

ABSTRACTS

Abstracts from RCSLT Conference 2023: Embracing the future together

Storysharing[®]: Co-telling stories of personal experience

Author

Nicola Grove
UK—University of Kent

Brief outline of your submission

Storysharing[®] is an approach developed over 20 years of practice, research and collaboration with families, self-advocates, education, health and social care professionals. The intervention focuses on participation in co-told anecdotes of everyday life rather than fictional or life stories narrated independently or by others. Outcomes are positive and successful.

Abstract

Introduction: Sharing personal experiences is critical to human functioning. This is how we make and sustain friendships, understand what happens in our lives, build a sense of community, advocate for change and have fun together. However, people with severe or profound intellectual disabilities are commonly excluded from these interactions. Stories are told *about* them, and *for* them, but very seldom *with* them or *by* them. Conversations tend to be *transactional* (about immediate choices, or behaviour management); *factual* (e.g., about what is going to happen, with the aim of facilitating transition and choice making) or *phatic* (jokes, pleasantries, aiming to develop social closeness). Storysharing[®] (<https://storysharing.org.uk>) is an inclusive approach grounded in values of co-production, capability theory and the study of small stories in conversation (Bamberg & Georgapoulou, 2008). It draws on, and applies in practice, research findings on embodied memory, dialogical meaning and the neuroscience of emotional cognition. The intervention involves individual(s) with disabilities, their supporters (teacher, parent, care staff) and the peer group.

Aims: Storysharing aims to enable people to recall, own, share and respond to everyday experiences in the form of short co-told anecdotes. The wider aim is empowerment: to increase equality in conversation, decision-making and

community-building—as friends, activists and citizens. We do this by emphasizing active contributions to co-narration.

Evidence: Nine funded projects undertaken in residential homes, day services, special and mainstream schools have involved around 200 pupils, 150 adults and 400 staff members. Four projects were independently evaluated. Methods included interviews, observations and pre-/post-studies.

Main outcomes: Results indicate that effective implementation of Storysharing leads to increase in the breadth and level of communication skills; enriched and extended conversations with staff and peers; growth in confidence and expression of feelings. Some individuals increased their ability to cope with unpredictable or negative events. Staff increased their understanding of how to support active participation, and gained enhanced knowledge of the personal lives of those in their care.

Conclusions: Storytelling and narrative are immensely popular as a means of developing communication and advocacy. Storysharing remains unique in its focus on anecdotal, co-told, face-to-face contexts, enabling inclusion through the application of natural, intuitive communication strategies.

Implications and future directions: Adopting this programme means recognizing the significance of small everyday stories in the lives of children and adults with disabilities. To date, these are undervalued in educational, health and social provision. The programme is now run in collaboration with PAMIS (<https://pamis.org.uk>) and is constantly evolving in response to new demands and opportunities. Currently, we are developing peer advocacy partnerships, pairing up people who communicate verbally and non-verbally, to share stories for friendship and campaigning (Grove et al., 2022). Family workshops led by parents who are Storysharing Practitioners are underway. We are also planning to explore cultural issues in personal narratives, with families, self-advocates and professionals from diverse backgrounds and nationalities.

KEYWORDS

co-production, participation, storytelling

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RCSLT research priorities for learning disabilities: Announcing the priority questions for future research

Authors

Milly Heelan

UK—University of Reading

Katie Chadd

UK—University of Essex

Amit Kulkarni

UK—RCSLT

Juliet Goldbart

UK—Manchester Metropolitan University

Brief outline of your submission

This study builds on the RCSLT learning disabilities priority-setting project, using a co-produced protocol to translate research priorities generated by clinicians, service users and researchers into specific research questions. The study presents the research questions generated and the protocol which addresses a methodological gap in research priority-setting processes.

Abstract

Introduction: The Royal College of Speech and Language Therapists (RCSLT) previously published research priority areas relating to communication and swallowing for people with learning disabilities across the lifespan, using an adapted James Lind Alliance method (Chadd et al., 2022). However, the research areas were generated as topic areas and many of the areas remain unanswered. For them to be addressed, specific research questions are needed.

Aims: This study follows on from the RCSLT learning disabilities priority setting project by Chadd et al. and aims to co-produce and implement a protocol to map the evidence base and translate the original research priorities into researchable questions and projects.

Methods: The co-produced protocol was developed and piloted by a learning disabilities specialist speech and language therapist, a researcher and adults with learning disabilities. The RCSLT recruited expert researchers and speech and language therapists and assigned them a subgroup based on the topics presented in the long list priorities identified by Chadd et al., and their area of experience and expertise. Each subgroup screened the long list of priorities within their topic to identify the previously identified ‘Top 10’ priority areas and priorities most relevant clinically, politically or to the current research agenda. Subgroups each agreed three to four priorities to take forward and used their knowledge of the evidence base to provide an overview of relevant literature and to identify and define the specific knowledge gaps concerning the research priority areas. The subgroups used the best available research evidence, views from experts by experience and expert opinion to translate the priority areas into research questions, using common frameworks such as PICO. Where research questions could not be generated, subgroups provided a summary of research in the area.

Results: Research priorities from six topics were translated into 29 specific, answerable research questions. The RCSLT published a report, easy read report and a video of the findings which was sent to national research funders, key researchers, RCSLT members and experts by experience who were involved in the project.

Conclusions and new knowledge: A novel systematic, transparent and inclusive method was developed

to translate research priorities into specific research questions and projects. Researchers and funders can now be aware of the research priority questions. The research priority questions need to promote funding into areas that matter most to those receiving the care and clinicians who face daily practical decisions about what care to provide.

Implications: Researchers and funders working in the field of learning disabilities research need to use these research questions to address these priority areas and ultimately improve outcomes for individuals with learning disabilities and their families and carers.

Service-user involvement: Experts by experience, including people with learning disabilities were involved from the design of the study through to dissemination. Speech and language therapists adapted resources, settings and methods to involve people with learning disabilities. Subgroups reported on involvement using the GRIPP-2 reporting tool (Staniszewska et al., 2017).

KEYWORDS

LD, research priorities

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Computerized objective evaluation of voice with trans and non-binary people

Authors

Sean Pert

UK—The University of Manchester

Ellissia Porter

UK—Indigo Gender Service

Brief outline of your submission

Computerized evaluation of voice is a powerful tool for analysing aspects of voice including pitch, loudness and screening for voice disorder. Trans and non-

binary people may benefit from objective evaluation of voice prior to therapy, and the use of graphical visual feedback during therapy to achieve their authentic voice.

Abstract

Many trans and gender-diverse people choose to engage in voice and communication therapy (VCT) as part of their transition (LGBT Foundation, 2018). At the initial appointment, service users are screened for voice disorder. Subjective voice evaluation including the Grade Roughness Breathiness Asthenia Strain (GRBAS) rating scale may be used (Hirano, 1981). The presence, or suspected presence, of a voice disorder calls for a referral to the ear, nose and throat service (ENT) prior to commencing VCT, as therapy may place significant demands on the voice. Voice disorders may be pre-existing, or occur as a result of vocal changes attempted prior to seeking professional advice. The inclusion of a quick, non-invasive and objective assessment for jitter and shimmer: cepstral analysis, has proved effective in identifying possible voice disorders (Murray, 2022), complementing subjective measures. Routine computerized analysis, including cepstral peak prominence-smoothed (CPPS) analysis is an effective, objective screening tool for voice disorder in trans and gender diverse people seeking VCT. VCT is a form of speech and language therapy which involves exploring voice production as well as other aspects of communication, such as language usage and facial expression. Psychosocial aspects such as addressing stereotyping and societal expectations of voice are explored. Not all trans people opt to change their voice, and those service users who do are encouraged to explore authentic voice (Mills & Stoneham, 2021). This ensures an ongoing exploration of voice and identity, with the speech and language therapist (SLTs) and service user working in partnership. This approach provides clinical shared space for *all* service users, including non-binary people, and neurodivergent individuals who may use aspects of voice and communication (such as intonation and eye contact) in different ways to their neurotypical peers. Voice recordings may be made and analysed objectively by SLTs using freely available software (Curtis, 2023). Praat (Boersma & Weenink, 2023) is a phonetics application which provides an almost instantaneous and accurate analysis of frequency and intensity. More recently, the value of CPPS analysis in identifying jitter and shimmer characteristics of voice disorder has been demonstrated (Heller et al., 2022; Murton et al., 2020; Saunder et al., 2017). Plug-ins for Praat allow clinicians to carry out CPPS calculations at the click of a button (Murray, 2022), and compare them with threshold data (Murton et al., 2020) to identify voice disorder. Routine use of CPPS has enhanced referrals to ENT and voice disorder

specialists. In addition, Praat provides graphs of frequency range, intonation patterns and loudness which act as models and visual feedback for service users undertaking VCT. Pitch manipulation of the service user's speech recordings can even provide a model of the target vocal range. Service users reported better understanding and control of pitch, intonation and loudness when using these feedback methods than from commentary alone. Although not always suitable for home practice, the use of Praat to demonstrate vocal techniques can encourage service users to adopt apps on mobile devices and have more confidence in their understanding of vocal goals.

KEYWORDS

computerized voice evaluation

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The Unspoken Voices Project: How can augmentative and alternative communication (AAC) support people with communication disability towards greater participation in activities of daily life?

Authors

Katherine Broomfield
UK—University of Gloucestershire; Bristol Speech and Language Therapy Research Unit

Karen Sage
UK—Manchester Metropolitan University

Deborah James
UK—Manchester Metropolitan University

Simon Judge
UK—Barnsley Assistive Technology Team

Georgina Jones
UK—Leeds Beckett University

Brief outline of your submission

The Unspoken Voices project is concerned with understanding more about the experiences of people who use augmentative and alternative communication (AAC) to inform the development of a patient-reported outcome measure (PROM). The results can be used to inform praxis in the field of communication disability research and the use of clinical resources.

