Bulletin

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

RCSLT

MAKING OURSELVES HEARD

Advocacy and influencing in the real world

ISSUE 844 AUTUMN 2025

RCSLT.ORG

The story of a campaign: uniting agencies in Northern Ireland | How to be a campaigner: a practical guide | **My lived experience of eating disorders and autism** | The school holiday care gap for children with dysphagia | **Ask the experts: stammering** | Communication in nature

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

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

IN THIS ISSUE

Setting the agenda

The theme of this issue is advocacy, also called influencing or lobbying. These terms aren't only relevant in the corridors of power: as SLTs you can use influencing techniques at every level of your working life. Together, we are the voice of the speech and language therapy profession. We all have a role in standing up for the profession and using our soft power to advocate for the people we support.

Our Policy and Public Affairs Teams at RCSLT are based across the four UK nations and we're dedicated to using our active influence to fight for the profession - whether it's helping members to prevent cuts to their services, raising awareness of rare conditions or shaping policy at government level. Find out more in our cover feature on **page 22**, which tells the story of a campaign to get more recognition of children's increasing communication needs. Although it was led by the RCSLT in Northern Ireland, their key to success was building a collaboration with a range of organisations and individuals to amplify their voices and impact.

Also in the magazine you can read about a new clinic for adults with developmental language disorder being piloted in London, as well as an exploration of group voice therapy with trans adults. And our Chair of Trustees, Irma Donaldson, shares her personal reflections on being a carer and how that shapes her view of healthcare.

Take a look at **page 34** for a beginner's guide to advocacy and influencing and how to incorporate some of the ideas into your professional life. Once you have influencing skills, you'll be able to use them in many ways, whether inside your own service or at local,national or even international levels.

Once you have influencing skills, you'll be able to use them in many ways

If you are attempting to get a range of diverse people or services involved in a project, what works, and why? Discovering the idea of social capital as part of implementation science might help (**page 51**).

Derek Munn

Derek Munn,
RCSLT Director of Policy and Public Affairs
bulletin@rcslt.org

PS Conference is just around the corner. Turn to **page 11** for some tips on getting the most out of a packed programme and all those networking opportunities! Early bird tickets are available until **15 October rcslt.info/RCSLTConf2025**

Content

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

REGULARS

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"Advocacy is really about human relationships"

DEREK MUNN

AUTUMN 2025
ISSUE 844

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Sections featuring this icon represent all clinical features

REGULARS

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RESEARCH AND OUTCOMES FORUM

COMMUNITY & DEVELOPMENT

ILLUSTRATION: LAUREL MOLLY

SHARE YOUR THOUGHTS ON X @RCSLT

Talking points

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

LETTER

Aligning EDS competencies

I found Sue Pownall's article 'Discover the new EDS guidance' on page 46 of the Summer 2025 *Bulletin* to be insightful and reassuring. I recently completed an MSc in Speech and Language Therapy (pre-registration) at a university in England. However, after relocating to Northern Ireland (NI), I became aware of the differences between competency frameworks in England and NI. Sue's article provided reassurance by highlighting that the RCSLT is working towards establishing a unified competency framework across the UK. I also appreciated that efforts are underway in NI to ensure the integration of this framework.

JAPHETH NJUKULLAH, NQP, Northern Ireland
njukullahjaphet@yahoo.com

LETTER

A new placement model

We were delighted to see the article in the Spring *Bulletin* by Monia Molina and Anja Kuschmann (Innovative placement solutions, page 17). We welcome the work with paired and group placements and completely support the authors in sharing their positive results with the profession.

This article reminded us of our previous work in London in the early 2000s, where teamwork between UCL, City University and the SLT London Managers' Group enabled strategic plans that included new models of clinical placement training, as well as more working with students in pairs and groups. Our experience at that time was that a strong commitment to the shared responsibility between universities and services, and a long-term focus on the necessary development work such as supervision courses and regular meetings, led to measurable positive effects. We believe these wider-focus plans to embed different styles of placement are crucial to the creation of a long-term, sustainable model and system.

HEATHER ANDERSON, ROSEMARY EMANUEL, MYRA KERSNER, LESLEY JOHNSON and **ANN PARKER**

LETTER

Class of '85

The first cohort to graduate from Central School of Speech and Drama with a Speech Therapy Degree gathered for a 40th anniversary reunion this summer. We enjoyed bubbly and nibbles at the School, a tour and updates from everyone's fascinating lives including our esteemed tutor Kay Coombes, OBE. If readers are in touch with students or tutors from our year group please get in touch.

KATHRYN MCCORMICK,
Kathrynmccormick4@hotmail.com

LETTER

The SLT role in medication

The inpatient speech and language therapy team at University Hospitals Sussex is frequently asked to advise on medication management for patients with dysphagia. This can be a difficult role due to the lack of a clinical evidence base around this topic and the medical complexity of changing medication formulations. Conversely, SLTs can provide specialist advice around swallowing difficulties which may have implications on how a patient is able to swallow their medication.

Are other trusts making recommendations around swallowing medications in patients with dysphagia, and where do we feel our clinical role fits within this?

ANEESA MALEK (she/her), Advanced SLT, Royal Sussex County Hospital,
aneesa.malek@nhs.net

Keeping the conversation going

Lots of you shared your thoughts and ideas about *Bulletin* and the profession on social media! We love to see readers talking about our content, so tag in #RCSLT.

Really enjoyed Fiona Aspray's article on supporting people with learning disabilities to vote in the 2024 general election. Topic close to my heart having done this myself in 2019. **Richard Armstrong, @ArmstrongSLT, X**

Are you an 'SLT' or a 'SALT'? The debate evokes strong feelings. In a LinkedIn poll, 74% (n=141) preferred 'SLT' with 17% preferring 'SALT'. Pros for 'SALT' included a single-syllable name, and disambiguation from 'Senior Leadership Team'. Those for 'SLT' highlighted that this is our professional title and should be asserted. Eating, drinking and swallowing are not represented. Time for a completely new title?
Dr Sean Pert, LinkedIn

I recorded a podcast at RCSLT a few weeks ago to give a response to their report on the experiences of disabled SLTs. The headline? "There is ableism and discrimination in the SLT profession". No mincing of words in this report!
Jodee Simpson, SLT, Linked In

Absolutely loved Irma Donaldson's piece 'Ask away' in this issue discussing the importance of asking 'why' or even 'why not' in clinical practice. I'm going to internally ask at least three 'why' or 'why nots' and see where my learning takes me!
Abbie Yates, LinkedIn

We've been working hard on our RCSLT at 80 pledges, and this week we ticked off an important one: making sure all our team's member profiles are up to date!
Liverpool Speech Therapy, LinkedIn

QUOTE OF THE QUARTER

"I saw the difference speech and language therapy made to my brother's life, bridging communication gaps and fostering confidence"

VICKY STYLES, Clinical Manager, AAC West

LETTER

Joining forces with physiotherapists

We're in the process of merging our Parkinsons communication group with our Parkinson's movement group. We wondered if anyone had any experience of joint physiotherapy and speech and language therapy Parkinson's groups and would be happy to speak to us about the practicalities of this?

VICTORIA PARKER and **GRACE WHITE**, Senior SLT, Central Surrey Health Adult Community SLT team
csh.nwssalt@nhs.net

Correction

In 'In the Journals', the wrong attribution was given for the article summarised under 'Defining severity in SSD'. The research is by Van Doornik, A. et al. The correct full details are in our online edition.

Need to

WHAT'S NEW ON rcslt.org

INTEGRATED CARE BOARDS WEBINAR
Hosted by RCSLT CEO Steve Jamieson and Director of Policy and Public Affairs Derek Munn, this webinar discussed the ICB roles in healthcare, proposed structural changes, and how to communicate the value of speech and language therapy within ICBs.
rcslt.info/ICBs

HIGH-RESOLUTION MANOMETRY ON THE AGENDA!
Our new position paper and competency framework highlights the role of the SLT in high-resolution manometry and provides support for development within this area. These resources are part of a larger pool of guidance focusing on eating, drinking and swallowing.
rcslt.info/high-resolution-manometry

NEW VISION FOR CHILDREN IN SCOTLAND
RCSLT Scotland have published a new report outlining the vision for transforming support for children with communication needs. Leaders in health, education and children's services are encourage to use this as a tool for local planning and service development.
rcslt.info/scotland-report

NEW ONLINE MEMBERSHIP EXPERIENCE
Signing up and renewing your membership is now a much smoother experience with our new online registration form. Visit our website to find all the details you need about your membership options. You can learn about the work we do standing up for the SLT community and supporting your professional development, as well as information about fees, membership benefits and FAQs.
rcslt.info/membership

Celebrating our 80th anniversary in Wales

In September, the speech and language therapy team in Cwm Taf Morgannwg University Health Board came together with key stakeholders at a celebration event for the RCSLT's 80th anniversary.

The anniversary exhibition of photos of members featuring a number from Wales was on display in Prince Charles Hospital in Merthyr Tydfil. The team promoted the breadth of work carried out by the profession and shared the State of the Nation Report: the Speech and Language Therapy Workforce in Wales, which highlights key information about the profession and recommendations for the future.

Pippa Cotterill, Head of RCSLT Wales, said: "It has been great to show the exhibition in the hospital. We met with key professionals and talked to patients, some with first-hand experience of the difference speech and language therapy makes."

L-R: SALI CURTIS, VANESSA HAYWARD, SARAH O'CONNOR AND GRAINNE KAVANAGH FROM CTM AND PIPPA COTTERILL FROM RCSLT WALES

New NHS ten year plan

On 3 July, the government launched Fit for the Future: the Ten Year Health Plan for England. This aims to create radical change in the NHS through shifting services from hospital to community, increasing digital services and focusing more on prevention.

The RCSLT believes that there is much to welcome in the plan but only if the commitments are backed with the right resources, leadership and planning. This must include a clear commitment to allied health professional (AHP) leadership to guide the process of change.

RCSLT welcomes the commitment that Start for Life services will be extended to the whole conception to age five range. We also welcome that the plan recognises that SLTs are vital for supporting children and young people with special educational needs and disabilities (SEND), as well as the need for increased staff training, development and wellbeing support for allied health professionals (AHPs) including SLTs.

A fuller position and analysis from the RCSLT will follow.

Read about the plan
england.nhs.uk/long-term-plan

know

30+ organisations join the RCSLT and STAMMA in the Inclusive Parliament Coalition

Top questions for DLD research priorities

The final workshop of the evelopmental Language Disorder (DLD) Research Priorities project phase II took place over the summer, resulting in a final top ten list of key questions to guide future DLD research.

This collaborative project brought together a wide range of stakeholders, including individuals with DLD, parents and carers, SLTs and other professionals and charity representatives. The aim was to ensure that those most affected by DLD had a central voice in identifying the research areas that matter most.

The top ten questions were officially launched at the Child Language Symposium in September, ahead of International DLD Day on 18 October.

These priorities are intended to guide the DLD research agenda and support the development of services that better reflect the needs and priorities of the DLD community. By focusing on these shared priorities, the hope is to advance research that leads to improved understanding, support and outcomes for people living with this lifelong condition.

rcslt.info/DLD_priorities

NEWS IN BRIEF

Bulletin up for an award

We're delighted to announce that we've been shortlisted for a Best Magazine award in the prestigious MemCom Excellence Awards, which celebrate the work of professional associations. *Bulletin* is a member-led publication, so this nomination is a real tribute to our army of authors and contributors who help to make our magazine a must-read for the whole profession.

The RCSLT is also shortlisted in the Best Lobbying Campaign and Best Celebration Event categories, recognising the high standards we set ourselves in our work and our aspiration to achieve more on behalf of our members.

New early years strategy in England

The new Best Start strategy sets out a vision for early years support with the ambition that 75% of five-year-olds in England will have a good level of development by 2028. It recognises communication skills as foundational to a child's development. It is intended to align with the move to a Neighbourhood Health Service set out in the Government's 10 Year Health Plan for the NHS.

RCSLT CEO Steve Jamieson said: "RCSLT looks forward to working with the government to support the delivery of this important strategy and help ensure that every child truly has the best start in life."

rcslt.info/BestStart

Free support for your research journey

RCSLT members can freely access SAGE Research Methods, an online platform offering a wide range of resources to support research and evidence-based practice. The platform includes videos, podcasts and tools covering everything from study design to data analysis. Whether you're a student, clinician or supervisor, SAGE provides practical support at every stage of the research journey.

rcslt.info/sage

How much is speech and language therapy worth?

With overwhelming pressure on health and social care budgets, it is increasingly important to be able to make a robust case for the economic value of speech and language therapy services.

Decision makers need information on cost-effectiveness as well as service-user and societal benefits to help them allocate funding.

To help meet the need for evidence, a group of researchers led by members of the RCSLT Research Team has set out to map the current landscape of health economic research in our profession.

The researchers evaluated 52 studies published between 1988 and the present day as part of their scoping review.

Most studies focused on stroke or paediatric populations, with increasing numbers of studies looking into the economics of speech and language therapy interventions since 2010.

Results of the scoping review were published in the International Journal of Language & Communication Disorders (IJLCD). The recommendations call for more funding and support to strengthen the evidence base, and support equitable and sustainable access to speech and language therapy.

Read the review
rcslt.info/Economic_SLT

SLTs as responsible clinicians in mental healthcare

The RCSLT has submitted a final paper to the Department of Health and Social Care advocating for SLTs to be given greater clinical authority by being included in Approved Clinician (AC) and Responsible Clinician (RC) roles. Currently, certain non-medical healthcare professionals, including occupational therapists, psychologists and social workers, are eligible to train as ACs, but only 0.01% of these roles are currently filled by these professionals.

Expanding eligibility to include SLTs would help promote multidisciplinary leadership. SLTs in AC and RC roles would enhance access to appropriately skilled clinicians, particularly for service users with complex communication, cognitive and swallowing needs.

rcslt.info/responsible-clinician

The impact of waiting lists

It's not only service users who are affected by long waiting lists for speech and language therapy. Results of an RCSLT survey of over 1,100 SLTs from across the UK reveals a profession under pressure, with long waiting lists a root cause.

Almost 70% of NHS SLTs in the survey feel they are under unrealistic time pressure at work with complex caseloads and lack of staffing. Over half (55%) report experiencing burnout and one third (33%) said that a poor work-life balance was leading to them considering leaving the profession.

The report was carried out as part of the RCSLT's workforce, education and training programme with a long-term goal of improving retention. It recommends some changes to reduce waiting lists and improve SLTs' working lives. It calls for services to review their provision, caseload sizes and time pressures, with any concerns being escalated to those who plan and fund services. SLTs should be closely involved in the design of services.

Workforce planning needs to recognise the importance of the retention and wellbeing of SLTs, as well as the need for the ongoing development of routes into the profession. Continuing professional development for safe and effective practice should be explicitly recognised, with time built into workloads to accommodate this.

rcslt.info/Waiting_times_report

UP COMING

OCTOBER
17 Developmental Language Disorder Day
22 International Stammering Awareness Day
29 World Stroke Day

NOVEMBER
Mouth Cancer Awareness Month
10 Anti Bullying Week

DECEMBER
3 International Day of Persons with Disabilities
12 International Universal Health Coverage Day

Curriculum guidance update

Our member-led project to update our curriculum and practice-based learning guidance for higher education institutions (HEIs) is drawing to a close.
The updated guidance will be published this autumn, along with updated accreditation information for HEIs and other education settings. This crucial work will help all education providers ensure that the next generation of SLTs has access to the most relevant learning at university and continue to receive the support and development opportunities they need across a long career.
rcslt.info/curriculum-review

New stammering and cluttering resources

We'll be publishing updates to our current dysfluency guidance, including separate publications on stammering and cluttering. Designed to work together, both sets of guidance will focus on the different characteristics of the conditions and appropriate methods of support. In addition to clinical guidance for members, resources for the public and position papers will also be published for each topic.
rcslt.info/dysfluency

New support for your specialisms

This year, look out for new RCSLT resources being coproduced in partnership with members and people with lived experience. Key topics include brand-new guidance on Parkinson's and cognitive communication disorders. We're also updating our materials on cleft lip and palate.
rcslt.info/current-projects

Get ready for RCSLT Conference 2025

We are looking forward to seeing you at this year's RCSLT Conference, as we mark 80 years of the RCSLT and look to the future of the profession.

With such a packed programme, how can you make sure you get the most benefit out of it? Take a look at our handy tips.

Before

Use the digital platform to build your own personal agenda and get alerts for the sessions you want to attend. Fill in your profile and upload a picture to make the most of networking.

During

Choose from topics across our scientific programme, with 24 parallel sessions, 55 speakers and 70 poster presentations. And don't forget, all members are invited to attend the annual RCSLT AGM taking place before lunch on day one. Easily capture key insights during sessions with the built-in notes feature. It's simple to connect with a presenter: send them a message, schedule a virtual call, and continue the conversation beyond the event.

After

After two packed days of learning, don't forget to set aside time to reflect and share with your team.

Recordings of all sessions will be available on the platform for six months after the event for you to re-watch sessions and keep the learning going.

For more information and to book your place visit **rcslt.info/RCSLTConf2025**

New e-learning

There are two new pieces of members-only e-learning on our CPD site, with more on the horizon. Our 'Formal Assessments' series now has a module on the Test of Abstract Language Comprehension (TALC), and there's a new module in our 'Introduction to...' series focused on the role of speech and language therapy in providing care in homelessness.
We're also working on a two-module piece focused on supervision, both for supervisors and supervisees, so watch out for more details!

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

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on social media tagging **@rcslt** or email **bulletin@rcslt.org** and we'll publish a selection of the best

Got something you want to share?

This issue showcases two SLTs from the same family, SLTs achieving awards for their excellence and innovation, and some highly impressive baking!


