bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

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Influencing and leadership: the role of AHP councils

Examining the impact of COVID-19 on the speech and language therapy profession

Ask the Experts: language development and intervention for children with Down's syndrome

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1. Emma Derbyshire. The Essential Guide to Hydration. Available from: https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf Accessed 29th January 2018
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3. Fresenius Kabi data on file – Thick & Easy Clear – Acceptability Study Report Sept 2014.

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FRESENIUS KABI
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Victoria Briggs

EDITORIAL

Care and recharge

In recent months we've featured a lot in these pages about the challenges faced by SLTs on the frontline of the COVID-19 response, but less about those members whose experience of the pandemic has been defined by the isolation of shielding or the separation of lockdown. Letters to the *Bulletin* inbox have also highlighted the feelings of inadequacy some members feel about not having been redeployed to serve on the frontline, or the frustration arising from service closures and the detrimental effect this continues to have on client groups across the spectrum.

On p18-19, Kathryn Moyse presents the results of the RCSLT's survey—launched just after the pandemic's peak—on the impact of COVID-19 on the profession, while Rachel Purkett (p8) analyses the responses we've had from the wellbeing survey sent out to members biweekly since May.

We hope the lifting of lockdown restrictions allows you to connect with friends and family this month. For those hoping to recharge their batteries in August, the wellbeing resources on our website, recently updated, are wide-ranging in scope and freely available for members to use (see **bit.ly/3julanQ**).

In this issue of the magazine we're joined by Dr Della Money and colleagues who tell us about the ways SLTs can influence via AHP councils. Leadership in action also comes this issue via guest columnists Angela Whiteley and Heeral Davda, the founders of 'SLTs of Colour' on Instagram. On p5 Angela and Heeral tell us their reasons for setting up the platform and why it matters that a space like theirs exists. If you're on Instagram, you can show them your support by following and engaging with **@SLTsofColour**.

Victoria Briggs editor
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Your RCSLT

KAREN WILLIS, RCSLT director of finance and membership

After university, I qualified as an accountant with one of the big four accountancy practices before moving into industry. Over the years I've worked for a wide range of companies, including a three-year stint at another professional body.

I joined the RCSLT in 2012, firstly as head of finance and membership, and then as director of finance and membership. My role is to look after the overall finances of the RCSLT, ensuring that we are able to deliver our strategic plan while continuing to meet our financial key performance indicators. I manage the finance team, who look after payments and the collection of income from a variety of sources, as well as reporting against budgets. I also manage the membership team, who are responsible for maintaining member records and collecting member subscriptions.

As an accountant I thrive on trying to ensure there is order in a financially challenging world: every day is different at the RCSLT and I wouldn't be able to help RCSLT meet its objectives without the support of all my colleagues.

Email: karen.willis@rcslt.org

LETTERS

***Bulletin* thrives on your letters and emails. Write to the editor,** RCSLT, 2 White Hart Yard, London SE1 1NX. Email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).

Scrubbing up

It was good to see the photos of SLTs responding to COVID-19 in June's *Bulletin*. We were pleased to see the speech and language therapy team from Great Ormond Street Hospital wearing their scrubs, which we suspect were made by people like us using duvets and sheets in the first phase of the 'Scrubs Up' action. It's caused us to wonder how many other SLTs have been sewing scrubs, bags and masks to support our colleagues on the front line.

Hilary Berry (Sheffield NHS) and Margaret Freeman (retired from the University of Sheffield). Email: hilary.berry@sth.nhs.uk

More homemade scrubs modelled by SLTS from Northern Ireland on page 6

Lockdown: mental health

During the COVID-19 lockdown, a lot has changed in our community speech and language therapy team. Our practice has altered dramatically with a transition to telehealth. We have all been aware of the impact of life in lockdown on our mental health—not just at work but also at home. We noticed that we were much less active and eating a lot more biscuits! We miss driving round the south coast to visit patients and seeing the beautiful views. We are no longer able to count walking up the stairs to the top floor of nursing homes as our daily exercise. So, as a team, we decided to take action to support our wellbeing and our waistbands! We signed up for the 'Samarathon', vowing to walk, run or jog 26.2 miles during July in support of the Samaritans (**www.samaritans.org**). This has given us a team goal, an incentive to be more active and the opportunity to spread the word about mental health awareness.

Hannah Boucher, SLT, Adult Community Speech and Language Therapy, Sussex Community NHS Foundation Trust. Email: h.boucher@nhs.net

For more on wellbeing support and resources, see page 8

Correction

In June's issue of *Bulletin*, we ran a review by Eleanor Sharpe of the following journal article:
Buckeridge, K., Clarke, C. & Sellers, D. (2020). Adolescents' experiences of communication following acquired brain injury. International Journal of Language & Communication Disorders, 55 (1), 97-109.

A production error meant the correct heading of 'Adolescents with brain injury' was accidentally overwritten by an earlier heading. We apologise for the error.

Focus On Diversity

Over the last few weeks, the collective voices of black and minority SLTs have swelled to a crescendo, echoing experiences of discrimination that span across decades. As we listened, leaders and creators of change emerged, powered by the voices of their peers. Angela Whiteley and Heeral Davda are two such leaders. *Bulletin* caught up with them to hear about the launch of their Instagram platform 'SLTs of Colour'.


Angela Whiteley


Heeral Davda

Q: You created the Instagram page 'SLTsofColour'. How did that come about?

A: The page was created as we felt frustrated: the issues that impact therapists of colour within the profession were being overlooked. The delayed support, advice and guidance at a critical time led to the creation of 'SLTs of Colour'.

Q: Why is a platform like this important?

A: It's important for us to raise awareness, to keep the conversation around diversity going and to ensure that the voices of the few are heard. Our hope is that we build a positive and safe community to share experiences without fear. We want the platform to become a support network for prospective and current SLTs to share useful resources, access information on supporting their clients and colleagues from diverse backgrounds, and to encourage cultural understanding and feel represented.

Q: What can the profession do to help support this platform and others like it?

A: Our profession works with diverse service users, and as SLTs we focus on creating a sense of inclusion for those service users. We would like to see the profession have the same expectation of inclusion for therapists. This starts with understanding and acknowledging the very real experiences of those who have bravely shared their stories, both within our Instagram page and beyond. We want the profession to actively support therapists from diverse backgrounds to navigate through a profession where they are under-represented and, in some cases, discriminated against.

"We want the platform to become a support network for prospective and current SLTs"

Q: What plans do you have for the future?

A: 'SLTs of Colour' is a small piece of the puzzle. We see ourselves being part of a much bigger discussion around diversity and inclusivity across the whole profession. We are encouraged by the actions that are already taking place and look forward to seeing what changes this will bring.

Angela Whiteley and Heeral Davda, SLTs and founders of @SLTsofColour
Email: sltsofcolour@gmail.com

The *Focus on Diversity* column is a space dedicated to raising the voices of black, Asian and ethnic minority SLTs, as well as other minorities within the profession. Here we want to encourage the stories and experiences of our membership, as well as create opportunities for discussion and education, with the ultimate goal of striving for change.

If you would like to share your story or have a topic that you would like to write about, please email Siobhan Lewis at **siobhan.lewis@rcslt.org**

Email your CEN notice to bulletin@rcslt.org

Midlands SEMH CEN

4 September, 10.30am - 3pm via Zoom

This meeting will explore the roles of teaching and supporting emotional regulation. Email anna.aldersley@nhs.net for more details.

North-West Mainstream Schools CEN Study Day

16 September, 10am - 3.45pm via Zoom

With guest speakers on topics including: vocabulary intervention research in adolescents; collaborative working in schools; introduction to Talking Mats; and SEMH & SLCN: naughty or in need (incl. information re. attachment difficulties). Cost: members £10, non-members £20. To book your place, visit bit.ly/2CXRtus

Children who have Social Emotional and Mental Health Needs CEN (SE)

28 September, 9.30am - 3.30pm via Zoom

We will be discussing: research on narrative intervention, issues raised from practice, cases and assessment, projects, and feedback from trainings. Please bring cases/assessments/resources/interventions to share. With thanks to Course Beetle. Email SEMH.SE.CEN@gmail.com to book a place and get further details.

To find out more about RCSLT CENs, visit: bit.ly/rcsltcens

News in pictures

This month's round-up of photos shows RCSLT members getting creative, sharing their *Bulletin* with family and pets, and preparing for the re-opening of services and the new academic year.