Abstract

Background: People who experience communication disability can use augmentative and alternative communication (AAC) strategies to enable them to participate in daily life (Beukelman & Light, 2020). The NHS funds services that assess, make devices available to and support people who may benefit from AAC devices. Current NHS strategy is promoting person-centred care and shared decision-making (NHS, 2019). People who may benefit from AAC are frequently not included in decision-making about AAC devices or the support they receive with their AAC (Lynch et al., 2019), and it is not clear what outcomes are important to them (Baxter et al., 2012). Patient-report outcome measures (PROMs) can be useful to support clinician–person communication and facilitate shared decision-making (Calvert et al., 2019). There are currently no PROMs for this group and no clearly defined quality-of-life parameters (Broomfield et al., 2019; Broomfield, Harrop, et al., 2022). The Unspoken Voices project was concerned with understanding more about the experiences of using AAC to develop the content for a PROM.

Aims: This project aimed to understand more about the factors that influence people's engagement with AAC devices and services, and what outcomes are important following receipt of AAC devices. The objective was to

inform the development of a PROM that can be used to reorient AAC services towards individual's priorities and therefore facilitate person-centred care.

Methods: We adopted a collaborative research approach consisting of a multidisciplinary research team, an active public involvement group of people who use AAC and their family and carers, and a qualitative methodology that oriented the project towards principles of person-centredness. Two systematic reviews and two phases of qualitative data collection were carried out. A theoretical perspective was developed during the project which was informed by John Shotter's theory of dialogue (Broomfield, Sage, et al., 2022). This theoretical perspective informed the development of a novel method for qualitative data analysis that added depth and authenticity to the results.

Results: Our collaborative research approach resulted in the iterative evolution of the research project. A conceptual framework was generated to inform the further development of a PROM for AAC. Constructs that represent areas of significance and 33 items that reflect important outcomes to people who use AAC were identified. Applying principles of person-centred research supported the co-production of the content for a PROM and the co-creation of meaning-making in relation to the concepts and items developed. A theoretical framework was also established that can extend practice and will support the implementation of a PROM.

Conclusions: Collaborative research practices resulted in an authentic and person-centred PROM development research project. We generated multidimensional concepts in a framework that reflects the influence of context and time on outcome items. The results reflect the complexity of communication using AAC and the changeable nature of experience. PROMs can support mutuality in clinical interactions and can enable conversations that attribute individual meaning and relevance to PROM concepts and items. Person-centred, collaborative research is essential to developing clinical tools to record person-centred outcomes.

KEYWORDS

AAC, person-centredness, PROMs

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Addressing vacancy rates by supporting the SLT workforce: A dysphagia competencies project delivered through a Lancashire & South Cumbria ICS-wide collaboration

Author

Helen Vernon

UK—University Hospitals of Morecambe Bay

Brief outline of your submission

Our allied health professional (AHP) workforce strategy for Lancashire and South Cumbria highlighted significant issues in recruiting Band 6 speech and language therapists (SLTs), leading to a need for a regional response to support junior SLTs with dysphagia competencies. Regionally, a post was created to enable direct support to speech and language therapy services.

Abstract

Introduction and rationale: A report by the Royal College of Speech and Language Therapists (RCSLT) identified a 23% vacancy rate in adult speech and language therapy (SLT) services. The Lancashire and South Cumbria (L&SC) region highlighted significant challenges in recruiting Band 6 speech and language therapists (SLTs), resulting in an increase in Band 5 recruitment. A clinical workforce development lead post was created with a specific remit in supporting SLT services and SLTs needing to complete their dysphagia competencies for their role.

Aims of the project: The aims of the project were (1) to scope current provision for supporting the completion of dysphagia competencies within the five Trusts within L&SC; (2) to support adult SLT services with staff completion of RCSLT dysphagia competencies; and (3) to enable high-quality dysphagia experience for SLTs new to adult dysphagia.

Methods: The project began with a scoping exercise to understand how each trust supported and delivered dysphagia competencies and what external support was available in L&SC. The project team then approached colleagues already supporting dysphagia competencies to identify what support was needed. Direct and indirect support was tailored to each individual's needs and included mapping of current experience onto the RCSLT dysphagia competencies, peer supervision sessions, case studies, direct clinical sessions on acute sites, group teaching sessions and one-to-one shadowing sessions. A digital passport enabled the clinical workforce development lead to work on any acute hospital site in L&SC.

Results: To date, the clinical workforce development lead has supported 13 SLTs with their dysphagia competencies from September 2022. Weekly supervision sessions have been available at different hospital sites, often in a peer setting, offering a rich learning experience. We have worked with the University of Manchester to utilize their dysphagia module which includes anatomy and physiology knowledge and practical activities, mapped against the RCSLT competencies to ensure a robust knowledge of dysphagia. Feedback from SLT colleagues has been overwhelmingly positive. Limitations include the fact this was one post for many staff, and more support is generally always welcomed.

Conclusions: This project involving the creation of an innovative clinical workforce development lead role has enabled a greater insight into how SLT services are delivered across L&SC. It promoted shared learning and some consistency of approach in the clinical area of dysphagia. Learning from the pandemic allowed a digital passport to be utilized effectively, enabling additional supervised sessions in a peer format, on different hospital sites. This has led to a strong community of practice amongst those SLTs

being supported with resources, research and information shared widely.

Impact: The project has significant implications for SLT services in L&SC. It has enabled SLTs to receive consistent support and shared learning, which was not previously achievable in the current under-resourced SLT services. This should enable improved dysphagia management and improved patient care, and warrants further evaluation. The use of a digital passport has also provided opportunities for remote and peer learning, which could be utilized in other areas of healthcare training.

KEYWORDS

digital passport, dysphagia

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An Innovative First-Contact Practitioner Pilot of Speech and Language Therapy for Children in Primary Care

Authors

Sarah Chalker-Beh
Afghanistan—*CSH Surrey*

Ciara Tilley
UK—*NHS Frimley*

Dr Mark Pugsley
UK—*Surrey Heath Community Providers Ltd*

Edmund Cartwright
UK—*Surrey Heath Community Providers Ltd*

Emma Pagnamenta
UK—*University of Reading*

Rebecca Tyrrell
UK—*NHS England South East*

Brief outline of your submission

This pilot aspired to situate a speech and language therapist as a first-contact practitioner in primary care to deliver an integrated clinical pathway to promote general practitioner awareness, early intervention through advice and support to facilitate the best utilization of specialist services and reduce waiting times for children with the highest level of need.

Abstract

Speech and language difficulties are one of the most common developmental issues seen in children.

Approximately 10% of children have long-term speech, language and communication needs (SLCN) (Law et al., 2011). In areas of deprivation, up to 50% of children can start school with SLCN (Locke et al., 2002). Language delay that persists until school entry can have adverse effects on literacy, behaviour, social development and mental health into adulthood (Hammer et al., 2017, Kaiser et al., 2011). Early identification of children at risk for developmental delay or related problems can result in targeted early intervention when chances for improvement are best (Del Tufo, 2019). This innovative SLT as a first-contact practitioner pilot was a collaborative initiative between the local SLT community service, primary care and supported by the Integrated Care System (ICS), University of Reading and the RCSLT. It aimed to:

- Provide education to primary care colleagues, increase knowledge and awareness of identification and management of SLCN in children.
- Deliver early intervention to offer timely support.
- Triage referrals to the most appropriate services.
- Improve the quality of referrals from general practice (GP) to community SLT.

Quantitative and qualitative data were collected and analysed from a range of stakeholders including parents/carers, GPs, health and education professionals. This included activity data, waiting times, questionnaires (including rating scales and open-ended questions) and confidence measures. Parents/carers rated the service 4.87/5 (excellent). During the 12-month project, 72 children (50 boys, 22 girls) were referred to the first-contact SLT, a 123.5% increase from the previous 12 months. A total of 43% of children were referred from a practice classified as within an area of deprivation. A total of 23.6% of children were from non-White backgrounds, higher than the local population of 9.3%. The majority of children were between 2 and 4 years old (range = 9 months to 12 years). A total of 96.6% children were seen within 3 weeks of referral. A total of 89% of the families referred engaged with the service. A total of 39 children required onwards referrals, 14 children presented with mild difficulties across a range of SLCN such as attention, listening, social communication, receptive/expressive language and speech sounds. A total of 13 were within normal limits.

The number/range of SLCN identified suggests families are accessing services in primary care as their first point of contact. The identification of significantly more children, and targeted early intervention for those living in areas of high deprivation evidences the need for placing SLT services in primary care. Improved access to SLT in primary care addresses challenges faced with ensuring equitable and timely access to services for all families. This

collaborative, integrated way of working resulted in better utilization of services and a streamlined patient-centred approach. Timely intervention and early identification were a positive outcome that will impact children's ability to improve educational outcomes. The engagement of parent/carers in supporting their child's SLCN with appropriate support facilitates better engagement and self-management. One limitation to the sustainability of this project is ongoing funding to continue the service. The low return rate of questionnaires from GPs is a further limitation in evidencing the impact of the pilot.

KEYWORDS

innovative clinical service

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The United Nations' Sustainable Development Goals: Speech and Language Therapists, and Communication for All

Authors

Julie Marshall

UK—Manchester Metropolitan University

Sharynne McLeod

Australia—Charles Sturt University

Brief outline of your submission

Communication for all is essential for the achievement of the United Nations' 17 Sustainable Development Goals

(SDGs) that focus on people *and* the planet. We will share learning from 36 papers and 36 countries published in a free special edition of the *International Journal of Speech–Language Pathology* focused on the SDGs.