1

2


3


4

5

1 Nessa Stringer was proud to win the staff award for Championing Diversity and Inclusion at the Sussex Community Foundation Trust.
Nessa Stringer

2 Leeds Beckett Centre for Psychological Research hosted our symposium for the SLTs in Mental Health (SLTsinMH) professional network in June.
Susan Guthrie

3 Melissa Martin and Susannah Sykes at the county-wide event in Buckinghamshire celebrating RCSLTs 80th and our local SLT community.
Melissa Martin

4 Emma Pagnamenta, Milly Heelan, Irma Donaldson, David Crystal and Amit Kulkarni at a celebration of 50 years of speech and language therapy teaching at Reading University.

5 In June, the Bury Community Stroke and Neurorehabilitation Team (CSNRT) held a bake sale raising over £100 for aphasia charity, Speakeasy, as part of Aphasia Awareness Month.
Ali Beswick

6 7 My Grandmother qualified as a speech therapist at the Central School of Speech and Drama in 1958. This summer, 67 years later, I've followed in her footsteps and qualified as one too, at the University of Manchester.
Imogen Selley

8 Symbol UK marked 80 years of the RCSLT by embracing Pledge 6: holding an SLTea party at our workplace.

9 A group of South Warwickshire Foundation NHS Trust and independent SLTs came together for their first meeting focused on communication and collaboration across sectors.
Charmayne Healey

10 The NHS Lanarkshire Children and Young People Service celebrated the retirement of our colleague Christine Paterson. Christine worked with babies and children with complex needs for almost 40 years, making a positive and lasting impact on their lives.
Rebecca Davidson

IRMA DONALDSON

Playing our part

As moving parts in the UK's health and care system we can all have an influence, says RCSLT Chair of Trustees, **Irma Donaldson**

My experience as a carer really has an impact on my thinking in the work I do

It's interesting being both a provider of healthcare and a user of the healthcare system in the UK. As primary carer for my nearly 90-year-old dad I am also experiencing the systems that exist to help him. He lives with several co-occurring conditions which means we interact with various professionals. I support him to communicate his thoughts while keeping an overview of the intersecting areas of healthcare and social care.

What is noticeable is that generally the professionals we meet are trying to do the best they can with the time and resources they have available to them. But it's clear that the set-ups they belong to do not always enable them to engage in effective joined-up work or thinking.

My experience as a carer really has an impact on my thinking in the work I do, and how I show up in a not perfect system. It makes me reflect on how I engage with service users and their families and guides my exploration of what might be important to them in the time we are connected.

Regardless of who you work with or where you work as an SLT, you operate within a system. I imagine that you are often in the position of trying to do the best you can with what you have, while amplifying the voice or experience of the people you care for. Your know you can have a positive impact on their experience or quality of life, and this can be very motivating.

However, I know that where I work, uncertainty in the system has come about as a result of local government reforms, social care transformation and NHS structural changes. I know many SLTs are navigating or embracing changes regardless of the sector they are in.

Changes may be welcomed and embraced with a desire for more, or they may be felt to be a step too far. At the centre, though, are the people we support, and we should not underestimate our influence as SLTs on these changing systems. We can continue to advocate for our service users and their needs so they can be heard while the systems change around them.

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

STEVE JAMIESON

Putting SLTs on the agenda

Our CEO, **Steve Jamieson**, highlights the vital but often hidden work we do advocating for the profession and those we support

Imagine, just for a moment, that the Royal College of Speech and Language Therapists didn't exist. For one thing, there'd be no *Bulletin* arriving through your letterbox and no insurance, clinical guidance or resources. But more than that, who would be speaking up for the profession? Who would be making sure that the voices of SLTs and those you support are heard where it matters most?

This issue of *Bulletin* focuses on advocacy. It's a word that can conjure up images of placards and marches, or conversations behind closed doors. But at its heart, it's about making sure the right people hear the right messages at the right time.

At the RCSLT, we see advocacy as one of our most important roles. Because if we're not there making the case for speech and language therapy, who will?

Some of our advocacy work is highly visible, like our Invest in SLT campaign or the VoiceBox competition in Scotland. Other efforts are less public but no less powerful, such as representing the profession on the Darzi Review of NHS performance in 2024, where we were the only allied health profession with a seat at the table. From SEND reform to the COVID inquiry to the upcoming elections in Scotland and Wales in 2026, we're making sure your voice is heard.

Sometimes the wins are slow in coming. But when they land, they matter. One recent example is our success in securing national commissioning for primary progressive aphasia. It means that people with this rare condition should have the specialised support they need. That kind of impact on real lives is why we do what we do.

Advocacy happens at all levels. While our policy and public affairs team works across the UK and internationally, you are also powerful advocates in your local services and communities. In this issue, our Director of Policy and Public Affairs, Derek Munn, shares his expertise on how to approach influencing in any setting in his article on **page 34**.

Without your views, expertise, and experience, we would not be as strong an advocate for our profession. So please join us in preparing for our next phase of growth and impact.

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

To get involved email **info@rcslt.org**
Keep up to date with all the latest issues via our Policy and Public Affairs podcast **rcslt.org/podcasts**

At the RCSLT, we see advocacy as one of our most important roles

ADVERTORIAL

WILTSHIRE EST. FARM 1991 FOODS

Seasonal Change Marks Innovative Specialist Nutrition Launches

It's safe to say the Wiltshire Farm Foods development team has been busy this year. This September, the ready meal provider will be introducing five new dishes to its specialist nutrition range, including a Purée Pastry Topped Steak Pie and a Minced Hunter's Chicken.

The new dishes have been created to give those on a Level 4 and Level 5 diet more variety and flavour than ever before. Thanks to the team of chefs and in-house dietitians you can also rest assured that not only do these dishes taste fantastic, they are also packed with essential vitamins and minerals so there's no compromise on nutritional intake.

Level 4 Pureéd Omelette, Chips and Beans

Level 4 Pureéd Steak Pie, Mash and Peas

Wiltshire Farm Foods customer, Richard Jackson

Your service users can choose from Level 4 Purée Sausage Roll as a light snack alternative during the day; a Level 4 Purée Pastry Topped Steak Pie featuring puréed steak beneath a buttery pastry top, served with mashed potatoes and peas; or a Level 4 Purée Cheese Omelette served with deliciously browned chips and beans.

The Level 5 range now features a Minced Hunter's Chicken, in a rich tomato and cheese sauce, served with extra buttery mashed potato and broccoli, as well as a Minced Sweet & Sour Chicken, served with white rice: a tasty takeaway favourite ready in less time than anyone could deliver.

Certain flavours also create delightful moments of nostalgia and this is certainly the case for Wiltshire Farm Foods Essex-based customer, Richard Jackson.

Since his bowel cancer diagnosis Richard's diet has become quite limited: "I loved fish and chips and would eat it sometimes two or three times a week. My dietitian advised I switch to a Level 4 Purée diet after my diagnosis to ease the passing of food.

"Wiltshire Farm Foods has a great range of meals in its Softer Foods range and the flavours of its latest Fish & Chips dish takes me back to a happier time when I was well and enjoyed regular visits to the Chippy!"

We can't wait for our customers to try these new flavours

Wiltshire Farm Foods Development Chef, Jethro Lawrence, has been developing this particular dish over the last 18 months or so:

"The peas in our Level 4 Purée Fish & Chips look especially vibrant in colour and are no different to freshly cooked peas, other than their moulding and texture.

Our batter is particularly innovative which tops the white fish, and creates a distinct layer, similar to the real thing. "We can't wait for our customers to try these new flavours."

Book a tasting for your workplace: **tastings@wiltshirefarmfoods.co.uk**

Bullying at work

Kathryn Pierce explores how bullying can arise in a workplace and how we can address it

KATHRYN PIERCE

This morning my head feels very fuzzy and I have a feeling of dread in the pit of my stomach. I am not sick, stressed or burned out. I am getting ready to start writing my article that deals with bullying in the workplace.

Let's unpick what happens when bullying occurs. In my case, I had moved jobs and taken a demotion. My new manager went from being supportive to picking holes and creating barriers to my work. Clinical supervision was not available to me. Here we have a power difference: manager and member of staff. There is an expectation in employment that your manager will be supportive and provide a framework in which you can work and thrive; if you step into a situation where a senior member of staff is not being supportive or worse, you have not consented to be in this dynamic.

As humans, our bodies respond to perceived threat with a rush of adrenaline preparing you to escape. It is often referred to as the fight or flight response. When we are in situations we have not consented to, our threat system activates. It wants us to get to a safe place. Some people may go into fight or mobilised mode, others will freeze and lose the ability to speak out. Either way once we are in our threat system, communication is difficult.

Recovering and healing from that experience has been a giant learning curve

When accused of bullying, the right thing for someone to do would to be open and curious about how their behaviour has impacted on others and why it might have been received the way it has. This requires 'the bully' to not be operating in their threat system. They themselves need access to good reflective supervision and to be part of a supportive system.

That was not available in my situation. I did have a meeting with HR and my manager. I was told that clinical supervision was best practice but not essential. When I finally did have some provided it was not confidential and therefore quite far away from being a safe container. The only safe way out of that situation was for me to leave.

Recovering and healing from that experience has been a giant learning curve. Now my own supervision and training practice is focused around areas like supervision. I see good quality, confidential supervision as essential for our development as therapists; it's not an option! Networking with peers can be a really gentle way to reduce isolation and build community after a bullying experience. Setting boundaries is also key: if some workplace habits like working late don't work for you, then don't feel you must do the same. You need a sense of agency and choice in order to feel safe and thrive.

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Find out more

Support is available from our Professional Enquiries team
info@rcslt.org
020 7378 3012

National Bullying Helpline
0300 323 0169

ILLUSTRATION: TIM BOUCKLEY

Bridging the holiday gap

Helen Sutherland and **Sam Wolff** highlight the challenge of keeping children with eating, drinking and swallowing needs (EDS) safe and well during the school holidays

More schools in England are now commissioning their own speech and language therapy services. Although this service model has many advantages, the term-time only nature of the provision means children with eating, drinking and swallowing needs (EDS) may lack support during holiday periods, especially the long summer holidays.

SAM WOLFF

HELEN SUTHERLAND

Identifying the risks

We work as part of a speech and language therapy team commissioned by a federation of special needs schools in Buckinghamshire. In our case we found that there were two EDS-linked hospital admissions during the summer holidays which could potentially have been avoided had families been more aware of early warning signs of increased difficulties with swallowing, and understood who to contact for help. When admissions did occur, quality of care and patient safety were potentially compromised. The medical team, including NHS acute SLTs, did not have access to clinical notes held by school-based services, and there was no school-based SLT available for liaison or post-discharge support.

Working with the NHS and families To tackle this, we formed a working party with key SLTs and the administration team from Buckinghamshire Healthcare NHS Trust's Children and Young People's Integrated Therapy and Acute Speech and Language Therapy services. We created 'Hospital Care Plans' for pupils with EDS and complex medical needs at higher risk of hospital admission.

These include a brief patient history, details of any current concerns, referrals and dysphagia recommendations. They give families information on early warning signs of difficulty and who to contact during school holidays. Plans are discussed with families who are advised to take their copy to hospital with them if their child is admitted.

Using the Hospital Care Plan

Copies of the plan are shared with school safeguarding teams (who are available during holidays), the GP, and thanks to support from local NHS services, uploaded onto the pupils' NHS records. The NHS team also provides post-discharge support during school holidays. The Hospital Care Plan format was shared with other special school speech and language therapy services in Buckinghamshire via the local special school therapists network. Buckinghamshire special school headteachers and NHS commissioners were briefed by school and NHS SLTs on the risks posed by the gaps in service and the need to use Hospital Care Plans.

Within our school, we contract an NHS employed school nurse who provides us with a vital link to NHS records and referral pathways. We also access clinical supervision from NHS SLTs.

What you can do

The lack of shared clinical systems between school and NHS services continues to pose a barrier to joined-up care in school holidays for the increasing number of special schools that commission speech and language therapy services. As clinicians, we need to actively seek collaboration between NHS and non-NHS services to reduce the risks posed by this model, and to raise awareness of this issue with service managers and commissioners.

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ILLUSTRATIONS: TIM BOUCKLEY

On the home team

Sparked by a national petition, a team of SLTs and allies came together to make the Government listen. **Elissa Cregan** tells the story

ELISSA CREGAN

In March 2024, Mikey Akers, long-time speech and language therapy advocate and founder of Mikey's Wish Foundation, launched the 'Invest in SLT' petition on the UK Parliament website, calling on the Government to increase investment in speech and language therapy.

Forming our team

In response, a group of SLTs and allies from across the UK came together organically to form the 'Invest in SLT' home team. The team was made up of people who had worked together on previous petitions along with some newer colleagues. The home team members included campaigners Mikey and Louisa Akers and Samantha Berry (an adult user of speech and language therapy). A group of parents, Dave Harford, Sharon Oliphant, Pam Slater and Georgia Wilson also took their places alongside SLTs Francesa Beard, Karen Massey and Gillian Rudd.

> **Together, we developed the mission's strategy**

With RCSLT Policy and Public Affairs team members Elissa Cregan and Peter Just playing a coordinating role, our home team united to ensure that speech and language therapy remained firmly on the Government's agenda.

Making a plan

Together, we developed the petition's strategy, messaging and outreach plan. Our key message was the need to address the long-term issues affecting access to speech and language therapy, by increasing investment. Actions included writing to MPs, creating an e-action to help people contact their MPs and promoting the petition on social media. We generated our own press coverage and brought together two separate coalitions of over 40 organisations to issue public statements in support of increased investment in speech and language therapy.

Getting results

Although the petition closed early due to the calling of the general election, it gathered over 13,000 signatures and secured a government response.

Signatories included SLTs and people having speech and language therapy as well as other professionals and allies from around the UK.

We were especially pleased when the Petitions Committee selected it for debate, despite it not reaching the usually required 100,000-signature threshold. In the debate on 27 January 2025, MPs from all parties spoke powerfully about their experiences and of the need for access to speech and language therapy to be improved. Responding for the Government, Care Minister Stephen Kinnock paid tribute to Mikey and the campaign team.

Minister Kinnock did more than just pay tribute to Mikey and the team; he also pledged to meet us. In that meeting at an event in Westminster in March 2025, also attended by Chris Kamara (a sports broadcaster affected by apraxia of speech), the minister committed to an action plan to address the issues highlighted in the petition. We look forward to working with the UK Government to make that plan a reality. Until it is, our work together, and with you, will not stop.

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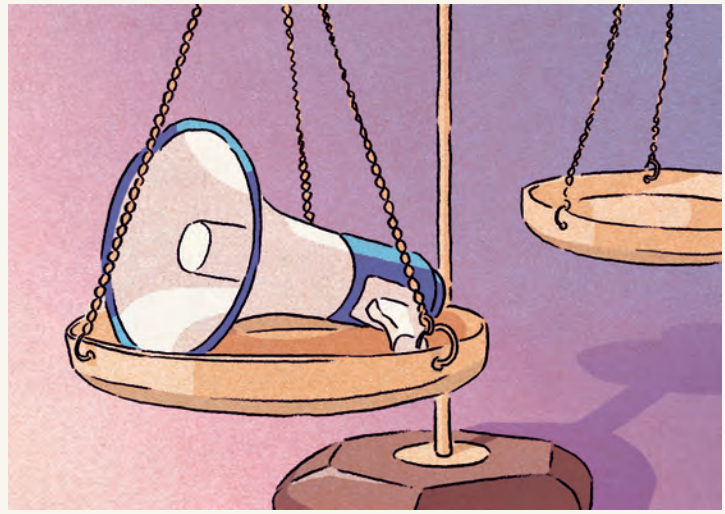
Find out more

rcslt.info/invest-in-slt-debate

Influencing from the margins

Raising awareness of youth justice is a core part of **Kim Jenkins**' role in a growing South Wales service



KIM JENKINS

Influencing change in youth justice hasn't been about headlines or large-scale campaigns

An early career working with older children opened my eyes to the complex and often unmet communication needs of young people outside mainstream education. This naturally led me to youth justice where these challenges are often even more pronounced.

In 2012, I became the first SLT to work in youth justice in South Wales. At that time, the idea of embedding an SLT within youth justice services was still in its infancy. Since then, the service across Swansea Bay has grown significantly. We now have three SLTs and an SLTA covering two youth justice services and Wales' only secure children's home.

Building influence on the ground

The youth justice service in England and Wales is for children between the ages of 10 and 17, with separate services in Northern Ireland and Scotland.

Part of my role is to improve the care and support available to children in the service by advocating for things like better funding and access to resources. This work can be particularly challenging because the young people we support are part of a marginalised group, which can also affect the effectiveness of services supporting them.

Influencing change in youth justice hasn't been about headlines or large-scale campaigns: it's been about consistent, behind-the-scenes work. Relationship-building, evidence-sharing, and a relentless focus on the link between communication and behaviour have been central to our approach.

This has meant sitting in multi-agency meetings, gently but firmly raising awareness. It has meant training youth justice staff, supporting families, and most importantly, helping young people to find their voice, sometimes quite literally.

Voice for Justice: from local practice to national policy

I'm a regular collaborator with RCSLT Wales, and in recent years I've had the privilege of contributing to their Voice for Justice campaign. This campaign was launched to ensure that the speech, language and communication needs (SLCN) of children and young people in the criminal justice service are recognised, understood and addressed at a national level.

Through Voice for Justice, I've been involved in awareness-raising events and contributed practitioner insight to discussions within the Senedd. One key milestone was our contribution to the Senedd's Equality and Social Justice Committee's enquiry into young people's experiences in the justice service, ensuring that communication needs featured as a central theme.

The campaign continues to influence policy, training and service design across Wales, bringing speech and language therapy into conversations where it was previously absent.

Looking ahead

Change is often slow, and influencing can feel frustrating, but the rewards are undeniable. Seeing speech and language therapy embedded across youth justice in Wales is one of the proudest achievements of my career.

To fellow SLTs: your voice matters. Whether influencing a colleague, a team, or a policy, our unique perspective is crucial – especially for those whose voices are most often unheard.