1. Eight-month-old Jonathan catches up on the May issue of *Bulletin* from the comfort of his play mat (@_rachelowe).

2. Student SLT Denise Semwayo features on the @RCSLT Instagram page this month, sharing her speech and language therapy journey (@denise_s18).

3. SLTs Sheena McGartland, Linda Burrage, Rebecca Polley and Freya Rogers, who were redeployed to conduct COVID-19 testing at nursing homes and residential care facilities in Northern Ireland, model their homemade scrubs.

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2


3

4. Young Ethan takes the task of taste testing the June edition of *Bulletin* very seriously indeed (@gajlsan).

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5. Shafaq Hassan in her Jiu Jitsu gear, as part of Louise Coigley's 'Flying a hug to the one you love' video project to support children who miss their loved ones during the pandemic. View the video at vimeo.com/405589052 (@ShafaqHassanSLT).

6. Beth Black was one of the lucky SLTs who had her portrait drawn by artist Derek Dick as part of the 'Portraits for NHS Heroes' campaign (see: #portraitsfornhsheroes), capturing her time working on a COVID-19 ward.

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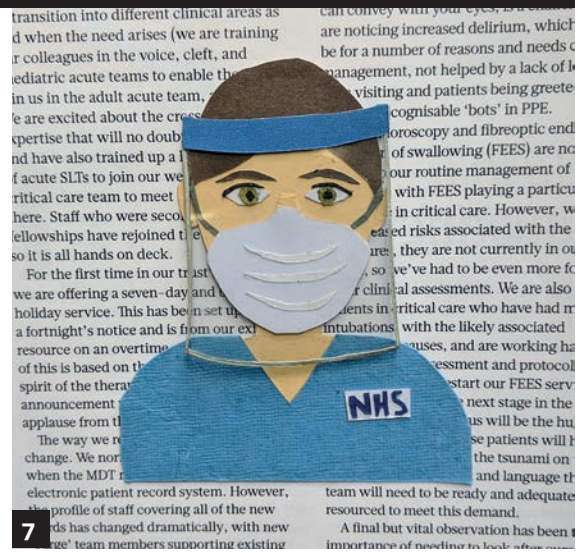

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7. When Nicola was redeployed as part of the COVID-19 response, she found it difficult wearing PPE. "It was so hot and sweaty," she says. "I didn't get any photos [taken] in PPE, so I made a tiny self-portrait instead. Papercutting is my hobby when I'm not SLT-ing" (@NicolaFairburn).

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8. Lucy Ashton has her mother to thank for making these child-friendly face masks, ready for the re-opening of clinics and schools (@SLT_Lucy).

9. Martha the cat peruses *Bulletin* for the food ads (@Frances_SLT).

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DELLA MONEY & KAMINI GADHOK

MOVING FORWARD

It has been an extraordinary year so far: COVID-19 has impacted on all aspects of our work and lives. Partnership working between RCSLT staff and members has been key to the organisation's COVID-19 response, and at the July Board of Trustees virtual meeting we heard about the extensive work undertaken to deliver the RCSLT's strategic plan, along with the new workstreams that arose as a result of the pandemic. The Board was impressed by all that has been achieved in the period since March. Trustees also engaged in positive discussions on a range of strategic issues to identify the key priorities that need taking forward.

These include the RCSLT's response to Black Lives Matter and, as we write, planning for a Town Hall event is underway to engage the whole speech and language therapy profession in an open discussion on our commitments, and to look at how we can collectively work together to take the profession forward in an anti-racist direction. Other priorities include the virtual launch of the Communication Access Symbol (which you can read more about at **bit.ly/2DgqLgT**).

With the reality of COVID-19 continuing to impact service delivery, we are working with government and the profession as a whole to support the re-starting of services. We are aware that, as a result of the pandemic, some services have been stopped or paused and this has—and will—continue to impact on outcomes for the populations we serve. It is critical that we work together to identify the challenges and work constructively on solutions as we move forward.

"It is critical that we work together"

Given everything this year has brought our way, you'd be forgiven for forgetting it's our 75th anniversary! We are keen to engage members in a celebration of all that the speech and language therapy profession and the RCSLT has achieved over these last few difficult months. You can find further details here about how to get involved: **www.bit.ly/RCSLTcelebrates**

Dr Della Money, RCSLT chair
Kamini Gadhok, MBE, RCSLT chief executive
Email: kamini.gadhok@rcslt.org

RACHEL PURKETT

Wellbeing concerns

The COVID-19 crisis has hit RCSLT members hard. And because the work of SLTs is so varied—by sector, setting and service users—'hit hard' means a lot of different things to different people.

We've seen this clearly in your responses to our wellbeing survey, which has gone out to all members fortnightly since May.

To name just a few of the stories you've shared with us, we've heard from:

- members on COVID wards who are emotionally drained and exhausted—but enjoying the heightened sense of collaboration;
- school and community-based members who are trying to stay in contact with their service users, adapting to telehealth where possible, or perhaps being furloughed and wondering when they can get back to work;
- members with existing health conditions, or from BAME communities that are at higher risk of serious illness, who are worrying about their health, and unfortunately even feeling guilty if they are required to shield to serve the greater good;
- independent practitioners who are trying to support their clients and maintain their livelihoods;
- students who are wondering what their courses and placements will look like next year;
- NQPs who feel they've been thrown in at the deep end.

These are big worries, and it's no wonder that more than half of members are experiencing significant anxiety.

However, there's good news in the survey too: you've told us in your responses, and through every contact you've had with us, that you're an optimistic profession, and that little by little, your wellbeing is improving.

Whatever your current situation, the RCSLT is here to support you. Members and staff are working hard together to create and compile resources to address your practical concerns, and also to support your wellbeing. Find them at: **bit.ly/2ZT9ZfC**

If you need more advice, Frances and Tom in the enquiries team are here to help. Contact **info@rcslt.org.uk**

Rachel Purkett,
RCSLT director of engagement and communications
Email: rachel.purkett@rcslt.org

Roxanne Kent

Roxanne Kent wonders whether SLTs will continue to deliver remote rehabilitation therapy after the pandemic

Will remote therapy stick?

ILLUSTRATION BY **Sara Gelfgren**

We've read about the emerging research into 'teletherapy', 'telemedicine', 'telerehabilitation' and all the other ways online therapy is described. I sat through presentations on the EVA Park studies (City University, London) at the 2019 British Aphasia Society Conference and remember being enthralled by the concept. Remote therapy sat quietly in the background, and then COVID-19 struck. We went into lockdown and were told to only to leave our houses for essential journeys.

I work for a private rehabilitation company and go into neuro-rehabilitation houses, taking on early discharged patients from hospital to assess and manage their dysphagia, assess their communication and support their mood and wellbeing. I go in and for a moment forget about COVID-19. We smile and chat, pretending everything is as it should be. We are professional, brave and prepared—until someone coughs and the concerned glances and fears creep in.

What about clients who don't need to have face-to-face contact? Well, Zoom happened. Suddenly everyone is on Zoom communicating to friends, family, colleagues and now patients. Luckily, the patients I see via Zoom have carers or family members who are tech-savvy enough to download the app and adjust accordingly. The first couple of weeks I found there would be an initial period of 10 minutes of "I can see you, but can't hear you" or "just trying to balance the phone, bear with me" for each session as we both tried to troubleshoot.

"How tech-savvy many of us now feel"

In my first remote session I treated a patient with dysarthria. Conducting breath support exercises, passage reading and spontaneous speech were no different than when done face-to-face. For the individual with mild-to-moderate dysarthria this has been brilliant. Interestingly, I've noticed people seem to naturally speak louder when talking remotely.

Everything was going as planned, until I had a patient with severe aphasia and I realised I needed him to point to the answer on our shared screen or see what he had written down. However, I couldn't and I was stuck. As SLTs we've always involved family members and carers in therapy. I've been lucky and my patients have had supportive spouses willing to stay and help, verbalising their actions. In a way, remote sessions have been very beneficial. I think of those times when I've not had the guts to say to a spouse/family member, "Actually, do you mind sitting in, I think this would be good for you to see."

How strange it is to not walk into someone's house, shake their hand, pass them materials and use objects to spark discussion and build that therapeutic relationship. Once it felt that we imposed on someone else's environment, now it feels like the tables have turned. The professional therapist bubble is quick to pop when your cat walks in front of the camera, the doorbell rings or the children fight in another room.