Abstract

Introduction: The 17 United Nations' Sustainable Development Goals (SDGs) were issued in 2015. They aim to support the achievement of 'peace and prosperity for people and the planet' (United Nations, 2015). Between them, they cover key aspects related to the future of our planet. These include aspects that many speech and language therapists will recognize to be relevant to their work, such as good health and well-being (SDG 3) and Quality education (SDG 4). In addition to these familiar goals, the SDGs also cover aspects that speech and language therapists may not so readily associate with their work, such as No poverty (SDG 1), Zero hunger (SDG 2), Clean water and sanitation (SDG 6), Industry, innovation and infrastructure (SDG 9), Responsible consumption and production (SDG 12), and Life below water (SDG 14). Communication for all is essential for the achievement of SDGs.

Aims: This presentation will describe the breadth of research and reflection on the relationship between communication, swallowing and the SDGs. This work strengthens evidence demonstrating how communication is central to life and well-being. It also demonstrates the 'reach' of speech and language therapy. We will show how this work can be used to advocate for improved services for those who experience communication and swallowing disabilities.

Methods: The guest editors of the *International Journal of Speech–Language Pathology* invited contributions to a special edition focused on the SDGs and communication and/or swallowing disability. Between the 36 papers that were finally accepted, authors were working or carrying out their research in 36 countries. These included low-, middle- and high-income countries. All the SDGs were addressed.

Results: This research highlights how communication and swallowing (dis)ability, and thus speech and language therapists and related professionals, have roles to play and are affected by each of the 17 SDGs. They demonstrated the significance of communication to the SDGs and also supports a growing call for an 18th SDG: 'Communication for all'.

Conclusions: The achievement of all SDGs is the role of everyone, including speech and language therapists. Furthermore, evidence about the role of communication and swallowing to the achievement of the SDGs can be used to argue for services and strengthens the call for 'Communication for All'.

Contribution to new knowledge: This is the first large-scale work undertaken to consider all 17 SDGs and their relationship with communication, swallowing and communication professionals across the world.

Implications for practice/policy/service: Participants will understand how evidence about the importance of communication and swallowing to the achievement of *all* SDGs could be used to advocate for services for people who experience communication and/or swallowing disabilities.

Brief description of any service-user engagement/involvement in the study: The papers selected for the special edition represent all SDGs, a wide range of countries (prioritizing low- and middle-income countries, small island states), people with lived experience of communication/swallowing disability and professionals from a wide range of disciplines (e.g., speech and language therapy, audiology, engineering, education, health, law, community-based rehabilitation).

KEYWORDS

communication, SDGs, swallowing

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Integrating the Cochrane ‘Involving People’ guidance into the systematic review process: Learnings from a diverse steering group

Authors

Lucy Rodgers

UK—City University of London and Sussex Community NHS Foundation Trust

Dave Harford

UK—Expert by Experience

Emma Baker

UK—Sheffield Children’s NHS Foundation Trust

Laura Temple

UK—Brighton and Hove Early Language Support Team

Meriem Amer-El-Khedoud

UK—City University of London and Barts Health NHS Trust

Natalie Abdo

UK—Sussex Community NHS Foundation Trust

Patrycja Salimi-Tabar

UK—Brighton and Hove Ethnic Minority Achievement Service (EMAS)

Sophie Franks

UK—Expert by Experience

Brief outline of your submission

We outline how a diverse range of key stakeholders (both professionals and people with lived experience) were meaningfully included in a systematic review, which was guided by the new Cochrane ‘Involving People’ resource. We highlight what we all learnt together, and potential implications for future intervention reporting.

Abstract

Introduction: This work is part of a Wellcome trust funded four-phase intervention development project that aims to identify the content, format and process of delivery of an intervention for pre-school children with co-occurring features of speech sound disorder (SSD) and developmental language disorder (DLD). It is being overseen by an expert steering group consisting of a parent of a child with DLD/SSD, an adult with DLD, three NHS speech and language therapists (inclusive of a clinical equality, diversity and inclusion expert), a specialist early years teacher and a bi/multilingual educational family support worker from the Brighton Ethnic Minority Achievement Service (EMAS). The aim of the first phase is to conduct a

systematic review to identify potentially relevant intervention techniques.

Aims: Our aim is to ensure that a diverse range of opinions and recommendations are integrated into the process of conducting this systematic review. This is essential to ensure that the review has direct relevance to clinical practice, with consideration of families from diverse backgrounds.

Methods: The Cochrane ‘Involving People’ learning resource (Pollock et al., n.d.) was used to identify opportunities in the systematic review process to involve key stakeholders. Following this, the lead researcher conducted a one-to-one discussion with each group member to generate initial ideas. These ideas were then expanded on through discussion and brainstorming within whole group meetings. These meetings were conducted according to the principles of the UK standards for public involvement (NIHR et al., 2019), and an impact log was used to record steering group influences on the systematic review process.

Results: The effect of steering group involvement is demonstrated within the impact log; to date, 18 alterations or additions have been made to the systematic review process. These additions include the identification of outcomes, identifying what data to extract, and interpreting the data based on ‘real life’ experiences. This study is currently ongoing. However, here we provide an example from the data extraction process. Preliminary results highlight a discrepancy between what is important to clinicians and people with lived experience and what is reported in the literature. Examples include the following:

- Limited information regarding how the choice of intervention was discussed and agreed with the child’s family.
- For bi/multilingual families: limited detail regarding how the child’s home language was assessed and rationale for the language the intervention was in.
- Limited information regarding the child’s perspective of the intervention (i.e., was it ‘fun?’).

Conclusions and implications: We provide an example of why the Cochrane ‘Involving People’ resource would be of benefit to future researchers seeking to undertake a systematic review. In the case of our review, our work together has shone a light on major discrepancies between what is important to key stakeholders and what is reported within intervention studies. One limitation is that we cannot assume that this is generalizable across all SLT intervention research contexts. However, these findings do provide a basis for stimulating critical discussion regarding what we prioritize and report on within intervention research across our profession.

KEYWORDS

co-production, systematic review

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Do We Practice What We Preach? A critical examination of the experiences of neurodivergent students studying speech and language therapy

Authors

Abigail D'Souza
UK—University of Reading
Vishnu K. K. Nair
UK—University of Reading

Brief outline of your submission

This research involved interviewing students primarily studying speech and language therapy courses who had been identified as neurodivergent. The paper examines their lived experiences and centres their voices with the aim to unpick the way neurodivergent students experience higher education and begin to access the field of speech and language therapy.

Abstract

This paper examines the lived experiences and material realities of neurodivergent students studying speech and language therapy (SLT) in the UK. Whilst majority of the paper examines the experiences of undergraduate SLT students, it also includes the voices of a student enrolled in a psychological well-being practitioner training postgraduate programme. Therefore, this paper situates the experiences of neurodivergent students within the wider SLT higher education (HE) spaces. This paper seeks to challenge and unsettle the notion of 'inclusion' by critically examining whether the lived experience, embodied knowledges of the neurodivergent students are valued in SLT HE. Moreover, it further examines how neurotypically framed understandings of neurodivergence and learning spaces are decentering the knowledges and

experiences of the neurodivergent students during their clinical training. The hidden ideologies permeating SLT training and practices were examined through conversational interviews with five students. The interviews were analysed utilizing the concept of 'centering body as a site of knowledge production' (Moraga & Anzaldúa, 1983). This analysis is rooted within the critical theoretical tradition of Latin American feminist scholarship (Delgado Bernal et al., 2012). Taking an anti-positivist stance, the current research utilized and viewed the idea of 'theory emerging from flesh' (Cervantes-Soon, 2014) or lived experience of the marginalized bodies as legitimate knowledge for political action and transformation. Within this framework, the participant interviews were treated as 'testimonios' (Delgado Bernal et al., 2012) providing a rich source of knowledge regarding their own experience with institutionalized oppression, ableism and marginalization. Five main themes were emerged from the conversation: crip body and mind as the other body; crip body at the intersection of race, gender and neurodivergence; crip mind and body as tools of conformity; epistemic exclusion of knowledge located within the crip body; and standards of competency as a tool of control and dis-othering. Despite these multiple intersecting marginalization(s), this paper argues that neurodivergent students 'can cope. But like, maybe cope just maybe not thriving' within a clinical and academic world which is deeply steeped in ableist rhetoric's and the use of the medical model to pathologize and assign other ways of thinking and being as inferior.

KEYWORDS

neurodivergent clinical students

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Paediatric Eating and Swallowing Project: Transforming care for patients with PFD in Alberta, Canada

Authors

Sharron Spicer

Canada—Alberta Health Services

Julie Evans

Canada—Alberta Health Services

Louise Mills

Canada—Alberta Health Services

Brief outline of your submission

Paediatric Eating and Swallowing (PEAS) is a quality improvement project to standardize and improve care for children with paediatric feeding disorder (PFD) in Alberta, Canada. By engaging our stakeholders to identify meaningful interventions and using a methodical implementation and evaluation strategy, PEAS has measurably improved care in five of six dimensions of quality.

Abstract

Problem statement: Paediatric feeding disorder (PFD) is highly prevalent and frequently co-occurs with other medical and developmental conditions. A total of 35% of typically developing children and 80% of developmentally vulnerable children have eating, feeding and swallowing difficulties. These challenges are associated with significant health risks, increased use of medical services, caregiver and family stress and personal and public expense. The Paediatric Eating and Swallowing (PEAS) Project is a quality improvement initiative to develop and implement a provincial clinical pathway to standardize and improve care of this complex population.

