERIKSSON

Belonging to a Clinical Excellence Network (CEN, pronounced /sen/) can open up so many avenues for professional and personal growth. Each one has its own character, with different CENs offering their own blend of learning and practical guidance. And while being a member or attending training events can be a huge benefit, there's also scope to make a difference by joining a committee or even starting your own group.

Bulletin met up with committee members from several UK CENs focusing on voice therapy to find out more about what they can offer to SLTs working in a particular clinical area. We also wanted to know all about the individual benefits like confidence and wellbeing, and any tips they could offer for keeping a CEN going in the long term.

DEBORAH FAJERMAN

What are CENs for?

Originally called Special Interest Groups (SIG), the main function of CENs was to provide training and continuing professional development (CPD) but they have developed into much more than this.

SLTs are trained to seek learning as part of their professional development, and to be curious as part of daily clinical work. CENs are not just for specialists however – they are perfect for someone with a mixed caseload and at any stage of their career journey.

CENs are just one of a variety of networks available to SLTs. CENs are supported by the RCSLT, but they are independent bodies and often include non members, service users and other professionals. Each group registers with the RCSLT, which provides them with support and resources such as a designated communication platform and access to a free Zoom account. In turn, CENs play a valuable part in RCSLT's work shaping professional practice and influencing policy.

> **The CEN offers a safe space to ask questions**

Stories from the UK voice CENs

How are we: creating connections?

On top of training and clinical support, CENs and other professional networks also have a really important place in building a sense of belonging. Creating those connections with others in your field can combat the isolation that sometimes comes with the job. Being part of a CEN can offer a sense of community that underpins so much about speech and language therapy.

Denise Clifford, SW Voice CEN (DC)
I have been a member of the SW Voice CEN since 2010, and later became a member of the committee when the CEN was relaunched in 2016. I personally have found it to be an invaluable resource, simply because it has kept me in contact with other clinicians working in my specialist area. Our network allows you to tap into the 'hive mind' and access the knowledge and support of a wide range of people.

Tom Butler, London Voice CEN (TB)
Keeping motivated and clinically up-to-date in day-to-day voice therapy can be challenging, particularly for clinicians who work on their own, or who are members of a team where they are the only voice specialist. The CEN offers a safe space to ask questions and share knowledge in voice.

Kevin Pasternak, Trans and Gender-Diverse Voice and Communication CEN (KP)
There is something positive about coming together a couple of times a year and chatting with colleagues who are doing the same work as you in other places around the country. Sometimes you learn something completely new, and other times it's helpful to check your practice is in line with what others are doing as well.

How do we: raise clinical standards?

Because CENs are member-led they can tailor their offer to meet training needs and support best practice in their region or clinical area. Some CENs provide a discussion forum for individual cases. This can be between similarly experienced peers, or between more experienced and newer practitioners. Creating resources and helping to write RCSLT's clinical guidance can also have a direct impact on care.

DC: The SW voice SLTs work over a large geographical area, and there may only be one voice specialist in a team which can make it hard to get clinical supervision. Even senior staff might need support with difficult cases, so meeting via the CEN enables the experienced staff to share expertise.

Helen Ingham North East Voice CEN (HI)
The NE Voice CEN membership collated the voice therapy techniques that were used by members into a central resource booklet. By sharing, without fear of judgement, our 'go to' techniques along with the evidence base we would be opening up this sometimes-mysterious box of tools we all use.

One of our committee members remembers being handed the resource as she started out in the voice field and found it invaluable. It doesn't replace in-depth training in techniques, but it is full of suggestions that we can follow up.

KP: RCSLT's competency framework for Trans and Gender Diverse Voice was written in 2019 on behalf of the RCSLT team by our CEN. This document helps students, clinicians and supervisors around the UK by spelling out areas of clinical voice skill and specialist knowledge. It was a big contribution to best practice in our emerging clinical area.

HI: The North East Voice CEN covers a large geographical area. We had a session where we collected data from members and were able to put together a map of our region, detailing the hospital bases we all worked out of. It was very useful to be able to appreciate the differing sizes of city-based hospital trusts compared with rural trusts. We also asked members to detail the range of clinics and services funded in their area. This overview of service provision has led to us sharing experiences and supporting some services with their business cases to justify new funding, and has made the clinical pathways between trusts clearer.

Laura Connolly, Voice CEN Northern Ireland (LC)

We find that patient care is optimised when we can work closely with our colleagues in respiratory physiotherapy. So at one of our CENs, we welcomed a team of respiratory physiotherapists to tell us more about their role and how they help patients with management of breathlessness, airway clearance and reduce work of breathing. Some of these strategies were things that we could apply directly with our own patients.

After this presentation, we strengthened our links with the respiratory physiotherapy team in our local hospital and we can now contact them directly for queries or refer on to them directly with increased knowledge around appropriate referrals.

As well as meeting your training needs, being part of the professional community brings individual rewards

How do we: provide CPD?

Joining a CEN is a great way of acessing the wide variety of CPD that is required by the HCPC. Their guidelines require you to take part in a range of learning activities, not just training courses (HCPC, 2024). The CEN members can get together and tailor training topics they need to support them to deliver the best care in their area. The hard-working CEN committees invite speakers, set up the in-person or virtual meetings and decide whether to charge for an event.

TB: Rather than training, I like to think we offer a clinical critique and discussion platform, which is very different to paid training which often has a particular agenda or set of learning outcomes. We offer two to three study days a year, with the aim of one in-person and one or two online days to maximise accessibility. I think our members enjoy the non-corporate approach to learning and CPD, so there is always lots of interest in attending study days and opportunities to connect with other voice specialists.

DC: We aim to offer one in-person, hands-on full-day training session per year, supplemented by one or two shorter, online webinars. Recently, we broke from this tradition to offer a three-day online event, spread over three weeks. This worked well, allowing attendees time to process information between days.

KP: One very important aspect of our CEN is practical voice exploration, and we include that in every CEN event. We did something this year on how to access different modes of voicing, specifically 'thin' vs 'thick' vocal fold configuration. We walked attendees through the ideas and then went into breakout rooms, role-playing clinician and client. We routinely get positive feedback about offering space for practical voice work, as there aren't very many training events available for gender-affirming voice therapy. This is a way to offer training or tasters to members.

How do we: increase wellbeing?

As well as meeting your training needs, being part of the professional community brings individual rewards especially for wellbeing. For many SLTs, working alone or being the sole specialist in a team carries a risk of feeling

isolated, and being in a CEN can help by creating a sense of community and belonging. Wellbeing may be the focus of training events too.

LC: Working with a voice caseload comes with its own unique set of challenges. Many of our patients have mental health difficulties or stressors in their life and we are there as a supportive voice to them. It is therefore important we look after our own mental health and wellbeing! We had a consultant clinical psychologist present to us on 'Surviving and thriving in the NHS'. The presentation was so useful. The psychologist taught us more about the importance of staying in touch with our values as we move through our working day. What kind of SLT do I want to be – empathetic? Supportive? Wise? How do we stay present at work and do what matters? We explored a range of coping strategies and discussed ways to ensure a good work life balance.

By the end of the session we left with a new appreciation for the importance of our own wellbeing and a range of strategies we could use as our own self-care kit.

Community, support and learning

Our UK Voice CENs show how lively and diverse CENs can be, and not only that, but also a great source of connection, wisdom and nourishment. We have shared just a few of the different approaches and great ideas for running learning events designed for a local group or clinical area. There are lots of reasons for joining a CEN and other kinds of networking activities at any stage of your career.

Alison Ramsay led a two-year RCSLT project to revitalise CENs, and she told us: "Over 500 RCSLT members currently volunteer their time as committee members. After listening to groups all around the UK, we have just launched new support and guidance to help them flourish, including a new dedicated communications tool for CENs: the 'Professional Networks' platform, due in March 2025. We would love to see more RCSLT members joining CENs: it's about empowering yourself and others to thrive, connect, and inspire change."

Denise Clifford sums it up "I love being part of the CEN committee. Yes, it is extra work, but it makes me feel generally really positive about my job. I have just passed my 20 year anniversary since graduating and have now been working in voice for 14 years but I still feel that I have things to learn, areas to explore and

skills to develop. I'm really grateful for that because it means I am still passionate about voice, about being an SLT and about the people I work with. The CEN is an integral part of keeping that spark well nourished."

Find out more

Take a look on the RCSLT website to find a list of CENs around the UK plus more ideas for connecting with your peers **rcslt.info/CENs**.

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OUR TIPS FOR RUNNING A CEN

One of the main concerns for CEN committees is keeping things accessible, and that means considering how much if anything to charge, as well as how to communicate with members. Here leaders of voice CENs around the UK share their expertise.

Stay affordable

The CEN should be an easy option, cheap and accessible, at a lower cost than training courses. We do need funds for special external speakers at study days, but otherwise we have so much expertise to share in-house, which is self funding. We also have access to a meeting room within one of our trusts which doesn't charge for trust employees.

Interactive events

We always have an agenda for our meetings but try to ensure it is engaging with opportunities for interaction. When meeting face to face we always stop for a coffee break which is a nice way to keep things social!

Think about leadership

Chairing a CEN is a brilliant opportunity to develop leadership skills. And as part of a CEN you can be called upon to provide opinions to the wider profession. For example we recently gave the RCSLT our input on the clinical codes for voice diagnoses in the clinical terminology project (SNOMED).

A space for tricky cases

We have made sure that we include a time for case discussion at each meeting. People can bring cases that are tricky, or just think about the last patient they saw. We will try and share these cases with two or three others. This allows everyone to feel comfortable to share and be open to advice, or feel able to offer suggestions to others.

Blend of experience

A spread of experience and ages can help in maintaining an enthusiasm for the group. The CEN has to provide something that is needed on a clinical and personal level.

Use RCSLT resources

The HQ in London has been so supportive and we utilise the free seminar room space so we can keep costs down for our members. The RCSLT Zoom account allows us to avoid signing up to our own subscription.

Keep up the momentum

Encouraging active engagement from CEN members and keeping in touch with what members feel is relevant for them in the context of their work and caseloads is essential in maintaining interest.

Involve members

There should be an AGM, and there should be opportunities for members of the CEN to be nominated and voted onto the committee if they would like to be more involved.

Staying in touch

We recently asked our members how they would like to be contacted, and the overwhelming preference was email. With our new platform, RCSLT Professional Networks, we hope to engage members so we can get conversations going in the field of voice.

Choice of formats

We try to have a combination of both remote and face to face meetings. I think with remote working you can miss out on the social side of meeting and miss opportunities for informal networking.

Keeping costs down

When we engage trainers, we discuss the cost and try to keep this low. We often pay trainers a flat rate and try to recoup the cost with ticket sales. Sometimes the CEN will absorb the cost if ticket sales don't match. Larger, online events like webinars are often a way of offsetting any events which the CEN has subsidised.

Starting our own CEN

Have you ever thought about forming a CEN? The Wales and Borders Adult Dysphagia CEN idea started life as a conversation over coffee and a year later, launched its first event. This is how it happened

We saw a need for more collaboration of SLTs working within dysphagia in our areas and saw an opportunity to expand on a pre-existing CEN in South Wales. It quickly came to light that we had ambitious plans to expand this nationally.

The vision was to create a platform where those in the profession could exchange best practice, disseminate latest research findings, and collectively address challenges in adult dysphagia. The initial steps involved finding a team of people with shared values and vision who represented different regions and specialities. We recruited therapists from across all corners of Wales and the borders and launched our inaugural event almost a year later.

Overcoming challenges

There were a few stumbling blocks to overcome. Logistically it was difficult for the committee to coordinate diaries. We utilised Teams and ensured that we scheduled meetings in advance that worked for all members. We reflected carefully about how to make the CEN accessible and decided to make membership free. This may be challenging if we want a paid guest speaker although we are lucky to have some funds donated from the South Wales CEN.