How tech-savvy many of us now feel. Reluctant at first, we rose to the challenge and conquered. Will our practice change forever? Is remote therapy the way of the future? Pessimistically, I believe things won't change dramatically. However, by now most of us have experienced that we can form partnerships remotely, that we can deliver quality and effective therapy, and that we see can more people each day. Moving forward I hope we will now at least offer remote therapy to those who will benefit, and be confident in voicing the benefits of remote therapy to those that may still doubt. ■

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References

City University, London. *About Eva.* http://bitly.ws/8LRI

Down's syndrome: language development and intervention

Dr Kelly Burgoyne summarises the evidence base around language intervention for children with Down's syndrome

ILLUSTRATIONS BY **Ricky Butcher**

Between 700 and 800 babies each year are born with Down's syndrome (DS) in the UK (Wu & Morris, 2013). DS is a genetic disorder, causing intellectual disability. While all individuals with DS develop more slowly than in typical development (TD), there is considerable variability. Similarly, not all aspects of development are equally affected, with some areas being less delayed than others. Speech and language development is frequently considered the greatest challenge for individuals with DS. Language weaknesses affect all aspects of life, including social functioning, learning and cognitive development, mental health, and independence and inclusion in the community.

How is language affected?

At the group level, DS is associated with a distinct language profile characterised by relative strengths in receptive vocabulary and significant impairments in expressive language, phonology and grammatical skills (eg Næss et al, 2011). Pragmatic communication skills are typically stronger than linguistic skills but there are pragmatic difficulties nonetheless (Smith et al, 2017). Problems with speech intelligibility (Kent and Vorperian, 2013) and hearing loss are also common and impact on language learning and use (Abbeduto et al, 2007).

Delays in the emergence of language are seen from an early age, with first words spoken around 10 months later than in TD. Development continues to be slower but largely appears to follow the typical course: children learn the same types of words, in the same order as TD children, and as they learn more words they slowly begin to put them together (eg Polisenska and Kapalkova, 2014). Vocabulary and grammar continue to develop throughout school and early adolescence, though improvements in grammar are slower (eg Connors et al, 2018; Naess et al, 2015). Grammar does appear to be a particular challenge, and many older individuals remain 'telegraphic' talkers, using mainly key words and ommitting grammatical markers.

There is some evidence of a decline in vocabulary and grammar during late adolescence and early adulthood (Connors et al, 2018; Cuskelly et al, 2016; Laws and Gunn, 2004). However, other studies show that language is stable at this time, and indeed can continue to improve when individuals have access to appropriate ↘

"All individuals with Down's syndrome will need support for language development to reach their full potential"

speech and language therapy (Berry et al, 1984; Carr, 2000; Chapman et al, 2002).

There are wide individual differences in DS, which emerge from an early age and persist into adulthood. Some individuals will have significant and complex needs and may remain largely non-verbal, while others are able to learn to read and speak in more than one language (eg Burgoyne et al, 2016). This requires an individualised approach to intervention, though general principles for effective intervention can be applied across the range of ability.

What are the implications for language intervention?

High-quality, evidence-based language intervention is imperative for individuals with DS. All individuals with DS will need support for language development in order to reach their full potential. Obtaining this much-needed support can be challenging: difficulties accessing speech and language services, and dissatisfaction with the frequency and intensity of provision for children with DS are common (eg DSA, 2004; Meyer et al, 2017; van Bysterveldt et al, 2018). Importantly, a recent systematic review and meta-analysis of studies of language intervention for children and young people with DS shows that targeted language interventions can improve language outcomes in this population (Smith et al, 2020). This evidence clearly supports provision of language intervention for this group.

Language intervention should be in place from the first year of life. Given that DS is diagnosed prenatally or shortly after birth, and that language and communication difficulties are a known feature, support for language learning should be in place from the outset, and well before children learn to speak. It is worth noting that some deficits that are characteristic of the DS phenotype may not be present in the very early stages of development, but rather appear to emerge over time (Mason-Apps et al, 2020; Roberts and Richmond, 2015). The early years could therefore be a particularly critical period for intervention.

Language intervention needs to be frequent, intensive, and sustained over time. The amount of intervention matters: children with DS who receive more frequent intervention make greater gains in learning (Burgoyne et al, 2012; Yoder et al, 2014). It is therefore vital that SLTs deliver direct therapy regularly, complemented by daily support for language learning at home and in school. Therapists should provide parents and educators with training so that they understand children's learning needs, and model teaching activities with the child. It is clear that with high-quality training and support, educators (including teaching assistants and special education teachers) can effectively deliver structured language intervention to children with DS (Burgoyne et al, 2012; Baxter et al, 2019; Næss et al, 2019). Speech and language therapy should be sustained into adolescence and adulthood given evidence of continuing gains (Chapman and Hesketh, 2001).

Clear targets should be set for all language domains. Given the broad and significant language impairments seen in DS, support for all language domains including speech, vocabulary, grammar and communication should be in place. As receptive language skills are often better than expressive language skills, separate targets for comprehension and production may be needed (Chapman and Hesketh, 2001). Therapists should review speech and language targets regularly and share them with parents and educators.

What does the evidence tell us about how best to support language development?

Parent-mediated interventions. Parents should be supported to provide a good communication environment at home; for example, to recognise and respond to their child's communication attempts, and model and prompt language in everyday activities. Parent-mediated interventions such as the Hanen Parent Programme, Enhanced Milieu Teaching and Responsive Teaching teach parents to use these types of strategies.

A recent systematic review of parent-mediated interventions for children with DS found effects of intervention on parental behaviour, but improvements on measures of child language and communication were inconsistent (O'Toole et al, 2018). It is worth noting that only three studies were included in this review, and two of these involved relatively low doses of intervention; as the authors suggest, more intensive intervention is likely necessary to see measurable changes in child language.

Early social communication skills including eye-contact, turn-taking,

requesting and shared attention should be supported from the first year of life as a foundation for language learning. A recent study developed and evaluated a 10-week intervention focusing on early social communication skills and specifically targeting shared attention in a group of 16 infants with DS (aged 17-23 months) (Seager et al, 2017). Findings suggest that this form of intervention supports early communication development and has benefits for children's language learning.

Phonological awareness is a particular area of difficulty for individuals with DS and should be a focus of intervention from an early age (Næss, 2016). Activities to support auditory discrimination for speech sounds can be introduced from the first year of life. Targeted practice of speech sound discrimination and production, supported with visual materials, including printed letters and sound books, will support automatisation of speech processes and free up cognitive resources for higher-order language processing (Silverman, 2007). Targets for phonological awareness and letter knowledge can be integrated with speech goals to support speech production accuracy (van Bysterveldt et al, 2010). Phonological awareness is also critical for reading (eg Hulme et al, 2012) and should form part of a comprehensive approach to reading instruction in the school years (eg Burgoyne et al, 2012).

Reading activities. Visual supports including pictures and print are an important language learning tool for individuals with DS (eg Jarrold et al, 1999). Experimental evidence shows that seeing a word in print helps children with DS to learn new spoken words (eg Mengoni et al, 2013) and acquire grammatical rules (eg Baxter et al, 2019). It is therefore important to work with educators and parents to use reading activities to support spoken language at all ages. This includes:

- **Shared (or 'dialogic') reading:** Shared reading activities promote joint attention and interest, expose children to rich and diverse language, and use concrete, visual supports for learning that can be revisited many times; as such they are an ideal environment for fostering language development in children with DS (Jordan, Miller and Riley, 2011). Shared reading activities can be used to support spoken language practice and facilitate high-quality parent-child verbal interactions (Burgoyne and Cain, 2020), and to develop letter knowledge and phonological awareness skills (van Bysterveldt et al, 2006).
- **Personal books:** Making personal books with and about the individual is a useful strategy that can be used at all ages. Personal books contain photographs matched to printed words and phrases that can be practised and shared with others. These can be developed to target keyword phrases, useful carrier phrases, and specific vocabulary and grammatical targets.
- **Early reading:** Reading abilities have been demonstrated in children with DS from an early age (around three years; eg Appleton et al, 2002). In the preschool years, reading can be used as an explicit language teaching activity, using an approach in which children are taught to recognise whole words in print and later to build sentences with those words (see: **bit.ly/3fOAhGy**).
- **Reading instruction in school:** All children with DS, regardless of their oral language abilities, should receive high-quality reading instruction in school alongside their peers. As for all children, a comprehensive approach to the teaching of reading is important, and should include explicit teaching of letter sounds, phonological awareness and phonics, alongside sight word instruction, with opportunities to practise and develop skills within book reading and writing/spelling work. Support for comprehension should be in place from the outset. This form of reading instruction is effective for many children with DS (eg Burgoyne et al, 2012). A published, evidence-based teaching programme (Reading and Language Intervention (RLI) for children with DS) is available to support this (see: **bit.ly/2WGCxs2**).