Methods: World Cafés¹ were conducted across Alberta, Canada, with stakeholders to identify barriers and facilitators of care for children with PFD. Over 180 service providers and families identified common themes; subsequently categorized using the Theoretical Domains Framework² and mapped onto the Behaviour Change Wheel³ to identify and prioritize 20 intervention strategies to improve care. An Evaluation Working Group engaged in a longitudinal study to assess the impact of the 20 interventions on child health outcomes across the six Dimensions of Quality⁴: accessibility, acceptability, effectiveness, efficiency, safety and appropriateness. To implement the interventions, PEAS used the Institute for Healthcare Improvement (IHI) Learning Collaborative Methodology⁵ combined with balanced scorecards measuring key performance indicators (KPIs) in 14 outpatient teams across Alberta.

Results: Over a period of 5 years, PEAS successfully developed and implemented the majority of the interventions

that were initially identified. Using the Learning Collaborative Methodology and Balanced Scorecards, PEAS showed significant improvement in five of six dimensions of quality provincially and maintained a high level of quality in the remaining dimension (acceptability). Improvements include decreased emergency room visits and hospitalizations due to feeding/swallowing issues, increased proportion of families receiving a Feeding Care Plan, more timely access to services and provincially standardized services. One key intervention was the implementation of an online clinical pathway (<https://peas.ahs.ca>) for families and healthcare providers. This website had even greater relevancy as we shifted to virtual care provision during COVID and has been accessed from over 120 countries! Key resources accessed include the Clinical Practice Guide, information about government benefits (e.g., equipment and formula funding for enteral feeding), education materials for families, PEAS webinars for professional development and the Feeding Matters Infant and Child Feeding Questionnaire⁶.

PEAS hosted four Innovation Learning Collaborative workshops for providers and teams across Alberta. PEAS has consistently measured KPIs as well as our final evaluation results, including baseline and follow-up quality of life results measurement using the Feeding/Swallowing Impact Survey (FS-IS)⁷. PEAS is currently focused on sustainability planning, including continuous quality improvement and a provincial Community of Practice for clinicians involved in supporting patients and families with PFD within Alberta.

Conclusions: The PEAS project has taken a comprehensive approach to improving care for children with PFD and has received two provincial awards in innovation and patient care. From the outset, PEAS has focused on an active collaborative approach with families and healthcare providers resulting in an innovative and valuable clinical pathway that targets the needs of clients in every corner of the province.

KEYWORDS

PFD, QI, transformation

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The voices of underrepresented speech and language therapists in research: A transformative scoping review

Authors

Mélanie Gréaux

UK—University of Cambridge

Katie Chadd

UK—University of Essex

Fatima Gheewala

UK—Adult Managed Care

Voon K. Pang

New Zealand—Skill Builders Speech Language Therapy

Napoleon Katsos

UK—University of Cambridge

Jenny Gibson

UK—University of Cambridge

Brief outline of your submission

Using research to amplify the voices of underrepresented speech and language therapists (SLTs) can be an empowering mechanism to stimulate change and diversity in the profession. Through the lens of the transformative paradigm, we present the findings of a scoping review on the characteristics of studies that included underrepresented speech and language therapy participants.

Abstract

There are initiatives to promote diversity and inclusion at many levels of the speech and language therapy pro-

fession, as found in the diversification of its workforce (Attrill et al., 2017; Guiberson & Vigil, 2021), in speech and language therapy (SLT) curriculum and education (Hammond et al., 2009) or service delivery models (Verdon et al., 2016). SLT researchers have also started to bring attention to the ways in which diversity and inclusion can be addressed in research (Azul & Zimman, 2022; Roper & Skeat, 2022; Watermeyer & Neille, 2022). No study to date has attempted to explore how research has been used as a platform to seek and amplify the voices of underrepresented speech and language therapists (SLTs). A better understanding of this will be a valuable complement to these efforts. A scoping review was conducted to identify the research characteristics in studies that included underrepresented SLT participants. We aimed to better understand the knowledge generated, the research processes that were used, and the extent to which they could enable the empowerment of participants. This review was grounded in the transformative research paradigm (Mertens, 2021), which recognizes that research is a dynamic process that fundamentally engages with issues of social justice, and has the potential to challenge the status quo. The scoping review framework by Arksey and O'Malley (2005) was followed. A systematic search strategy was run in six databases. Inclusion and exclusion criteria were set to identify the relevant studies, and a 20% random sample was double-blind reviewed. Consultation and co-production with SLTs were facilitated: we hosted a 2-week online consultation on the protocol, and an RCSLT minor grant enabled the recruitment of three minoritized SLTs as co-researchers on this review. The transformative checklist by Sweetman et al. (2010) was used to analyse the studies, and reflexive diaries were completed by the authors (Nadin & Cassell, 2006). From 16,962 papers retrieved, 20 studies were included. Bilingual SLTs ($n = 8$) and male SLTs ($n = 3$) were among the most commonly included underrepresented SLTs. Few studies engaged with SLTs with disabilities ($n = 2$) or with ethnic minority backgrounds ($n = 2$). Most studies were conducted in the USA ($n = 16$). Analysing these studies through the transformative checklist revealed areas of strengths in current research, and opportunities for future research. Most studies referenced a problem faced by marginalized communities ($n = 19$) and worked towards social change ($n = 18$). However, the authors' plans to achieve the desired change were often unclear, and the active engagement of participants was demonstrated in only five studies ($n = 5$). This is the first review to date showing the research characteristics of studies that included underrepresented SLT participants. Research giving visibility, voice and agency to the marginalized members of our community can shape the evidence-base and inform tomorrow's SLT practices, hence becoming an empowering mechanism to stimulate

change. We acknowledge this review's limitations, such as the sole focus on study participants (and not researchers). This review can inform progress towards the vision of the RCSLT strategy 2022–27 (Royal College of Speech and Language Therapists, 2022).

KEYWORDS

diversity, review, transformative

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Predictors of Aspiration Pneumonia: Developing a New Matrix for Speech and Language Therapists

Authors

Laura Ball

UK—Royal Devon University Hospitals Foundation Trust

Lotte Meteyard

UK—University of Reading

Roy J Powell

UK—University of Exeter

Brief outline of your submission

The development and proposal of a new matrix of predictors of aspiration pneumonia for individuals with an oropharyngeal dysphagia who are likely to aspirate food and drink, which has respective scoring weights for single and cumulative contributors to enable joint decision-making with individuals, their friends, families and multidisciplinary teams.

Abstract

Introduction and aims: The predictors of *aspiration pneumonia* have been well-documented (Ashford, 2005; Langmore et al., 1998; Mandell & Niederman, 2019; Marik, 2001; O'Keefe et al., 2021). However, the weight associated with each risk factor (Palmer & Padilla, 2022) and the relationship between factors (Hibberd et al., 2013) are yet to be established. In this retrospective cohort study, 20 potential predictors of aspiration pneumonia have been applied to historic speech and language therapy records to better understand the significance of each factor in predicting the likelihood of developing an aspiration pneumonia for individuals with an oropharyngeal dysphagia who are known to aspirate their food and drink (seen on videofluoroscopy) and to establish the weighting and interaction between factors.

Method and results: The data set included 152 inpatients and outpatients (22–96 years old; 34% female and 66% male) with various medical diagnoses including stroke, traumatic brain injury, neurological oncology diagnoses, progressive neurological diseases, head and neck cancer, spinal cord injury, respiratory and gastroenterological diagnoses, and adults with learning disabilities. Of the 152 individuals, 51.32% ($n = 78$) did not develop an aspiration



pneumonia and 48.68% ($n = 74$) did. Logistic regression analysis found seven significant predictors of aspiration pneumonia with 84.93% sensitivity and 91.03% specificity. Random forest analysis assessed variables and their importance for developing an aspiration pneumonia, providing weightings in a classification model. Using this data, we were able to propose a new matrix of predictors of aspiration pneumonia for individuals with an oropharyngeal dysphagia who are likely to aspirate food and drink:

Oropharyngeal swallow anatomy and physiology:

- Insensate larynx: 12
- Vocal cord palsy: 10
- Weak or no cough: 10
- Swallow disuse atrophy: 6
- Swallow fatigue effect: 5

Nutrition and hydration:

- Thickened fluids: 3
- Alternative nutrition and hydration in situ, i.e., NGT or PEG/RIG: 2

Presentation, medical history and activity status:

Transient:

- Current sepsis or delirium: 14
- Poor oral hygiene: 2
- Uncontrolled reflux: 1

Transient or static:

- Reduced mobility or ambulation: 7
- Positioning: Unable to sit upright kyphosis: 1
- Assistance with eating and drinking: 1
- Cognition: 4
- Immunocompromised: 10
- High/low BMI: 2

Static:

- Recurrent chest infections: 14
- Gastro-oesophageal component, i.e., oesophageal dysmotility, hiatus hernia: 2
- Respiratory disease, i.e., COPD, asthma: 2
- 12 and over = Very high risk of developing an aspiration pneumonia
- 8–11 = High risk of developing an aspiration pneumonia
- 4–7 = Medium risk of developing an aspiration pneumonia

- 0–3 = Low risk of developing an aspiration pneumonia

Conclusions and implications: The next step is to research the application of the matrix:

- Verify scoring and confirm sensitivity and specificity of predicting aspiration pneumonia.
- Assess the matrix as an aid in clinical decision-making with a particular focus on timing, intensity and type of intervention.
- Assess the matrix as a tool for supporting decision-making regarding eating and drinking.

Hopefully, the matrix, at least, can support the transparency of the understanding of Speech and Language Therapy clinical decision-making with individuals, their friends, family and multidisciplinary team.