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ILLUSTRATION: TIM BOUCKLEY

Standing up for children

Ruth Sedgewick *traces the steps of the powerful advocacy and influencing project led by RCSLT NI that is leading to real change for children in Northern Ireland*

ILLUSTRATIONS PÂTÉ

RUTH SEDGEWICK

In Northern Ireland, the growing crisis surrounding speech, language and communication needs (SLCN) among children has become increasingly impossible to ignore. Even before the Covid-19 pandemic, concerns were emerging from RCSLT members, the public and the media highlighting a significant rise in the number of children struggling with communication. It became clear that urgent action was needed. We realised that in order to achieve change, we had to understand the scale of the problem, and influence decision-makers to address it.

Building momentum: January to March 2023

In early 2023, the RCSLT Northern Ireland office started receiving a sharp increase in queries from both members and the wider public. There was a growing sense that the effects of pandemic-related social isolation, missed developmental milestones, and reduced access to services coming on top of pre-existing problems were creating a perfect storm. Not only were more children presenting with SLCN, but there was an awareness that the complexity of those needs was increasing.

SLTs on the ground reported being overwhelmed, facing ever-growing demand, and struggling with unmanageable waiting lists. Services simply did not have the capacity to deliver the timely interventions that children desperately needed. It became clear that if the system continued on this trajectory, Northern Ireland would face a long-term educational and health crisis.

Gathering evidence: July 2023

We knew that we had to get accurate information about what was happening before we could start the process of driving meaningful change, so RCSLT NI committed to building a robust evidence base. In July 2023, we submitted freedom of information requests to NHS trusts to gather data on speech and language therapy waiting times across Northern Ireland. At the same time, we launched wide-ranging surveys targeting early years practitioners including nursery school teachers, childminders, Sure Start staff, and community paediatricians.

The data confirmed what frontline professionals had been saying

The findings were striking: 90% of early years providers and 91% of community paediatricians reported an increase in the number of children with SLCN. Furthermore, 88% of early years providers and 95% of community paediatricians noted an increase in the complexity of these needs. These results underscored the need for targeted interventions and resources in early years settings.

The data confirmed what frontline professionals had been saying: services were under immense pressure and were no longer able to meet the rising demand. Many children were waiting too long for assessments and interventions during the most critical windows of their development.

Building alliances: November 2023

Armed with clear evidence, we recognised the critical need to unite key stakeholders to find a collective way forward. In November 2023, RCSLT NI convened a roundtable event, bringing together approximately 30 influential voices from across speech and language therapy, education, healthcare, policymaking and parent communities. The event was carefully structured, with five RCSLT facilitators leading group discussions, capturing insights and encouraging collaborative problem-solving.

The discussions powerfully reinforced the need for collaboration and immediate investment in early intervention. It became evident that the challenges surrounding SLCN extended far beyond the health sector, deeply affecting education, justice, mental health and the wider economy. There was a clear consensus that improving children's communication outcomes demanded a coordinated, system-wide effort.

Many of the roundtable participants contributed to the 'We are the Village' report, providing letters of endorsement and impactful quotes that shaped its narrative and strengthened the call for change.

Forming the Early Years Communication Alliance: early 2024

We established the Early Years Communication Alliance (EYCA) in early 2024, including many of the roundtable members. This alliance brings together a diverse range of stakeholders with a shared interest in early years speech, language and communication policy and service development. With agreed terms of reference and a dedicated logo, the alliance is committed to collaborative action and will play a key role in shaping future developments for children with SLCN across Northern Ireland.

Influencing decision-makers: January to April 2024

RCSLT NI engaged directly with political parties over January and February 2024. Through meetings, briefings and policy engagement, we lobbied for system-wide investment in early intervention and a substantial increase in the speech and language therapy workforce. In April 2024, we formally launched the 'We are the Village' report, setting out a series of clear recommendations to address the growing crisis.

We are the Village called for:

- significant increases in SLT training places to build workforce capacity
- immediate measures to reduce waiting lists
- investment in evidence-based, regionally delivered early years programmes
- improved training and support for parents and early years practitioners.

Between 2023 and 2025, RCSLT NI has consistently raised these issues in meetings with political parties and at key political party conferences. We want to ensure that the case for improved speech and language support for children remains firmly on the political agenda.

Innovating with Language Launchpad: September 2024 to March 2025

While workforce investment is crucial, improving outcomes also requires strong universal support. In August 2024, our proposal to the Department of Education for a universal early years language programme was accepted. With the key input of statutory and community partners Help Kids Talk, 'Language Launchpad' was born.

Language Launchpad was an ambitious, cross-sector project designed to support all children, parents and practitioners across Northern Ireland to promote language development from the earliest stages. Building on We are the Village, Language Launchpad carried out a survey with a wide range of parents and professionals achieving 1,089 responses. Results mirrored our 2023 survey, showing that 91% of early years practitioners and 96% of SLTs had observed an increase in the number of children with SLCN. Additionally, 98% of early years practitioners reported an increase in the complexity of these needs.

The survey also highlighted gaps in support: only four in 10 (42%) practitioners felt that children were entering early years settings fully prepared to engage with the curriculum. Almost half (45%) of parents expressed concerns about their child's communication development, yet only a third (33%) felt adequately supported by professionals.

Promoting and making new resources

We sent all survey participants a link to Help Kids Talk's local training and materials, leading to a much wider uptake of these resources across the region. Survey respondents gave us feedback about the resources they wanted to see in future. Based on information from the surveys, bitesize video resources, printable toolkits and checklists were created to equip those working with young children; whether in the home, early years settings or the wider community. The project was informed by the voices of parents, early years staff, healthcare staff and our members to shape the nation-wide survey questions and participate in subsequent focus groups thus ensuring that the resources developed were directly relevant to those who needed them most.

Growing awareness of SLCN

Language Launchpad addressed a key gap highlighted in our earlier work: many parents and practitioners responding to the survey reported not knowing where to access support or training for speech, language and communication needs. By building on established community networks, the programme achieved widespread reach, driving uptake of Help Kids Talk's Basic Awareness and Level 1 training and empowering parents and practitioners to create communication-rich environments.

Language Launchpad is a direct legacy of the We are the Village report and our lobbying journey. It is a clear example of how sustained, evidence-based advocacy can influence policy and lead to practical, on-the-ground solutions that make a real difference in children's lives.

A turning point: May 2025

Our sustained lobbying efforts began to bear fruit. In May 2025, the Minister for Health announced a landmark decision: the number of commissioned undergraduate places for speech and language therapy at Ulster University would double for the 2025/26 academic year. This was an incredible breakthrough and a tangible outcome of over two years of persistent engagement, advocacy, and partnership working.

Increasing training places is a vital step in building a sustainable workforce to meet the needs of children and families in Northern Ireland, ensuring more timely access to speech and language therapy.

Continuing the journey

The increase in SLT training places and the development of universal language resources are major milestones, but our work is far from complete.

RCSLT NI continues to press for:

- widening access to the profession through alternative routes such as apprenticeships and master's programmes
- ensuring a sustainable workforce with the capacity and funding to support the growing number of student placements and supervision needs.

We also continue to develop the work of the Early Years Communication Alliance, driving collaborative engagement with policymakers and building a strong coalition to influence future early years policy.

We know that the challenge is not simply about increasing numbers, it's about ensuring those who join the profession are well supported and that services can continue to deliver high-quality, timely care. This journey has demonstrated the power of listening, collaboration, and sustained advocacy. It shows what can be achieved when families, practitioners, and policymakers work together towards a shared goal: giving every child the communication skills they need to thrive.

RUTH SEDGEWICK, RCSLT Head of Northern Ireland
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COPRODUCING THE RESOURCES

Kerry Mulholland from Lisburn-based community partnership, Help Kids Talk, explains the iterative production process of developing tailored resources based on data and individual feedback.

The coproduction process

In response to the 2024 Language Launchpad survey findings, the RCSLT Northern Ireland office organised focus groups with parents and health visitors to delve deeper into the specific challenges and support needs of families and professionals. The survey results were grouped into topic areas by RCSLT NI, and then the team at Help Kids Talk assessed the number of requests for information in each area and how to meet them. With funding provided through the project we recruited an extra staff member to help us develop the resources.

Embedding lived experience

We produced short video clips sharing the lived experience of people with SLCN, with a focus on positive strategies to best support them. We put messages out to local therapists to see if they knew of parents and carers who would be happy to share their experiences. I went to people's homes and clinics to make the videos. For those who did not want to appear on camera, we read out their words or included it in our written advice. And in fact the young man in the video talking about ADHD was my son - he is a doctor now and was happy to share his story to help others.

We also created advice sheets that could be used by parents, carers or practitioners, and checklists to support with implementing the advice. We added visual resources to be used both at home and in school.

Once developed, the resources were shared with stakeholders including parents, educators, and health professionals in focus groups organised by RCSLT. This iterative feedback and development process ensured that the resources were practical, relevant and effective in addressing the needs of children and families.

Lasting impact and accessibility

Recognising the importance of sustained access, the resources comprising downloadable materials and engaging bitesize videos were made freely available on the Help Kids Talk website from May 2025. Distributing the resources online allows for widespread use in all parts of Northern Ireland. We are aiming to ensure that support for children's speech, language, and communication development remains accessible to all members of the community.

SEIZE THE DATA!

Sue McBride shows how her team built up a strong evidence base, with some tips to help you build your data expertise

SUE MCBRIDE

Campaigns work best when they're well-evidenced. Using data can clearly show that your message is rooted in real-world need and the difference change could make. Using reliable data to support your work shows that your messages have been developed based on facts and without bias. This helps build trust and makes your campaign feel more credible.

First steps: establishing a baseline

In 2023, the team at RCSLT NI was ready to respond to growing concerns about children's speech, language and communication needs (SLCN) in Northern Ireland. Anecdotal evidence from professionals and parents was strong, but the team needed some additional quantitative data to provide robust evidence to stakeholders and decision makers.

The 'We are the Village' survey was commissioned to gather empirical data from a total of 340 respondents including 23 paediatricians. The survey was coproduced with early years practitioners and community paediatricians, ensuring that the questions were relevant and reflective of frontline experiences. The results of the survey, combined with information on waiting times from NHS Trusts in Northern Ireland, painted a vivid picture of an increase in the number and complexity of children presenting with SLCN with services struggling to meet the need.

Expanding the scope

Building on the foundation laid by the We are the Village report, the RCSLT began the Language Launchpad project in 2025 including a survey to gather data about SLCN in children and young people from 0 to 19 years.

The survey was coproduced with a diverse group of stakeholders. To ensure the robustness and impartiality of the findings, the survey was administered and analysed by an independent research agency, FN Research. The survey was segmented with four main groups of participants receiving different versions of the survey. This ensured that the results were detailed and based on the specific expertise of each group.

Parents and carers (N=473)

1. Practitioners in education and early years (N=487)
2. Health, social care and medical staff including nurses, doctors, and other allied health professionals (N=55)
3. SLTs (N=74)

Comparative insights

The results of the Language Launchpad survey confirmed the findings of the previous survey, and added more breadth to our knowledge due to the wider age range and a wider array of stakeholders. Together, the two surveys paint a clear picture of the growing challenge posed by children and families affected by SLCN in Northern Ireland. They serve as a call to action for policymakers, educators, and healthcare professionals to collaborate in developing and implementing strategies that will effectively address this pressing issue.

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Additional material by **GEMMA LUCK**, RCSLT Insight Analyst

Grow your data skills

If you are looking to develop your data expertise to support a strong evidence base for your influencing work, there are some accessible resources that can help. These include:

- **The NHS Evaluation Toolkit's Guide to Data Analysis:** focuses on outcomes and different types of data: NHS evaluation toolkit guide to data analysis
- **Understanding Patient Data:** helps explain the use of health data and why it matters: Understanding Patient Data research and resources
- **Health Data Research UK:** offers free online modules in data ethics, analysis, and secure research methods: HDRUK capacity building.

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Forest School

Can we include nature in our clinical practice? **Katy Watson** *looks at the knowledge base*

KATY WATSON

The health benefits of being outdoors are widely recognised but the impact on communication is under-researched. As a student SLT with a background in education, I have been fascinated by stories of children who had never talked in the classroom and spoke for the first time at Forest School (Davenport, 2019).

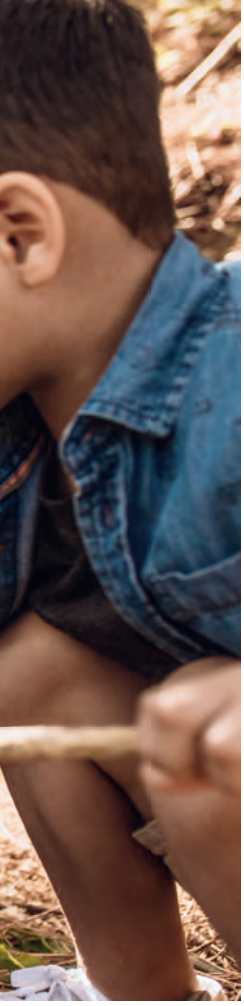
Wanting to find out more, as part of my university course I decided to carry out a literature review to find out what is known about the role of SLTs in Forest School.

Inspired by Danish early years education and the concept of 'friluftsliv' or open-air living, Forest School began in the UK in the 1990s with courses at Bridgwater College. Since then, Forest School has become widespread in education and community settings. Schools may offer regular sessions on or off site, facilitated by a trained Forest School leader, while some nurseries incorporate outdoor learning into the entire curriculum. Children learn to work in a team, make fires, build dens, paint with mud, swing in hammocks and have fun.

Language and the outdoors

Research, although limited, shows that the natural environment supports speech, language and holistic development. A systematic review on how nature supports early language learning (Richardson et al, 2023) found that Forest School-type settings enhanced the desire to communicate, communication skills and literacy skills. Outdoor play in nature can particularly benefit children with developmental needs by improving their confidence, verbal and social skills, as well as their overall wellbeing (Burke et al, 2024). By connecting to nature early on, children form a relationship with

REFERENCES
To see a full list of references, visit:
bit.ly/Bulletin References



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the woodland, which benefits their health and encourages environmental stewardship.

The Forest School Association defines Forest School as 'an inspirational process that offers children, young people and adults regular opportunities to achieve and develop confidence and self-esteem through hands-on learning experiences in a woodland environment'. It aims to support physical, social, cognitive, linguistic, emotional and spiritual development. Key aspects are that it is learner-centred, part of a regular programme and offers opportunities for multisensory exploration, play and risk-taking with a high adult-child ratio. Its child-centred, holistic ethos fits well with healthcare practice.

Exploring the benefits of Forest School

There is consensus that children talk and interact more at Forest School, facilitating an improvement in their language and communication. A recent small-scale study found that children used more words with increased lexical diversity and syntactic complexity in an outdoor nature setting (Novikova, Pic and Han, 2024).

Similarly, a team of linguists found that parent-child interaction was more responsive in an outdoor natural environment (Cameron-Faulkner, Melville and Gattis, 2018). This is interesting because parent-child responsiveness is a common goal in paediatric speech and language therapy. While it is difficult to generalise from a few small-scale studies, there have been several evaluations which suggest that communication skills improve at Forest School (see O'Brien and Murray, 2006; Dabaja, 2022).

Scope for children's growth

The means, reasons and opportunities to communicate may expand outdoors (Moran, 2019). Means are greater as children can vary the volume and pitch of their voices whilst the freedom to move facilitates multimodal and flexible communication (Richardson et al, 2023). Reasons increase as children engage in collaborative tasks, negotiate the function of natural objects and are motivated to share their novel experiences. Opportunities are abundant too, as children relax and slow down. There is time to process with less pressure to perform. It is possible to follow a child's lead, scaffolding their language learning in a functional context.

Outdoor play in nature can particularly benefit children with developmental needs

In addition, nature and animals can spark spontaneous and less effortful joint attention. This can lead to impromptu sharing of joyful experiences by autistic clients who might normally find this difficult (Byström, Grahn and Hägerhäll, 2019). Joint attention is the foundation of social communication. Once established, it is possible to provide linguistic input and make meaning (Tomasello, 2003). Kaplan and Kaplan's (1989) attention restoration theory claims that people focus better after time in nature, as demands on their attention are reduced and they are attracted by soft fascinations, although more research is needed in this area.

Effects on SLCN

All children can benefit from Forest School and there are particular advantages for children with speech, language and communication needs (SLCN). The relaxed nature of the setting can build confidence for children with selective mutism (Richardson et al, 2023). Child-initiated activities can make talking with adults feel more comfortable.

For autistic children, the multisensory environment, with dappled light and secluded areas, can facilitate sensory integration. They can choose the right level of stimulation, maximising their ability to participate (James, 2018). The setting can also encourage friendship and the expression of emotion (Bradley and Male, 2017).

Nature as research priority

The impact of children spending time outdoors has been identified as a research priority by the National Institute for Health and Care Research. SLT Steph Scott has responded to this with a systematic review protocol about the impact of natural outdoor spaces on language, communication and social skills (Scott et al, 2022). This is due for completion in 2025.

Forest School and clinical practice

Forest School fits in with the 'Balanced System' (Gascoigne, 2024), collaboration with schools and building services around children's functional participation. In the context of therapy workforce pressures and climate crisis, this approach might have benefits for communication, holistic development and environmental awareness.

Some SLTs are already collaborating with Forest School, such as 'The Therapeutic Forest' which offers intensive interaction training to Forest School leaders. Many special schools provide a Forest School programme and therapy can be integrated into sessions. More rigorous studies could add to the evidence base and encourage SLTs to take sessions outdoors or recommend nature to parents. B

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Opening doors to adults with DLD

Simone Ojei *shows how a clinic at UCL is paving the way for better provision*

SIMONE OJEI

Developmental language disorder (DLD) is a lifelong neurodevelopmental condition affecting 6–8% of the population (Norbury et al, 2016; Calder et al, 2022). At the moment, diagnosis and support are primarily focused on children, but the experiences of adults with DLD are an area of increasing interest. Wilmot et al (2024) interviewed adults, predominantly aged 40–60, who reported a significant impact of DLD on mental health, exacerbated by a lack of awareness and support from others eg in healthcare or employment settings. However, these adults also reported that receiving a diagnosis was a protective factor and improved self-esteem, enabling them to raise awareness of their needs and advocate for support.