Some committee members found it difficult to gain approval to join, so we helped them to clarify the level of commitment and articulate the overall benefits to get the support of key stakeholders.

The CEN carries some time commitment and it can be difficult to balance with other duties, particularly when there is an upcoming event. We ensure tasks are allocated equally and we support each other where there is less capacity.

Creating a successful first event was tricky as we needed to build our membership list and disseminate widely. We utilised our local contacts to share the event details. We were lucky to have a great initial uptake with representation from England and Wales, including private and NHS therapists.

Some attendees including bank staff did not have approval to attend the event and instead took annual leave and attended in their own time which we feel is testament to the opportunity for CPD offered and the quality of the event.

We booked time to collectively reflect after events to celebrate success and make improvements.

Our advice to CEN organisers is to be ambitious about your topics and speakers reach out to expert leaders – you never know who will say yes! We approached Kathleen Graham Senior Project Manager for RCSLT and lead author for the RCSLT Thickener Position Paper to speak at our first event in relation to the use of thickener as part of dysphagia management.

The dedication and collaborative spirit of the CEN committee has ensured its ongoing success making it something lovely to be part of.

HANNAH HAWTHORNE, Mersey Care Community Division
MARIA HOPKINS, Swansea Bay University Health board, Learning Disability service
HANNAH GREEN, Cardiff and Vale Community Resource Team
MANON HUGHES, Betsi Cadwaladr University Health board
CHARLOTTE HANCOX, The Walton Centre NHS Foundation Trust

Find out more

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There's no place like home

Rebecca Hull, **Claire Clark**, **Ros Fraser** *and* **Nikki Bwye** *share their findings from supporting frail elderly patients using the acute care at home (ACAH) model*

Speech and language therapy services have seen the impact of an ageing and increasingly frail population. The COVID pandemic hastened moves towards older people receiving treatment for acute illness in their home rather than hospital, and there is both quantitative and qualitative evidence which shows that this is the preferred option for the frail elderly (NIHR, 2022). The move towards acute care at home (ACAH) has led to an increased need for rapid assessment of acutely unwell people by community rather than hospital speech and

language therapy teams, which can mean planning service changes to meet this need.

Frailty is a distinct health state related to the ageing process in which multiple body systems gradually lose their in-built reserves (Hospice UK, 2023). In practice this means that a person's functional ability is significantly impacted by something like a fall or infection that would not result in similar consequences for someone without frailty.

Up to 50% of frail elderly patients are affected by sarcopenia which can affect swallow muscle mass and function (BGS, 2020). When a person already living with frailty becomes acutely unwell from any cause, we frequently see a decompensated swallow, often with limited recovery potential. Dysphagia and reduced intake of food and drink can impact their recovery from an acute illness and significantly impact their quality of life.

Acute care at home

Acute care at home is a developing area in healthcare and speech and language therapy practice. There are variations in how it is planned and delivered. Hospital at Home (H@H) is a consultant-led, multidisciplinary team (MDT) service, whereas ACAH or 'Home First' usually describes individual uni-professional rapid response teams. The aim of these services is to avoid hospital admission or facilitate early discharge from acute hospital services with a swift and intensive response. We will use the term ACAH in this article.

The benefits of this type of service are:

- rapid response: avoiding long waits in the emergency department, removal of patients from community waiting lists, facilitating timely assessment
- H@H provides hospital level MDT service (including diagnostics) in a familiar environment that reduces risk of delirium, avoiding hospital acquired infections and deconditioning
- a holistic, person-led approach to intervention
- earlier discharge from hospital
- retained package of care (often lost during admission)
- retained access to social/family networks that play a vital part in the provision of care to patients
- patient and family wishes catered for with preference to be at home for all healthcare including end of life care.

THERE ARE VARIATIONS IN HOW THE SERVICES ARE ORGANISED AND STAFFED

NHS Grampian -Aberdeen City	HSC Belfast	NHS Lothian	NHS Forth Valley
Speech and language therapy frailty team (2.5 WTE). Referrals from inpatient frailty rehab, H@H, urgent referrals from acute hospital, GPs and care homes.	1.0 WTE SLT working within a consultant-led H@H. Referrals received from GP, acute hospital, Specialist nursing teams and the ambulance service.	Home First and Frailty speech and language therapy team (2 WTE) Referrals accepted from all acute and community health and social care services.	1.0 WTE SLT working within consultant-led H@H. Referrals are taken from GPs, acute hospital, specialist nursing teams, ambulance service.

In 2022, we were four lonely SLTs from different trusts exploring our emerging role in ACAH service provision. We made connections through the Hospital at Home Society and decided to meet. Our common aim was to deliver an intensive rapid response service to acutely unwell older people with or without an MDT approach, establish and develop our role within ACAH and identify relevant research. We decided it would be beneficial to gather data to analyse the role of SLT within ACAH, to evidence what value we bring to the service and identify any potential need for additional resources. We focused on dysphagia patients as they predominate on our caseloads.

It proved challenging to identify an appropriate outcome measurement tool for those patients with progressive, multifactorial conditions. We felt there was no single tool which would neatly work for this patient group. We decided

IMAGES: PAGE 31: IN-PRESS PHOTOGRAPHY / CENTRE FOR AGING BETTER

> **Our common aim was to deliver an intensive rapid response service to acutely unwell older people**

that we could make reliable comparisons using the dysphagia therapy outcome measures scale (Enderby, 2019) and collected data from 100 patients across our four areas of work, over a period of four to six weeks.

Based on our experience, we felt the focus of our input was on support, education, and managing decline in acutely unwell patients as opposed to rehabilitation.

Findings

The data showed that we had a significant positive impact on carer wellbeing with 88% indicating improvement. There was less change noted in relation to patient wellbeing at 42%, and most patients saw no change in terms of their level of participation. Contrary to our expectations, we did see a 28% improvement in impairment and 41% increase in activity showing impact at all levels, to varying extents. Primarily our intervention related to assessment and support, including education, signposting and reassurance as well as providing patients and carers with time and space to express their fears and concerns in relation to treatment and future care needs.

The data highlights the role of SLTs in supporting and educating staff and carers as well as patients who are living with acute and often progressive changes with their swallow and communication. The benefit of a rapid SLT response is seen in the timely implementation of treatment plans that help support patient safety, reduce fear and anxiety expressed by patients and family/carers associated with eating and drinking, and promote quality of life. This timely approach also reduces admission or readmission to hospital.

Patients will often present to our service with chronic and complex conditions which pose daily challenges, and we frequently have patients requiring end of life care. The patients and those around them typically voice their wish to focus on quality of life. Given the acuity of the patient's and acute/progressive cognitive factors, a rehabilitation approach is not often appropriate or realistic for a large proportion of our patients. Therefore, quality of life is usually prioritised.

Case study Mrs X, 85yrs old:

- living alone with family support and package of care (morning and bedtime calls only)
- history of Alzheimer's dementia and Parkinson's Disease
- GP referral with suspected aspiration pneumonia, hypoactive delirium and family not coping.

Within 24 hours of referral, Mrs X was assessed by speech and language therapy in her own home with family present. Family reported high levels of anxiety around the best ways to support her reduced intake and changes in behaviour, with coughing noted on fluids, and a tendency to spit out or hold food, drinks and medications in the mouth. Family also highlighted concern regarding missed doses of medication.

The assessment identified a moderate oropharyngeal dysphagia with risk of aspiration/choking and malnutrition. Education and reassurance regarding changes to Mrs X's swallow, including strategies to support safe eating and drinking and modification of diet consistencies was provided alongside written documentation. Mrs X's progressive frailty was also acknowledged with consideration given to an increase in care provision to support with mealtimes, medication administration, and reduce carer stress for the family.

The SLT communicated all assessment findings to the MDT, which helped to support ongoing medical management and advanced care planning, review of social care needs and medication reconciliation, and onward referral to community dietetics. Family acknowledged the benefit of a whole team approach and responsiveness of the team at a time of crisis.

Moving forward

Based on the findings from our data capture, discussions around the benefits and challenges in developing our roles within ACAH and providing a rapid response to acutely unwell patients, the ACAH CEN was developed. This CEN aims to provide peer support, allow SLTs to share experiences and learning and identify ways to improve service delivery.

Feedback from patients, families and the MDT has been extremely positive regarding the role of SLT within an ACAH setting. We continue to measure our impact and seek to identify the best way to showcase what we are already doing, respond to service changes and highlight potential for SLT expansion within our teams. As part of this process, we need to consider how we communicate these findings to other teams and management to support further funding for SLT within ACAH and H@H services.

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

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History within reach

Turning history into an inclusive experience for all, **Ali Falconer**, **Kate Kunze**, *and* **Emma Gillyon** *describe their experience collaborating with Hull's Maritime Museum to create accessible museum signage*

ALI FALCONER

KATE KUNZE

EMMA GILLYON

Stages in developing one of the accessible signs, with the input from our focus groups shown in yellow comments boxes.

The Maritime Museum in Hull is currently undergoing massive refurbishment. As part of this, Robin Diaper, Curator of Maritime and Social History at Hull Culture and Leisure Ltd, contacted our Hull Community Team for Learning Disabilities to request support with making the museum more communication accessible.

The museums team wanted to add accessible information to every display and artefact to ensure that they communicated the history of Hull and its Maritime story for all visitors including those with communication or literacy difficulties.

Robin and his team sent us over 100 sentences that would potentially be displayed throughout the museum.

Our focus groups

We enlisted people with learning disabilities who attend day centres in Hull (CASE Day Centre) and East Riding (Priory View Day Centre, Bridlington) to form our two focus groups to give feedback on the accessibility of the information. We spent time with the groups and their support staff working through each of the sentences one by one. Initially, we showed the focus groups the symbols alone to see if they could tell what the intended message was, then we revealed the corresponding sentence and discussed any mismatches in their interpretation and the intended message.

Our focus groups

As the request was to ensure that displays needed to be accessible for all, we initially suggested using an easy read layout of one picture per sentence to the left of the text (CHANGE, 2016). However, after discussion with the graphic designers and museums team, we agreed putting symbols above the text was preferable to communicate the complex information required. Haley Sharpe Design were the exhibition design team working on the project, and their graphic designer Alex Brooks created the bespoke symbols and changed them through their many variations following feedback from our focus groups.

We received lots of useful feedback from the groups about proposed images and text including simplifying the language used, and specific ways they felt the symbols could be clearer or more aligned with the intended message. This feedback was shared with the graphics and museums teams who implemented suggested changes. The accessible information was shared again with the groups to show them that their suggested updates had been implemented and gather any additional feedback from them – see the example image of how this process came together.

> **The views and feedback from the people with learning disabilities were so highly valued and given weight and importance throughout**

Valuing the focus group participants

We were all very pleasantly surprised by how the views and feedback from the people with learning disabilities were so highly valued and given weight and importance throughout. An opportunity and position which is rarely given to people with learning disabilities (Mathers, 2008; Williams, 2020).

Following input from the focus groups, the museum team sent each participant a card and small gift to thank them for their contribution. They asked us to be involved in creating items for a time capsule which would be buried in the floor of the Maritime Museum. On 1 May 2024, representatives from both CASE day centre training services and the speech and language therapy team attended the time capsule burial with the Lord Mayor of Hull and even got a special tour of the new museum.

Raising accessibility standards

The museum team has been working on making the newly refurbished museum communication accessible in other ways. All their newly commissioned interpretative films and audio/video content will have British Sign Language and subtitles, some of their galleries will have tactile models of items on display, especially natural history specimens, and books of large print copies of panel text will be available on gallery. They are investigating options around providing braille, training for staff and volunteers in verbal description, and providing bespoke tours.