Augmentative and alternative means of communication (AAC), including sign language and picture-based communication systems, can be useful in supporting communication for individuals with DS (Barbosa et al, 2018). Encourage the use of gesture and sign to support understanding and facilitate the transition to spoken language. It is worth noting that by the age of five, most children have largely dropped signing in favour of spoken language (Kumin, 2003), but for some there will be continued benefits.

Technology. Many children with DS are familiar with and enjoy using tablets for recreational use and learning (Hokstad and Smith, 2015). A recent randomised controlled trial conducted by researchers at the University of Oslo demonstrates significant gains in children's language outcomes following a digital app-based oral language intervention programme delivered to six-year-old children with DS by special education teachers and teaching assistants in schools (Naess et al, 2019). Several apps designed to support language and communication for individuals with DS are available (see **www.specialiapps.org/en**). ■

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For a full list of references, visit bit.ly/3jQ9ege

System leadership and AHP councils

AHP councils provide great opportunities for SLTs to influence health and care in their area. Mary Heritage, Dr Della Money, Deanne Rennie and Angela Shimada explain

ILLUSTRATION BY **Irene Servillo**

In England, integrated care systems (ICS) are evolving from the 44 sustainability and transformation partnerships (STPs). As part of the NHS Long Term Plan (2019), each ICS takes the lead in planning and commissioning care for its populations and in providing system leadership. They bring together NHS providers, commissioners and local authorities to work in partnership to improve health and care in their area.

The NHS Interim People Plan (2019) makes it clear that achieving the NHS Long Term Plan will require workforce transformation. Allied health professionals (AHPs) are intrinsic to the expansion of the multidisciplinary teams required for this, as autonomous practitioners working across most clinical pathways, settings and organisational boundaries. The ability of AHPs to assess, diagnose, treat and signpost patients independently—and to assess the needs of the diverse populations they work with—means they can help fill significant gaps in services and systems, and they are ideal to support STP/ICS transformational aims.

AHP councils

To achieve this, AHP councils are emerging across each ICS/STP. These include the most senior AHP from each health and social care provider within the footprint, representation from each of the 14 allied health professions, and key leads from workforce and higher education institutions (HEIs). The purpose of the AHP councils is to represent the AHP workforce and strongly influence, shape and advise on the AHP workforce strategy and transformation agendas. They ensure AHPs are central to integrated care and the very best outcomes for patients, service users and citizens.

Each council is connected and supported by a wider regional strategic network hosted by Health Education England (HEE). This emerging infrastructure, linking local AHPs with the national AHP teams in NHS England/Improvement and HEE, has had huge benefits for sharing information and opportunities, and for reporting challenges. Table 1 (right) shows the purpose of the AHP councils.

Engagement opportunities

The strength of the councils is their ability to collaborate. AHPs have always worked across systems, and collaboration comes naturally to most. The ability to find similarities rather than distinctions has enabled systemwide solutions to AHP workforce and delivery. An example of this is the positive action required to improve the situation around inclusion and diversity. We know that only 12.2% of AHP professionals are from a BAME background (NHS Digital Workforce Data, 2019). At regional STP/ICS level, councils are undertaking work to close the diversity gap. This involves localised action plans to promote the allied health professions as an attractive career choice and recruit more candidates from BAME communities; working with regional BAME networks to produce greater local understanding of the issues facing AHPs from minority backgrounds; and to address variations in diversity across the region.

One voice

The mix of disciplines involved in the councils gives a voice to all AHPs,

especially for smaller professions. SLTs, therefore, need to identify as AHPs in order to articulate how our professional expertise, skills and strengths can add value to the overall AHP workforce.

The AHP councils also have the benefit of providing an opportunity for SLTs to engage with the ICS/STP and support the collective action of the AHP workforce. As councils represent all the professions, there will be SLT representation; either as a core council member or part of the extended membership. All specialisms and providers are represented on councils, including children and young people and learning disability services, as well as local authorities, HEIs and the independent sectors. Councils must ensure representatives work together collegiately and collaboratively for the system, and not in competition with one another. They must also ensure they reflect the diversity of the population they service, and draw members from all communities and walks of life.

Know your local council

It is important that every SLT knows more about their local AHP ICS/STP council. For example, do you know how SLTs are represented? How are issues pertinent to the speech and language therapy workforce raised? Does the council reflect the diversity of the populations it seeks to serve, and does it support AHPs from diverse backgrounds?

For some SLTs, moving into AHP leadership roles is a step forward in personal career development that also ensures the SLT voice is heard as part of the louder AHP voice. In some cases, under-investment and service changes have led to the fragmentation of our profession across an ICS/STP area. The AHP councils provide the opportunity to consider bringing together an SLT network or advisory group to inform on SLT-related matters and to undertake delegated work. This is an opening for RCSLT members to use their leadership capabilities to step up and facilitate change. One AHP council chair, who is also an SLT, offers her personal reflection:

"My experience of developing and chairing the council was one that used →

Table 1: The purpose of AHP councils

- Advise, influence and facilitate the development of skills needed to deliver new models of care.
- Link with national and local partner AHP teams to promote engagement of AHPs and develop common communication messages.
- Be the expert advisory group in all matters relating to AHP supply, including new roles and leadership development.
- Identify cross-system innovations, risks and challenges for AHP practice and service delivery.
- Understand workforce capacity, challenges and opportunities, and highlight any concerns arising from conflicting operational developments or perverse competition.
- Promote flexible working across the ICS/STP through joint standard operating procedures for clinical pathways, with clear governance and accountability.
- Contribute to national policy and strategy, including scrutiny of the electronic staff record to ensure local AHP workforce data is accurate and implementation of AHP job planning better understands workforce capacity issues.

Table 2: AHP council development stories from East Midlands AHP councils chaired by SLTs

The Derbyshire AHP Council: Chair Mary Heritage
Following the appointment of a strategic AHP lead across professions in each NHS organisation, AHP leaders in Derbyshire started to meet informally throughout 2018. We invited Suzanne Rastrick, the chief allied health professions officer for England, to visit Derbyshire in March 2019 and organised events, including a conference. After the conference we reached out to local authority and higher education colleagues. At this point, we established a regional (Midlands and East) workforce transformation board and set up an AHP council. We have been able to swiftly mobilise a workforce of more than 1,600 and that has earned us respect within the new system. However, we're not resting on our laurels. Councils have the potential to help address health inequalities and improve the experience of AHPs from BAME communities, but there is still a great deal of work to do to achieve this, including ensuring greater diversity within the councils themselves.

The Leicester, Leicestershire and Rutland (LLR) AHP STP Council: Co-chair Deanne Rennie
Established in August 2018, the development of the LLR Council was led jointly by two AHPs, with the council now including representation from AHPs across the LLR health and social care sector. It has also been successful in its application to become a faculty test bed site for the Midlands region, with a focus on the role of apprentices across the differing AHP professions within the LLR. There is representation from the HEIs on the council. They support workforce development, research and quality improvement initiatives. The council connects with the local advisory workforce board (LWAB) and clinical leadership group for the STP. The aim is to promote a system-wide workforce strategy and innovation, such that AHPs are able to provide solutions for the successful delivery of the NHS Long Term Plan and improve outcomes for patients and communities.

The Lincolnshire AHP Council: Co-chair Angela Shimada
Lincolnshire has a well-established council that first came together in 2015 as a group of AHP and profession-specific leads across the Lincolnshire health and care system. It formed as one of five sub groups of the STP organisational development and workforce board with a clear purpose to look at workforce recruitment and retention. The council held its inaugural (now annual) #LincsAHPs conference with Dr Joanne Fillingham as the keynote speaker. This helped to build a sense of shared purpose and identity. At the end of the first year, despite other groups disbanding, the AHP council went on to develop the Lincolnshire AHP Strategy, presented at the 2018 Chief Allied Health Professions Officer (CAHPO) conference.