KEYWORDS

aspiration, dysphagia, pneumonia

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A Mental Health Nurse and a Speech and Language Therapist walk into a research internship ... The journey of integrating research into NAHP's workload in a mental health trust

Authors

Grace Chugg

UK—Leeds and York Partnership Foundation Trust

Patricia Berrill

UK—Leeds and York Partnership Foundation Trust

Brief outline of your submission

This presentation provides an insight into the journey of two nurses and allied health professionals (NAHP) engaging in early research through the National Institute of Health Research (NIHR) Integrated Clinical Academic Programme Internship (ICAP). We will discuss the experiences of engaging in research training whilst working as a mental health nurse and speech and language therapist and discussing the impact on clinical practice.

Abstract

Access to and engagement in research is rated as 'accurate' by nurses and allied health professionals (NAHP) across the UK (Comer et al., 2022). This presentation will explore the process of engaging in research as NAHP's and managing this alongside clinical demands, as well integration of useful tools such as the allied health professional (AHP) research strategy and the RCSLT research map.

Aims:

- To discuss research journeys as non-medical clinical staff and non-academics, highlighting the highs and lows.
- To discuss accessibility of research whilst managing complex mental health caseloads.
- To discuss the process of engaging in minority research, and the difficulties around participation.

Outline of evidence used and implementation:

Grace: As part of my research journey, I completed a PgCert which involved research focusing on improving gender-affirming care from a patient perspective. This highlighted a key need for greater patient education in this field. The Integrated Clinical Academic Programme

Internship (ICAP) provided me with an opportunity to look at the evidence base around patient education with the long-term goal of creating an education programme around speech and language therapy and gender affirming care. This will focus on co-production as well as ensuring to integrate health literacy principles to ensure functional application to the service population.

Tricia: My research journey started with a service improvement strategy focused on peri/menopause and mental health. This led to improvements in staff awareness, development of supportive tools and changes in approach to risk for women and people with ovaries between the ages of 40 and 60 within acute services. Peri/menopause informed care is a relatively new concept in mental health services and the evidence base is emerging rather than established. Forging relationships with key academics led me to apply for the ICAP which in turn is affording me the opportunity to engage in further research in peri/menopause and those with serious mental illness (SMI) with a focus on risk and suicidality.

Summary of main outcomes:

- Grace completed a small-scale project focusing on NHS waiting list management and its generalizability in gender-affirming care.
- Tricia was a co-researcher on a large-scale project—a scoping review of the literature around menopause and SMI led by researchers from Edinburgh Napier University.
- Both submitted presentations as part of the National Institute of Health Research (NIHR) funding.
- Both exploring the next steps including master's, PhDs and clinical fellowships including applying for scholarships.

Conclusions: Completing the NIHR internship highlighted the complexities of a research journey as an NAHP. We both identified a lack of accessible information regarding funding, next steps and identifying more flexible definitions of clinical academia.

Implications and future directions: We hope to continue in clinical academic journeys, furthering our projects to better clinical practice, alongside this, we would like to support other NAHPs to make research more accessible. A key focus of our research is co-production and improving patient outcomes, specifically in the often-overlooked service-user population that make up our clinical caseloads.

Collaborations with service users: Both projects engaged stakeholders as part of the research process, this included patients, experts by experience and the wider multidisciplinary team.

KEYWORDS

collaboration, dedication, innovation

REFERENCE

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Early identification of speech, language and communication needs: What the evidence says about the what, where, who and how

Authors

Yvonne Wren

UK—Bristol Speech and Language Therapy Research Unit (BSLTRU), North Bristol NHS Trust

Catherine Pape

UK—Welsh Government

Sam Harding

UK—Bristol Speech and Language Therapy Research Unit (BSLTRU), North Bristol NHS Trust

Sharon Baker

UK—Swansea Bay University Health Board

Caitlin Holme

UK—University of Bristol

Rhonwen Lewis

UK—Cardiff Metropolitan University

Miriam Seifert

UK—University Hospitals Bristol and Weston NHS Trust

Brief outline of your submission

Early identification of children's speech, language and communication needs is considered vital to maximizing outcomes for those affected. What is less clear is how these children are best identified. This paper reports on three scoping reviews of existing surveillance tools and recommendations for monitoring of these skills in early childhood.

Abstract

Early identification of children with speech, language and communication needs is generally considered to be vital to enable the provision of intervention and maximize outcomes for those affected or at risk (McKean et al., 2016; Welsh Government, 2017). What is less clear is how we should identify these children. The aim of this work was to determine what evidence exists in the literature and to use this to develop a set of recommendations which could drive a strategy for surveillance of children's early speech,

language and communication skills in Wales. Consideration of the specific language environment that children growing up in Wales are exposed to was important. Three rapid scoping reviews were undertaken exploring: (1) available tools in English, (2) tools for use with bi-/multilingual populations and (3) tools available for use in Welsh. A total of 6940 papers were initially identified and screened for eligibility. To be included, papers needed to report on children aged up to 5 years old and involve samples of more than 20 participants from either or both the general population or a clinical population. Study design had to be either a description or validation of a test designed for the identification of speech and/or language delay or difficulties and used by non-specialist staff in a primary care health or early years setting. A total of 10 tools were eventually retained across all three reviews (ASQ, Brigance Preschool Screen, ELIM, LENA Developmental Snapshot, Language Link, MacArthur Bates CDI, NELLI Language Screen, SOGS, UKBTAT and WellComm). Some tools used parent reports while others were designed to be completed by a health or education professional who has observed the child. Across all three reviews, no single tool covered both the required age ranges and reached the threshold for scientific measures of validity, reliability and diagnostic power of sensitivity and specificity. A set of 14 recommendations were developed from the results of the reviews. These covered whether surveillance of children's early speech, language and communication skills should take place, which tools should be used, what makes an effective surveillance tool and what components are specifically important for Wales where more children are exposed to Welsh in the home and in pre-school settings. The recommendations from the review have been adopted by the Welsh Government and used to drive the development of a specification for a new surveillance package for use in Wales. The paper will present the process of carrying out the reviews, a summary of results and how they were used to impact government policy. This will be of interest to those involved in early speech, language and communication monitoring of all children and particularly those exposed to bi-/multilingual environments. The paper will end with an overview of the next steps with regards to the development and evaluation of a new surveillance package for use in Wales which will be co-designed with stakeholders including families and representatives from the children's workforce.

KEYWORDS

early years, surveillance

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Using real-world data to improve our understanding of voice, swallowing, communication and upper airway symptoms in Long COVID: A service evaluation comparing two NHS services

Authors

Sophie Chalmers

UK—Manchester University NHS Foundation Trust

Kate Harrall

UK—East Suffolk and North Essex NHS Foundation Trust

Sze Yin Wong

UK—East Suffolk and North Essex NHS Foundation Trust

Widad Kablan

UK—Bolton NHS Foundation Trust

Gemma Clunie

UK—Imperial College London Healthcare NHS Trust & Imperial College London

Brief outline of your submission

There is limited evidence of the clinical presentations and interventions provided to individuals with speech and language therapy needs post-COVID. This study retrospectively examined two speech and language therapist clinical caseloads within community NHS long COVID services to describe and compare service demands, clinical presentations and management approaches for voice, swallowing, communication and upper airway symptoms.

Abstract

Introduction: Speech and language therapy (SLT) needs, including voice, swallowing, communication and upper airway difficulties can be experienced in individuals with long COVID, whether hospitalized or not (Davis et al., 2021; Miles et al., 2022). SLTs are seeing such individuals in a variety of clinical settings (Chadd et al., 2022). There is minimal evidence comparing the clinical presentations and interventions provided to individuals with SLT needs across long COVID services.

Aims: This study examines SLT clinical caseloads within two community NHS long COVID services, over a 1-year period between January 2021 and January 2022, with the following questions:

- What is the current demand for SLT within MDT [multidisciplinary team] long COVID services?
- What is the typical presentation of patients referred to MDT long COVID services with SLT needs?
- How are SLT services being delivered within the context of MDT long COVID services?

Methods: This service evaluation followed The Strengthening the Reporting of Observation Studies in Epidemiology (STROBE) guidelines for cohort studies. Independent retrospective service evaluation was completed. Descriptive statistics were produced and analysed across services using Microsoft Excel. This project received ethical approval from the University of Central Lancashire Health Ethics Review Panel (HEALTH0298) and received local approvals from each NHS Trust.

Results: Referrals received by each service for long COVID SLT needs were comparable (82–86 referrals) comprising 8.1% of community SLT referrals in Bolton and 5.2% in East Suffolk. Dysphonia was the primary reason for referral, followed by dysphagia, and cognitive–communication difficulties. Most patients presented with two or more SLT needs. For both services, the predominant care aim for intervention was ‘enabling’, followed by ‘curative’, ‘rehabilitative’ and ‘assessment’. There was a high level of involvement from specialist services, including but not limited to occupational therapy, physiotherapy, respiratory medicine, neurology, laryngology and psychology. The findings highlighted the different levels of SLT provision provided for individuals with cognitive–communication difficulties across services. There was a disparity between patients’ reports of dysphagia symptoms and instrumental evidence of impaired swallow function, with symptoms of laryngeal hypersensitivity, reflux, post-extubation dysphagia, muscle tension dysphagia, fatigue and breathlessness as potential contributory factors. Local and tertiary service provisions for symptoms of laryngeal hypersensitivity were different across the two services.

Conclusions: Nationally, there are inconsistencies and inequalities regarding the access and service provision of long COVID services. The complexities and variety of SLT long COVID symptoms require embedded multidisciplinary work to provide the best care for patients and support for SLT professionals.

Implications for practice, services and/or policy: Appropriate SLT staffing provision, skills, expertise and training are essential to fulfil the needs of this population. SLTs integrated within multidisciplinary long COVID services are vital to provide holistic care for this patient cohort.