Other museums such as Coventry Transport Museum and the Science and Industry Museum use Makaton symbols in galleries, but as far as we know, Hull Maritime Museum is the only museum to create bespoke easy read signs with input from people with lived experience. The data gained from reviewing the effectiveness of the signage could serve as a model of good practice for accessible spaces in the future.

Ali Falconer, Lead SLT, said: "The team has really enjoyed being part of this project with Hull Museums. It will help individuals with learning disabilities, autism, and other communication difficulties to access the museum in a way that is so rarely provided but is so very needed. We have loved supporting individuals with learning disabilities to contribute to how the symbols look and are used."

Mark Cooke, Manager, CASE Day Centre, said: "It's always good to work in partnership on such exciting projects, and we hope future generations will enjoy what has been produced."

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PAPER IMAGE: SHUTTERSTOCK / RCSLT

Clinical entrepeneur

Caroline McCallum *explains how she led her team to create and market a digital therapy solution*

It all started with joining the NHS Clinical Entrepreneur Programme in 2020. I was feeling frustrated by the supply and demand imbalance faced by our profession and I wanted to try to make a difference. The programme offers healthcare professionals the opportunity to join an innovative community, with access to training and mentorship. It is run by NHS England's Innovation, Research, Life Sciences and Strategy group and delivered jointly with Anglia Ruskin University to support NHS staff to develop new ideas that can help transform patient care.

The idea for Verbo began to take root as a digital solution providing universal and targeted support for children and young people pre-referral, those on long waiting lists or who do not meet criteria for their local speech and language therapy service. My idea was for an online toolkit that could be used by education staff anywhere, at any time. It would build capacity for SLTs, making speech, language and communication support accessible to every child and young person.

After winning funding from both the National Institute for Health Research (NIHR) and Knowledge Assets Grant Fund (KAGF), I worked with a team of Homerton NHS SLTs and digital technology developers Blum Health Ltd to make Verbo a reality. The development of Verbo involved working with a range of specialists. This included codesigning with education staff and working closely with a videographer and experts in branding, website design and marketing. The most important task was conveying the vision to the tech team to build the platform. The SLT team's communication skills were really put to the test!

The most important task was conveying the vision to the tech team

The result is an online platform for education staff working with children and young people from two years old through to young adulthood. Verbo consists of screening tools, personalised targets, training webinars, evidence-based interventions with video modelling, downloadable resources, parent/carer sharing options and robust impact measures. We continue to develop Verbo in response to user feedback, including multidisciplinary collaboration such as occupational therapy content.

As NHS clinicians, the therapy approaches, interventions and activities included on Verbo are all things we recommend to settings when working face-to-face, each with its own evidence base. We are continually developing processes for seamless engagement with the platform. Instructional videos, user guides and regular online workshops support users. Initial quantitative data from Verbo shows 6,400 children and young people have been screened to support identification of need, informing target-setting and implementation of intervention with over 32,000 content videos viewed by staff. Last academic year, 71% of children's targets were met and 24% partially met.

We hope our work will encourage staff to explore solutions that address the challenges the NHS faces. We are proud of our journey so far, with over 1,000 settings across England using Verbo. We were delighted to be shortlisted for the CAHPO 'Public Health Champion' award and receive Highly Commended for two Health Service Journal awards.

Find out more at **verboapp.co.uk** or contact **hello@verboapp.co.uk**.

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Speaking their language

Ami Mathur, **Bethany Ross** *and* **Brody Sutcliffe** *hired bilingual support workers to improve access to care across the community*

Ealing is a richly diverse borough with residents from over 100 countries, speaking over 170 different languages (Equalities in Ealing, 2020). 59% of children attending Ealing schools speak English as an additional language – in some schools it is as many as 99% of students (Ealing Schools Census, 2023). Linguistically, Ealing is unique in that we do not have one majority home language spoken in our community.

We have an even split across our top six majority languages: Arabic, Punjabi, Polish, Somali, Tamil, and Urdu.

The Ealing Children's Speech and Language Therapy team consists of over 70 SLTs and speech and language therapy assistants (SLTA) working across clinics, children's centres and schools. We pride ourselves on working towards recruiting a workforce that is representative of the population we serve. However, within our team currently, there are only a handful of bi/multilingual SLTs who can provide assessment and therapy in home languages without the need for an interpreter. This is reflective of a wider issue of very few bi/multilingual SLTs practising in the UK (RCSLT, 2018).

In line with the RCSLT Bilingualism guidance (2018), as a service with a high level, ie 5–10% or more bi/multilingualism in the local population, we must provide access to home language for all parts of our care pathway. The recent updates to HCPC standards clearly outline that we must "work to maintain, develop or enhance a client's home language" (HCPC, 2023).

Where did we start?

To provide support in home languages, we relied heavily on outsourced interpreting services. Due to the lack of governance and interpreter training, this approach often resulted in inequitable care. SLTs and families frequently reported issues, including:

- **Limited experience and skills:** interpreters often lacked the specialised skills and experience necessary to effectively work with children, young people, and their families.
- **Incomplete translations:** interpreters sometimes required multiple repetitions and did not translate all information to families.
- **Misinterpretations** of specific speech, language and communication needs, such as autism, stammering or selective mutism.

> **Linguistically, Ealing is unique**

What did we do?

In autumn 2021, seeking practical guidance on implementing the RCSLT's bilingualism recommendations, we met with Kamini Gadhok, former RCSLT CEO. Inspired by Kamini's pioneering work in Nottingham and other services such as Tower Hamlets and Oldham, we identified that introducing bilingual co-workers (BCWs) to our service would improve the quality of our home language support throughout our care pathway.

Between spring 2022 and spring 2023, we developed a two-year pilot plan to introduce five BCWs across our six majority languages. The application process was rigorous yet flexible to find the best candidates for the job. Experience working with children and families and written and verbal competence in the specific language were essential. However, interpreting qualifications or previous SLT experience was desirable. Interviews were conducted in a multi-step process that included demonstration of spoken and written home language, IT competence, questions around cultural awareness, safeguarding and seeking support.

We were thrilled to welcome our BCW team in summer 2023, starting the team with a period of induction, training, and shadowing. We hired five band 3 BCW providing Polish, Somali, Arabic, Tamil and Punjabi and Urdu. From January 2025, we will be working towards the BCWs completing the RCSLT Support Worker Framework and a trust-wide care certificate for allied health professional (AHP) support workers. Any new BCWs will be required to attend an enhanced induction for AHP support workers.

Across the past year, the BCWs have been integral to our service, working alongside SLTs to:

- support with delivering home language assessment and therapy
- provide workshops for parents/carers in their home languages
- translate information and advice into home languages
- support the team to further develop their cultural awareness
- create content for our service's social media in different languages.

We have recognised that one of the most significant impacts on our BCW team has been developing stronger community partnerships. Each BCW has established links with local groups, reflecting the importance of reaching people where they are. This has enabled us to offer speech and language therapy drop-in sessions, raise awareness of our service, and share key messages within communities such as the Ealing Polish YMCA and West London Islamic Centre.

Abirami Oli,
Tamil-speaking Bilingual Co-worker

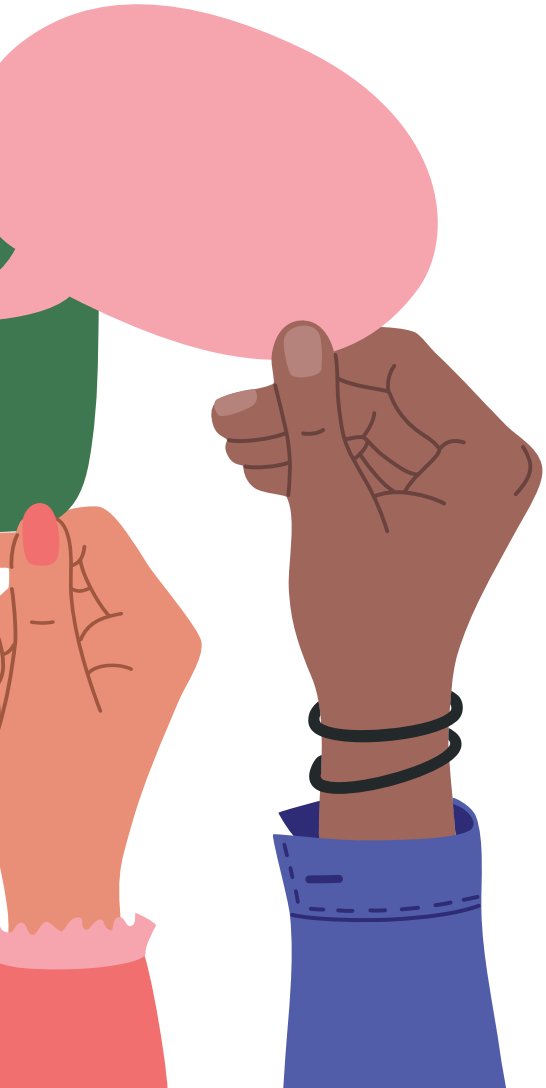
I am fortunate to work as a Tamil BCW in the Ealing speech and language therapy team. The speech and language therapy training we received has prepared us to offer high-quality interpretation and translation support for children, their families, and the therapists working with them. Additionally, we use our cultural understanding to provide personalised and nuanced support to each family. For instance, families have expressed appreciation for my ability to speak two different dialects of Tamil. Our work has been instrumental in ensuring that families receive accurate information and have a thorough understanding of the support their children are receiving.

Not only have the BCWs refined the quality of our assessment and therapy, but they have also brought a wealth of knowledge and lived experience about their cultures, fostering an environment where conversations about cultural competency are prioritised. We run termly mandatory cultural awareness discussion groups.

Our successes

In 2023-2024, two University College London master's students evaluated the impact of this service change through staff and BCW surveys. We found that the use of BCWs was representative of the population in Ealing, for example, Punjabi and Arabic are the most spoken languages in the borough other than English and the BCWs who spoke those languages were used the most.

IMAGES: ISTOCK



There has been a decreased use of interpreters and increased use of BCWs for therapy and assessments. SLTs noticed improvements in tasks since the BCWs have joined the team, particularly quality of interpretation, communication with parents/carers and their own cultural awareness.

While we are still very much in the discovery phase of the project, informal feedback has highlighted several areas.

- **Improved communication and understanding:** BCWs eliminate language barriers, leading to clearer communication, stronger trust between therapists and families, and better diagnoses due to more thorough home language assessments
- **Increased family engagement:** SLTs report that families are more engaged and actively participating in sessions. Parents/carers have reported feeling more comfortable asking questions and expressing concerns
- **Increased inclusion and empowerment:** parental feedback has highlighted that sessions facilitated by a BCW have fostered a sense of inclusion and empowered parents to share the information with others
- **Enhanced therapy outcomes:** SLTs report that therapy targets are more relevant to the child's whole self, children are more motivated due to familiar language use, and accurate assessments in the home language led to timely interventions and appropriate discharge decisions. Feedback from SLTs has highlighted the importance of training BCWs in child development, communication, and interpreting. Collaborating with BCWs has also increased therapist confidence in home language assessment and therapy.

Challenges and what's next?

As with the NHS, there is no magical pot of money. Initially, due to the national AHP shortage we were able to redirect funding from vacant posts to begin the project. However, due to increasing NHS cost-saving pressures, securing long term sustainable funding for the team is the biggest challenge we face. Our key goals across the next year are to continue embedding the BCWs within the wider team, support our stakeholders to better understand the BCW role, and ensure a fair and equitable provision of BCW time across the whole service.

The presence of BCWs in our team has been invaluable. Their lived experiences of their language and culture, allows them to connect with our children, young people, and families on a deeper level, fostering trust and understanding. We cannot imagine our team without them now.

Gabriela Ledochowski, Polish-speaking Bilingual Co-worker

I support therapists and families with interpretation and translation of the culture and language. I deliver home language therapy in schools and run parent workshops and drop-ins in Polish together with therapists.