The AHPs in Lincolnshire now have a stronger collective voice and an ability to influence at a strategic level. The AHP council sits on the People and Culture Board and is a respected part of the Lincolnshire health and care system, raising the profile of AHPs in Lincolnshire. In 2019 Lincolnshire Community Health Services NHS Trust appointed Angela Shimada as its first deputy director of AHPs (and the first role of its kind in the county) in recognition of the skills and experience that SLTs in particular, and AHPs in general, can bring to strategic decision-making within healthcare systems. Angela was the proud recipient of the 2019 CAHPO AHP Leader of the Year award.

The Nottingham and Nottinghamshire AHP ICS Cabinet: Chair Dr Della Money
Strategic AHP leads started to meet informally across Nottinghamshire in 2017. There was already an emerging nursing and midwifery (NMW) cabinet, so we linked together and shared our terms of reference (ToR) (hence why we are a cabinet, not a council). We gradually expanded our membership to include workforce, ICS Nursing and AHP leads, and HEIs. We have a formal place at the people and culture board, clinical reference group and other ICS meetings/events as required. Because of our impact, other professional groups have been encouraged to develop cabinets. The medical cabinet is the latest for 2020; its ToR states it will work closely with the NMW and AHP cabinets to ensure opportunities for joint working are identified and optimised.

many of the skills developed as an SLT. The benefits to the speech and language therapy profession are that we are better able to connect across the whole AHP system locally, regionally and nationally."

There are many AHP council chairs across England whose backgrounds are in speech and language therapy. Within the East Midlands alone, four of the five council chairs are SLTs. Their stories (table 2) demonstrate that while there may be different routes and stages to developing and establishing a council due to local contexts, they all share a sense of purpose and outcomes.

The AHP councils provide a great opportunity for SLTs to influence across ICS/STP footprints and to make sure their professional voice is heard. They can also provide openings for SLTs to develop their multidisciplinary and system leadership skills. ■

Mary Heritage, assistant director allied health professions and patient experience, Derbyshire Community Health Services NHS Trust;
Dr Della Money, associate director allied health professionals, Nottinghamshire Healthcare NHS Trust;
Angela Shimada, deputy director AHPs and integrated community care, Lincolnshire Community Health Services;
Deanne Rennie, interim deputy director for nursing, AHPs and quality, Leicestershire Partnership Trust

The RCSLT is keen to support members who would like to be involved in their local AHP council, particularly members from underrepresented groups. Email info@rcslt.org if you would like to be put in contact with a current council member.

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NHS Improvement. NHS Interim People Plan. 2019. bitly.ws/8LND

NHS Digital Workforce Data, December 2019.

Kathryn
Moyse

Kathryn Moyse reports on findings from the RCSLT's survey into the impact of COVID-19 on the profession

An ever-changing landscape

Earlier in the summer, we published a report summarising the findings of a survey we conducted at the end of April, which was devised to understand the impact of COVID-19 on the speech and language therapy profession at that time.

It sought to explore how the pandemic had:

- resulted in changes to the role of SLTs;
- had an impact on individual professionals;
- changed the ways in which services are delivered; and
- affected the management of existing speech and language therapy caseloads.

This was one strand of our work to better understand the situation for SLTs, in order to inform the guidance we were developing and our influencing work.

The findings of the survey, which was completed by 544 members from across the UK, concurred with anecdotal evidence from the profession that the pandemic had had an impact on SLTs, services and individuals accessing those services:

- 95.6% of respondents said COVID-19 had impacted on their professional roles, responsibilities and duties.
- 92.8% said COVID-19 had impacted on service delivery.
- 74.6% said that some individuals on their caseloads were not receiving intervention.

The analysis uncovered some concerning findings, which included unmet need and uncertainty among the speech and language therapy workforce. Nevertheless, even in the early phase of the pandemic, there were signs of positive changes, with 70.7% of respondents saying that there have been some changes they would like to see continue into the future, including the role of technology in delivering services and improved collaboration.

In this article, we explore some of the findings in more detail, including variation across the profession according to geographical region, clinical areas, and settings that respondents reported that they typically worked in. Please note that, in the interests of space, a full report and complete tables of results are available to download at **bit.ly/2ORKohV**.

Redeployment

At the time of designing the survey, we were aware that a number of SLTs across the country had been redeployed into new roles, or were preparing for redeployment. Of the 544 people responding to the survey, 107 (19.7%) reported that they had been redeployed (table 1, right). Members reported that they had been deployed to other speech and language therapy teams, to support other healthcare professionals, and to other sites in response to the pandemic.

Further inspection of the data indicates that levels of redeployment were reasonably similar across England, Wales, Scotland and Northern Ireland as a whole. But some variation was seen within the regions of England, showing a range from 9.3% in Yorkshire and Humber, to 28.9% in the East of England (table 2, online). There was also variation according to the clinical areas members reported that they typically worked within. Perhaps unsurprisingly, the lowest levels of redeployment were among those who typically worked in critical care (1.6%), with the highest being in neonatal care (45.5%) (table 3, online).

Unmet need

Of the 544 respondents, 406 (74.6%) reported that there were individuals on their caseload who were not receiving intervention but would usually do so, and 278 (51.1%) had observed a reduction in referrals (table 1), raising concerns about whether service users were able to access the support that they needed.

The survey results indicated that individuals with dementia were among those most affected in the early stage of the pandemic, with the highest proportion of SLTs working in that area (67.6%) reporting a

Research and Outcomes Forum

ILLUSTRATION BY **Liam Eisenberg**

reduction in referrals (table 3, online). Comparing reports of service users not receiving intervention where they would usually, the highest percentage was from those working in public health (93.8%) and lowest in critical care (42.6%). This is, potentially, reflective of the reprioritisation of health and care services in the first few weeks of the pandemic being declared and change in demand.

Further inspection of the data indicates that a reduction in referrals was experienced by members across the nations of the UK to a similar degree, but, again, there was greater variation between regions of England. Drops in referral rates were seen most keenly in the North West of England and least so in the South East of England, with 66.7% and 37.0%, respectively, reporting a reduction in referrals (table 2, online). In the East of England, 89.5% of respondents reported that there were individuals on their caseload not receiving intervention who would usually do so. This was less of concern for those working in the North East and Cumbria, where the lowest levels were reported (57.1%). It would be of interest to explore the reasons behind this in more detail.

> *"The analysis uncovered concerning findings, which included unmet need and uncertainty"*

Telehealth

From the very early stages of the pandemic, we were aware that speech and language therapy services across the UK were embracing new ways of working, and turning to telehealth in order to continue providing care. Of the 544 people responding to the survey, 355 (65.3%) reported increased use of video and/or telephone consultations, with a higher increase in telephone consultations (60.7%) than video consultations (43.6%) at that time (table 1).

The survey revealed that the increased use of telehealth solutions varied by clinical area and setting. Looking at the percentages of respondents reporting an increase in the use of telephone and/or video consultations, this ranged from 37.7% of those working in critical care to 100% of those working in neonatal care (table 3, online), and from 54.3% of those working in acute settings up to 100% of those working in hospices (table 4, online). The lower uptake in critical care and acute settings likely reflects that it was necessary for SLTs to continue to provide in-person services in these instances, and potentially that remote consultations were not a viable alternative.

A responsive profession

As discussed at length in the full report, the pandemic has brought changes to the role of SLTs and the ways in which services are delivered, some of which are positive and some less so. Here, we have looked at some of the data in more detail to explore whether there has been variation across the profession. We have barely scratched the surface, but by exploring a few key aspects in more detail, it appears that RCSLT members will have been affected differently depending on the location and context in which they work. It is important to note that we cannot assume that the experiences of those responding to the survey were akin to that of the wider membership, and that the findings presented here should be interpreted with caution, given that there were a relatively small number of respondents from some categories (refer to tables 2–4, online).

Nevertheless, the findings of the survey concur with reports of variation across the profession in terms of the nature and degree of changes experienced by those working across different clinical areas, settings and/or regions. It will be important to monitor how the profession continues to adapt and respond over time, and in future Research and Outcomes Forums we will be keeping you updated on research and projects underway across the profession to support the delivery of evidence-based speech and language therapy services in what feels like an ever-changing landscape. ■

Kathryn Moyse
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Table 1: Summary of responses to specific survey questions about changes experienced by RCSLT members following the onset of the pandemic

Change reported	N	Percentage of all respondents
Redeployment	107	19.7%
Reduction in referrals	278	51.1%
Individuals not receiving intervention who would usually	406	74.6%
Increase in video and/or telephone consultations	355	65.3%
Increase in video consultations	237	43.6%
Increase in telephone consultations	330	60.7%
Total number of respondents	544	-

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Emotional awareness and DLD

This study examines the associations between positive emotions, emotional awareness and emotional communication skills in relation to somatic complaints and social anxiety in children with and without developmental language disorder (DLD).