More adults are seeking a diagnosis for neurodevelopmental conditions in later life, and some of them will have DLD. However, NHS services for adults with DLD are currently limited. Instead, individuals may present at clinics that are not designed for their needs, such as clinics for acquired communication difficulties or autism. A small number of independent SLTs offer help, but this option may not be financially viable or accessible to many people.

Trialling an adult DLD clinic

In September 2024, the university-funded Communication Clinic at University College London (UCL) launched a pilot trial of an Adult DLD Assessment Service (ADAS). In our pilot year, we were able to offer one session a fortnight in term time, with plans to review capacity and demand for the service. Our aims for the pilot were to:

- scope the need for services dedicated to adults with potential DLD
- identify a battery of assessments and evaluate suitability for diagnosis
- provide clinic users with assessment summaries, suggest relevant strategies, and empower them to advocate for their needs in education and employment settings
- contribute to the growing body of research on adults with DLD
- create an international network of clinicians and researchers who are working with adults, to share and learn from best practice.

Referral criteria

Referral or self-referral was via a short online form with only one exclusion criterion: diagnosis of an existing differentiating condition that precludes DLD (eg autism, acquired brain injury) as per CATALISE criteria (Bishop et al, 2016).

Assessment battery

Clinic users were invited to a face-to-face appointment with one of the three SLTs that make up the ADAS team. The assessment lasted approximately three hours and included:

- a detailed case history exploring communication and family history and current strengths and challenges
- core language subtests from the Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5) (Wiig et al, 2013): formulated sentences, recalling sentences, understanding spoken paragraphs and semantic relationships
- test of word reading efficiency, second edition (TOWRE-2) (Torgesen et al, 2012) to measure sight word reading speed and accuracy
- the York Adult Assessment Battery, revised (YAA-R) (Warmington, 2012) to assess reading comprehension and written language.

Following assessment and a team review, we arranged a call with each clinic user to discuss the outcome. This was followed by a written report, documenting strategies and recommendations.

Initial response

We have received considerable interest and requests for assessments, with 22 referrals within the first three months. They ranged in age from in their 20s to their 60s, with most identifying as female and representing a diverse range of ethnic backgrounds. The majority were self-referrals, some of whom had recently been diagnosed with conditions such as ADHD or dyslexia, or had recently had a child diagnosed with DLD. This had led them to investigate their own language and communication difficulties further.

ISTOCK

REFERENCES
To see a full list of references, visit:
bit.ly/Bulletin References

> **Ultimately we would like to provide student placements**

Lessons learned so far

Suitability of assessment battery

For most cases we found that our assessment battery gave us sufficient information and confidence to identify individuals with language disorder. However, the CELF-5 is only standardised on people up to 21 years, and the content is heavily focused on education settings. We saw several clients who were older than this, some of whom scored below the expected level for 17–21-year-olds, while others scored within that expected range. When the case history information and functional impact were consistent with test data, decisions were more straightforward, but this was not always the case.

Diagnosis and differential diagnosis

So far we have diagnosed seven individuals with DLD. Many of the clinic users who did not meet the diagnostic criteria for DLD, still presented with language difficulties which impacted upon their daily lives.

We had anticipated that some clinic users may present with profiles that are more consistent with an autism diagnosis. However, some individuals talked about experiencing a recent change in their communication or a decline in language skills. We needed to consider whether the trajectory they were describing was typical for DLD or indicative of something else, such as perimenopause or a neurological issue.

As paediatric therapists this was a new area for us and highlighted gaps in research and assessment that document language trajectories after the age of 21.

Future aspirations

Students: We currently have UCL students conducting research projects within the clinic and aim to provide future research opportunities to both student SLTs and psychology students. Ultimately we would like to provide student placements, which would offer a great opportunity to increase awareness and skills of future SLTs to work with adults with DLD.

Capacity and funding: Given evident demand, we are investigating funding opportunities to expand clinic activities. Going forward, we would like to develop intervention and support beyond assessment eg supporting clinic users to better access employment opportunities.

Integrated services: A frequent discussion is whether the clinic should continue to focus solely on DLD or whether we should operate within an integrated service for neurodevelopmental conditions. Being able to offer an integrated neurodevelopmental assessment pathway could support differential diagnosis and provide a more holistic view of client support needs. This is an avenue that is currently beyond the scope of our clinic, but an important consideration for future planning of services.

Building a community: In January we hosted our first international networking event, with a second one in September. We learned about different service models, great practice and insights gained from working with adults with DLD, and numerous areas that require research and development.

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Advocacy unpacked

Derek Munn *goes over the basics of advocacy and influencing, with some tips and tricks from a highly experienced campaigner*

DEREK MUNN

I had been working for the RCSLT for just a few months when colleagues approached me at an all staff day. "We don't want to be rude," they said, "but what do you actually do?"

Call it advocacy, or influencing, or lobbying, it can seem a bit mysterious and distant from your working life as an SLT. But advocacy is really about human relationships. And you probably already use advocacy techniques without realising that's what it's called. Other articles in this edition of *Bulletin* give examples of influencing in practice, but this piece is about some of the techniques.

What is your goal?

Most often you will be advocating for a change you want to see: a different policy, an increased budget. Or it might be defensive: preventing a change or a cut. This can be at any level; it might be within your team, the wider service, your region or nation.

Who can help you?

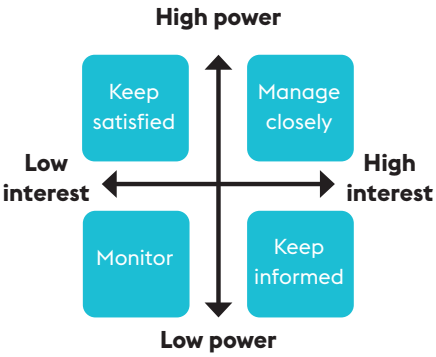
The question is: which person or people have the power to make or prevent that change, and how do I persuade them to do so?

It's usual to start with a stakeholder map, which can be for the particular campaign or as part of building your profile and relationships ahead of time.

How to fill in a stakeholder map

This grid helps you identify who has the most decision-making power (high power) and who has the least (low power). It also shows who is most affected by the issue (high interest) and who has least to lose (low interest).

Your stakeholder map can help you to decide where most of your relationship-building energy needs to go, as shown here.



As you map your stakeholders, you'll realise that many of them are internal to your own organisation, perhaps in your own chain of command. Your job may be to convince the provider you work for to change their offer to commissioners, for example, rather than persuading the commissioner to ask for something different.

Remember too that those in the bottom right – high interest but low power – can play a crucial role in bringing pressure to bear. Service users and their families would most often sit here, as might the local press.

Advocacy is really about human relationships

Understanding how decision-makers think

Now it's time to consider how it looks from the perspective of the person you're trying to influence. It's easy to think that decision-makers will follow where the evidence leads, but the hierarchy of pressures on them looks more like this:

- What am I legally required to do?
- What mandates and instructions have I been given?
- What budget do I have?
- What pressure am I under from stakeholders?

Evidence risks coming in fifth.

So how is it done? It boils down to listen – build relationships – be constructive in tone – and tailor your ask to the audience.

Getting the tone right

Members sometimes ask us to take a more confrontational stance against cuts, and look to other allied health professional bodies which are also trade unions who can, on occasion, call for industrial action. Our experience is that as a small profession we have most influencing success by being constructive and offering solutions to decision-makers' problems.

Top tips

Which brings us to some top tips. Some come from the world of media and communications training.

- What's in a name? We trust certain people and institutions. If you can name these trusted authorities as supportive of your cause, it matters.
- The power of numbers: it's important to have numbers to bolster your case.
- Human stories: our eye goes first to the box with the picture and the person's story, not the long article or report.
- From my own long experience, including the years I spent alongside government ministers hearing delegation after delegation come in to make their case, I would say speak their language – avoid all SLT jargon and use the terminology which the decision-makers themselves use.
- Make it a win for them: recognise the challenges they face and show how we can be part of the solution for them.
- Be clear and direct in your ask: leave no room for doubt about what you are looking for.

Help from RCSLT

If you are setting out on an advocacy journey and want some support, the policy and public affairs team at the RCSLT is here to help and advise – we work for you. Good luck!

DEREK MUNN, RCSLT Director of Policy and Public Affairs
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ADVOCACY TERMS

Influencing, campaigning and profile raising are similar but not the same:

- Influencing is identifying what change you want made (or sometimes prevented – such as a cut) and trying to achieve it.
- Campaigning refers to the tactics you will use – from sending an email to holding a demonstration.
- Profile and awareness raising are important, but are often a means to an end which is the influencing goal. Awareness-raising can have another value – making the lives of people better because those they meet are sighted on their challenges and how to respond.

Find out more

For information and resources to support your advocacy work visit **rcslt.org/policy-and-influencing**

ISTOCK

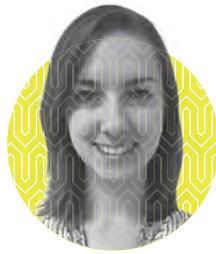
Early opportunity

Georgia Roskin *and* **Marie England** *hosted a visit from a UK government minister and advocated for the professionals and families they support*

Early Language Support for Every Child (ELSEC), is a national pilot programme delivering universal and targeted early intervention across nine areas in England. When we joined the London Borough of Barnet's Children's Integrated Therapies Team to lead the programme, our aim was clear: to advocate for the children who are too often overlooked. These pupils may not be seen as 'disruptive' or considered 'high priority', but their speech, language and communication needs (SLCN) impact their learning, friendships and emotional well-being.

At the start of the programme, we asked staff in early years and primary education settings to screen every child in their class using our locally devised tool. We found that 49% of children we screened in Barnet were identified as having SLCN. This statistic continues to surprise the educators we work with - not because they don't recognise increasing needs in their classrooms, but because many aren't confident to identify the underlying communication difficulties behind those needs.

GEORGIA ROSKIN



MARIE ENGLAND

That's why our focus has been to inspire staff, not just with practical strategies, but by helping them build the awareness to recognise children who may have SLCN. We've worked closely with settings to embed this knowledge into everyday practice, aiming for lasting, sustainable change.

> **Our aim was clear: to advocate for the children who are too often overlooked**

Making change happen

From the start, we set out to get all our stakeholders involved in creating the change that was needed. We developed a stakeholder map identifying key individuals within our local area and nationally, and assessed their level of interest and potential to influence. We also worked closely with our steering group, which included colleagues from the local authority and parent carer forum, to ensure the project reflected and served the needs of our community. This collaborative approach helped us tailor our communications, strengthen relationships and build momentum.

Opening doors

When an opportunity arose for MP Catherine McKinnell, Minister for School Standards, to visit a setting involved in ELSEC, our London Change Partnership Programme Director advocated for us to host the visit.

We decided to focus on the staff who've embraced the training, reshaped their practice, and made meaningful change for the children. The Minister told us that what stood out most wasn't just the impact on the children, it was how empowered the staff were. Spying one last opportunity to advocate, Georgia added, half-jokingly: "And it would be great if ELSEC could get continued funding next year." Minister McKinnell laughed, and said: "Shy bairns get nowt", explaining this was a Geordie phrase meaning: "If you don't ask, you don't get."

Two days later, the Department for Education announced a further £3.4 million in national funding for ELSEC. It was the perfect reminder that empowering others makes our voice stronger.

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Tins of thickener belong in the dark – ages.

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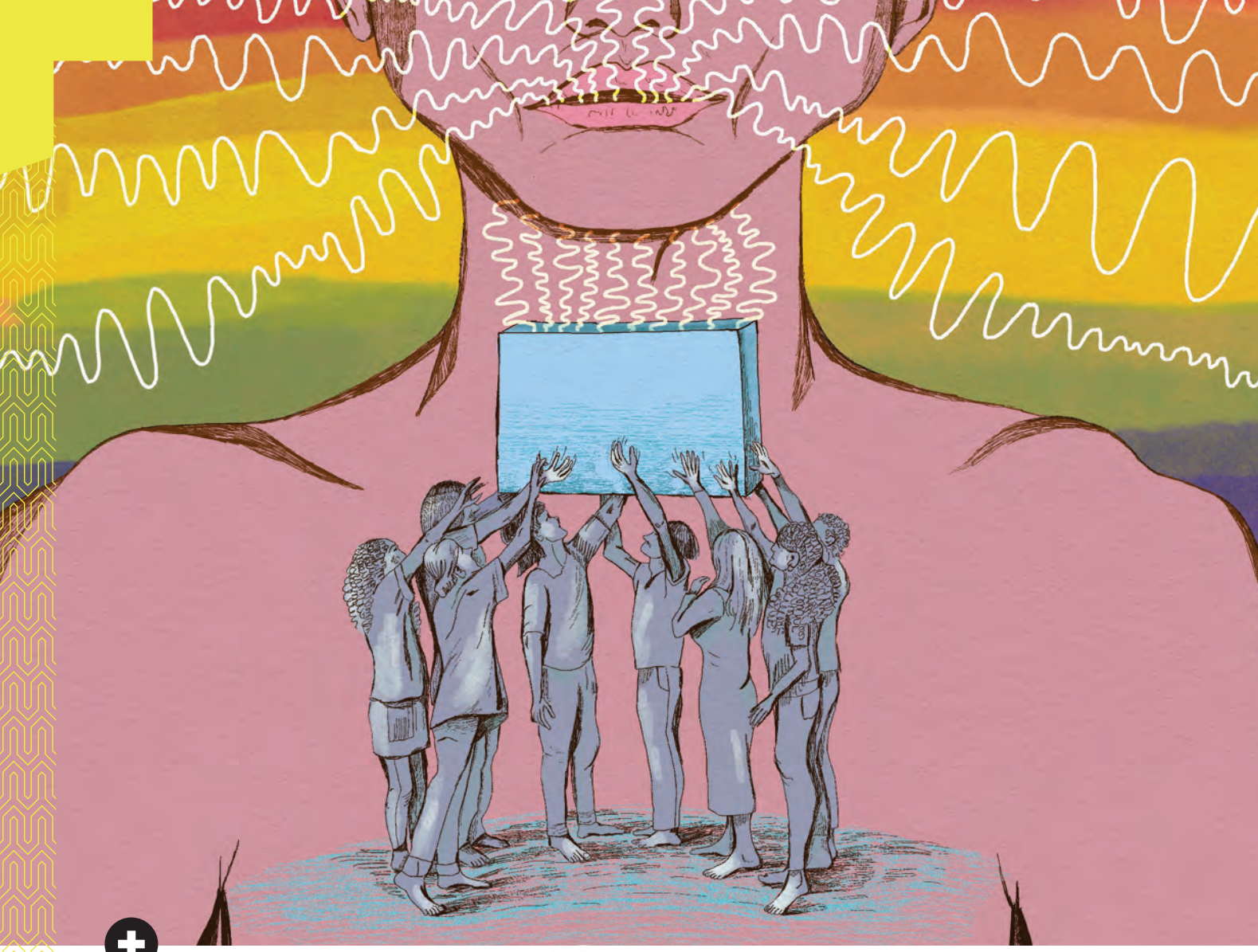
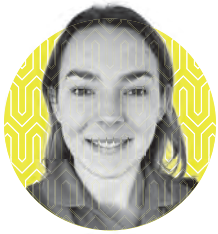
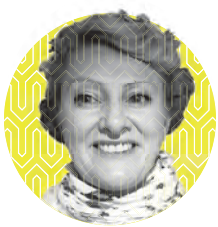


Voices united

Grace Gee, Jessica Clark *and* **Ailie Reid**

explore group work in gender-affirming voice therapy





With over 300 people waiting for help from the Leeds Gender Affirming Voice Therapy service (GAVT) in 2023, therapy groups were introduced to support demand. As group therapy was new to the service, it was vital to continuously monitor and ensure we were reflecting the patient priorities and providing the highest standards of care within service constraints (Morris et al, 2015). Final year MSc placement students at LGIS, Ailie and Jessica, worked on a service evaluation of the GAVT group pathway.

Why consider group therapy?

Wood et al (2022) found that group therapy benefits trans and non-binary people, reporting that the sense of community led to improved confidence. Group therapy in gender-affirming voice therapy, can offer benefits like cohesion, shared experiences, learning and feedback, as well as being sustainable and transferable to daily life (Mills, Stoneham and Georgiadou, 2017, 2019).

Evaluating the GAVT group service

Our goals were to identify how group therapy supported participants in achieving a voice that was affirming to them. We also set out to understand successes and areas for improvement.

The pathways

- People exploring a feminine vocal space were offered one initial assessment or triage phone call, followed by six group therapy sessions.
- People exploring a masculine vocal space were typically offered three to four individual sessions prior to attending two group sessions.

The different intervention formats for feminine and masculine vocal space reflected differences in referral numbers, therapeutic needs and physiological considerations. For example, the impact of testosterone on trans men can lead to spontaneous pitch lowering without intervention (Davies et al, 2015; Azul, 2015). Offering more individual sessions allowed for targeted exploration of resonance, prosody and vocal strength, ensuring equity of access across the service in line with clinical needs.

Our research participants

In total, 36 people engaged in voice group therapy across the evaluation period. Of these, 22 explored a feminine vocal space, and 10 explored a masculine vocal space. Four individuals (all of whom identified as non-binary) expressed a preference for one-to-one therapy or did not take part in the group evaluation, citing personal or contextual reasons.

This suggests a potential mismatch between the group format and the needs of some non-binary service users, echoing findings from other services regarding the importance of flexibility in gender-affirming voice work (Oates and Dacakis, 2015).