I immensely enjoy my role as a BCW helping Polish families understand what speech and language therapy is and how the service works in this country. I believe assisting families and all professionals in providing bilingual language intervention can be a huge asset, especially when working with children from diverse linguistic backgrounds.

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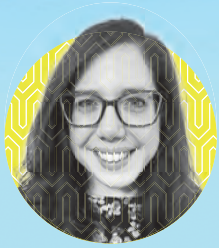
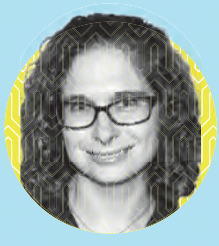
Finding your team

Natacha Capener *and* **Shelley Soni** *show how they developed their Special School SLT Network (SSSN) for independent SLTs*



NATACHA CAPENER



SHELLEY SONI

Having both worked in the NHS for many years, each for separate trusts, with opportunities to work in various educational settings, we came to really value the support that was readily accessible from our speech and language therapy teams. When family relocations required us to find new employment, we were excited at the opportunity to work directly for special schools as independent practitioners.

New chapter in independent practice

Moving into independent practice was a real learning journey. We were able to bring our past experiences and knowledge of in-school working but had never experienced working without access to the wider speech and language therapy team within the NHS. The schools were supportive and the teams there were wonderful, but we found ourselves in need of SLT colleagues to discuss ideas, problem-solve challenging cases, and share advice.

Being the sole SLT within an educational setting brings unique challenges and opportunities that neither our speech and language therapy training nor our time in the NHS had fully prepared us for. We found ourselves contributing to curriculums and whole school development plans, supporting early career teachers, contributing to OFSTED inspections, and navigating the dynamics of

our respective school settings.

We were accessing clinical supervision, which was incredibly supportive, but this was approximately every six weeks, and we found ourselves missing the large NHS teams who were always at the end of an email or at the office. There was also little connectivity. Efforts to reach out to SLT colleagues through clinical excellence networks (CENs) and local NHS provisions was helpful but didn't quite capture the forum of support that was specific to the challenges of being a lone SLT employed within a school. The links we were making did not help us find our team: what was the answer?

How we met

As luck would have it, the head teachers at our schools were building networks and relationships to share good practice across the city following the pandemic. They learned they both employed their own SLT and thought it would be mutually beneficial for us to meet and share our experiences.

It wasn't long before we realised we had a lot in common such as our clinical backgrounds and ways of working. We were aware that there must be other SLTs like us within other special schools in the area and we decided to see if it would be possible to bring us all together and start a local network. With the support of our head teachers, we began the task of compiling some terms of reference, outlining the purpose and scope of the network.

Building a supportive network

The evidence tells us that supervision is vital to ensure we are delivering effective and efficient interventions to people who use our services: it supports personal and professional development, and staff wellbeing (Rothwell et al, 2019). We were keen to create an inclusive forum for those working in similar environments to us while keeping in mind the supervision requirements of RCSLT and HCPC.

From our discussions we created our terms of reference explaining what we wanted our network to provide and the values that were key to its success.

We made use of the local 'Special Heads' forum to advertise the network via the senior leaders of all the special settings

Values	Aims
● Trust ● Honesty ● Integrity ● Respect ● Personal drive ● Commitment	● encourage collaboration and provide support to SLTs and communication leads (Higher Level Teaching Assistants (HLTAs)) employed by school settings ● develop the implementation of universal, targeted, specialist communication strategies for school settings ● be a forum for group supervision to ensure quality services, sharing ways of working, good practice, and provide strategic direction and leadership ● share clinical experience within the network and beyond where members refer and contribute to the evidence base as appropriate ● to further develop existing links with local NHS colleagues.

> The most notable benefit was to members' overall wellbeing

across Birmingham. We were astounded by the response from independently employed SLTs and communication leads from primary and secondary settings, and further education colleges. We were also able to make links with an independent SLT provider, and the Special School SLT Network (SSSN) began.

We held our first SSSN meeting in March 2022 and have continued to meet every term, alternating between face-to-face and virtual meetings to minimise the time spent out of our settings. The meetings have provided a forum for open discussion about the challenges and successes of working directly in educational establishments, sharing learning and best practice from courses and CENs, reflecting on the provision we offer, and how we can continue developing the highly specialist SLT support for our schools and colleges.

Benefits of joining forces

The SSSN has given us access to like-minded colleagues who understand the complexities and challenges of being a lone SLT in large specialist schools or colleges. This has enabled us to facilitate smoother transitions for our learners who move between provisions. Sharing practice has led to greater consistency of approaches used across settings. We are now more informed about different settings and can use this information to support and reassure families about future transitions.

Discussions with SSSN members have highlighted wide-ranging benefits including feeling empowered to promote change for themselves and their wider educational provisions. The most notable benefit was members' overall wellbeing, the feeling of connection, and the knowledge that there is always someone at the end of an email. We are no longer working alone. We have found our team.

The landscape of speech and language therapy is ever-changing and more SLTs are being independently employed by settings or charities. It is vital that we think creatively about how we share and develop our clinical practice alongside our mental wellbeing. We have learned it is possible to build teams and networks within independent practice, and we encourage everyone to find your team. If anyone is thinking of, or has already set up their network, we would be happy to share our journey. B

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IMAGE: ISTOCK

Reasonable adjustments

Mélanie Gréaux, *author of a new report on the working lives of disabled SLTs, highlights reasonable adjustments: what are they and who can use them?*

MÉLANIE GRÉAUX

The report on the experiences of disabled SLTs, 'SLTs on the tightrope', shows that disability inclusion in the workplace is far from a given. The report, published this month, is based on the testimonies of 254 disabled and 103 non-disabled SLTs who completed a survey in 2023. The findings show that disabled SLTs are not receiving consistent support at work, with some feeling well supported but others facing a lack of understanding, isolation, or even discrimination.

More needs to be done to promote equitable work opportunities for disabled SLTs. The report provides a range of recommendations on what colleagues and managers can do to support their disabled peers. One of the areas included in the report is reasonable adjustments (RAs) and how employers can facilitate disabled staff to carry out their roles.

What are reasonable adjustments?

Under the Equality Act 2010, employers and education providers must make reasonable adjustments (RAs) to ensure that disabled workers are not substantially disadvantaged when doing their jobs. RAs can include changes to the workplace and work expectations based on the employee's specific needs, such as adapting a recruitment process, making physical changes to the workplace, or allowing employees to do things differently to protect their health and well-being.

Who are RAs for?

RAs should be available to all disabled workers, including trainees and contract staff. RAs do not necessarily cost a lot of money. Sometimes it can be as simple as providing assistive software or allowing short breaks away from a bustling office. When SLTs successfully obtain RAs that are tailored to their needs, it can make a considerable positive impact to their experiences in the workplace.

"Flexible working patterns drastically reduced my sick time as I could spread my working time over the week when I was well and had most energy. For example I am better in the mornings, so I usually

Reasonable adjustments are ... tools to promote autonomy, productivity, health and wellbeing

book in visits or appointments then and rarely have to cancel." Disabled SLT

How does the RA process work?
The process of applying for and implementing RAs can vary between workplaces, and the report indicates that employers and managers are not always aware of their responsibilities and duties with regards to RAs.

The Access to Work (AtW) scheme provides advice and funding for extra support needed, including advising on RAs, and is available in England, Scotland and Wales. However, only one third of the disabled SLTs who completed the survey reported having an AtW assessment.

After an RA application is made, it is usually reviewed by the employer, human resources and occupational health staff. Once the RA is implemented, regular follow-ups and monitoring can help to ensure that the measures are well implemented and helpful for the employee.

Some challenges that SLTs told us about when seeking RAs

Although RAs can make a huge contribution to helping people stay in work and reach their full potential, it is not always a smooth process. In our survey, many disabled SLTs said they were not aware of the resources or procedures to obtain support. They also perceived some confusion and lack of leadership among those leading RA processes, which could delay access to support.

Disabled SLTs reported facing considerable barriers obtaining or sustaining RAs: many said that they had to wait for a long time before their application was reviewed, and about one-third reported that their requests for RAs had been denied. Several told us that they did not receive an explanation when their application was rejected.

Although employers can turn down a request for an adjustment, refusing a request without explanation or without trying to find other ways to provide support can be a type of disability discrimination.

Some recommendations

In the survey, disabled SLTs told us there is a need for open discussion about which type of RAs can be facilitated by the employer and clear guidance on the application process. They asked for a transparent flow of information between the various services and individuals involved in the application, implementation, and monitoring of RAs. This includes line-managers and disabled SLTs, as well as occupational health (OH), human resources (HR) staff and AtW services.

They advocated for more flexible processes, such as trial-and-error periods to test the impact of different RAs and fine-tuning those that work best for them.

Many disabled SLTs expressed a need to change mindsets around RAs to promote their successful implementation and acceptance by all. RAs are not 'charity' but rather tools to promote autonomy, productivity, health and wellbeing in the workplace on an equitable level with non-disabled staff. Achieving culture change on RAs can be achieved by providing all-staff training on disability inclusion.

Everyone has an important role to play in fostering a more inclusive and accessible workplace. The 2023 survey was designed by the RCSLT Disability Working Group which is made up of disabled SLTs and allies, and takes action on the famous slogan of the disability movement "nothing about us without us". As one of the first projects exploring the experiences of disabled SLTs at a national scale, this represents a key milestone in the journey towards making the profession more inclusive.

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Find out more

Read 'SLTs on the tightrope: Learning from the experiences of disabled SLTs in the workplace'
rcslt.info/EDB

GETTY IMAGES

Could do better

When a disabled student SLT had a poor experience on her course ten years ago, she felt she had nowhere to turn

Just one month before I started on an undergraduate SLT course aged 18, I was given a diagnosis of a long lasting, incurable health condition which causes overwhelming daytime sleepiness.

I knew university would be tough, but I was determined, and with the support of medication and lunchtime naps, I proudly graduated with a 2:1. Since then I have had a successful career as an SLT. However I am still deeply impacted by the treatment I received at university as a disabled student.

Despite knowing about my health condition before I started, halfway through my first year the university asked me to attend a panel meeting. I was told this would be about reasonable adjustments. In the meeting, however, there was no discussion. I was immediately presented with several reasons why the university couldn't support me and wanted to remove me from the course. Even my personal tutor, supposedly my advocate, showed no understanding of my condition and said she "hadn't had time" to read about it.

I was so blindsided that I shared my concerns with the course lead, who dismissed me as "unprofessional" "naive" and "immature" for getting visibly upset in the meeting.

It was devastating. To have worked so hard to get there, to pass my first term, only for other people to tell me that I could never do it, without even giving me a chance or support.

In the end they decided I could stay on the course, implying that I was only allowed to continue because I had good grades. But the damage was already done; over the next three years I felt like I couldn't ask for help, as that would give them another reason to question my ability, and when I did make requests for simple accommodations to my course educators, they were often dismissed or ignored. It was extremely isolating, to feel like I had to struggle on in silence, like I was walking a tightrope with no safety net.

At the end of my final year, I finally built up the courage to share my experiences with the new course lead. It felt like the final blow when she questioned whether my experiences were real or just my perception of events.

The doubt instilled in me still lingers, and to this day I find it hard to trust others or ask for help at work. I constantly feel that I must go above and beyond to prove my worth as a disabled colleague.

Thankfully, this story has a happy ending, as I'm part of a wonderful SLT team now. But it's important to share these experiences so we can all learn from them. As the landscape changes, I hope future disabled students will receive the support they deserve, allowing them to become the best advocates and therapists they can be. B

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Find out more

Equalities Act
rcslt.info/equality-act-2010

RCSLT guidance on supporting disabled SLTs at work
rcslt.info/SLTs-disabilities

For details of the RCSLT report on disability and the profession turn to **page 42**.