Stakeholder engagement: The research team included three clinical academics, one newly qualified SLT

clinician and one student SLT. Individuals were involved in either the RCSLT COVID-19 advisory group, RCSLT long COVID working party, or local SLT long COVID MDTs enabling meaningful recommendations for practice, services and policy. Stakeholder involvement contributed to building research skills of the future SLT workforce.

KEYWORDS

long COVID, service evaluation

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There is value in Allied Health Professional research engagement: It's time to show this together!

Authors

Sophie Chalmers
UK—Manchester University NHS Foundation Trust

James Hill
UK—University of Central Lancashire

Louise Connell
UK—University of Central Lancashire

Suzanne Ackerley
UK—University of Central Lancashire

Amit Kulkarni
UK—Royal College of Speech and Language Therapists (RCSLT)

Hazel Roddam
UK—Health Education England

Brief outline of your submission

This systematic review examines the value of research engagement by allied health professionals (AHPs) and

organizations on healthcare outcomes and processes of care. This contemporary review demonstrates the value of research engagement and makes recommendations for how together we can contribute to the wider AHP agenda.

Abstract

Introduction: Allied health professional (AHP) research activity is supported by national strategy and policy (Department of Health and Social Care, 2022; Health Education England, 2022). Existing evidence shows that research engagement improves healthcare performance (Boaz et al., 2012); however, there is limited focus on AHPs. It is imperative for healthcare organizations, clinicians, managers and leaders to understand research engagement specifically within allied health fields. Given growing AHP research activity and interest, a contemporary and updated review focusing on the value of AHP research engagement was needed.

Aims:

1. To systematically review the published literature exploring the value of research engagement by AHP clinicians and organizations on healthcare performance.
2. To identify mechanisms that instigate a relationship between research engagement activities and improved healthcare performance.

Methods: First, papers from a previous systematic review examining the effect of research engagement in healthcare were screened, identifying papers published pre-2012. Second, a multi-database search was used to conduct a refocused update of the previous review on allied health, identified between 2012–2021. Studies which examined the value of allied health research engagement on healthcare performance were included. Paper screening was conducted by two reviewers independently. Each study was assessed using Joanna Briggs Institute critical appraisal tools. The review followed PRISMA guidelines, and the protocol was registered on PROSPERO.

Results: A total of 22 studies were included, comprising mixed research designs. Six studies were ranked as high importance. The findings indicated AHP research engagement related to positive findings in improvements to broad and specific processes of care. While the evidence falls short of providing the degree of effectiveness, the findings support existing policy for a research-engaged AHP workforce and supporting infrastructures. Common mechanisms: ‘changes in human capital’ and ‘organizational mechanisms’ were identified which may link research engagement with these improvements.

Conclusions: This landmark systematic review and narrative synthesis suggests value in AHP research engagement to processes of care and more tentatively, to healthcare outcomes. While caution is required due to the lack of robust studies, overall, the findings support the agenda for growing AHP research and calls for a consistent approach to evaluation.

Contribution to new knowledge: This contemporary review is the first to provide evidence focusing on the value of AHP research engagement and activity, and that supports AHP clinicians, managers and leaders to measure and demonstrate the impact of research activities. Intervention approaches are indicated for individuals, teams and organization aiming to enhance AHP research engagement.

Implications for practice and/or policy: The findings support AHP managers and leaders whose roles involve the implementation of the recently published Health Education England AHP Research and Innovation strategy and provide a springboard for future research investment and consistent research and evaluation.

Stakeholder involvement in the study: The research team represented a mix of AHPs in the UK (speech and language therapy and physiotherapy) with a range of research experience (pre-doctoral to professorial) and roles (some solely academic or strategic, some more clinical). This has allowed interpretations to be appropriately set within the broader context.

KEYWORDS

AHP, research engagement

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‘Why did it take so long to understand my symptoms?’: A scoping review with embedded patient and stakeholder involvement to explore the role of laryngeal hypersensitivity in swallowing dysfunction

Authors

Sophie Chalmers

UK—Manchester NHS Foundation

Fiona Gillies

UK—University College London Hospitals NHS

Foundation Trust and Wittington Health NHS Trust

Louise Evans

UK—Stockport NHS Foundation Trust

Sarah Wallace

UK—Manchester University NHS Foundation Trust and

The University of Manchester

Brief outline of your submission

Speech and language therapists are anecdotally reporting more incidences and referrals for swallowing dysfunction due to suspected laryngeal hypersensitivity, yet little evidence exists to guide assessment, treatment and service delivery. This scoping review examines the complexities around terminology and identification and uses patient and stakeholder engagement to highlight research priorities.

Abstract

Introduction: Based on stakeholder conversations, speech and language therapists (SLTs) have anecdotally reported incidences of swallowing dysfunction with suspected laryngeal hypersensitivity. These concurrent symptoms have been coined as ‘muscle tension dysphagia’ (Kang et al., 2016); however, the role of laryngeal hypersensitivity in swallowing dysfunction is not fully understood (Krasnodebska, 2020). This may lead to inequity in service delivery and treatment. Early patient involvement identified varied patient journeys between primary, secondary and tertiary care, with a need to comprehensively explore these concurrent symptoms further.

Aim: To identify and present the published literature regarding the definitions and methods of clinical identification used during the management of adults presenting with swallowing dysfunction resulting from laryngeal hypersensitivity.

Methods: A scoping review was conducted and followed Joanna Briggs Institute methodology and EQUATOR PRISMA-ScR guidance. The protocol was registered with the Open Science Framework (Chalmers, 2022). Studies discussing terminology or assessment of adults with oropharyngeal swallowing difficulties with concurrent



symptoms (across the spectrum) of laryngeal hypersensitivity were included. A multi-database search strategy identified literature published between 2013 and 2023, written in English. Independent dual-paper screening was conducted.

Results: The search identified 2590 citations. Full paper screening was completed on 88 studies, with 20 studies included in data extraction. Clinical contexts included: speech and language therapy (SLT) ($n = 10$), ear, nose and throat (ENT) ($n = 12$), respiratory ($n = 3$) and gastroenterology ($n = 1$). Seven studies involved ENT and SLT, and one study involved respiratory and SLT. Terminology to describe laryngeal hypersensitivity and swallowing dysfunction included: muscle tension dysphagia ($n = 3$), functional dysphagia ($n = 2$), idiopathic functional dysphagia ($n = 1$), functional neurological symptom disorder ($n = 1$), non-normative swallowing pattern ($n = 1$), laryngeal hypersensitivity syndrome ($n = 1$), laryngeal musculoskeletal disorder ($n = 1$) and swallowing-related cough ($n = 1$). Common instrumental swallowing assessments included videofluoroscopy ($n = 7$) and fiberoptic evaluation of swallowing ($n = 4$). The most common laryngology instrumental assessment was laryngoscopy ($n = 5$) and videostroboscopy ($n = 3$). Swallowing and laryngology assessments were used in SLT and/or ENT settings. Gastroesophageal investigations included high-resolution manometry ($n = 3$) and pH-monitoring ($n = 2$). One study cited pulmonary function tests.

Conclusions: Clinicians are identifying patients who report swallowing difficulties with suspected concurrent laryngeal hypersensitivity in the absence of significant instrumental findings (Krasnodebska, 2020). There is a lack of cohesion in terminology and identification tools, with SLT and ENT being the predominant context. Early patient and stakeholder involvement indicates that future research needs to explore healthcare professional awareness, consistent identification methods, service provision and treatment approaches.

Contribution to new knowledge: This review is the first to identify the varied terms and assessment tools used in a range of contexts. This information is summarized to improve clinician knowledge and understanding with stakeholder involvement to prioritize future research themes.

Implications for practice, policy or services: Evidence to understand assessment and treatment in this population is significantly lacking. Priority research themes based on current literature and patient and clinician experience ensure that future research investment is clinically meaningful.

Service-user involvement: Patient and stakeholder engagement was embedded from the conception of the scoping review objective to identifying clinical uncertain-

ties, understanding current service delivery, and gaining feedback on terminology and assessment tools identified.

KEYWORDS

airways, dysphagia, hypersensitivity

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‘It shouldn’t be that hard for parents’. The unpredictable journey of Speech and language therapy for mothers living with social and economic disadvantage

Author

Aydan Suphi
UK—Birmingham City University

Brief outline of your submission

A qualitative study was carried out to explore how parents living with social and economic disadvantage experience speech and language therapy (SLT) for their young child. Experiencing SLT as an unpredictable journey was one of the themes identified. The findings will be presented and possible implications for practice discussed.

Abstract

Introduction: Children from families living with social and economic disadvantage have been widely reported to be at higher risk of delayed language development, than those from more affluent and socially privileged backgrounds (e.g., Law et al., 2011; Letts et al., 2013). Although families living with social and economic disadvantage are often considered ‘hard to reach’ by services (Marshall et al., 2017) few studies have explored how these families experience speech and language therapy for their children. **Aim:** The study aimed to understand how parents living with social and economic disadvantage make sense of their experience of their young child being referred to and receiving NHS speech and language therapy services.

Outline of methods: Using interpretative phenomenological analysis (IPA) as a methodology, semi-structured interviews were carried out with seven mothers who self-identified as living with social and economic disadvantage

and who had at least one child who had received speech and language therapy when they were under 6 years of age. Through in-depth analysis, themes and sub-themes were identified, and similarities and differences across participants' experiences were explored. A reflexive diary was used throughout the research process to make sense of my developing understanding of their experiences.

Summary of findings: One of the four key themes identified was *experiencing speech and language therapy as an unpredictable journey*. This comprised of the following sub-themes: mixed emotions in anticipation of appointments; hitting obstacles and barriers and resources that affect navigation through the journey. These sub-themes will be presented and illustrated with extracts from the data.