Group therapy can offer benefits like cohesion, shared experiences, learning and feedback

Out of 36 participants across both pathways, 18 (50%) were randomly identified for inclusion in the evaluation. Of these, 14 consented to take part, including 12 trans women and 2 trans men aged between 22 and 63. The four individuals who chose not to participate all identified as non-binary, further reinforcing the need to understand and tailor approaches for this group.

Our questions

1 What self-perceived vocal experiences, perceptions, voice use and goals have been achieved or changed since taking part in the group therapy?

2 How did the participants rate, use, experience and perceive the group therapy sessions and resources?

3 How did they rate the key aims of the group therapy sessions post intervention?

Methods

After completing the group therapy pathways, we carried out telephone questionnaires to evaluate people's experiences. Calls lasted 30–60 minutes and were conducted over a three-week period in July 2023. The questionnaire included a combination of open-ended and closed questions to allow quantitative and thematic analyses.

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

What we learned

Improved voice perception and satisfaction

- All 14 participants showed improved self-perceived voice ratings post-intervention. Participants rated how they feel their voice reflects who they are, with 1 being not at all and 10 being completely. Some stated a dramatic increase in their self-perceived rating by as much as 5 points; the mean increase in point rating was 2.
- Vocal satisfaction ratings shifted from mostly unsatisfied/very unsatisfied, to 13 of 14 satisfied/very satisfied post-intervention.

Improved vocal identity alignment

- 100% respondents pitching down moved from "gender neutral" to "somewhat male," achieving their goal
- 83% of those pitching up progressed from "somewhat male/very male" to "gender neutral" or "somewhat female".

Enjoyment and comfort with group sessions

- Over 75% rated session enjoyment 8–10/10, with 2 participants rating 5 and 7.
- Over 50% rated comfort with others in the group 9–10/10, despite initial social anxiety.

Qualitative outcomes

Voice goals and change

- Greater voice acceptance, confidence and continued progress.
- Shifts in perception from distress/anxiety to empowerment and ownership of voice.
- Those taking testosterone felt that hormones would continue to develop their voices, whereas those exploring a feminine vocal space emphasised the need for ongoing practice.

Terminology

While gender-affirming voice therapy (GAVT) doesn't prescribe a specific gendered voice, terms like masculine and feminine are used broadly. We aim to help individuals find a voice affirming to their gender, working on skills like pitch, resonance and intonation.

ILLUSTRATIONS: LAUREL MOLLY

Ongoing use of techniques
- Over 50% of participants could name a specific exercise (eg kazoo, thin fold phonation) they still use and describe its positive impact.

Sense of community
- Participants valued camaraderie, peer connection and humour, especially in reducing anxiety and building confidence.

Group format preferences
- The majority preferred the online format for ease, reduced social anxiety and accessibility.

Supportive atmosphere
- Participants felt the SLT-led sessions were welcoming, empowering and motivating, contributing to high engagement and confidence gains.

Areas for improvement

Understanding exercises

All participants described some difficulty understanding specific exercises, though they appreciated the range of content. Exercises most commonly perceived as tricky included: kazoo use, blowing in water, lip trills, resonance strategies and thinking sounds.

Non-attendance

While most participants attended all sessions, reasons for missed sessions included hospital appointments, illness, and forgetting. Social anxiety and other personal barriers were also disclosed, suggesting the need for flexible attendance options or pre-session orientation materials to reduce drop-out.

Suggestions for future group improvements
- Smaller group sizes to enhance participation and peer connection.
- More introductory video resources to reduce pre-group anxiety and clarify expectations.
- Increased time for socialising and informal connection, potentially through extended sessions or optional follow-up meetings.

Discussion

The key aims of the groups were achieved. Members praised the overall effectiveness of the sessions and confirmed that group therapy had supported them concerning their voice goals and analysis showed significant improvements in self-perceived voice rating.

Nearly half of participants were not able to name a therapy task and its benefit, so it would be important in future to understand why this was. Anecdotal evidence has shown that often those taking testosterone do not wish to engage with therapy due to a perception that testosterone alone should masculinise the voice (Mills, Stoneham and Davies, 2019; Wright et al, 2021). As a result, some individuals reported feeling like 'failures' for needing speech and language therapy.

Although planned absences were related to external factors, unplanned absences or blanket non-attendance led to a 'did not attend' rate of 9% across all group sessions. Several factors may have impacted attendance, including many realising they were not comfortable with group therapy (Polizopoulos-Wilson et al, 2021). We also had feedback about the speed and format of content delivery in the groups, and those who were neurodivergent reported difficulties engaging.

Limitations

The group size was limited to ensure active participation but this affects the generalisability of the findings. Fewer trans men and non-binary people were included in the sample as it was reflective of our referral numbers.

Further research is required to comprehend the long-term effects of group therapy compared to individual therapy and to address the specific needs of trans men, non-binary, and gender non-conforming individuals.

What we did next

Overall, it was found that groups benefited members' socialisation, confidence, vocal skills and sense of camaraderie. Shifts in vocal self-perceptions were observed with goals being achieved. Participants found the therapy resources and formats were effective and well-explained, but some said they needed more time to generalise tasks.

There was a high 'did not attend' rate, and requests for 1:1 appointments. This highlighted that a different approach was required and the SLT team have started to deliver a combination of 1:1 therapy followed by groups focusing on generalisation and socialisation across all voice goals. This has allowed the benefits of group therapy to be combined with the delivery of personalised 1:1 therapy.

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JESSICA CLARK and **AILIE REID PHD, MSC** Speech and Language Therapy students, Leeds Beckett University

Seriously funny

Lizzie Carswell *shares her experience as a VoiceBox ambassador*

When I first heard about the VoiceBox campaign I was quick to sign up as an ambassador alongside many other SLTs across Scotland. Being an ambassador involved promoting the competition locally. Every primary school in Scotland could submit a joke, and all 32 local authorities got involved. The campaign launched on Blue Monday in January and culminated in a joke competition at the Scottish Parliament in June.

I have been fortunate to see the creativity, talent and giggles this campaign has created. Schools had the freedom to engage in any way they chose, and some even arranged their own school joke-telling competition.

I loved seeing children in their local school pluck up the courage to share their joke with peers and teachers, often laughing their head off at their own punchline. I've since been carrying a joke book around with me on visits, and am constantly impressed by how many children have their own jokes to share (the more bizarre the better in my opinion!).

> **There are 100 cows in the field: which one is going on holiday?**

The real highlight for me was seeing the children perform their jokes at the Scottish Parliament in Edinburgh on 5 June. Rt Hon Alison Johnstone, Presiding Officer, brought her skills in keeping order to host the event. Other attendees included Members of the Scottish Parliament (MSPs), families and supporters from all over Scotland, including some lucky SLTs.

Seeing children take over such a serious looking room and deliver their jokes was brilliant, including some as young as Primary 1. I was really impressed by how confidently many of them told their joke in such a daunting situation. A favourite of mine was by Hedi from Glasgow City: "How do you invite an ant to a party? (kneels down and shouts at the floor) 'DO YOU WANT TO COME TO A PARTY?'". And Saffron from South Ayrshire gave us: "There are 100 cows in the field: which one is going on holiday? The one with the wee calf."

Why the VoiceBox award matters

We know the impact our work can have on wellbeing, social connection and learning, but not everyone does. The children and their supporters really enjoyed the award event which attracted local and national media coverage, helping to raise the profile of our profession and starting more conversations about speech, language and communication. The VoiceBox award shines a light on these issues by showing just what children can achieve when they're supported to express themselves.

I highly recommend the role of VoiceBox ambassador. Getting involved in this campaign has helped put humour (and microphones!) in the hands of children, giving them unique opportunities for self expression, connection, and laughter. And what could be better than that?

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ILLUSTRATION: DEBORAH FAJERMAN

Parent power

ELISA LIU

Elisa Liu, Lindsay Pennington, Morag Andrew *and* **Jeremy Parr** *introduce the new resource for shared decision-making with parents of children with eating, drinking and swallowing needs*

Children with eating, drinking and swallowing (EDS) difficulties as part of a neurodisability or neurodevelopmental condition often face challenges with nutrition. Inadequate nutrition affects a child's growth and general health. It can be highly stressful for parent carers, who may also have worries about their child's development, swallow safety, and what the future will hold.

Difficulties engaging in mealtimes at home and elsewhere can have significant impacts on the quality of life of the children and their families. For example, if mealtimes become too challenging, or wider family feel unable to help care for a child's EDS needs these difficulties may lead to reduced social networks or support for a child and their family.

Families lack reliable sources of information about EDS difficulties and available interventions, despite the profound effects they can have. Shared decision making is an important part of personalised care and intrinsic to our professional standards (NHS England 2025). However, from professional experience, we know it can be difficult to find resources to facilitate this.

Resources for shared decision-making

The 'Focus on early eating, drinking and swallowing' (FEEDS) review looked at what EDS interventions are available and can be delivered at home by parents of young children with neurodevelopmental conditions (Parr et al, 2021). Through an evidence review, surveys and workshops with parents and professionals, the study identified 19 evidence-based interventions.

Parents and professionals agreed that they needed a toolkit to bring together all the information to support shared decision-making.

This led to a core multidisciplinary team of paediatricians, SLTs, a dietitian and clinical psychologist coproducing the toolkit with local parents and professionals. Participating parents had varied experiences and backgrounds. The professionals included a range of allied health professionals and education staff supporting pupils with EDS difficulties in school. Feedback from parents and professionals informed all aspects of the toolkit, including the content, organisation and visuals.

What is the FEEDS Toolkit?

The toolkit is an A4, full-colour booklet designed for ease of use. It includes:

- intervention summaries: evidence-based approaches
- background context: key considerations about paediatric EDS
- visual aids: diagrams, icons and illustrations, and reproducible action plan templates for completion by parents and professionals

Introducing the toolkit to a family

During the development process, parents stressed the importance of a professional introducing the toolkit to families, ensuring they can engage with the shared decision making. Using the toolkit, parents and health professionals can jointly agree aims and action plans. Parents are directed to the interventions most relevant to their child, or most useful sections of information in the toolkit.

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

> **Parents stressed the importance of a professional introducing the toolkit to families**

Supporting broader conversations

Parents agreed that the toolkit should be kept by families to aid discussions with other healthcare professionals and caregivers. For example, parents have told us the toolkit has helped them explain their child's needs to other family members and educationl settings.

Toolkit user experiences

We carried out a small quality improvement project to measure the FEEDS Toolkit use and utility within an NHS service. We asked a small group of parents and professionals if they found it easy to use, useful and if they would continue to use it. There was positive feedback and helpful comments:

"It is a really good, thorough toolkit that offers so many techniques/strategies and various ways to encourage feeding and assisting to provide a positive outcome. It's in depth and breaks down certain strategies into different categories to understand better how to approach feeding. It's a very helpful and well set out way to record my child's feeding journey". Parent/carer

"The toolkit has been a brilliant help on [my child's] feeding journey. It's nice to have something to hand whenever I need it. I have had lots of different ideas of things to try that I wouldn't have had without the toolkit." Parent/carer

"It's really helped with goal setting and being clear with parents on what we're working on". SLT

"The action plan including dietitian advice and SLT advice was a nice way of referring back to current goals and interventions." Dietitian

Tips for using the toolkit with parents

1. Take a little time to introduce the toolkit, explaining what it is, why it might be useful and how you and they can use it.
2. Direct them to the relevant section(s) for them at that time. Make it clear they do not have to read it cover to cover.
3. Highlight or write down the page numbers referred to with parent carers, in the toolkit itself: there are blank note pages and action plans to help.
4. Keep a printed toolkit with you to share with a parent.

After introducing the toolkit to one parent, an SLT received an email from that parent with a list of ideas to discuss, who wrote: "I can't wait to see what progress we can all make together. It's got me really excited again!"

Training and access

The FEEDS toolkit and training were launched in 2024, and a low-cost two-hour online course is open to all professionals involved in shared decision making around EDS. Individuals from a range of disciplines and from more than 50 UK and international organisations have already been trained, including from 32 NHS trusts. We are planning to produce additional supporting content over time. We are seeking collaboration opportunities including translation partnerships to broaden accessibility, and collaborations for clinical evaluation studies, so please contact us to find out more.

ELISA LIU & **LINDSAY PENNINGTON**, SLTs
MORAG ANDREW & **JEREMY PARR**, Consultant Paediatricians
Newcastle upon Tyne Hospitals NHS

Find out more
Learn more about the FEEDS Toolkit training **go.ncl.ac.uk/FEEDStraining**

ISTOCK; IMAGE POSED BY MODELS

Stammering goals

Sarah Delpeche *and* **Sharon Millard** *explain how the best outcomes happen when therapists listen to what children and parents want from therapy*

There is evidence that SLTs lack confidence in working with school aged children who stammer (Crichton-Smith et al, 2003). This is hardly surprising given the lack of empirical evidence to support clinical decision making (eg Brignell et al, 2021) and disparate views of what should be considered a 'successful outcome'. In this article, we hope to shed a little light on what school-aged children who stammer and their parents want to gain from therapy. If we truly listen to what our families hope to gain by attending our clinics, then we are more likely to meet their needs, improve outcomes and develop client-led services.

Starting with evidence-based practice

Most of us are familiar with the evidence-based practice triangle (Straus et al, 2005). This requires us to use our clinical skills, knowledge and experience to identify each person's unique state, their personal preferences, circumstances and expectations, as well as their individual risks and likely benefits of any potential

FIGURE 1: CHILDREN'S HOPES AND EXPECTATIONS:

SHUTTERSTOCK/ISTOCK

therapy options. We need to use this understanding in our interpretation and application of any research evidence. In the absence of research evidence, we can use it in our implementation of any therapy which may be advocated by an expert in our field.

Setting therapy goals and focusing on outcomes which are most important to the individual themselves means that goals are more likely to be relevant, meaningful and achievable. It is possible that the person's motivation, commitment, effort and persistence needed for change are likely to be greater (Cooke and Millard, 2018). There is evidence that in the field of stammering we haven't always managed this. Studies show that therapy that is misaligned with a person's needs can be ineffective, or even harmful, worsening their experience of living with stammering (Tichenor and Yaruss, 2019).

Why listening matters

At the Michael Palin Centre we have explored what our families want from therapy, considering and valuing the perspectives of both parents and children as advocated by Alhazimi et al, who state in their 2025 paper: "Children who stutter have the right to express their views and be heard. However, in research on stuttering, attention tends to focus mainly on parental and adult perspectives. By actively engaging with children's viewpoints, we can enhance our understanding of their distinct needs and capabilities." In this article, we will share some insights into the range of priorities children and parents identify for therapy, and suggest ways therapists can explore these in practice.

What do school-aged children want from therapy?

In two separate studies we explored what school aged children who stammer hope to gain from therapy (Berquez et al, 2015; Cooke and Millard, 2018). These studies used very different methods. Berquez et al used solution focused brief therapy (SFBT) questioning and a thematic analysis to identify, analyse and interpret shared meanings from 10-14 year olds who were starting therapy.

Cooke and Millard employed a Delphi approach with 7-14 year olds who were pre, during, and post-therapy. The Delphi approach is a structured technique that gathers expert opinions (in this case children who stammer) through multiple rounds of questionnaires to reach a consensus.

The findings across both studies were similar (See figure 1 for some examples), with a range of speech-related goals, increased participation and engagement, improved emotional well-being and greater understanding and support from other people, all being important.

What do parents want from therapy?

Parents can find the experience of having a child who stammers difficult, describing feelings of guilt, worry and self-blame. They often seek SLT support because they lack knowledge and confidence in how to support their child, needing therapy for themselves as well as their child. In the Berquez et al 2015 study we also asked parents what they hoped to gain from therapy using the same solution focused brief therapy (SFBT) questioning employed with the children (Berquez and Jeffery, 2024).

A second study using a Delphi approach with parents explored what they considered to be the most important therapy outcomes (Millard and Davis, 2016). There were many overlaps between parents' and children's priorities, with the parents hoping for changes for themselves, as well as

FIGURE 2: PARENTS' HOPES AND PRIORITIES FOR:

CHILDREN

1. Increased fluency / more strategies
2. to be less worried, upset or frustrated about stammer
3. taking more turns in conversation
4. socialising more and less isolated
5. increased confidence and happier
6. increased coping skills.

THEMSELVES

1. To better understand child's needs
2. to know more about stammering
3. to feel more confident in how to help and support
4. to have a more relaxed household / work together
5. to worry less about the child's future
6. to worry less about stammering.

seeing change in their children. Again, there were hopes that the stammering would reduce, with increased talking and participation being important for the child (see figure 2).

In addition, parents wanted to see a reduction in their own levels of worry and an increase in their knowledge and confidence to support their child.

What this means for clinical practice

Including parents and carers in assessment and therapy ensures that children and parents learn about stammering together. It helps to develop openness, ensures that their expectations from therapy align, and they can work together to develop a shared understanding of what is helpful. Siblings, grandparents or the school community may also be involved.

> **Children who stutter have the right to express their views and be heard**

While some children and parents are hoping for reduced stammering or ways to manage their stammer, many want changes that go beyond speech, such as increased confidence and greater acceptance of their speech. Therapists must remain curious, non-directive, and aware of their own values and biases that could influence.

From there, therapy should be client-led, flexible, and responsive. Approaches such as Palin Stammering Therapy for School-Aged Children (Millard et al, 2025) and School-Age Stuttering Therapy (Reardon-Reeves and Yaruss, 2013) are examples of therapies which allow for multiple goals and outcomes which can be individually tailored.

How to find out what your client wants

Consensus guidelines advocate for comprehensive, client-centred assessment approaches (Brundage et al, 2021) that include self-report tools, direct observations of the child's behaviour and interactions, as well as discussions with children and their parents. They provide a profile of strengths and needs, and it may seem logical to draw up a therapy

programme based on these. However, to understand what the priorities are from the client's perspective, we need to take this a step further.