Participating in the study were 104 children with DLD and 183 children without (mean age = 12 years). Data was collected through self and parental reports to assess the children's physical complaints, social anxiety and emotional awareness skills, across two points in time over nine months.

The children with DLD reported more somatic complaints and social anxiety than the children without DLD. Lower levels of social anxiety and somatic complaints for both groups were linked to having higher levels of positive emotions, being aware of the causes and consequences of emotions, and focusing less on internal bodily states of emotions. The children with DLD who had more severe structural language difficulties reported less emotional awareness.

The authors suggest: "The communication difficulties of children with DLD have a negative impact on the development of emotional awareness, which in turn puts them at risk of internalising problems." They conclude: "Children with DLD are likely to benefit from interventions aimed at improving their emotional awareness in addition to language interventions."

Lorraine Bamblett, specialist SLT, Midlands Partnership Foundation Trust and Mable Therapy

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Samson, A.C., van den Bedem, N.P., Dukes, D. & Rieffe, C. (2020). Positive aspects of emotional competence in preventing internalising symptoms in children with and without developmental language disorder: a longitudinal approach. *Journal of Autism and Developmental Disorders,* 50, 1159 – 1171

Reading technologies and aphasia

This paper explores the effects of therapy using assistive reading technologies alongside reading strategies to support people with aphasia.

This quasi-randomised waitlist control study recruited 21 people with reading impairments following a stroke. Participants in the immediate treatment group received 14 hours of therapy, involving training to use an assistive reading technology with a range of features to support reading comprehension. Participants were taught to use these technologies alongside general reading strategies to support individual reading goals. Reading comprehension pre- and post-therapy was measured using the Gray Oral Reading Test—Fourth Edition (GORT-4). Secondary measures included the Reading Confidence and Emotions Questionnaire.

Following therapy, the immediately-treated participants had significantly improved reading comprehension when using their assistive devices but not in unassisted reading. The delayed group showed similar gains in assisted reading comprehension after therapy. Participants' reading confidence and emotions associated with reading also improved, which were maintained at the follow-up assessments six weeks later.

The authors conclude: "Given the availability and affordability of the technologies, and that gains were achieved after a low-dose, low-intensity intervention, this is an approach that could be implemented in clinical practice."

Malin von Knorring, SLT student, City, University of London

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Sarcopenia and dysphagia

This position paper was written by a number of associated professional bodies in Japan. The aim was to consolidate the currently available knowledge and evidence in the area of sarcopenia and dysphagia, and also suggests a diagnostic criteria and treatment for sarcopenic dysphagia.

The paper suggests that swallowing-related muscles lose mass due to aging and disease, and a loss of muscle mass is associated with reduced swallow function; therefore, pre-existing sarcopenia can be considered a risk factor for dysphagia, as well as dysphagia a risk factor for sarcopenia. In clinical settings, patients with aspiration pneumonia are often bed-bound and kept nil-by-mouth, which the authors argue can lead to secondary sarcopenia (disuse and malnutrition-related atrophy). The authors argue that the evidence indicates that early implementation of swallow rehabilitation, early ambulation and early oral intake may reduce hospital stays, swallow deterioration and mortality rates in this population. They also suggest that admissions to hospital secondary to sarcopenic dysphagia may be reduced by preventing or improving sarcopenia of the general skeletal muscles.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting, follow them up and apply your own critical appraisal.

The authors conclude: "For the purpose of preventing dysphagia due to sarcopenia, it is critical to prevent iatrogenic sarcopenia, which can be caused by unnecessary inactivity or bed rest, inappropriate NPO and inadequate nutritional management, such as solely providing water and electrolyte fluids."

Grace Rowley, senior SLT, Nottingham CityCare Partnership

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ISTOCK

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

REMEMBERING

Obituary

Dr Charles Thomas Shute

1944–2019

Charles and his wife Brenda were senior lecturers in the School of Speech and Language Therapy, Birmingham City University, for 30 years. For much of this time Charles was also course director of the BSc (Hons) speech and language therapy course. Student education and welfare were always his passion and priority.

Charles was born in Philadelphia, Pennsylvania. His sister describes him as a kind, moral, caring and prank-loving older brother, who had a passion for Bach, was able to play five instruments and could cleanly throw a penknife into a tree trunk. He was, she says, "A kind of weird kid, but a really nice one!".

She recalls Charles coming home from school with a bloody nose. When asked why he hadn't fought back, he replied, "I'm a pacifist". By the age of 13, Charles was boarding at a Catholic seminary school, expecting to become a priest. Several years later, his goals had changed. After completing a Bachelor's degree in philosophy, Charles was awarded a scholarship to do a Master's in logopaedics at Wichita State University, Kansas. He then joined the university faculty as director of a government-funded research project aimed at facilitating the employment of people with disabilities, simultaneously completing his PhD in acoustic phonetics.

One day, while powering up and down the swimming pool, he spotted a young woman drying her long auburn hair. Brenda was an MA psychology student at the time and was much impressed by Charles's "lovely smile, devilish wit and long eyelashes". Two years later, in 1975, Charles and Brenda were married and making a new life for themselves in the UK. Charles initially worked for four years as a paediatric SLT in Sandwell, Birmingham, prior to moving to the then Birmingham Polytechnic.

During his years of teaching, he helped shape and inspire the future of many aspiring SLTs. He was an educator in the broadest sense; knowledgeable in many areas and determined to engender enthusiasm for subjects considered 'hard' by his students, such as information technology and research methods. Ex-students recall their enjoyment of Charles's use of 'Ducky', a toy bird-on-a-spring, to demonstrate resonant frequencies during his audiology lectures—particularly the time when Ducky ricocheted off the ceiling and smashed into a thousand pieces. Another ex-student described Charles as quirky and funny but, above all, warm and kind. A third recalled Charles's ability to get students to change their question to something completely different and still not answer it!

A colleague described Charles as being "supportive, challenging and amusing in equal measures". Whether responding to an email in limericks or encouraging a new lecturer, Charles enjoyed having fun at work but was always ready to listen and to support. He was very active in encouraging and facilitating clinical research at both staff and student level, and was an enthusiastic organiser and participant in the Erasmus exchange programme.

Charles had many hobbies and interests including pet cats, birds, fish, his garden and growing orchids. Appreciating music was fundamental to his being, and he was a skilled organist. Charles and Brenda loved mountain walking in the UK and France, seeking out fine wines and fine dining. They greatly appreciated their retirement gift of a meal at Raymond Blanc's Michelin-starred restaurant, which triggered a highly enjoyable period of exploring this level of cuisine.

Charles spent his last few years living with Lewy body dementia. This period of his life was increasingly a challenge and a struggle, but Charles continued to take pleasure in the company of those who loved him, listening to his huge library of classical music and taking trips out in his wheelchair.

He will be remembered with fondness and professional regard by generations of students and colleagues.

Elizabeth Hesketh, former SLT student, and Rachel David, former senior lecturer at Birmingham City University

"He was an educator in the broadest sense"

Around the world in 500 words

Visit www.rcslt.org/75years to download August's illustration by Elly Walton

Speech and language therapy in the UK owes a lot to our international predecessors.

Europe in particular produced people who formed the knowledge base upon which we built our practice. In the 19th century, these were predominantly men, reflecting the structure of society at the time. Paul Broca (1824–1880) from France, and Carl Wernicke (1848–1905) from Germany both identified areas of the brain vital for language. Manuel Garcia (1805–1906), a Spanish baritone and subsequently voice teacher and innovator, worked in France, inventing the laryngoscope in 1854 to observe the vocal cords directly. Theodor Billroth carried out the first laryngectomy in 1873, with Carl Gussenbauer creating artificial larynxes for his patients. Adolf Kussamaul published *Die Storungen Die Sprache* (Disorders of Speech) in 1877. Hermann Gutzmann (1865–1922) had a speech and language therapy service in Berlin by the beginning of the 1900s and published a number of books on 'dysphemia', or stuttering.

The final name of note in this small selection is Emil Froeschells (1884–1972) from Austro–Hungary. Following his medical qualification in 1907 he worked with children with speech problems and his Viennese clinic became world famous, offering informal education to interested people from around the world until, as a Jew, he and many others found it necessary to escape from Europe in the 1930s.