Over the next three years I felt like I couldn't ask for help

MARIE MONTOCCHIO / IKON IMAGES

What we stand for

As an organisation led by and representing SLTs across the UK, the RCSLT is prioritising our key values of community, advocacy, and professional development

April marks the start of a new membership year for the RCSLT. With more members than ever before we wanted to celebrate everything we have achieved together over the past 12 months, and hope to continue to achieve in the coming year.

Many of you last year took the time to tell us about how you feel about your RCSLT membership, and we have listened. Rest assured, as an organisation we exist to support the SLT community in a shared mission to deploy our combined expertise and experience to enable better lives for people with communication and swallowing needs. It is very much a joint enterprise, and the connection between the RCSLT and our members is going from strength to strength.

By focusing on the areas outlined here – by amplifying our collective voice, driving progress in research and professional development, and fostering strong networks where ideas and best practices thrive, the RCSLT will continue to serve the entire SLT community to the best of our ability.

We're proud that we are able to support our members through such a broad range of activities. As we continue to celebrate our 80th anniversary through the coming months, we will continue to keep you up-to-date with all of the valuable work we do through the award-winning *Bulletin* magazine and our regular e-newsletters and social media activities. In the meantime, why not explore our website at **rcslt.org**? Discover more ways that your membership can help you enable better lives for people with communication and swallowing needs.

Community

"The true strength of the RCSLT lies in the sum of the shared experience, expertise and contextual knowledge of our membership, which is why the fostering of a vibrant professional community continues to form a central part of our ongoing activities."

Cara McDonagh, RCSLT Director of People and Communications

We help to create safe spaces and opportunities to facilitate dialogue and the exchange of ideas. Members share successes and best practice, and also learn and get support from the peer groups that are best positioned to understand the challenges we all face within the profession.

Over the next 12 months we will continue to nurture the networks that bring practitioners together through face-to-face events such as our national conference, ongoing initiatives such as Clinical Excellence Networks, our digital spaces and the activities of our regional teams and hubs.

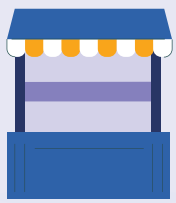
Our community in 2024-25...

Certified SLT: 16,100
NQP: 1,700
Student: 3,300
Retired: 500
Other: 1,400

1.6m
website page views*
(*April 1 2024 – Feb 21 2025)

3,500
attendees at **webinars, roadshows and workshops**

97 **active** Clinical Excellence Networks



7
face-to-face events with more than 700 attendees in 2024-25

Advocacy

"We are the voice of the profession, channelling the wants and needs of our community to stand up for SLTs and raising awareness of our service users' needs. We are continuously engaged with decision makers on a national, regional and local basis."

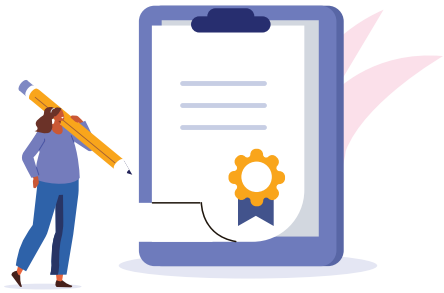
Derek Munn, RCSLT Director of Policy and Public Affairs

RCSLT takes the lead in key discussions around issues such as oracy education, COVID response and workforce strategy. Through our advocacy work, our policy and public affairs team, working in close partnership with members, has been able to make a genuine impact that centres on the interests of our membership and service users.

Championing the cause of speech and language therapy in the eyes of the general public through campaigning is an ongoing priority. In this our 80th anniversary year we will continue to raise the profile of our profession through the power of campaigning and advocacy.

Our advocacy work in 2024-25...

1,200
mentions of RCSLT **across all media outlets**



10,000+

signatures for the 'Invest in SLT' petition' resulting in a parliamentary debate

17%

vacancy rate reported from our annual vacancy survey, empowering our call to invest more in SLT training

Professional development

"We remain deeply committed to promoting the professional development of all of those involved in speech and language therapy. We work hard at developing the profession as a whole and creating pathways and opportunities to allow individual members to enhance their practice and career."

Judith Broll, RCSLT Director of Professional Development

All our guidance and learning resources are led by members, who set priorities, share expertise, and do the hands-on writing and reviewing. Whether it's providing practical guidance and learning resources, creating the career development framework or enabling critical clinical research, our activities are always focused on providing our members with the tools and support you need to reach your full potential for every specialism and career stage.

Our professional development work in 2024-25...

Over 90%

of users rated our e-learning resources as **'Good' or 'Excellent'**

23

podcast episodes from the PD team

12 **Clinical guidance documents** published/updated

£20,000

in grants to members **to support ongoing CPD**

PRACTICAL SUPPORT THROUGH YOUR MEMBERSHIP

Our membership offering is built on a foundation of essential practical support, where we use our resources to give members the protection, help and information they need.

- Professional indemnity insurance protecting you against the impact of work-related litigation.
- Legal expenses insurance providing legal support in the event you are referred to the HCPC.
- A dedicated Professional Enquiries team able to answer your individual queries.
- An online CPD diary to help you organise evidence of your CPD activity.
- Online access to over 1,700 journal titles, including the International Journal of Language and Communication Disorders.

Try something new

We are member-led, so why not think about becoming a trustee or joining an RCSLT committee? Applications are currently open, and members from all regions and professional backgrounds are welcome to apply. Visit **rcslt.info/trustee-vacancies** to find out more. If you have any questions or want to make any suggestions for things RCSLT should do, please get in touch **info@rcslt.org**.

IMAGES: ISTOCK

Between two cultures

Laura Vaccari, *specialist in deafness and mental health, shares insights from language assessments of three hearing children of deaf parents*

LAURA VACCARI

The needs of children of deaf adults (CODAs) are often overlooked, as professionals often have limited awareness and understanding of the complex and distinct linguistic, social and cultural challenges they face. These challenges have wide-ranging implications for development including learning and mental health (Gee et al, 2021).

Case study: assessing three CODAs

The National Deaf Child and Adolescent Mental Health Service (NDCAMHS) provides mental health care to deaf children and CODAs up to age 18. Hearing CODAs make up 10% of the current NDCAMHS London caseload. The team conducted language assessments on three hearing CODAs following frequent communication breakdowns and emotional outbursts at home. Spoken English and British Sign Language (BSL) assessments were delivered by a hearing clinician in collaboration with BSL interpreters and deaf signing colleagues. All the young people attended mainstream schools.

Language role models

All CODAs had early access to signing but language environments were variable and there was no consistent way that deaf parents communicated at home. Parents used Sign Supported English (SSE), full BSL or elements of spoken and sign language simultaneously. SSE is typically used with voice and follows English word order, whereas BSL uses no voice and has its own vocabulary and grammatical rules.

BSL assessment

BSL receptive skills were assessed using the BSL Receptive Skills Test (Herman, Holmes and Woll, 1998) and BSL productive skills were assessed using informal narrative assessment. All CODAs were found to have below average BSL skills in comparison to same-age signing peers.

Receptively, CODAs had difficulty interpreting sentences containing nouns or verbs (eg 'drive'), size and space specifiers (eg 'wide-stripes-down-trousers') and handling classifiers (eg 'eat-thin-sandwich'), which are essential for accurately receiving and understanding BSL.

Expressively, signing was more SSE and gesture than BSL, and signs were frequently inaccurate in handshape, orientation, movement and placement; use of lip patterns was inconsistent (eg signed 'animal'; lip pattern 'cat'); vocabulary was limited; and signs were often simplified (eg 'cook' instead of 'chef').

Results suggest that these CODAs do not possess signing skills robust enough to broker effectively for their parents. Since parents' language was not assessed, we could not determine if errors reflect the language models received at home.

Spoken language assessment

Spoken language assessment was carried out using the CELF-5 tool. All CODAs were in the average range of spoken language functioning suggesting that learning sign language does not negatively affect spoken language acquisition, as long as deaf parents are not the only source of spoken language. Our findings support studies, including Toohey (2010), that found no obvious language deficits in CODAs despite acquiring language in a bimodal environment.

The gap between spoken and signed language

Overall, this case study found disparity between the spoken and sign language skills of CODAs. Possible explanations for this include:

Dominance of spoken language

Language preference is generally determined by a child's primary sociolinguistic group, such as spoken English at mainstream schools (Toohey, 2010). CODAs may experience a decreased motivation to sign if not explicitly taught or they perceive it as less valuable, and some deaf parents prioritise spoken language in the home (Wright, Stojanovik and Serratrice, 2022).

ILLUSTRATION: MAGGIE STEPHENSON

Variation in sign language proficiency among deaf parents

Research suggests 70% of deaf individuals suffer from language deprivation, that is, a chronic lack of full access to a natural language affecting development of fluent language (Dougherty, 2017). Therefore, not all deaf parents are equally proficient signers and a lack of high-quality, consistent language input presents barriers for CODAs in developing robust signing skills. Inconsistent language models can cause confusion for CODAs, affect parent-child communication, and impact self-esteem and sense of belonging, particularly in the deaf community where language plays a central role in cultural identity (Clark, 2003).

> **Inconsistent language models can cause confusion for CODAs**

Individual differences

Learning style differences, natural abilities and additional difficulties can affect signing proficiency. Two CODAs in this case study received onward referrals to investigate possible dyspraxia, dyslexia, proprioception and visual processing difficulties.

Bilingual-bicultural challenges

CODAs who have regular, meaningful interactions with the deaf community are more likely to develop fluent signing. CODAs in this case study appeared reluctant to embrace their deaf cultural heritage and may avoid signing to distance themselves from their parents. Feelings of shame toward deaf parent/s can cause long-term disengagement from language learning, impact working memory, and limit language input (Galmiche, 2018).

A linguistic and cultural minority

It is estimated that 90–95% of children born to deaf parents are hearing (van den Bogaerde and Baker, 2016). Many CODAs grow up at the intersection of two cultures (deaf and hearing) with two languages (spoken English and BSL). Many learn sign as their first language and spoken language when interacting with the broader community or starting formal education. Hearing CODAs are similar to bilingual-bicultural children in many ways but are not identical to deaf native signers as they access auditory information. Their lives inherently incorporate the ambiguity of being 'culturally deaf' and yet functionally hearing.

CODAs commonly act as language brokers relaying information for deaf parent/s. Some consider brokering a burden due to suppressing one's own needs and emotions to facilitate interactions (Gee et al, 2021) while others consider it an asset as CODAs communicate and navigate situations independently leading to a sense of pride, maturity and confidence (Napier, 2021). The BSL Act (2022) highlighted the burden to families of providing language brokering and the need for more registered interpreters.

CODAs represent a linguistic and cultural minority. Further research is needed to develop a deeper understanding of this client group, including the impact of parent cause of deafness and language levels, and assessment of a broader range of communication skills. NDCAMHS (London) is currently developing a resource to help schools and professionals better understand CODA needs and challenges.

Terms used

- The term 'deaf' refers to people who identify as deaf, Deaf or hard of hearing.
- 'Children of deaf adults' (CODA) refers to any hearing or deaf child born to one or two deaf parents.

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Our voices matter

Amy Wilkins *and* **Sarah Rabbitte**, *along with group member* **Heidi**,
reflect on involving people with learning disabilities in patient and public involvement (PPI) groups

People with learning disabilities (PWLD) are described as under-served in research (NIHR, 2022) meaning that they are not included in research as much as they should be. Key barriers for the inclusion of PWLD in research include a lack of researcher experience, research materials not being accessible enough, inaccessible transport routes and unsuitable venues for meetings (Crook et al, 2016). As a result, PWLD have not been given opportunities to participate in research, influence its design or choose topics of research that are meaningful to them.