A solution focused brief therapy (SFBT) approach is one way to explore these. SFBT can help dig beneath surface goals. In the first therapy session, SFBT questioning can be used to explore both the child and parents' best hopes from therapy.

This shows the start of such a conversation with child K, aged 10:

Therapist: What are your best hopes from our therapy?

Child K: To stop stammering.

Therapist: Ok, and what difference would that make?

Child K: I would talk more.

Therapist: What else?

Child K: I'll feel more confident to talk.

Therapist: And when you're feeling more confident to talk, what difference will that make?

Child K: I'll say 'hi' to my friends and they would talk to me more, and I will be more included.

Therapist: What else?

Child K: I'll put my hand up in class when I know the answer.

Therapist: You'll be saying hi to friends and putting your hand up in class, what else will you notice that tells you that you are more confident?

Child K: I'll say 'yes' when my friends ask me to go for a bike ride.

Therapist: What else?

Child K: I will go to the shop by myself.

The process is completed with parents, focusing on hopes for both their child and themselves.

These discussions can help clients and their parents to explore the real-life contexts where change is hoped for. This could include a range of things like classroom participation, peer interaction and family life. The conversations can also help children and families visualise and notice progress over time (see Berquez and Jeffery, 2024 for details of this approach). Importantly, parents and children may have different priorities, and hopes can change and evolve over time. Therapy can offer a space for these to be acknowledged, negotiated and discussed, where parents and their child learn together about stammering and have a shared understanding of the therapy goals and expectations.

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

What you can do

Children who stammer and their parents want a range of outcomes and changes to occur as part of therapy. Therefore, therapy should be holistic and flexible. It requires us to listen carefully to what children and families hope for, value, and experience. By combining robust, evidence-informed assessments with collaborative, strengths-based conversations, we can work with our clients and their parents to tailor therapy that supports them in the way they want to be supported. This may include ways to manage their stammering, building confidence, identity work, dealing with feelings and worries, and making real-life change. A flexible, ongoing dialogue with children and families where the client and clinician expertise is shared will ensure that therapy remains relevant, empowering, and truly client-centred.

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TOP TIPS

Involve parents in therapy for school-age children who stammer; children and parents tell us it is important!

Use holistic, evidence-informed assessments that explore the stammer itself, the experience of stammering, its impact and draws upon insights from the child and parents.

Help children and families define what 'change' and 'success' mean to them using approaches like SFBT to set goals that are personally meaningful.

Be client-led in therapy: some school-aged children who stammer will want to feel more confident, others may want to feel more okay about stammering, but all want the stammer to have less impact on their lives.

Stay curious, flexible and collaborative in therapy; be mindful of your own preferences and biases to ensure therapy reflects what is important to your client.

Join our community

Discover the UK body dedicated to supporting AHPs into the world of research. **Gemma Clunie** *explains what CAHPR is and how they can help you*

Whether you are research curious, research engaged or research active, the Community for Allied Health Professions Research (CAHPR) can support you. Originally formed in 2014, the CAHPR vision is to improve the health and care of the UK by driving forward AHP research, evidence-based practice and innovation.

CAHPR is made up of twenty regional hubs, run by volunteers. The aims of each hub are to:

- provide a supportive local network for AHPs involved in or interested in research
- help AHPs to develop their research skills
- raise the profile of AHP research within their organisations and geographical area
- deliver webinars, study days and events for AHPs interested in research.

The fourteen AHP professional bodies fund the running of CAHPR. This includes RCSLT, which means that all the services CAHPR offer are free to access for SLTs. The CAHPR resources are of value to every SLT because we all need to maintain continuing professional development (CPD) activities as part of our HCPC registration.

How did I become involved?

I'm an SLT, and I first became aware of CAHPR in 2018 when I started my PhD. I knew that they offered various webinars and small travel grants, but I thought their focus was for physiotherapists in research, and did not understand their wider AHP remit, despite the name!

> **The CAHPR resources are of value to every SLT**

While completing my PhD I became one of the founding community managers of an online support group on Facebook: Healthcare Professionals in Research (HPiR). This group provides peer support and networking for all health and social care professionals outside of medicine and dentistry who are involved in research.

As the group grew, we wanted HPiR to be more strategically engaged with national research-based initiatives. CAHPR were looking for more clinical academics to join the Strategy Committee as this group was under-represented. HPiR offered that one of our community managers could attend to represent a clinical academic perspective but that the Strategy Committee did not need any more physiotherapists. As the only community manager who was a post-doctoral non-physiotherapy AHP researcher, I was the person who took up the opportunity.

Lobbying and influencing

As Chair of the Strategy Committee, I lead the quarterly meetings to provide updates to all members about recent CAHPR initiatives. A key part of CAHPR activity is engaging with the Chief Allied Health Professions Office (CAHPO) at the Department of Health to lobby for AHP involvement in research.

We also work closely with CAHPO on relevant policy and strategy development, for example the AHP Research and Innovation Strategy for England (2022) and the recent report by the Nursing, Midwifery and Allied Health Professions Task and Finish group "Clinical researchers in the United Kingdom: building capacity to improve population health and promote economic growth" (2025) report.

Professional connections

The meetings also present an opportunity for professional body representatives to share work they are doing to support their members with research activity and evidence-based practice, as well as problem solve any issues. A recent example was comparison of how each professional body, including RCSLT, administrate and

organise their journal, including discussion of how challenging sourcing quality peer review can be. These conversations are important to present different perspectives and offer a shared solution focused problem-solving approach.

Strategic governance of CAHPR

Since 2014 CAHPR has been governed by the Strategy Committee, made up of representatives from the professional bodies, service providers, consultant AHPs and clinical academics. I joined the committee two years ago as a clinical academic representative, became Vice-Chair eighteen months ago, and in January 2025 was voted in as Chair (the first time an SLT has held this role).

Over the past year CAHPR has been going through a significant period of transition. Historically it was hosted by the Chartered Society of Physiotherapists (CSP), but it has now formed as a Community Interest Company (CIC) with intention to register as a Charitable Incorporated Organisation (CIO) once all governance processes are in place. We have recruited an oversight committee who will eventually transition to a group of trustees to guide and oversee CAHPR's activities. Members of the Oversight Committee are all AHPs and importantly represent a more diverse group of individuals than the Strategy Committee, which is majority white, middle class and middle-aged women.

ALICE MOLLON / IKON IMAGES

CAHPR Accelerator Project (CAP-24)

In 2024 Dr Hazel Roddam (SLT), Dr Gillian Ward (Head of Research at the Royal College of Occupational Therapists (RCOT) and CAHPR Vice-Chair) and Dr Jen Sutton (OT) completed an Accelerator Project funded by NHS England. This work included:

- online research resource bank **cahpr.org.uk/resources**
- mapping of the UK AHP practitioner academic/clinical academic workforce AHP research leadership map and strategic engagement plan
- campaign plan for equitable access to research funding.

The next steps for this work include mapping the clinical academic workforce across all four nations and advocating for clinical academic career options.

What next?

It is an exciting time for CAHPR as we progress towards our new governance structure and build towards a CIO application. This requires us to demonstrate how our work offers public benefit, with the AHP population representing our public and our benefits focusing on building research capacity for AHPs across the country. We aim to bring the 'cradle to grave; acute to community' focus to translational research (research leading to clinical applications), which is vital in the current NHS context.

I would love to see more SLTs engaged with their local hubs and recognising that CAHPR is for them – no matter what level of research experience they have.

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Find out more

Find your nearest hub
cahpr.org.uk/hubs

Continuous improvement

Being nominated for a national award was a key moment in **Katherine Simcock***'s career*

As SLTs we continually reflect, learn and try to do things in new ways all the time to increase the impact our therapy can have. However, I always used to find it challenging to collect data and prove that changes to clinical practice were having a positive impact. In 2023, I was completing a PG Cert in Autism and/or Learning Disability. The course content was based around the four pillars of advancing clinical practice, with a module specifically about continuous improvement.

At the time I was working in a specialist autism team, supporting autistic adults who were experiencing a mental health crisis. We noticed a recurrent theme that autistic people were finding that professional and diagnostic language used about autism created a barrier to accessing services.

As my continuous improvement project, I coproduced a language guide working alongside the local autistic community and an expert by experience. The new guide was designed to give professionals some insight into the evidence base about neuro-affirmative language, and how they could have person-centred conversations about individual language preferences.

> **To say I learned a lot is an understatement**

The PG Cert tutors provided a standard but practical methodology that underpinned the process and gave me a template to write up the project. To say I learned a lot is an understatement. Not only about our local communities, but also about how essential coproduction is and how measuring change is pivotal to changing culture.

When my Consultant SLT, Lorna Pink, nominated my work for an NHS England Chief Allied Health Professionals Officer (CAHPO) award, I was astonished to be shortlisted and then so proud to win the CAHPO award for Leadership in Equality, Diversity and Inclusion in October 2023.

Professor Suzanne Rastrick highlighted the emphasis on coproduction and the community voice as the key components that made the project stand out. Most importantly, the award helped to raise the profile of the language guide, and I took opportunities to share it both locally and nationally.

I was so fortunate that my colleague submitted the project to the CAHPO awards. Since receiving the award, I have joined my regional Community for Allied Health Professions Research (CAHPR) hub. This helps me to stay focused on the research pillar of advancing clinical practice and keeps me updated on research opportunities for clinicians. I now have a different role, scoping the impact of speech and language therapy within a secure mental health setting.

The CAHPO award and joining the CAHPR hub has given me the confidence to apply the principles of continuous improvement and the drive to make a meaningful contribution to the evidence base.

I'm now taking the time to look at the work my fellow AHPs have been involved with to see if I can nominate their projects for a CAHPO award. For the positive impact it can have on colleagues and services, it is time well spent.

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SHUTTERSTOCK

Implementation science

Avril Nicoll, Sylvia Dickson *and* **Diane Fraser** *show how the concepts behind implementation science can help us improve participation in major research trials*

When speech and language therapy services take part in research, evidence shows it can lead to better clinical care and outcomes for clients (Chalmers et al, 2023). As part of the PD COMM trial team, we were aiming to recruit a range of UK-wide services to a large clinically-based multi-centre randomised controlled trial (RCT). This was the largest RCT of clinical effectiveness and cost effectiveness of speech and language therapy for people with Parkinson's dysarthria (Sackley et al, 2024. Its design was refined after a pilot involving 89 participants (Sackley et al, 2018). As a 'pragmatic' trial, the interventions would be investigated under NHS conditions, and a process evaluation would account for therapists' and clients' views (Nicoll et al, 2025). Results would inform systematic reviews and clinical guidelines, and influence UK commissioning and clinical practice.

From the trial team's perspective, joining PD COMM was an attractive opportunity for services. In reality, the trial was a tough sell, involving considerable implementation work to support services to join and persist with the research.

Looking back on our efforts in Scotland, we decided to consider this work using concepts behind implementation science, and in particular the theory of implementation capital.

What is implementation capital?

Implementation science offers many theoretical frameworks to help people make sense of how the evidence base gets put into practice. One such framework – implementation capital – has helped us reflect on what it takes to deliver a trial.

1 Social capital

The implementation capital framework (Neal and Neal, 2019) positions implementation as a social process (ie people working together) where success is dependent on social capital (the resources and advantages these people bring).

- 'Bonding' social capital is where people have advantages from knowing each other, interacting regularly, and being part of a community with a way of doing things.
- 'Bridging' social capital is where people act as brokers, connecting groups to different resources like support, knowledge and funding
- 'Small worlds': where bonding and bridging capital are optimally combined, they create 'small worlds' (also known as communities of practice) that remain resilient in the face of challenges such as staff turnover.

2 Outcomes

As implementation is a process, success is measured by outcomes at different stages.

- 'perception' outcomes: this includes how those involved feel a project fits their setting
- 'use' outcomes: how practical it is to undertake
- 'setting' outcomes: how well the project is tended over time.

PD COMM in Scotland

UK site support for PD COMM was provided by Birmingham Clinical Trials Unit. SLTs could access a forum, study days and training (including Lee Silverman Voice Therapy (LSVT), courtesy of LSVT Global). Additional funding was negotiated for a support team in Scotland, which has a different research network infrastructure from England.

The implementation capital framework highlights patterns of service participation in Scotland, and how this related to the additional support. There are 14 speech and language therapy services in Scotland. Drawing on our team's contacts, experience and research recruitment literature, we set about engaging the services via email, phone, presentations to networks, informal chats and staff meetings. We aimed to build on bonding capital in local services by identifying bridging capital that would create the small worlds needed to deliver the trial.

Perception outcomes (how enthusiastic services felt; how closely the trial 'fitted' their service; and the extent to which they intended to implement the trial) were highly relevant. We took NHS staff concerns seriously and tried to address them with explanation and discussion if they related to the research design, by identifying local support if they related to lack of confidence, and by practical measures if they related to service capacity.

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

Services declining to join

There were different reasons why some services did not join the trial.

- It was not possible to engage remote mainland and island services. This known inequality in access may in future be bridged by greater use of technology.
- Two services who declined had strong bonding capital. However:
  - One effectively provided the trial-relevant population with dysphagia intervention only.
  - The other had an embedded personalised approach to decision-making that they felt could not accommodate randomisation.

  Both had limited bridging capital in the form of local Parkinson's or research teams, so they perceived it as a poor fit.

- Another service agreed to take part but could not due to a potential research conflict.

Services coming on board

Eight of the 14 NHS Scotland services joined PD COMM, recruiting 23 per cent (n=88) of the UK participant total (n=388). Scottish site recruitment ranged from 3 to 32 people per site.

Among the eight services who came on board, contrasts in perception, use and setting outcomes were evident. These were not only a result of factors such as support from SLT managers, staffing pressures or population size.

Case study: Lothian

In our top recruiting site, NHS Lothian, SLTs were spread geographically but had a single service system. In addition to a service lead, they had clinical leads to support service, quality and staff development, and could generally attract and keep staff. Historically they were part of a well-coordinated multidisciplinary Parkinson's service, with existing links to research and active patient involvement. In other words, they had strong bonding social capital, and some bridging capital was also already in place.

> **We took NHS staff concerns seriously**

Concerns about outcomes

While the therapists at this site saw the advantages, they thought long and hard about whether to commit to the trial. In terms of perception outcomes, they had concerns about the ethics of a 'no therapy' (control) arm and the potential for reputational damage if the 'Standard NHS' arm had similar disappointing outcomes to previous SLT RCTs. They felt the primary outcome measure (the Voice Handicap Index) was risky, as therapy itself was likely to raise participants' awareness of dysarthria impact. For use outcomes, they lacked confidence about research roles and responsibilities, were concerned about paperwork feasibility, and feared the trial could impact on delivery of regular services and equity for patients.

Bridging capital

Given these very reasonable reservations, bridging capital was needed to make the service's bonding capital work in the trial's favour. To address perception outcomes, there were multiple meetings between the PD COMM team and key stakeholders.

Reinforcing the small world

Use and setting outcomes were also addressed to bolster this 'small world'. The local Principal Investigator encouraged SLT service leads to do 'Good Clinical Practice' training (available via different providers). This highlighted the link between research governance and roles and responsibilities, and the need for external coordination of local activity.

The Scottish Neuroprogressive and Dementia Research Network provided a research nurse who, as well as recruiting and bringing knowledge of trial processes, took a keen interest in people with Parkinson's and speech and language therapy. In this and other selected sites, the trial also funded an additional weekly speech and language therapy session, allowing services to meet trial timelines without pausing recruitment.

Sustaining involvement

Reflecting on Lothian's success, its clinical leads noted that the single system allowed the service to respond flexibly to trial referrals wherever the participant lived, and the coordinated approach to decision making meant that locally the trial did not depend on individual champions. Importantly, they would now consider doing other RCTs.

In other services, where 'small worlds' were not as robust, staff turnover and vacancies made sustaining trial delivery difficult despite factors such as enthusiasm from Parkinson's Specialist or Research Nurses. One service had insufficient referrals, so Parkinson's UK kindly provided bridging support through raising awareness among patients. SLTs operating as local trial champions were essential in smaller services.

Final reflections

Throughout, our monthly Scottish teleconference proved particularly useful in terms of bridging capital. SLTs, Parkinson's Specialist Nurses and Research Nurses shared experiences and learning, which meant we could understand and try to address potential barriers. SLTs particularly appreciated advice from PD COMM's SLT clinical advisor, and we encouraged involvement and recruitment through introducing light-hearted competition between sites.

Participants, families, SLTs, service managers, research nurses and networks, Parkinson's Specialist Nurses and consultants all played key roles in delivering the trial. Feedback includes that it improved multidisciplinary working, raised the profile of speech and language therapy locally, and reignited a passion for finding what makes a difference to people with Parkinson's.