Conclusions: Parents' experiences of speech and language therapy for their young children are multifaceted and are related to factors such as personal and environmental circumstances and the extent to which services respond to their needs. Their experiences of speech and language therapy as an unpredictable journey are presented with a view to considering implications for practice.

Contributions to new knowledge: This study adds to our understanding of how families living with social and economic disadvantage experience our services. Few studies have foregrounded the views of such families. As such, the findings provide insight into the thoughts, emotions and behaviours of parents in accessing NHS speech and language therapy services. This is vital in designing services that are responsive to a wide range of people, including those living with social and economic disadvantage.

Implications for practice: The findings raise some challenges relevant to developing practice in children's services, for example, how and what information is provided to families prior to appointments, and the level of flexibility to meet individual needs. Attendees will be invited to consider how the findings could be used to make services more inclusive of and acceptable to families living with social and economic disadvantage.

Service-user engagement: A reference group consisting of two parents living with social and economic disadvantage was consulted in the planning stage of the study. The parent advisors were involved in planning recruitment methods and resources, participant-facing materials and developing the interview topic guide.

KEYWORDS

disadvantage, experiences, parents

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To what extent do speech and language therapy services meet the quality-of-life needs of people with dementia in the community?

Authors

Deborah Moll

UK—Oxford Health NHS Foundation Trust

Anna Hockley

UK—University College London

Zoe Collett

UK—Oxford Health NHS Foundation Trust

Jemima Littlejohns

UK—Oxford Health NHS Foundation Trust

Catherine Henshall

UK—Oxford Brookes University; Oxford Health NHS Foundation Trust

Brief outline of your submission

This mixed-methods study explores local perspectives of speech and language therapy services within the national context. It includes (1) a systematic review, (2) online survey with UK speech and language therapists, (3) semi-structured interviews with people affected by dementia and (4) focus groups with healthcare professionals and speech and language therapists in one local NHS Trust.

Abstract

Introduction: Communication difficulties occur in all dementia subtypes (Banovic et al., 2018). This can affect individuals' identity and relationships, and the quality-of-life of people with dementia and their families. Professional guidelines recommend access to communication intervention, for example, through speech and language therapy (SLT) services (RCSLT, 2014), but anecdotal evidence suggests that the type and availability of this provision varies.

Aims: This study aims to explore the communication needs of people with dementia, the impact on their quality-of-life and service provision for this population.

Methods: This mixed-methods study comprised four iterative phases:

- A systematic review investigating whether communication interventions affect the quality of life of people with dementia and their families ($n = 12$), analysed narratively.
- An online survey to NHS SLTs ($n = 75$) examining the type and availability of communication intervention for people with dementia, was analysed using descriptive statistics and thematic analysis.
- Semi-structured interviews with people with dementia ($n = 7$) and relatives ($n = 9$), purposively sampled exploring their experiences of communication difficulties and support received, analysed thematically.
- Two focus groups with local NHS Trust staff including: SLTs ($n = 7$), and dementia healthcare professionals ($n = 6$), purposively sampled, identifying possible service-level implications from phase 1–3 findings, analysed thematically.

Results: Meta-analysis of studies in the systematic review was not possible because the heterogeneity of methodologies considerably compromised comparability. However, interventions were often multidisciplinary, involved family and focused on functional communication strategies. The survey identified inconsistent or absent communication input for many people with dementia, despite its importance from the SLT perspective. Barriers included: limited funding, prioritizing swallowing difficulties, lack of awareness of SLT role. The semi-structured interviews highlighted key themes around: variability of communication symptoms; impact on everyday life, social connections and well-being; finding and using helpful communication strategies and challenges of accessing and navigating appropriate support services. Phase 4 (focus group) data are currently being analysed and results will be available by September 2023.

Conclusions: Final conclusions will be drawn once phase 4 data have been analysed. The study findings will add to the growing body of research on communication difficulties in dementia, with implications for developing clinical services to support identified unmet needs.

Contribution to new knowledge: There is a growing recognition of the quality of life impact of dementia-related communication difficulties. However, there are few qualitative studies directly involving people living with dementia. This study explores this topic through interviews with people living with dementia and their relatives. Their views were presented to dementia clinicians

and SLTs, generating novel perspectives on the impact of clinical services on the quality of life of people with dementia-related communication difficulties.

Implications: This study highlights discrepancies in UK service provision for people with dementia-related communication difficulties. The considerable impact of dementia-related communication difficulties reported by participants highlights a need for more equitable services. Evidence-based practice may be facilitated through the identification and use of communication-related quality-of-life outcome measures.

Service-user engagement: This project was designed, developed and interpreted in partnership with service users, through regular group discussions and written feedback. Qualitative interviews with service users are at the centre of this study, with their perspectives influencing future study activity.

KEYWORDS

communication, dementia, quality of life

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The effectiveness of evidence-based healthcare educational interventions on healthcare professionals' knowledge, skills, attitudes, professional practice and healthcare outcomes: A systematic review and meta-analysis

Authors

James Hill

UK—University of Central Lancashire

Amit Kulkarni

UK—Royal College of Speech and Language Therapists (RCSLT)

Nikki Gratton

UK—Royal College of Speech and Language Therapists (RCSLT)

Oliver Hamer

UK—University of Central Lancashire

Joanna Harrison

UK—University of Central Lancashire

Catherine Harris

UK—University of Central Lancashire

Andrew Clegg
UK—University of Central Lancashire

Brief outline of your submission

This presentation discusses the findings of a recent systematic review on the effectiveness of evidence-based practice for healthcare professionals. These findings will be contextualized regarding speech and language therapy.

Abstract

Evidence-based healthcare (EBHC) is an evidence-informed approach to clinical decision-making that considers the best available evidence, context of care, the individual patient and the health professional's expertise and judgement (Jordan et al., 2019). EBHC is seen as an essential component of healthcare professionals' continuous professional development (Health Professional Council, 2017). Educational interventions for EBHC are perceived as an effective method of facilitating this development (Ramis et al., 2019). However, previous reviews in this area have been identified to have substantial methodological issues, be narrow in focus or are out of date (Bala et al., 2021). Therefore, there is a need for a comprehensive and methodologically robust systematic review in this area.

Aims: The primary aim of this systematic review is to assess the effectiveness of EBHC educational interventions on healthcare professionals' knowledge, skills, attitudes, behaviour of EBHC, clinical process and care outcomes. The secondary aim of the review is to assess the effects of important pedagogical moderating factors for EBHC educational interventions.

Registration: Protocol registered on Prospero CRD42022338152.

Design: In this systematic review, a forward and backward citation search strategy was employed on the Web of Science platform (date of inception to 27 May 2022). The review included only randomized controlled trials (RCTs) and cluster RCTs that compared educational interventions for healthcare professionals practising EBHC. For all outcomes, a random effects meta-analysis was conducted to compare the effectiveness of EBHC with both active and non-active controls.

Results: A total of 56 RCTs were reviewed, with a combined participation of 5208 healthcare professionals. Results showed that EBHC educational interventions had a large effect on healthcare professionals' knowledge (SMD = 2.56; 95% CI = 1.0–4.1, GRADE: low certainty), skills (SMD = 0.88; 95% CI = 0.25–1.73, very low certainty), attitude (SMD = 0.78; 95% CI = 0.02–1.55, very low certainty) and behaviour of EBHC (SMD = 0.97; 95% CI = 0.32–1.62, very low certainty) compared with waiting list/no treatment/sham control. However, the effect

of EBHC interventions decreased substantially over time, and after 6 months, there was no evidence of impact on any outcome except behaviour (SMD = 1.72; 95% CI = 0.74–2.71, low certainty). The review suggested that blended learning, active learning and consistency in the individual delivering the intervention may be important moderating factors.

Conclusion: These findings indicate that educational interventions for EBHC may have a significant and acute impact on enhancing healthcare professionals' knowledge, skills and attitude towards EBHC. These effects may be longer lasting regarding EBHC behaviour. In terms of pedagogy, blended learning, active learning and consistency of the individual delivering the intervention may be important positive moderating factors.

Implications for practice: As a profession, we need to carefully consider ways to embed opportunities for EBHC learning throughout the career of a speech and language therapist. As clinicians, it is incumbent on us to regularly connect with EBHC learning initiatives to ensure we are effectively utilizing this mandated approach to practice as it is evident that the effects gain from training may be only beneficial acutely and the skills may diminish over time.

KEYWORDS

evidence-based practice, healthcare professionals, systematic review

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Supporting pre-school children's language development: An evaluation of the effectiveness of the Elklan Early Years Based Information Carrying Word Programme (EYBIC)

Authors

Judy Clegg

UK—University of Sheffield

Sarah Spencer

UK—University of Sheffield

Genna White

UK—University of Sheffield

Alex Hall

UK—Elklan Training Ltd

Henrietta McLachlan

UK—Elklan Training Ltd

Brief outline of your submission

Minimal evidence exists to support the use of information-carrying word (ICW) interventions. A randomized controlled trial shows the effectiveness of training early years practitioners to deliver an ICW intervention to facilitate the language development of pre-school children with delayed language in mainstream settings.