We wanted to change this by actively involving adults with learning disabilities in the DECODE research project through patient and public involvement (PPI) groups. DECODE is a collaborative research project funded by the National Institute for Health and Care Research (NIHR) that brings together researchers and clinicians from several UK universities and partner trusts. The project uses large datasets, artificial intelligence (machine-learning algorithms) and lived experiences to address the challenges related to the care of multiple long-term conditions in PWLD.

Our plan for change

Our role within the project is to facilitate patient and public involvement and engagement. This requires organising regular meetings and supporting communication between the researchers and group members. As early career researchers, we want to share how we made research more accessible to PWLD and how care and consideration has gone into finding ways to support people to be involved with the project.

Training researchers and PWLD

Many of the researchers are from design and data backgrounds and may not have had experience of working with PWLD.

Early on in the project we delivered training to the research team on learning disability and communication strategies.

An adapted training program for improving the knowledge and skills of PWLD to be effective PPI members was delivered at the start of the project. This took people through an accessible

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

IMAGE: ALICE MOLLON / IKON IMAGES

> I like making a difference to people's lives by changing the way staff support people

'10 steps to research' programme, (Tuffrey-Wijne, 2020) from creating a question to presenting the results. Easy read information was created to support people to understand the concepts. Easy read letters, agendas and claims forms were also produced.

Running the groups

We came across many barriers when initially setting up and running the groups. One of the main barriers was communication. This included a diverse range of both expressive and receptive needs within the group. Because of this need, we opted for small groups with high levels of facilitator support available. We ensured that PWLD were supported with accessible information, ensuring a total communication approach to influence the research in a meaningful way.

Another barrier was the complexity and abstract nature of the topics such as artificial intelligence. To support people's understanding of these topics, the researchers needed to carefully plan how they presented information. Regular meetings took place between the researchers, SLT and specialist LD nurse in order to make materials accessible and practical.

Throughout the project, there have been many opportunities for PPI members to attend local and regional events where they talked about their experience as well as co-author publications.

Communication support

The key to the success of the project so far has been a team approach, effectively using skills within the multidisciplinary team to create personalised communication support.

The value of the PPI process within this project has been demonstrated through continued support of PPI group members and researchers within the project. We are able to hold monthly meetings where different members of the team share their ideas and findings for discussion and feedback. Researchers will ask for advice and support on making their presentations and content accessible.

Heidi's views

We asked Heidi about her role and what being part of the group means to her. She shared that "My job is looking at complicated words but making them easy read, and looking at the photos and choosing ones that work. My favourite things would be helping people and learning things new. I like being part of a team and knowing that I'm helping make a difference to people's lives in a way. I look forward to the group, it gives me a responsibility. I'm advocating for people as well. I really love being part of the group, I really do. I like making a difference to people's lives by changing the way staff support people. Our voice matters."

Planning the legacy

The project is still going, and other outputs so far include the publication of several papers and accessible animations. We have seen increased opportunities for PPI members including presenting at research forums, increased confidence and employment opportunities. We have been able to upskill PWLD in research skills and hope they can go on to support other projects in the future.

There has been interest from regional Research Delivery Networks (RDN) in sharing our easy read templates for use on further projects. We are proud of the legacy we are creating from the project and hope that many of the resources can be transferable. Many people have commented that their views on including PWLD in research has been positively changed. We have shown that PWLD can be, and want to be, involved in research if they are given the right support by people with specialist communication skills such as SLTs. If you would like to know more about the project, please get in touch.

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Heidi Neville, PPI group member

Find out more

Video of PPI members sharing experiences **rcslt.info/PPI-video**

DECODE project **decode-project.org**

RCSLT's academic journal

The IJLCD is focused on publishing the latest research relevant to the SLT profession in the UK and across the world. It is a world-leading journal of peer-reviewed quantitative and qualitative research, featuring quality improvement work applying evidence to practice, and invited scholarly commentaries in the field of speech and language therapy.

The IJLCD Editors-in-Chief, **Jill Titterington** *and* **Clare McCann**, *follow a first-timer publishing an article in the International Journal of Language & Communication Disorders*

IJLCD: publication story

The *International Journal of Language & Communication Disorders (IJLCD)* is the RCSLT's academic journal. It aims to drive forward advanced knowledge and practice about the speech, language, communication, eating, and swallowing difficulties and differences faced by individuals across the lifespan. Like all journals, we rely on researchers contributing their writing. We also rely on expert peer reviewers to maintain the quality of our papers.

From original idea to publication

It is not only experienced academics or late career SLTs who get their work published in IJLCD. We talked to Kerri Ichikowitz, who published her first paper with IJLCD as a student in 2023, about the steps in her publication journey.

Kerri's passion is to support people with aphasia and associated numeracy difficulties to manage the daily, functional mathematical challenges irrevocably entwined with language. She received IJLCD's prize for best student dissertation while doing her MSc in Speech and Language Therapy at University College London in 2022.

She went on to write, submit, revise and publish her first paper in the journal based on this work with her co-authors: 'Which blueberries are better value? The development and validation of the functional numeracy assessment for adults with aphasia' which you can read online at **rcslt.info/ijlcd-numeracy-assessment**.

When we talked to her about her first experience of publishing and disseminating her and her co-authors' research in IJLCD, several key reflections emerged. Winning the prize for the best student dissertation was a great motivation to Kerri to submit to IJCLD, but also to put the effort into writing up her MSc work for publication – something students often think seriously about but never quite get to!

The added bonus of the IJLCD prize was support from adult-focused Editor-in-Chief, Dr Paul Conroy, who gave advice on how to transition the original dissertation into a publishable paper and suggested some micro-edits before submission. While Kerri noted that this work took time and acknowledged the valuable support from her lead supervisors, Caroline Newton and Carolyn Bruce, she found submitting the paper more straightforward than expected.

Persistence is a key aspect of getting a paper published because once it is submitted the work is far from over, and Kerri needed to complete two rounds of revisions before the paper was accepted. Despite this she found the feedback from the blinded peer reviewers encouraging and helpful. One key challenge was learning how to engage with other platforms such as the Open Science Framework (**https://osf.io**) to upload her research data which, while not essential, does support transparency of research reporting. Overall, it took around six months from initial submission to publication and part of the learning for Kerri was that this process typically takes time.

Subsequently, Kerri and her co-authors' paper was nominated in the top five rated papers for 2023 in IJCLD by the journal's active editors. This nomination gave Kerri a further boost, particularly considering she is in the early stages of her research career. All of this has supported her application for an Economic and Social Research Council (ESRC) fellowship through which she hopes to obtain funding to support her with a PhD in numeracy and aphasia, the focus of her IJCLD paper.

> **She found the feedback from the blinded peer reviewers encouraging and helpful**

The most important thing to Kerri and most, if not all, authors submitting to IJCLD is that she has been able to share her research findings with, and influence, others. She worked on increasing her paper's reach and accessibility by using IJCLD's facility to create a free video of her abstract, and subsequently her paper has generated interest around the world. Publishing her paper in IJCLD has set her on the path to future research, and potentially vital future developments in this area.

What happens behind the scenes?

When an article is first submitted to IJLCD, it undergoes compliance and fidelity checks by the Wiley publishing staff. This includes plagiarism and English language/readability checks, along with ensuring that all files (tables, figures, datasets) have been uploaded correctly. After this, the submitted manuscript is allocated to one of the Editors-in-Chief (depending on whether it has more of a child or adult focus). The Editors-in-Chief then complete further checks to ensure the manuscript will be of interest to a speech and language therapy audience. At this point an Associate Editor is appointed and they begin the process of finding two or three reviewers with knowledge and expertise in the relevant field. Reviewers complete their review "blind" meaning they do not know who the authors are.

Detailed comments are provided to the authors, and the process of revisions begins. This might be relatively straightforward with no required revisions. Or, as experienced by Kerri and her co-authors, it is a two or more stage process with support from the Associate Editor and the Wiley publishing team to get the manuscript ready for publication.

Get involved

It is at the review stage that hold-ups can occur because of difficulties finding reviewers. We are very keen to increase the pool of reviewers, so if you have clinical or research experience and want to contribute to the growth of speech and language therapy research, please contact us to find out more about becoming a reviewer.

If you have any queries about papers that you're thinking of submitting, please contact Jill or Clare. We would be happy to discuss this with you.

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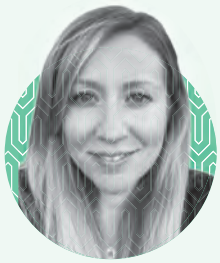
SILVIA STECHER / IKON IMAGES

Strengthening the profession

RCSLT has a very close and longstanding partnership with the Association of SLTs in Independent Practice (ASLTIP). **Nicola Holmes** and **Tom Griffin** look at how the relationship helps SLTs from all areas of the profession to forge unique career paths and train the next generation



Over the last five years, the relationship between the Association of Speech and Language Therapists in Independent Practice (ASLTIP) and the Royal College of Speech and Language Therapists (RCSLT) has grown into a strong and collaborative partnership. While the two organisations have always connected as needed to address specific issues, the commitment and vision of past ASLTIP leaders, alongside RCSLT's openness to deeper engagement, have fostered a more consistent and meaningful collaboration, working together to support the profession.

In the dynamic field of speech and language therapy, collaboration and partnership are essential for fostering professional growth and providing optimal care to clients. The need for closer collaboration is now greater than ever with changes to funding and access to services.

The collaboration between ASLTIP and the RCSLT plays a pivotal role in amplifying the voice of SLTs working in the independent sector. This partnership not only promotes a sense of unity, but also ensures that SLTs can have an equal and influential role alongside their NHS colleagues in the medical and allied health professions. Our joint work is for the benefit of the service users, with patient-centred care at its heart.

> **The need for closer collaboration is now greater than ever**

"The work RCSLT and ASLTIP have engaged in together, including issuing joint guidelines and jointly addressing pressures across the profession (such as the availability of interpreters) is more important now than ever. A huge thank you to all those from ASLTIP and the RCSLT who are working hard to ensure that we are a united profession with mutual respect for each other's sectors and roles."

Jane MacGregor, ASLTIP member and independent SLT

Understanding ASLTIP

ASLTIP represents SLTs working independently across the UK, with a membership of over 1,700. We offer a network of peer support, resources and professional guidance tailored to the needs of those outside traditional NHS roles. However, independent practice does not exist in isolation. ASLTIP members collaborate on the ground with NHS teams, contribute to multidisciplinary care and diagnostics, and work with local services to ensure high quality and continuity of care for clients.

Many of ASLTIP's members also work in

L-R: TOM GRIFFIN, NICOLA HOLMES, MARK SINGLETON, VICKY HARRIS, GLENN CARTER, STEVE JAMIESON AND THE LATE SARAH BUCKLEY

portfolio careers, combining the flexibility and autonomy of independent practice with the security and community of the NHS, which can be incredibly rewarding.

Recognising this, ASLTIP and RCSLT have partnered on a number of key workstreams. The two organisations meet on a fortnightly basis, providing insight into the challenges and opportunities within the independent world and contributing to each other's work. This engagement ensures that the independent sector is considered in RCSLT's policy development and national initiatives. Likewise, ASLTIP often signposts its members to the RCSLT resources, standards, and CPD opportunities, reinforcing the shared commitment to high-quality care. ASLTIP membership requires HCPC registration and RCSLT membership, reflecting our alignment with RCSLT's guidance.

"I'm so grateful to be part of such a wonderful association with strong, driven, compassionate people." ASLTIP member

Key areas of collaboration

1 Insurance for student placements in independent practice

By ASLTIP and RCSLT working together to understand the challenges faced by SLTs in independent practice (IP) with student placements, RCSLT were able to negotiate a change to the insurance policy to enable SLTs in IP to have insurance cover for students on placement.