In the 20th century the USA became increasingly influential, leading the way on children's speech disorders through the work of Edward Scripture (1864–1945) and Sara Stinchfield (1885–1977), and in stammering therapy through Charles van Riper (1905–95, who also wrote fiction as Cully Gage). Judy Duchan hosts a website on US (and wider) speech and language therapy history for those interested (visit **bit.ly/2Za5D4C**).

The early British speech therapy registers indicate that a small number of therapists moved abroad, mainly (although not exclusively) to English-speaking countries, contributing to the development of the profession in Australia, New Zealand and Canada. Meanwhile the *Bulletin* and *Journal* indicated an interest in international developments over the years, with articles on Fiji, Ghana, India, Indonesia, Kenya, Nicaragua, Russia, Pakistan, Paraguay, St Lucia, Singapore, Sri Lanka, Tanzania and Uganda, as well as (other) English-speaking and European countries.

The profession formed national and international bodies to offer professional support. The International Association of Logopedics and Phoniatics (IALP), whose current President is Professor Pam Enderby, was formed in 1924, with early membership from Austria, Germany, the UK and the Netherlands. Today it represents national associations almost from A–to–Z: Australia to the USA (although disappointingly not Zambia or Zimbabwe) by way of Brazil, Egypt, the Philippines and Taiwan. More recently (1988), European colleagues formed the Comité Permanent de Liason des Orthophonists–Logopèdes de l'UE, more easily known by its acronym CPLOL. Both of these organisations run conferences bringing together a multitude of colleagues, languages and ideas.

Cultural competence is essential in any speech and language therapy service, and there is a growing body of literature from across the world on what works where. International communication, whether face–to–face or virtually (more necessary in recent times), can benefit our services by opening our eyes to different approaches and beliefs. ■

Jois Stansfield, emeritus professor, Manchester Metropolitan University

MY WORKING LIFE

Charlotte Mayne

OCCUPATION: MACMILLAN SPECIALIST PALLIATIVE CARE SLT

"Working in palliative care is undoubtedly sad at times"

I'm a Macmillan specialist palliative care SLT working in Northern Ireland, and an NHS employee. In my role I don't just see those people with a palliative cancer diagnosis—although people with head and neck, lung, oesophageal, brain, and metastatic cancer do make up around two thirds of my caseload—but also people with other palliative diagnoses, such as rapidly progressing motor neurone disease, and those with complex symptoms associated with other neurological and respiratory illnesses.

Like all SLTs, I support people with their communication and swallowing needs. My caseload, however, is made up of those with complex palliative needs (as opposed to those with more generalist ones) who are moving towards the end of their lives.

This means their symptoms are often complex and rapidly changing. Some have a tracheostomy, trismus, xerostomia, mucositis, or other complex circumstances that affect their eating and drinking. Some have complex communication needs requiring the use of alternative and augmentative communication (AAC). Some have aphasia due to brain malignancy. Some have complex coping reactions, such as denial. Others have complex family interactions, such as collusion, difficult anticipatory bereavement, distress associated with end-of-life oral intake and/or mouthcare, or require additional support for advanced care planning due to communication impairment.

The various complex symptoms mean patients often require input from more than one multidisciplinary team (MDT) member, be it other allied health professionals, or support from the palliative care specialist nurses and/or palliative consultant.

I work in a wonderful MDT, which includes an SLT who has worked in specialist palliative care for 15 years, as well as specialist palliative care dietitians, physiotherapists, occupational therapists, nurses, social workers, therapy assistants, counsellors, medical consultants and administration staff. The MDT approach means we are able to holistically meet our patients' needs by working together to consider whose skills will best serve them. Regular discussion at MDT meetings means we can be proactive in meeting their needs, striving for a good life and planning for a good death.

Working with people with complex palliative needs means supporting them and their loved ones to achieve meaningful goals. This can be in everyday life, such as ordering and drinking a coffee, or in special circumstances, such as working with them to write and record their father-of-the-bride speech using AAC.

I have had many conversations over the years with family members who feel their loved one had a 'bad death' and who therefore harbour feelings of regret or guilt in the bereavement phase. Palliative care endeavours to ensure this is not the case, so that those who matter most to our patients are cared for and supported both before and after their loved one's death.

Working in the specialist palliative care team also means I am involved in the trust-wide palliative care education programme. This means providing training and support to other SLTs, as well as across the wider MDT, on issues such as pain management, dysphagia and communication, advanced care planning, mouthcare and end-of-life care.

I love my job. No two days are the same because no two people have the same priorities, goals or circumstances. Working in palliative care is undoubtedly sad at times, and I know there will never come a time when I'll be used to losing those who have let me in to their lives at such a vulnerable stage. However, I often remind myself that it is a privilege to work in a role that allows me to be so person-centred, supporting those whose life is limited to achieve significant communication, eating and drinking goals, and to support people right to the end of their lives. ■

Charlotte Mayne, Macmillan specialist palliative care SLT
Email: Charlotte.Mayne@setrust.hscni.net

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Be more effective in involving individuals in sharing their views and making decisions. Register now for Talking Mats Online Training! Book by end of August for 30% discount, 50% for students. Discounted Digital Talking Mats, £30 including VAT for access until end Dec 2020. Email: info@talkingmats.com; visit: www.talkingmats.com; tel: 01786 479511.

Various dates

Elklan Total Training Package for 0-3s

7-10 September 2020 via web access, 2-4.30pm each day. 18-21 January 2021 via web access, 2-5pm each day. Equipping SLTs and EY advisors to provide accredited training to Early Years staff.
The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 per person. All prices are excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, online

Elklan Supporting Children and Adults using AAC – Accredited CPD

12 and 19 October 2020 via web access, 7-8pm each day. 9, 16 and 23 November 2020 via web access, 7-8pm each day. Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over 5 webinars with personal study between. Cost: £340 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Training Pack

13 and 21 October 2020 via web access 6-8.30pm each day. 4 March 2021 Holiday Inn Media City, Salford. 11June 2021 RCSLT, London. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk Together Training Pack

14 and 21 October 2020 via web access, 6-8.30pm each day. 4 March 2021 Holiday Inn Media City, Salford. 11 June 2021, RCSLT, London. Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD.
Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

15 and 21 October 2020 via web access 6-8.30pm each day. 4 March 2021 Holiday Inn Media City, Salford. 11 June 2021, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential.
Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.u

Various dates

Elklan Total Training Package for 0-25s with Complex Needs

9-12 November 2020 via web access 2-4.30pm each day. 9-10 June 2021, RCSLT, London. This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

9-12 November 2020 via web access 2-5pm each day. 1-2 March 2021 Holiday Inn Media City, Salford. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. The webinars will cover, Questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

1-2 March 2021 Holiday Inn Media City, Salford; 7-8 June 2021 RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

3-4 March 2021, Holiday Inn Media City, Salford; 7-8 June 2021, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

9-12 November 2020 via web access, 9.30-12.30pm each day. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 3-5's with optional TTP for 0-3s

3-4 March 2021, Holiday Inn Media City, Salford (3-5s) and 5 March (0-3s); 9-10 June 2021 RCSLT, London (3-5s) and 11 June (0-3s). Equipping SLTs and EY advisors to provide accredited training to Early Years staff. These will be delivered as face to face training unless circumstances change. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

11 September, online

Speech Assessment and Therapy

Presented by Dr Sean Pert of Manchester University. Cost: £99-120, students & returners £50. Visit: coursebeetle.co.uk/speech-assessment-sep-2020-online-2/; email: info@coursebeetle.co.uk

21 September, online

How to support children's language in the Early Years

Presented by Professor Julian Pine and colleagues from the ESRC LuCID Centre. Cost: £99-120, students & returners £50. Visit: coursebeetle.co.uk/early-years-lang-sep-2020-online/; email: info@coursebeetle.co.uk

24 September, online

Speech and Language Profiles in Children with Neurodevelopmental Conditions

A one-day course presented by the Neurodisability Speech and Language Therapy Team, Great Ormond Street Hospital. We welcome colleagues who have deferred bookings from our postponed study day (March 19 2020) and new registrations. Email: GOSHLanguage.StudyDay@gosh.nhs.uk; visit: courses.gosh.org/language_profiles_neurodevelopmental_conditions2020

2 October, online

Fundamentals of working with children and young people who have Social, Emotional and Mental Health Needs (SEMH) and SLCN

Presented by Melanie Cross, co-author of Language for Behavior and Emotions (in press). Cost: £99-£120, Students & returners £50; visit: coursebeetle.co.uk/semh-slcn-oct-2020-online/; email: info@coursebeetle.co.uk