An advantage of the implementation capital approach is that it can identify gaps and potential solutions without judgement. The profession has made great strides towards being research active, and implementation science may help take us further towards delivering better trials, services and outcomes for patients. By sharing our learning from the PD COMM RCT in this article, we hope to support others implementing future trials. B

AVRIL NICOLL and **SYLVIA DICKSON**, PD COMM research fellows
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Find out more

Learn more about the PD COMM trial **rcslt.info/pd-comm-study**

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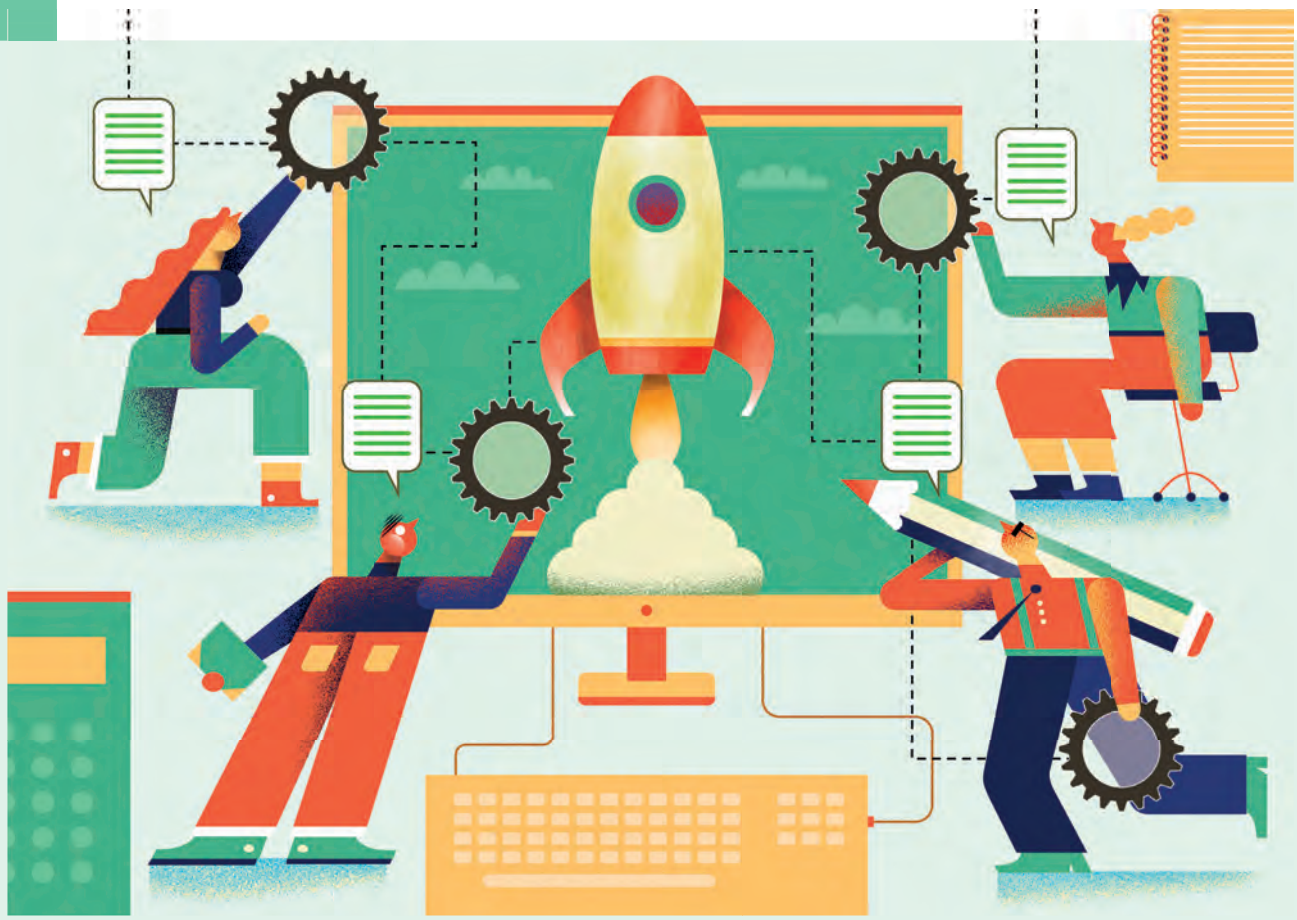

Advancing practice

Considering launching yourself into a new phase of your career? **Will Christopher** lays out the choices

Completing a postgraduate qualification or attending a course to advance your practice has many benefits. It is widely recognised that having the opportunity to develop skills and progress are core for job fulfilment and staff retention. RCSLT want to encourage and support SLTs to complete postgraduate training, to help break the ceiling of what can be achieved and to enable SLTs to reach any target they set themselves.

What are the options?

Postgraduate courses

Postgraduate training can vary depending on the level you work at, but can include apprenticeships or an MSc. Apprenticeships are split by level, with Level 6 being similar to an undergraduate degree and Level 7 being comparable to an MSc. Apprenticeships can also be broken up by doing a post graduate certificate or a post graduate diploma. These could result in meeting the level of enhanced practice. Enhanced practice requires specific learning, with the clinician being highly experienced and knowledgeable.

If you are aiming for advanced practice, this would normally require you to complete a full MSc or 180-credit degree apprenticeship. At this level you are expected to be a leader, educator and highly skilled clinician, as well as having an understanding of the wider health and care system.

ePortfolio

The ePortfolio route can be seen as a retrospective method of reaching advanced practice if you have already completed qualifications and have experience that meet the requirements of advanced practice. The ePortfolio process involves working with a dedicated supervisor and cross-referencing your experiences and training to the relevant advanced practice framework.

Funding

Funding for post-registration courses is different depending on which UK country you work in. In general, the cost of the course and supervision is covered. Your

MY JOURNEY TO ADVANCED PRACTICE

Ellie Jenkins: gaining an MSc

Completing a master's in Advanced Practice (Speech and Language Therapy) has been a transformative journey for me as a SLT in a neurodevelopmental assessment team. I believed expanding my theoretical and practical skills would help me deliver high-quality care and contribute to service development. Balancing work and study was challenging at times, but support from the university and peers was invaluable.

What I valued most was the chance to apply new learning immediately in my clinical work. Concepts and skills from modules often sparked ideas for service improvements or new ways of approaching complex cases. The master's deepened my knowledge, broadened my perspective, and boosted my confidence to step into more advanced roles. It's a big time commitment and can be tough, but the rewards have far outweighed the challenges. I'd encourage any SLT to go for it.

Zoe Sherlock: taking the ePortfolio route

The trust I work in had no lead for adult tracheostomised patients which is something I campaigned to change. In 2020, funding was agreed, and I began the role as a job share with a physiotherapy colleague.

I work a split role as an SLT and tracheostomy practitioner. This has required extended-scope skills such as suctioning, tube changes, decannulation and cautery. It can mean stepping in for an ear, nose and throat registrar and making rapid, complex decisions with acutely unwell patients.

Given this, and my SLT experience, I felt the ePortfolio Advancing Practice route was a good fit. I used evidence from both roles to show how my skills met the four pillars of advanced practice and their capabilities. I completed the route successfully and achieved my advanced digital badge.

The process took longer than expected and came with challenges, possibly due to being in the first cohort. I was among the first allied health professionals (AHPs) in the trust to gain advanced practice accreditation, which has raised questions about how AHP AP roles are recognised.

Completing the ePortfolio has boosted my confidence to explore new avenues, but it's brought new challenges too.

workplace should not have to cover the costs of attending the course, and advice about funding should be available through a dedicated lead. You can get information about funding from the RCSLT as well as relevant arms-length bodies such as Health Education Wales.

Developments in advanced practice

Traditionally, advanced practice has been more focused on nursing and aligned to the typical medical model of healthcare. These are often seen as more generalist roles. There are some pioneering SLTs who have completed this pathway and are leading the way, enabling SLTs to be recognised and known in the advanced space.

However, there is a drive to broaden the opportunities for SLTs, starting with the work produced in partnership with the Royal College of Occupational Therapists (RCOT). This report established how allied health professionals can specifically focus on social injustice and health inequalities through advanced training.

Universities in Wales and Scotland offer speech and language therapy-specific pathways to advanced level of practice. There is some variation in the types of courses available, but all of these are aligned to every nation's advanced practice framework meaning the competencies should all be comparable.

Feedback from colleagues and members who have completed the advanced practice pathway has been extremely insightful. We are keen to hear from anyone who has completed post registration training or who is interested in doing so.

Link advanced practice to the RCSLT Professional Development Framework

The RCSLT professional development framework defines the stages of development:

- **Foundation** roughly correlates to someone completing their newly qualified practitioner (NQP) goals
- **Proficient** once the NQP goals have been completed
- **Enhanced** after further learning and training has been completed in specific areas
- **Advanced** once further formal qualifications have been achieved and the individual has demonstrated advanced skills aligning to relevant frameworks
- **Expert** correlates to consultant level of practice which has a greater focus on leading, enabling system-wide changes and demonstrating clinical excellence.

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Find out more

Visit the advancing practice hub on our website for comprehensive course listings and resources
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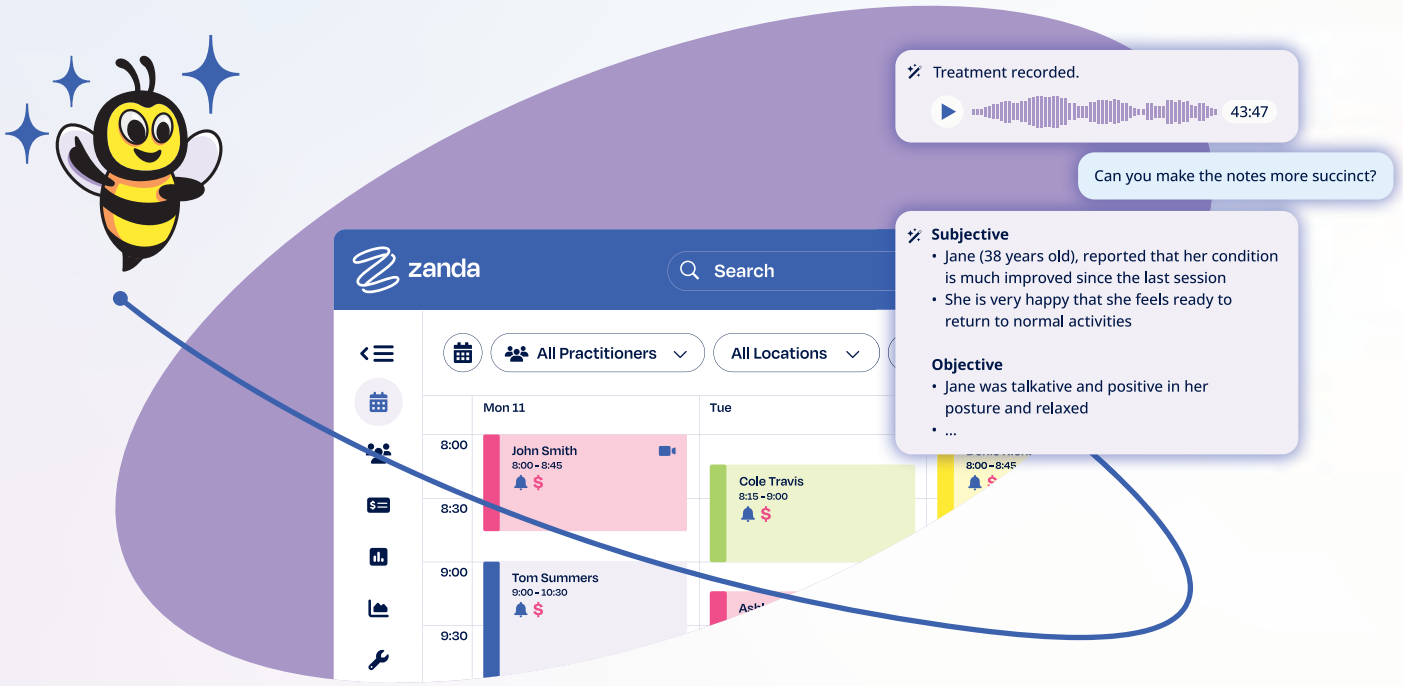

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Registration £699, online booking.

To book go to **therapy-links.co.uk/training** or email us at **training@therapy-links.co.uk**

Learn a research-based framework to help educators and parents apply effective early literacy strategies during everyday interactions with young children

Grounded in decades of expertise in early language and literacy learning, our new Hanen Launchpad to Literacy™ workshop shows you how to target the specific literacy skills young children (3-5 years old) need to learn – and to infuse that learning into fun everyday interactions in the home and in early childhood settings. You'll come away with a concrete, research-based framework to help more children start school with the tools they need to succeed.

Browse workshop dates

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19-21 Nov or 18-20 May (in person) £499.
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Counselling skills for recently qualified SLTs
11 Feb £129
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Narrative therapy for SLTs
18 Feb (in person) £149
Learn about key narrative ideas and practices.

Stammering – affirming shared world building
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Please contact: speechtherapy@citylit.ac.uk
https://www.citylit.ac.uk/courses/specialist-learning/speech-therapy/training-courses-in-speech-and-language-therapy

Word on the street

A look at why we swear

Why do we swear? It seems that there's much more to it than just being crude. Swearing is a universal way to navigate our emotions and social lives (Stapleton et al, 2022).

Firstly, swearing helps us cope. When you stub your toe and let out a passionate word, you're not just venting. Studies show swearing can actually reduce pain and stress (Stephens et al, 2009). Linguists call this intrapersonal swearing: it serves you, not your audience. It's a quick release for frustration, anger or even surprise.

Then there's social swearing, which is all about connection. Dropping an f-bomb among friends can build camaraderie or lighten the mood (Montagu, 2001; Ross, 1960). It signals trust, shared norms and sometimes playful rebellion. This is why swearing is often heard in close-knit groups. It marks who's 'in' on the joke (Vingerhoets et al, 2013).

Interestingly, the shock value of many swear words is fading. The F-word, for example, pops up so casually in phrases like "oh, for f's sake" that it often just adds emphasis rather than real offence (Batty, 2024; Love and Stenstrom, 2023). Still, swearing's power lies in its ties to cultural taboos whether those centre on sex, religion or bodily functions (Stapleton et al, 2022). What counts as taboo can vary widely across languages and cultures. While English swearwords rarely involve animals, in languages like Vietnamese comparing someone to an animal can be highly offensive (Tran, 2024).

Swearing is a small but powerful window into human culture and just another reminder of how colourful our languages can be.

KEELY-ANN BROWN, RCSLT Assistant Content and Engagement Officer

COURSE LISTINGS

smiLE Therapy Training Day 1 & 2
6th & 7th and 10th & 11th November 2025, 9-12 each morning.
Live Online Training
Innovative 10-step therapy teaching functional communication and social skills in real settings for students who are Deaf, have DLD, learning difficulties, Down Syndrome, physical disability. Also teaching functional communication for some autistic students, where criteria apply, where therapy is delivered in a neurodiverse-affirming way. For ages seven to 25.

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smiletherapytraining.com

Laryngeal Manual Therapy – 2-Day Intensive Training Led by Jacob Lieberman, internationally renowned voice specialist
Thursday 4th December 2025
Duration: 2 days
Format: In-person, hands-on training
Trainer: Jacob Lieberman
Fee: £950
Lumen Rooms – Community Space . 88 Tavistock Place, London WC1H 9RS
Join us for a unique, hands-on two-day training event dedicated to Laryngeal Manual Therapy. This immersive programme is designed to equip professionals with practical techniques and a deeper understanding of manual interventions for vocal health.

Direct training from Jacob Lieberman, a leading authority in voice therapy and hands-on practice of manual techniques for laryngeal treatment. Personalised feedback in a small-group environment and evidence-based insights to strengthen your clinical or teaching practice.
Email to book
secretary@sltconsultancy.co.uk

SOFFI®: Supporting Oral Feeding in Fragile Infants
19 March 2026
Therapy Links UK is proud to host Dr Erin Ross of Feeding Fundamentals live in the UK in 2026. Dr Ross's integrated approach to supporting oral feeding in preterm and medically complex infants is relevant for SLTs, doctors, nurses and other therapists working with babies with dysphagia both in the NICU and community settings. It will cover evidence-based information, assessment and intervention strategies and has been highly praised by previous UK delegates.

The event is held over two face-to-face days with an additional 8.5 hours of prerequisite online training to be completed beforehand. London
020 7732 5931
info@therapy-links.co.uk
therapy-links.co.uk/training/p/supporting-oral-feeding-in-fragile-infants-march-2026

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RCSLT

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This year's conference is designed to offer something for everyone, from clinically focused research and early career insights to system-level thinking and strategic leadership discussions. Take a look at our inspiring programme packed with presentations, keynote speeches and workshops covering a wide range of topics. RCSLT Conference is the perfect time to recognise and celebrate the speech and language therapy profession as well as come together to share learning, innovation and the latest in SLT practice.

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- hear about and engage with the latest priority work from the RCSLT
- build on your continuing professional development (CPD)
- 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.

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Visit:
rcslt.info/RCSLTConf2025

Early bird ticket are available until 15 October so book now to save! Discounted tickets are also available for a number of groups.

	RCSLT Members	Non-members	Discounted rate
Early bird ticket	£40	£60	From £5-£20
Standard ticket	£55	£75	From £5-£20

Rebecca BROOKS Mariska CLOSSICK

Two SLTs in different roles collaborating in the stroke team

Stroke coordinators play a vital role in improving delivery of evidence-based care and improving patient flow across the stroke pathway, by promoting safe and timely discharge planning. Traditionally this role is taken up by a physiotherapist, occupational therapist or nurse. However, in Worcestershire we are in the fairly unique position of having a stroke coordinator who is an SLT by background, Mariska Clossick.

Having an allied health professional (AHP) in the stroke coordinator role is beneficial for all therapies in the discharge planning process, as Mariska actively considers a patients' therapy goals and needs when proposing ideas. For speech and language therapy, it is particularly refreshing to see another member of the multidisciplinary team (MDT) advocating strongly for a patient's swallow and communication needs. I feel I have learned a lot about holistic discharge planning on the acute stroke unit and the wider stroke pathway through case discussions with Mariska, which has in turn influenced my clinical decision-making.

Mariska also has some clinical SLT time built into her role, which is hugely beneficial for the acute stroke SLT service, particularly for instrumental assessment. Previously, fibreoptic endoscopic evaluation of swallowing (FEES) could only be accessed after coordinating with the wider SLT team, sometimes resulting in delays in accessing assessment. Now, with me in the assessor role and Mariska as the endoscopist, we can conduct FEES and progress dysphagia management plans in a more timely manner, and be more responsive to service need.

> **I have learned a lot about holistic discharge planning**

More regular access to FEES on the stroke unit has also enabled me, Mariska, and our stroke dietitian Lottie to start devising a pathway for acute stroke patients to be discharged home from hospital with nasogastric tubes, with ongoing community-based therapy. Having this pathway would increase discharge options for patients whose main issue is significant dysphagia, which would benefit patient flow as well as promoting patient choice and wellbeing.