2 Development of joint guidance and support

On the back of ASLTIP and RCSLT's work around collaborative working, a number of key pieces of work were developed, these included the update of our Collaborative Working Guidance and the support for the development of the SLTs on the Same Team CEN. The CEN looks to create more interest in, and knowledge of SLTs' roles within both the public and private sectors and to improve multidisciplinary understanding that, regardless of sector, SLTs have the same fundamental professional qualifications, knowledge, skills and remit.

3 Joint advocacy

ASLTIP and RCSLT regularly meet together with HCPC, and have also co-badged on a number of influential papers including guidance on collaboration.

4 Networking and events

ASLTIP and RCSLT co-delivered a workshop at the Manchester RCSLT Connect event in October 2024. We are a mutual presence at events, with RCSLT'S CEO Steve Jamieson and a number of RCSLT team members attending and speaking at ASLTIP's Therapy Talks Conference.

"Thank you so much for such a relevant and inspiring day! All of the talks were super informative and I have learned so much." Attendee, Therapy Talks Conference

Looking ahead

The collaboration between ASLTIP and RCSLT continues to evolve, with ongoing discussions about how to further integrate independent SLTs into the wider professional landscape as the community grows. Whether through joint policy development, shared resources, or networking opportunities, the goal remains the same: to create a more connected, collaborative, and supported workforce.

By working together, ASLTIP and RCSLT strengthen not only the profession but also the services we provide. In an ever-changing healthcare landscape, collaboration is key to ensuring that all SLTs, whether in independent or NHS practice, can thrive and continue delivering high-quality care.

NICOLA HOLMES, ASLTIP Vice Chair
vice-chair@asltip.com
asltip.com
TOM GRIFFIN, RCSLT Professional Enquiries Manager
tom.griffin@rcslt.org

Find out more

Interested in joining ASLTIP or exploring a portfolio career?
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IMAGES: RCSLT

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Next issue deadline: 6th June 2025
Published: 27th June 2025

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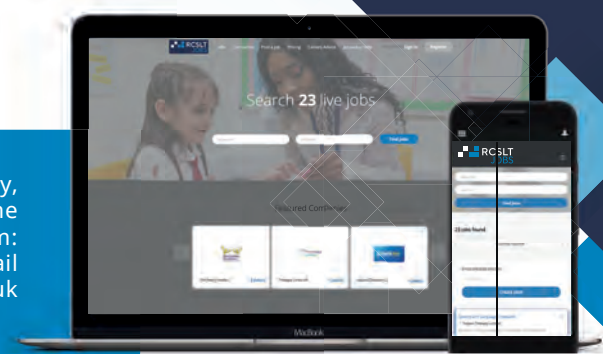

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secretary@sltconsultancy.co.uk
sltconsultancy.co.uk

Assessment and Treatment in Global Aphasia
1 July 2025, online or at National Hospital for Neurology and Neurosurgery,
33 Queens Square, London WC1N 3BG
This one-day hybrid course will be delivered by leading expert Dr Sharon Adjei-Nicol. The course aims to provide clinicians and SLT students with an overview of the existing evidence base in global aphasia and through case studies, client examples and discussion, equip delegates with practical ideas for assessing and treating the communication and cognitive difficulties in this challenging population.
020 3 448 3127
uclh.enquiry.therapy.courses@nhs.net
uclhcharitycourses.com/courses/assessment-and-treatment-of-global-aphasia-2025

smiLE Therapy Training Day 1 and 2
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We would like to hear from the widest possible range of members including first time applications. We are looking submissions based on research, quality improvement, audit or service evaluation. You can apply to give an oral presentation or a poster.

Conference is the chance for our members to come together and:
- learn from and share research, evidence and practice with the SLT community
- hear about and engage with the latest priority work from the RCSLT
- connect with what is happening in the wider healthcare, social care, and education systems
- celebrate the speech and language therapy profession and foster a sense of belonging
- network with SLT colleagues from across the UK at all stages of their careers.

How to submit an abstract

The deadline for submissions is 16 May 2025. To submit an abstract (summary of your idea), you will need to create an account on the Ex Ordo platform.

Full details including the word count, links to Ex Ordo and tips for writing an abstract: **rcslt.org/events/rcslt-conference-2025**

Further information about Conference, including when to book, will be shared on our website and in e-news.

Eleanor O'BOYLE

Clinical Practice Educator who jumped into running a one-year quality improvement project

I am a Band 6 SLT working four days a week in Sheffield Community Stroke Team. In 2024 I took on a new, one day a week role for one year as a Clinical Practice Educator in the Rotherham NHS Foundation Trust where we provide a local AAC service to patients with less complex needs. The remit was to carry out a Quality Improvement (QI) project to improve local augmentative and alternative communication (AAC) service provision for adults across the trust. This was a new role which involved much learning!

Despite limited QI training, I used all available resources and support from colleagues to refine the project. We audited our service against national, regional, service user and RCSLT standards to identify areas for improvement, and gathered data on staff confidence, knowledge and skills around AAC service provision using a questionnaire. Through this we identified three key areas for improvement: workforce development, resource management and patient involvement.

Regular engagement with colleagues, liaison with other services to share best practice and the completion of a patient interview has helped to maintain focus on improvement that benefits patient and staff.

Part of my role has been facilitating staff training, developing a training pack and creating sustainable opportunities for ongoing development. This included an AAC Peer Supervision group, an AAC Champion role and a record keeping template to guide assessment. I also set about improving equipment management, by organising our resources and developing robust systems including a new Standard Operating Procedure.

> **It has been a privilege to step back and observe the bigger picture**

Reviewing the RCSLT AAC guidance (2024) and patient feedback, led to us establishing an 'AAC Long Term Management' process. We now have an annual review system to support changing patient need and improve management of loaned equipment; key for good AAC service provision.

Being new to QI and balancing the project alongside my four day clinical role, the project initially felt overwhelming, but as I grew in confidence I was able to develop my QI, IT, organisational, leadership and presentation skills. I feel that I stepped out of my comfort zone, and found myself presenting project outcomes to senior leaders and filming a presentation for wider sharing within the trust. It has been a privilege to step back and observe the bigger picture; I have a newfound love for service development and feel more confident to explore this further in my career going forward.

Overall, the aims of the project have been achieved with an increase in staff self-rating scores and in the number of standards met (national, regional, RCSLT and service user), and quality improvement is more embedded within the AAC service structure. My being able to dedicate non-clinical time, removed from clinical pressures, focused on quality improvement has been transformative for our service, and we hope that this work will be built on as we continue to strive for excellence in the AAC service we provide to patients.

eleanor.oboyle@nhs.net

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Experiential workshop with topics including the therapeutic relationship, boundaries, ways of responding, self-disclosure and loss.

Introduction to mindfulness for SLTs
11-12 Jun (Wed-Thur) 10am – 4pm. In person. Fee: £229

Learn the elements of mindfulness-based stress management and mindfulness-based cognitive therapy. Integrates background theory with practices. Also personal stress management benefits.

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16-17 Jun (Mon-Tues) 10am – 4pm. In person. Fee £229

Goals of ACT are acceptance of experience that is out of personal control and taking committed action towards living a valued life. Learn how to apply ACT in your work. Also personal well-being benefits.

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FIND OUT MORE

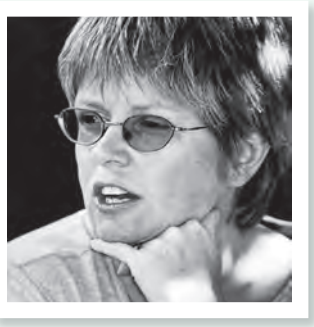
In Memory

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

Korina Tavridou
1975-2024

Korina left Greece in 1995 to study English language and literature at Newcastle University, followed by a postgraduate in Speech Therapy at Sheffield University from 1998-2000. Korina's first job was in Croydon in 2000. She then joined the Westminster, Kensington and Chelsea Mainstream teams in summer 2003 where she spent the remainder of her career.
Korina loved her work but for her life was all about family, friends and travelling. She regarded her greatest achievements as her daughter and son and "sticking around for thirteen years" after her initial cancer diagnosis. Korina described herself as "caring, perfectionist and a workaholic". For colleagues, she was a never-ending ray of sunshine, energetic, a role model and importantly a wonderful, trustworthy friend.

HELEN FROGGATT, Central London Community Healthcare NHS Trust



Nicola Jolleff
1955-2024

Nicola qualified in 1976 and spent most of her career at the Wolfson Centre, Great Ormond Street Hospital (GOSH), and later at Evelina London. Well-known for her expertise and advocacy in working with children with neurodisability, she was also passionate about multidisciplinary working. Nicola created the first augmentative and alternative communication (AAC) service in England. She championed the SLT role in the British and European Academies of Childhood Disability and became the first AHP Clinical Director at GOSH. She will be remembered for her influence on a generation of SLTs, AHPs and paediatricians. Nicola was a dear friend, who struggled with the cruellest addiction. Our hearts go out to her two children and grandson. She will be missed.

DR DEBBIE SELL and **DR KATIE PRICE,** previously at Great Ormond Street Hospital, and **PROF VICKY SLONIMS,** Evelina London

Deb Whiting
1958-2023

Deb worked for many years in the children's speech and language therapy service in Nottinghamshire. She was a valued member of the team and developed long lasting friendships. Her legacy continued in Warwickshire supporting children with complex dysphagia and communication needs. She gently and skilfully guided parents, and was always approachable when they needed that extra support. Those who were lucky enough to befriend or work with Deb couldn't fail to see her passion for her work, her warmth, intelligence and sense of fun. Her calm demeanour, unfailing care and interest in others made it an absolute pleasure to know her. She was an inspiration to students and colleagues alike, touched so many lives, was brave, dignified and is very deeply missed.

FRIENDS and **COLLEAGUES,** South Warwickshire University Foundation Trust

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**.

Key word signing

What this paper adds

Key Word Signing (KWS) is one system that can be used to support the communication needs of children with Down syndrome who attend mainstream school. If KWS is to be an effective system of communication, it needs to be understood and used by the communicative partners of those who rely on it. However, many staff in mainstream schools with children with down syndrome have had limited exposure to KWS, little to no experience of using KWS, and limited support available to help them create a signing environment.

Why this matters

With ongoing support over the course of the school year, staff attitudes towards KWS changed and became increasingly positive. To facilitate the successful implementation of KWS in schools there is a need to develop a whole school-tiered intervention approach to KWS in mainstream schools, ensuring successful implementation.

O'Leary, N., Lyons, C. and Frizelle, P. (2024) Staff perceptions and experiences of using Key Word Signing with children with Down syndrome and their peers in the first year of mainstream primary education, *IJLCD*, 60(1). https://doi.org/10.1111/1460-6984.13149.

Perspectives on goal setting

What this paper adds

SLTs want to set meaningful goals together with their patients but may lack theory and resources to effectively shape the goal-setting process. Few studies have directly reported on the perspectives and needs of SLTs and clientsregarding goal setting. SLTs and clientsperceive shared goal setting as a multifaceted process, rather than a one-off conversation. This process holds potential vulnerabilities for both SLTs and clients, and the themes in this study propose potentially helpful ingredients to mediate this vulnerability and shape the goal-setting process.

Why this matters

To set shared goals effectively, SLTs should explore different approaches using their expertise to support communication. To develop practical interventions, shared goal setting must be better understood and included in policies and clinical guidelines.

Brauner, L. et al. (2024) Perspectives on goal setting: Video-reflexive ethnography with speech–language therapists and clients, *IJLCD*, 60(1).

Cognitive remediation therapy

What this paper adds

People with schizophrenia, and other psychotic spectrum disorders, experience impairment in cognitive functioning and communication that affects daily functioning and quality of life. Research suggests that cognitive remediation therapy may improve aspects of the daily functioning of people with schizophrenia and other psychotic spectrum disorders. However, very little research has been conducted to investigate the effectiveness of this therapy in addressing communication difficulties.