2 October, online

Prolonged Disorder of Consciousness training: Translating the PDOC guidance into practice

Updating participants on the new 2020 National Clinical Guidelines for PDOC. Email: elica.ming-brown@nhs.net; tel: 020 8869 2808

5 October

A Multi-Disciplinary Approach to the Assessment and Management of Huntington's Disease

This one-day comprehensive and in-depth course will enrich your knowledge of HD, give a thorough overview of multiple aspects of assessment and management, and will provide you with practical ideas. The course is aimed at Allied Health Professionals, nurses, healthcare assistants, and doctors/GPs working in community or inpatient settings. Cost: £120; visit: www.rhn.org.uk/events/multi-disciplinary-assessment-and-management-of-huntingtons-disease/

13 October, online

Learning to the use the Therapy Outcome Measure (TOM)

One-day virtual training workshop with Prof Pam Enderby. Cost: £175 (check website for CTN member discount); visit: www.communitytherapy.org.uk

12-15 October, online

Elklan Total Training Package for Pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. 2-4.30pm daily. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14-15 October, RCSLT, London

Elklan Total Training Package for Vulnerable Young People (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

16 October, online

Understanding and supporting attachment difficulties and complex trauma

How they can affect children and young people's development, including their communication skills. Presented by Melanie Cross, co-author of Language for Behaviour and Emotions (in press). Cost: £99-£120, students & returners £50; visit: coursebeetle.co.uk/attachment-and-trauma-oct-2020-online/; email: info@coursebeetle.co.uk

9-12 November, online

Elklan Total Training Package for 3-5s

Via web access, 9.30-12.30pm each day. Equips SLTs and EY advisors to provide accredited training to Early Years staff. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

19-20 November, RCSLT, London

smiLE Therapy Training Day 1 & 2

For SLTs & Teachers. Innovative 10-step therapy. Teaching functional communication and social skills in REAL settings. Outcome measures and empowering parents integral to therapy. Visit: www.smiletherapytraining.com; email: info@smiletherapytraining.com

18-19 January 2021, Northampton

Dysphagia for Speech & Language Therapists

Lecturer: Professor Maggie-Lee Huckabee. Begin with a review of physiology in the context of innervation and muscular anatomy and focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. This seminar will provide an overview and update of information related to long term rehabilitation of disordered swallowing physiology; in particular, focus will be on exercises targeted toward improving pharyngeal motility. Cost: £300; CPD: 11.5 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

20-22 January 2021, Derby

Supporting 8-14s who stammer

Trainer: Kevin Fower. This workshop will increase knowledge and skills in assessing and treating primary school-aged children who stammer. The course will also aim to develop participants' confidence in the management of this age group. This course is appropriate for therapists working with children from 7 to 14 years old. Cost: £300; CPD: 19.5 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

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communication matters in the courts

Do you want to be part of an exciting and pioneering team with fantastic opportunities for progression?

Communicourt is the leading provider of intermediaries to the criminal and family courts across England and Wales and is expanding to offer a wider service for vulnerable people. We carry out detailed communication assessments and give practical advice to the courts about how a person's communication difficulties will impact on their ability to understand and participate in the justice system. We then suggest strategies that will assist and provide practical support for vulnerable people through the process.

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In return, you will receive excellent training and supervision, experiences to achieve your SLT competencies, and opportunities for rapid career progression in an expanding and forward-thinking organisation.

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Are you a Speech and Language Therapist?

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Cygnet Health Care is one of the UK's largest independent providers of mental health care, giving individuals the time and care they deserve.

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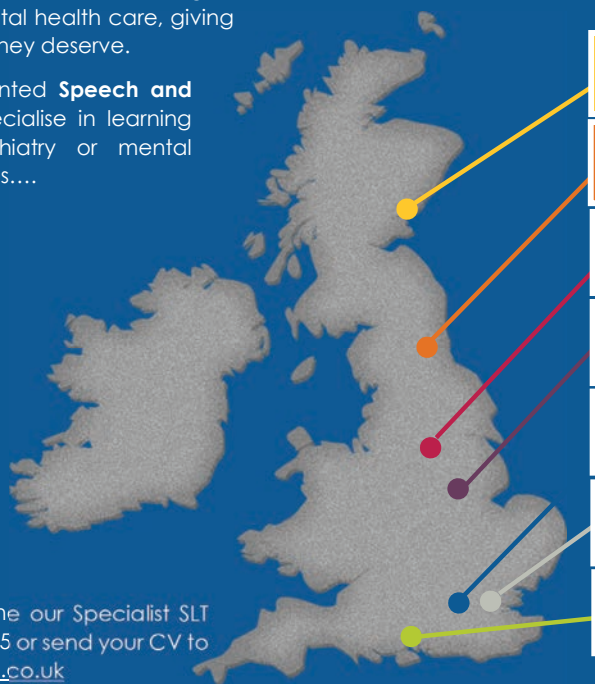

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- Highly Specialist SLT – Neuropsychiatry – Barnsley
- Newly Qualified SLT – ASD - Newark
- Highly Specialist SLT – ASD – Harrow, London
- Specialist SLT – LD/ASD – London and Leigh on Sea
- Specialist SLT – LD/ASD – Southampton

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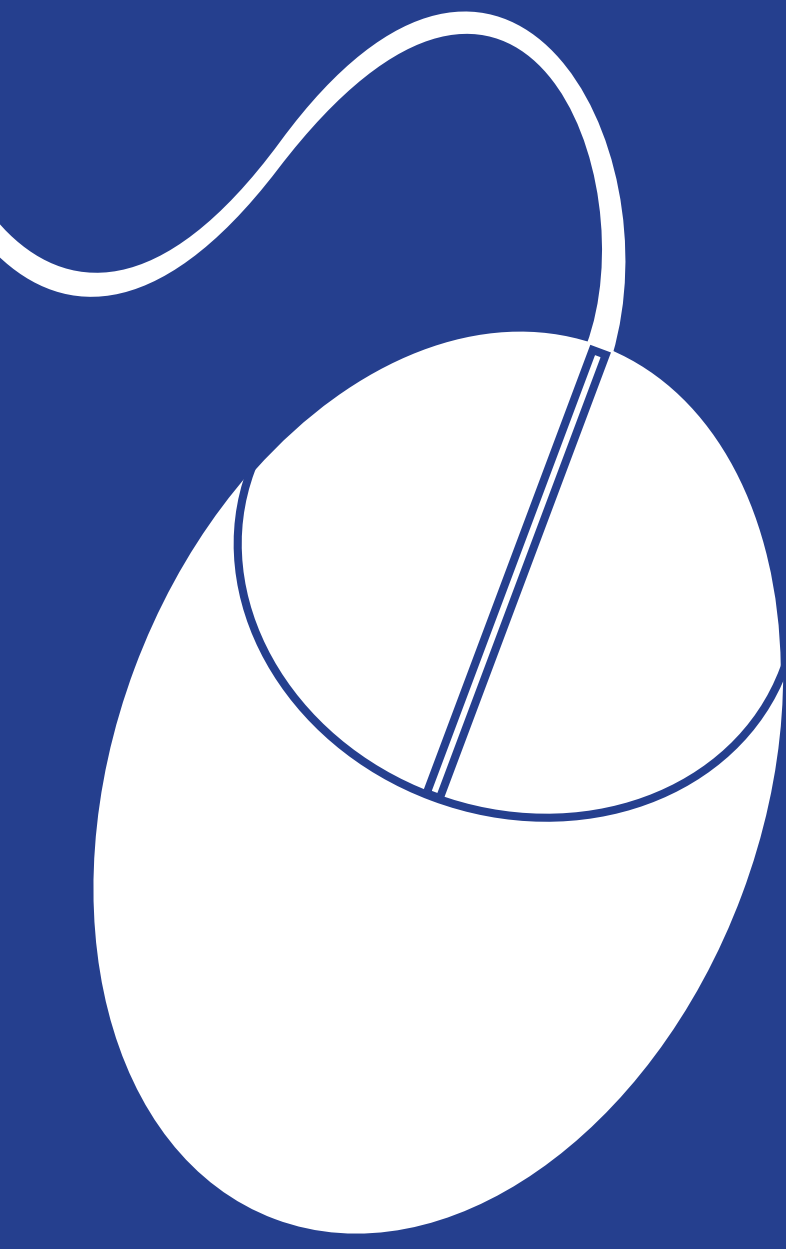

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