Mariska says: "Stepping out of a traditional SLT role was a leap of faith. A leap that I am very glad I took, as it has opened my eyes to innovation, creative service planning and just how dynamic we can be as a profession. There was, and still is, a strong emphasis on developing the stroke coordinator role as an integrated clinical role to ensure efficient patient flow, with a consistent drive towards quality improvement. Being an SLT in this role is an honour, as I get to be an advocate for our vitally important, discipline within the wider stroke MDT."

Having Mariska on our team has led to a number of positive outcomes for patients, which I hope will inspire other SLTs to consider stroke coordinator roles in their settings.

REBECCA BROOKS, Stroke SLT Team Lead at Worcestershire Acute Hospital
r.brooks7@nhs.net
MARISKA CLOSSICK, SLT, Stroke Coordinator, Worcestershire Acute Hospital
m.clossick@nhs.net

BECOMING A CHAMPION

Lauren Rogers *is an advocate and trainer with the goal to create systemic change in the treatment of autistic people with eating disorders*

I found myself being admitted to an eating disorder unit at 15 years old in July 2016 with atypical anorexia. After years of masking by mimicking the behaviours of my peers, I had finally found something I was good at: controlling food, tracking my calories and losing weight.

I always felt like something was wrong with me. Finding social expectations complicated and confusing, I needed a lot of help making friends, and I'd have hours of being extremely distressed due to what we now know was sensory overload. I desperately craved control, so I turned to food. By fixating on food and weight, the stress and anxiety I was experiencing became background noise.

In September, while I was still on the unit, I was diagnosed as autistic. This wasn't the first time autism had been mentioned, my school raised it when I was 11 and my parents quickly started pushing for a diagnosis, however, due to my ability to mask, I had trained myself how to 'fit' into the social norms without people realising, so I didn't meet the criteria!

Over the years I have learned more about how my autism affects me and, after accessing outreach and mentoring with independent provider Inclusive Outreach, I had the opportunity to be employed by them as a Champion. I work alongside Director and Specialist SLT, Rachael Gibson, who identified that I have a sensory eating and drinking difficulty. This joint work provided me with the insight and rationale behind why I eat the way I do.

> **I desperately craved control, so I turned to food**

It took me six years to reconnect with food and enjoy the process of eating and drinking. During that time, I have learnt how impactful food is on my ability to manage day-to-day. On more challenging days, eating 'safe' food which consists of beige, bland and familiar foods, can ease and sometimes prevent a meltdown caused by sensory overload.

I'm using my experience within my role as a Champion, to try and prevent this trauma happening to others by raising awareness about the links between autistic females, eating disorders and sensory eating/drinking difficulties. I have co-developed and deliver a training workshop about sensory eating and drinking difficulties, autism and eating disorders with Rachael to widen people's understanding in this area.

In my experience, all therapy models that have been trialled with me are based on neurotypical brains. This needs to change. Therapists working with autistic individuals with an eating disorder need to ensure a person-centred model is used; where the individual's sensory needs, and their history with eating and drinking are considered before developing any plan to support them. My hope is that fewer people go through the trauma I did, and more people get the specialist help needed, as for me, it was life-changing.

LAUREN ROGERS, Inclusive Outreach Champion
RACHAEL GIBSON, Director and Specialist SLT, Inclusive Outreach CIC
rachael@inclusiveoutreach.org

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**.

Do SLTs have a good quality of working life?

What this paper adds

Although quality of working life has been widely examined in the healthcare sector, not much attention has been paid to SLTs. This is the first study to examine Irish SLTs. Compared to other healthcare workers, the SLTs in the study had a poorer experience of working life and lower wellbeing. Higher workload was one issue, and organisational constraints, such as interruptions, lack of clear instructions and poor equipment, were related to both a poorer quality working life and lower wellbeing.

Why this matters

Having a lower quality of working life was linked to SLTs being more likely to think about moving jobs. The constraints faced by SLTs at work must be examined in order to reduce the potential for stress and poor wellbeing. Workloads in particular will need to be addressed to improve the working lives of SLTs.

Victoria Hogan et al, Work-Related Quality of Life and Well-Being of Speech and Language Therapists in Ireland, IJLCD 60(5).

The nurse's role in neonatal early communication

What this paper adds

With previous research identifying that preterm infants are at high risk of speech, language and communication difficulties, neonatal nurses, working alongside SLTs, can play a key role in supporting parents in this vital area of care. This study highlights that although neonatal nurses regard early communication as an important part of their role, they also need to be further informed and educated about the specifics of early communication.

Why this matters

SLTs working with neonatal nurses can substantially enhance the quality of infant–parent interactions in neonatal environments. Collaboration between the professions is essential so that preterm infants and their families can experience language-rich learning environments. Parents can then be supported to use tailored strategies to enable positive language experiences when discharged home.

Petty, J. et al (2025) Neonatal nurses' understanding of the factors that enhance and hinder early communication between preterm infants and their parents: A Narrative Inquiry study, IJLCD, 60(4).

How are student SLTs engaging with ChatGPT?

What this paper adds

Large language models (LLMs) are increasingly being used in speech and language therapy and whilst research acknowledges their benefits and risks, limited attention has been paid to how student SLTs engage with these tools and how educational institutions prepare them for responsible use. This paper identifies key challenges in how student SLTs interact with ChatGPT and emphasises the role of higher education in developing critical AI literacy.

Why this matters

Embedding reflective, ethics focused training into speech and language therapy curricula can reduce the risk of future SLTs misusing LLMs in ways that compromise diagnostic accuracy, cultural appropriateness or therapeutic quality and ensure that generative tools like ChatGPT support rather than undermine clinical decision making and patient care.

Hanna, M. and Yana, S. (2025) Stench of errors or the shine of potential: The challenge of (IR) Responsible Use of ChatGPT in Speech-Language Pathology, IJLCD, 60(4).

In Memory

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

Lesley Wood
1958-2023

Everyone who met Lesley quickly discovered her calm, gentle manner combined with her witty sense of humour making her extremely popular with colleagues and clients alike.

Lesley graduated from Reading University in 1982 starting her professional career in Portsmouth and soon moving into senior roles in Lewisham and Greenwich. Whilst at her beloved Aylesbury Health Centre she developed a passion and talent for working with autistic children, her dedication and commitment to them persisting throughout her career. Lesley worked tirelessly supporting children and families making a real difference to their lives.

We were privileged to work alongside Lesley and with her husband Chris, children Sam, Stephie and grand-daughter Sofia will always remember her as the vibrant, amazing person she was.

ALISON KEENS and **TESSA BRANCH**

Carol Dack
1965-2024

Carol qualified as an SLT in 2013 and worked in Manchester for 10 years. Carol passionately supported children's communication, always putting the child and their family at the centre of her care. She was a very highly skilled therapist, delivering interventions in the preschool autism team, where she was particularly expert at delivering parent workshops.

Carol was friendly, fun and fabulous, and certainly the best-dressed member of the department. She was vibrant, creative and colourful, and spent a lot of her own time making endless resources to support her patients.

Carol had a real warmth and interest in people and was endlessly supportive and caring; qualities which made her an exceptional therapist and an extraordinary friend. She is very much missed by us all.

FRIENDS AND COLLEAGUES,
Manchester local care organisation

Judith Elizabeth Dack
1944-2024

My mother Judy had a lifelong passion for language, communication and community. In 1966, while a single parent, Judy graduated to the RCSLT with distinction. In 1973, she became the first SLT in Orkney, commended for her pioneering contribution in single-handedly establishing an excellent speech therapy service across the islands.

From 1976-2004, Judy worked in Aberdeen, in various healthcare and education settings, and lectured at Robert Gordon's Institute of Technology where former students remember "her influence on our cultural development, her extensive knowledge, ours to tap into, guiding our learning with a light but accurate touch, always kind." In later life Judy bore her dementia with grace, her love of people, words and rhyme continuing to delight and entertain.

SARAH COLLINS

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

Have you read a book or resource you want to share with other RCSLT members? Are you an author wanting to spread the word about your new publication for SLTs? We'd love to hear your suggestions. We also need reviewers from all career stages. To suggest a title or join our reviewer group email **bulletin@rcslt.org**.

✪✪✪✪✪

Speech, language and communication for healthy little minds: practical ideas to promote communication for wellbeing in the early years

AUTHORS: Becky Poulter Jewson and Rebecca Skinner
PUBLISHER: Routledge, 2024
PRICE: £15.99

This is a fantastic resource aimed at early years educators, combining expertise and experiences of the authors in speech and language therapy and early years roles. There is a wealth of information connecting communication and wellbeing in an accessible and evidence-based way. The book incorporates research studies and real life experiences, moments for reflection and actionable steps for implementing the ideas suggested. I loved the emphasis on the importance of connection with young children. It helped to refocus my mind and renew my enthusiasm for supporting children during this critical period of development. I look forward to sharing it with early years colleagues.

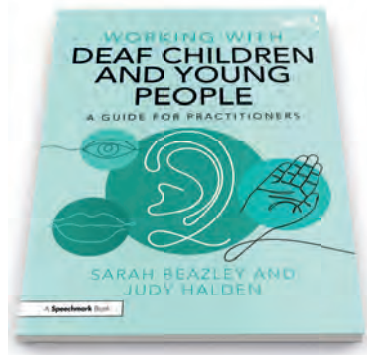
RUTH MCMENEMY, Sure Start SLT, Newry

There is a wealth of information connecting communication and wellbeing in an accessible and evidence-based way

✪✪✪✪

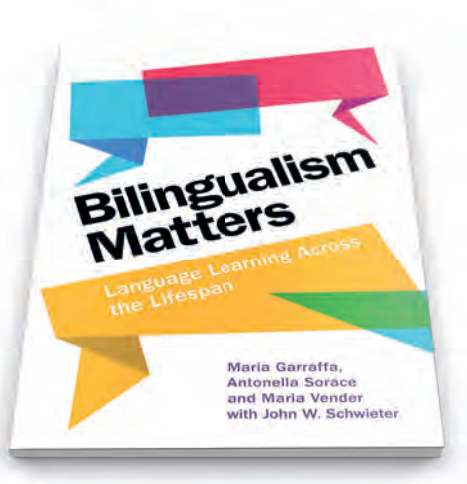
Working with deaf children and young people: a guide for practitioners

AUTHORS: Sarah Beazley & Judy Halden
PUBLISHER: Speechmark 2025
PRICE: £37.99 paperback, £30.39 ebook



This excellent guide provides evidence-based information and comprehensive resources. It sensitively drives the reader to deeply consider the communicative independence and agency of deaf people, in multisensory contexts. The authors give a clear view on the importance of input, as well as discussing the ways that the development of pragmatics, language and speech can be supported. The book is aimed at SLTs and teachers although the detailed phonetic/linguistic sections will perhaps be more easily understood by SLTs. Practitioners are invited to reflect on their own experiences, so the book will be best appreciated by those currently working with deaf individuals.

DR JO SANDIFORD, Senior Lecturer and Children's SLT, Leeds Beckett University



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Bilingualism matters: language learning across the lifespan

AUTHORS: Maria Garraffa, Antonella Sorace and Maria Vender, translated by John W Schwieter
PUBLISHER: Cambridge University Press
PRICE: £19.99

'Bilingualism matters' offers a concise and comprehensive overview of bilingualism across the lifespan. The authors present an accessible synthesis of how languages are organised in the bilingual brain, with focused discussions on the core components of language. Of particular interest is a dedicated chapter on bilingualism in developmental language disorder (DLD), autism, hearing loss, Downs syndrome and aphasia. The book ensures that key points are supported by research, which enhances its utility as a reliable resource for students. The discussion topics after each chapter are useful for reflection and self-led learning. While grounded in linguistic and psychological research, the book is valuable for anyone seeking a single resource to understand what bilingualism is, how it develops, and how it changes over time. The concluding chapter on bilingualism and society stands out for its practical relevance. Clear, well-structured, and interdisciplinary, this book serves as a valuable resource to understand bilingualism better.

ELIZABETH RAJAN, Specialist Paediatric SLT and Bilingual lead, Dorset Health Care NHS Foundation Trust

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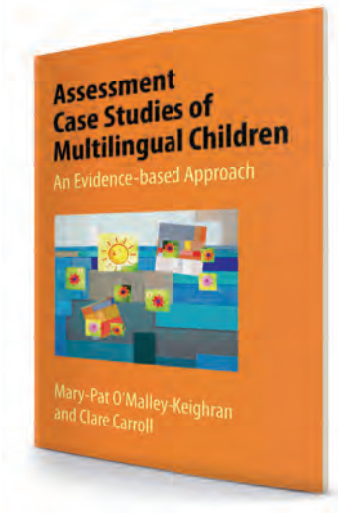
Assessment case studies of multilingual children: an evidence-based approach



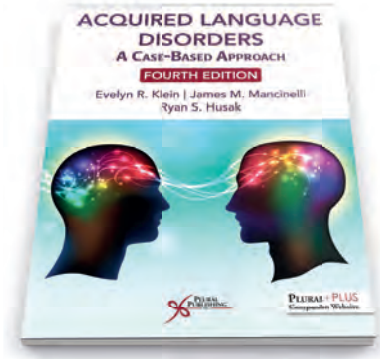
AUTHORS: Mary-Pat O'Malley-Keighran and Clare Carroll
PUBLISHER: J & R Press
PRICE: £24.99

The book is aimed at SLTs, educators and policymakers. The authors offer a comprehensive overview of current evidence and literature, presenting a balanced perspective on how to interpret these findings in practice. The case study chapters provide a wide range of assessment methods, detailing how to access and incorporate these tools into daily practice. Notably, the authors work to advance evidence-based practice by highlighting and applying the International Classification Framework, encouraging further inquiry to gather holistic insights about the individuals we support.

GURDEEP BAHIA, SLT

✪✪✪(

Acquired language disorders: a case-based approach (Fourth edition)



AUTHORS: Evelyn R Klein, James M Mancinelli, Ryan S Husak
PUBLISHER: Plural Publishing (2026)
PRICE: tbc

This is a broad introduction to assessing and managing acquired language disorders aimed at students and NQPs. A wide range of disorders are discussed, including aphasia, dysarthria and agraphia. Disorders are helpfully grouped by aetiology and include more unusual causes of language disruption, such as drug-induced encephalopathy. Case studies illustrate each disorder, and the final chapter is a useful descriptive overview of treatment approaches.
A disadvantage is that suggested management plans derive from an insurance-based healthcare model, which may limit their usefulness for UK clinicians. Further, while the description of assessment tools is extensive, there is limited discussion of why clinicians should choose one over another.

ISOBEL CHICK, Adult Speech and Language Therapy Lead, University Hospitals Coventry and Warwickshire; Language and Cognition Lab, UCL

A PROBLEM SHARED...

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

My service is currently being reviewed by my employers, and this could lead to a service redesign. Is there anything I and my team can do to avoid cuts to our service? How can we make decision makers listen to us?

When your service is being reviewed, it can feel overwhelming, especially if you're worried about possible cuts. Remember, involving service users, colleagues and partners in the conversation can really help. Their input can strengthen your case by showing the real-world impact of your service and the potential risks of reducing access.

If you're unsure where to start, don't hesitate to contact us. Our Professional Enquiries Team can help you use the right resources and understand your options to help build a strong response.

You might also want to explore our influencing toolkit and leadership resources. These can help you feel more confident speaking to managers, making your case and showing leadership.

And remember, your professional communities can also be a vital source of support and guidance. Whether it's through Clinical Excellence Networks (CENs), RCSLT Hubs or local peer support groups, their knowledge and experience can be invaluable in development of your case.

Change can be challenging, but with a clear, evidence-based approach, you can help shape a future for your service that protects what matters most: outcomes for the people you support.

RCSLT resources to support you

1 The RCSLT 'Guide to responding to proposed changes to your service' is a practical resource to help you plan your response to any questions about service redesign. It includes how to gather evidence, communicate effectively and involve stakeholders. It outlines clear processes you can use to make sure your concerns and ideas are heard.

2 The 'Process for planning your service' page is another key resource. It breaks down how to assess your current service, identify areas for improvement and plan strategically. Using this framework, you can help to show that your team is actively engaged in shaping a sustainable, effective service which meets the needs of your local population.

3 If you're looking to improve outcomes or efficiency, the RCSLT's online 'Healthcare improvement' section offers tools and case studies around quality improvement, change management and innovation. Use these to propose ideas that preserve or even enhance care, even within tighter resources.

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

Useful links

- Visit the 'Delivering quality services' area of the website for advice on service planning, healthcare improvement and much more
rcslt.org/members/delivering-quality-services/
- Influencing and campaigning
rcslt.org/policy-and-influencing
- Find a CEN on our directory
rcslt.info/cen-directory

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

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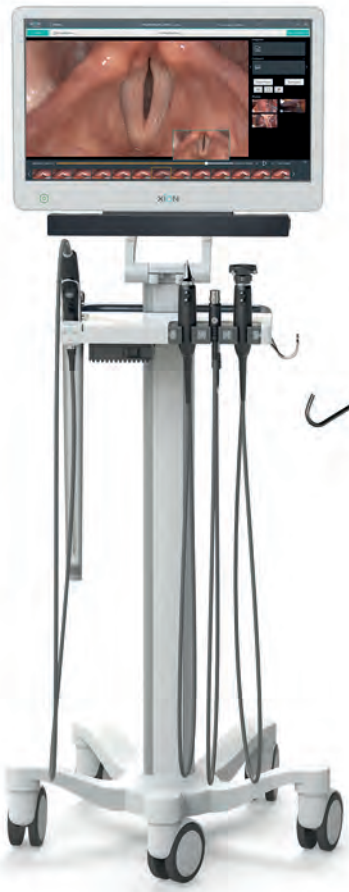

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“OMG it’s soooo good!”

Tatum, Brick Club learner, aged 8

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