Why this matters

Participants made significant improvements in important aspects of communication after completing a cognitive remediation therapy program. Cognitive remediation therapy is likely to be an important treatment for improving the communication of people with schizophrenia, and other psychotic spectrum disorders. This relatively new area of clinical practice and research highlights the potential of speech and language therapy in improving their communication.

McGuiness, A. et al. (2024) The potential of cognitive remediation therapy for improving the communication capabilities of adults with schizophrenia and other psychotic spectrum disorders, *IJLCD*, 60(1).

DOING F.I.N.E.?

Steve, *an audiologist, writes about his work, aphasia and the emotional rollercoaster of life after a stroke at a young age*

Fit. Healthy. 49. I woke with an unusual numb sensation on my right side. Just thought I'd slept odd, got up, still numb... thought I'd walk it off. My eldest daughter asked me a question. When I answered her, no words; just sound. Although my brain told me I was talking my daughter's face told another story. MRI confirmed I was having a stroke.

Aphasia's impact was shock, frustration, and fatigue. Some people think you are drunk or on drugs. A two-minute conversation was now exhausting. To begin with people, say, "you're doing so well". As time progresses people forget. How hard my brain is working is hidden. If I had a broken leg, it's obvious and allowances would be made, however with speech, people slip back into normal.

I'm an audiologist and this has changed me. Audiology was one thing I was good at but now I find it complicated doing the easiest of tasks. I need to double check words; see them written down before they make sense. I know the terminology but I'm no longer confident to lead a clinic, to have complicated conversations with patients who need me to be 'on it', I don't want to be mid consult and them thinking: "are you sure you know what you're talking about?"

> **The Headway group are so amazing ... I can tell them that I'm not alright**

The Headway group are so amazing. I go every week. They all have their own story and have been through so much. I can tell them that I'm not alright, they are probably the only people who truly understand what I'm going through. I've reached the stage when people ask if I'm alright I say "I'm fine" because I'm too tired to have a 20-minute conversation about how I'm not alright. At Headway they said that FINE stands for F*** off, Insecure, Neurotic and Exhausted. That's me.

I am constantly thinking about my speech. At times I still babble, my emotions are like a rollercoaster. Something fell out of the fridge the other day and I had a meltdown. I'm still very emotional and constantly fighting that, which is tiring.

I still can't do the things I used to do. That's the bit I'm finding most challenging, what I was and what I am now, is possibly my new normal. I don't know how long it's going to take to get back to the old me. This might be it. If it is then I will have to deal with that reality. The word stroke I still find hard to say. It's been horrific and life changingly unpleasant, but I've met some lovely people. [My SLT] Mel's kindness, empathy and support has made me do things like this. And in her words "things improve with time; patience will be required!"

Written by **STEVE** with support from **MEL PECK**, Clinical Specialist SLT
melanie.peck@nhs.net

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

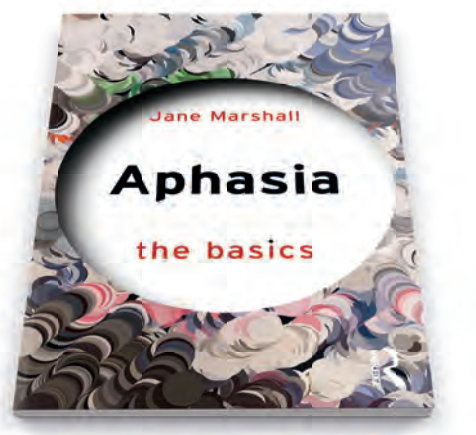
✪✪✪✪✪

Supervision in Speech and Language Therapy: Personal Stories and Professional Wisdom

AUTHOR: Cathy Sparkes, Sam Simpson, and Deborah Harding
PUBLISHER: Routledge, 2025
PRICE: £28.99

This anthology is offered to SLTs (and associated practitioners) at all points on their career journey, across all settings and sectors. It is emphatically not a 'how to' guide. Instead, it presents a thoughtfully curated collection of varied supervision experiences and perspectives. Contributors generously share deeply personal narratives, highlighting what supervision has meant to them in their practice. Readers can dip or dive, to discover how different supervision arrangements have supported authors to navigate uncertainties and flourish both personally and professionally. This valuable resource facilitates much-needed conversation for the profession about the nature and value of supervision.

SUSAN MCCOOL, Principal Teaching Fellow in Speech and Language Therapy at the University of Strathclyde, Glasgow



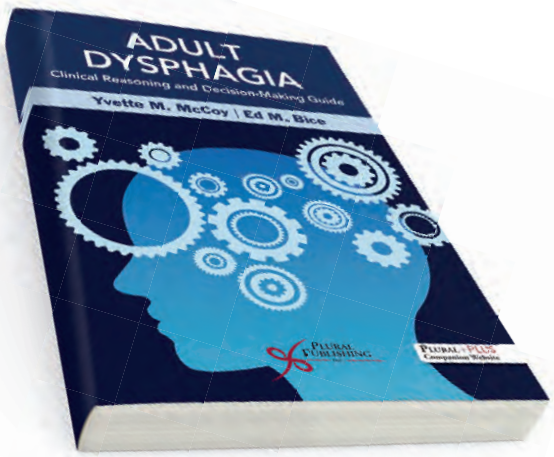
✪✪✪✪

Aphasia: the basics

AUTHOR: Jane Marshall
PUBLISHER: Routledge, 2024
PRICE: £19.99

This is a fantastic book, covering what is needed to tackle aphasia assessment and how to approach it, as well as treatment approaches. It's a great start for students to get their head around aphasia but it also provides an excellent recap for clinicians who need a review. The case studies and examples provide excellent practical applications to real life situations which helps to make the link to theory. This book covers areas of impairment, and the functional effects aphasia has on daily life interactions and all information is supported by research. It addresses how aphasia presents across languages and the effect it has on family members and loved ones. The language is clear and easy to follow. A great read to consolidate approaches to addressing aphasia and for anyone with an interest in the topic or wanting to obtain an understanding of how it may present.

LAUREN CROSSLEY, Highly Specialist SLT, Merton Community Neuro Team, Central London Community Healthcare (CLCH)



✪✪✪✪✪

Adult Dysphagia: Clinical Reasoning and Decision-Making Guide

AUTHOR: Yvette M. McCoy and Ed M. Bice
PUBLISHER: Plural Publishing, 2025
PRICE: £61.66

This guide is a valuable resource for SLTs new to dysphagia, and a quick-reference refresher for experienced clinicians alike. It aims to be a concise tool that signposts to 'deeper dives' to direct further research without being overwhelming. Covering the diagnostic process, introduction to analysis, collecting and interpreting data, creating a plan, and implementation. Uniquely, the companion website has interactive case studies to develop clinical reasoning and decision-making.

While integrating research evidence, this book supports clinicians to create functional, person-centred goals with their caseload. Despite some US terminology, it is a practical quick-reference guide for SLTs working in adult dysphagia.

SOPHIE GORDON, Advanced Specialist SLT, Central Manchester Community Neuro Rehab Team

Word on the street

In our new bitesize column on linguistics and language, here's a look into the interesting qualities of Geordie

If you've ever heard Cheryl Cole, Ant and Dec, or watched Geordie shore, you've encountered the Geordie dialect. Spoken mainly in Newcastle-upon-Tyne and surrounding areas, Geordie is considered to be one of England's oldest dialects. While often claimed to descend directly from Anglo-Saxon, its true origins are hotly debated. Some linguists argue it preserves Old English features lost elsewhere, while others believe its distinctiveness stems from later language contact and regional divergence. Even the term 'Geordie' has multiple debated origin stories. Some link it to Newcastle's support for King George I in the 18th century, while others associate it with mining communities.

Phonologically, Geordie stands out from other dialects across England. Unlike Southern British English, it lacks the FOOT-STRUT split, so 'foot' and 'strut' share the same vowel [ʊ]. Words like 'bath' and 'laugh' use [æ] instead of [ɑː], aligning Geordie with other northern dialects.

Its vocabulary and grammar also have unique differences. Words like bairn (child) and gan (go) reflect Old English and Norse influence. The second-person plural pronoun 'yous' [jəz] or 'youse' [juːz] eliminates the ambiguity found in the Standard English 'you,' and some present-tense verbs take an -s ending across all subjects, for example, 'we says', 'they goes'.

Far from being a relic of the past, Geordie continues to evolve. So, next time you hear a Geordie say 'gannin yem' (going home), you're listening to centuries of linguistic tradition in action.

Dialects and accents are deeply tied to identity, culture, and community. SLTs do not work in accent modification but support individuals with communication difficulties, regardless of how they speak. **rcslt.info/accent-modification**

KEELY-ANN BROWN, RCSLT Assistant Content and Engagement Officer

International Phonetic Alphabet (IPA) key

[j] – y in 'yellow'
[æ] – a in 'cat'
[ə] - first syllable of 'about'
[ɑː] – u in 'strut'
[uː] - u in 'use'
[ʊ] – oo in 'look'
[z] – z in 'prize'

A PROBLEM SHARED...

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

I know that the HCPC continuing professional development (CPD) audit is coming up soon but I am not too sure what I can and can't use as evidence. Can you help?

While the Health and Care Professions Council (HCPC) audit might feel intimidating, remember it's just about showing your commitment to ongoing professional growth. The HCPC requires you to keep your knowledge and skills up to date to stay on the register, and the audit makes sure you're doing the CPD activities needed to meet standards.

CPD is personal to each individual, so what counts as CPD can vary. Typically, if something is work-related and offers significant learning, it can count as CPD. This could include formal learning as well as other kinds of work-based situations.

Types of CPD

- **Formal learning:** Courses and webinars: any mandatory courses, training sessions, or webinars you've attended, whether they're in person or online, count as CPD.

- **Informal learning:** Self-directed learning: reading relevant books, articles, or journals counts as CPD. Even watching online videos or following professional blogs can qualify if they help you learn something new.

- **Reflecting on practice:** If you've been involved in interesting or complex cases at work, documenting your process and what you've learned is a great way to show CPD in action. Discussions with colleagues or mentors about your development at work can also count as CPD.

- **Presentations and professional writing:** Delivering presentations or running training sessions counts as CPD, as it involves both learning and helping others learn. Writing articles or blog posts about your field also qualifies, especially if you've researched a topic.

Top tip: try to stay organised!

It's a good idea to keep a record of your activities as you go: note down what you did, how long it took, and what you learned. Make sure to save any evidence, such as certificates or emails, as you might need them later. Don't just go through the motions; take time to reflect on how each activity contributes to your development. By staying organised you will be prepared, and the audit should not be a problem.

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Useful links

- RCSLT CPD and lifelong learning
rcslt.org/members/lifelong-learning
- HCPC Guidance: carrying out and recording CPD
rcslt.info/hcpc-cpd
- RCSLT course listings webpages
rcslt.org/course-listings

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

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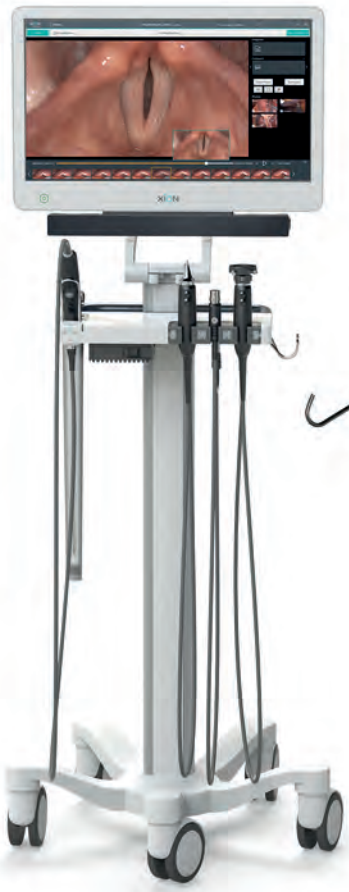

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