Abstract

The COVID-19 pandemic impacted significantly children's speech, language and communication (SLC) development. Training practitioners who work in early years to facilitate children's SLC development is key to COVID recovery services. Although a widely used approach, minimal evidence exists to support the effectiveness of information-carrying or keyword intervention to support the language development of pre-school children. This research evaluates the effectiveness of Elklan's Early Years Based Information Carrying Word Programme (EYBIC) (Elks & McLachlan, 2009) when early years practitioners are trained to deliver EYBIC to facilitate the SLC development of children aged 3–4 years. The aim of this study was to identify if the EYBIC is effective in facilitating the language development of pre-school children with low language scores measured by objective assessment and if these gains in language development are also observed by practitioners and parents/carers. A pragmatic randomized controlled trial design (RCT) was used. A total of 38 early years mainstream settings were recruited and retained through the study. Across the settings, 225 children (mean age 3 years, 5 months) with low language scores identified by LanguageScreen (University of Oxford, 2022) were recruited; 116 children were randomized to an intervention arm and 109 to a control arm. The trained practitioners in each setting delivered the intervention to the children in the

intervention arm over a period of 13 weeks. Pre-intervention measures were the Renfrew Action Picture Test (5th edition) (Renfrew, 2021) to measure expressive language and the Teddy Talk Test (Darters, 2020), a criterion-referenced assessment that identifies the child's level of keyword understanding. A researcher blind to the study completed the two measures with the intervention and control children before (time 1) and after (time 2) the practitioners delivered the EYBIC intervention in the settings. Practitioners and parents/carers were surveyed about their perceptions of the children's language abilities. Descriptive and statistical analyses were conducted to identify changes in the children's language scores before and after the intervention. Comparisons between the intervention and control children were made. Children in the intervention arm made more progress in their expressive language and language understanding from time 1 to time 2 compared with children in the control arm. Inferential statistical analysis (analysis of variance—ANOVA) shows a trend for a significant main effect of groups and time and for the interaction of group scores with time. This provides support for the increase in scores on the language measures for the intervention children being significant compared with the control children. Analysis of the survey data supports positive perceptions of practitioners and parents/carers in perceiving increases in their children's language development and communicative competence. The children in this study were identified with delayed language attributable to the impact of the COVID pandemic. The study provides support that training early years practitioners to deliver language interventions has a positive impact on pre-school children's language development. The study provides evidence to support the effectiveness of an information-carrying word (ICW) intervention. Practitioners are a valuable workforce who can deliver language interventions at scale and are integral to COVID recovery services.

KEYWORDS

children, intervention, language

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A systematic review and meta-analysis of non-pharmacological interventions for childhood selective mutism: Implications and applications for the SLT profession

Author

Gino Hipolito

UK—St George's University Hospitals NHS Foundation Trust and University of Oxford

Brief outline of your submission

This systematic review and meta-analysis investigated the outcome measures used, and the outcomes of non-pharmacological interventions for children and adolescents with selective mutism. It discusses the results and evidence gaps and explores the implications for speech and language therapy clinical practice and opportunities for future research.

Abstract

Introduction: Speech and language therapists (SLTs) have contributed greatly to the clinical practices and intervention for selective mutism (SM) in the UK (Johnson et al., 2015). However, are our interventions for childhood SM in line with the evidence base? A recent broad systematic review and meta-analysis were carried out to understand which non-pharmacological interventions for children and adolescents were effective in increasing SM remission and improving speaking behaviour (Hipolito et al., 2023). Systematic reviews are extremely important in health care to keep up to date with the collected evidence in the field and they are often used for developing clinical practice guidelines (Moher et al., 2009).

Aims: To describe the results of the systematic review and meta-analysis. To discuss the implications and applications for the SLT profession in the UK.

Methodology: The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009) and was registered on the PROSPERO International prospective register of systematic reviews (CRD42019147573). Systematic searches were conducted using 13 electronic databases and hand searches to find peer-reviewed and grey literature since 1992.

Results: A total of 25 intervention studies were identified; 23 studies evaluated manualized treatments, eight were considered to be of high quality (low risk of bias). Few studies were jointly carried out by SLTs ($k = 3$) or involved SLTs providing the intervention ($k = 3$). Five randomized controlled trials (RCTs) were included in the meta-analysis. Three studies compared combined systems/behavioural approach with waitlist controls finding a significant and

large effect (Hedges $g = 1.06$, $p < 0.0001$, 95% CI = 0.57–1.56) on improved speaking behaviour. Two of these RCTs indicated a large effect for SM remission favouring the intervention (risk ratio = 4.25, $p = 0.1774$, 95% CI = 0.52–34.84) but this did not reach statistical significance. Non-significant outcomes for two RCTs with active controls (Hedges $g = 0.55$, $p < 0.2885$, 95% CI = –0.47 to 1.57) showed considerable heterogeneity in approach and outcomes. The most common components used in interventions were exposure activities ($k = 24$), reward systems ($k = 24$), psychoeducation ($k = 19$) and rapport building strategies ($k = 17$). Dosage ranged between 2 and 54 h across a span of 5 days to a year. There was limited diversity in the study populations (multilingual $k = 7$, speech and language delays $k = 8$, neurodiversity $k = 9$) and few studies ($k = 3$) included teenagers.

Conclusions: There are promising results for combined systems/behavioural intervention approaches using psychoeducation, rapport building, exposure and reward. The selective mutism population is known for its neurodiversity and ethnocultural and linguistic diversity, yet the study populations do not reflect that indicating a significant gap in the literature.

Implications for practice and policy: SLTs delivering interventions for childhood SM across the UK need to consider whether their practices reflect the current evidence base. As a profession, we are used to working with neurodiverse, multicultural and multilingual populations. SLTs also work increasingly with adolescents with SM. By engaging in research, SLTs are in an opportune position to help fill the current gaps in the literature.

KEYWORDS

intervention, selective mutism

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Maximizing the Impact of Speech Therapy for Children with Speech Sound Disorder—The MISLToe_SSD Study: What we found out and its application to other clinical areas

Authors

Helen Stringer

UK—Newcastle University, UK

Samantha Harding

UK—Bristol Speech and Language Therapy Research Unit (BSLTRU), North Bristol NHS Trust

Sam Burr

UK—Bristol Speech and Language Therapy Research Unit (BSLTRU), North Bristol NHS Trust

Joanne Cleland

UK—University of Strathclyde

Yvonne Wren

UK—Bristol Speech and Language Therapy Research Unit (BSLTRU), North Bristol NHS Trust

Brief outline of your submission

The MISLToe_SSD study successfully engaged academic and clinical speech and language therapists, parents and children with speech sound disorder (SSD) across the UK to develop an agreed core outcome set (COS) along with outcome measures and a minimum data set. Benefits to clinical services for children with SSD and to future research are discussed.

Abstract

Aims: The MISLToe_SSD study engaged UK and international speech and language therapists (SLTs) to develop a core outcome set (COS) for SSD. Integral to the COS are agreed terminology, outcome measures, identified interventions to achieve the outcomes and a minimum data set (MDS) which supports the interpretation of the COS in a clinical, quality improvement, research or policy context.

Methods: The MISLToe_SSD study comprised an umbrella review, participatory workshops and a modified Delphi process following the COMET (Core Outcome Measures in Effectiveness Trials) Initiative protocol (Williamson et al., 2017). The umbrella review considered existing systematic reviews of intervention studies and extracted information on the outcomes and measurement/analysis instruments used (Harding et al., 2023). Two participatory workshops were undertaken with six speech and language therapy services and a parent of a child with SSD. These were followed by an online survey and a card-sorting activity to establish consistent terminology for SSD subtypes and interventions. In the modified Delphi, an expert panel of 66 UK SSD expert SLTs established consensus on the COS, MDS and assessments for

baseline and outcome measures. A total of 12 international SSD expert SLTs participated in a parallel process as a comparator for UK data.

Results: The umbrella review identified 24 metrics for SSD baseline and outcome measurement, of which 17 were retained for consideration in the participatory workshops and Delphi process. The participatory workshops identified Dodd's classification system of five SSD subtypes (Dodd, 2005) as most suitable for use in UK clinical practice and research, with minor changes proposed to the definitions of these subtypes. A minimum diagnostic protocol to support classification, with additional assessment for children with more complex or severe SSD, was agreed, along with a list of defined intervention approaches. The Delphi process provided consensus on the COS, MDS and accompanying assessment tools to use with the COS. Comparison with the international panel highlighted areas of agreement and diversity.

Conclusions: There was a remarkable amount of consensus in all areas of the MISLToe_SSD investigation. A COS and MDS with associated measurement tools and interventions have been established. Funding is being sought to take this forward in a large scale, UK-wide effectiveness trial. The MISLToe methodology could be used to establish UK COS and MDS in SLT clinical specialisms other than SSD.

Contribution to new knowledge: An agreed terminology for subtypes of SSD, a set of core outcomes, outcome measures for SSD interventions and a minimum data set has been established.

Implications for practice/policy: The use of standard terminology and routine collection of outcome data would provide a consistent data set across services which could be used to consider variations in outcomes across different care pathways and intervention approaches. Findings from such analyses can be used to guide service planning and ensure that the most effective and efficient services are provided universally.

Service-user involvement: Throughout this work and in the research design, each phase has been informed by public and patient involvement activity with parents and children with SSD.

KEYWORDS

outcomes, SSD, terminology

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Co-designing a new family, project-based intervention with people who have lived experience of brain injury

Authors

Lynn Grayson

UK—Glasgow Caledonian University

Marian Brady

UK—Glasgow Caledonian University

Leanne Togher

Australia—University of Sydney

Myzoon Ali

UK—Glasgow Caledonian University

Brief outline of your submission

We worked with 13 people with lived experience of brain injury to co-design a new, more inclusive approach to family communication therapy. Although the co-design process was labour intensive, it positively impacted upon the content of the therapy and the people taking part.

Abstract

Introduction: Communication therapy for families following traumatic brain injury (TBI) has traditionally been designed by researchers without service-user involvement. Recent studies investigating family communication needs following TBI identified high levels of unmet need (1, 2). Co-design of communication interventions with people who have lived experience of TBI is, therefore, required if services are to meet their needs more effectively in the future (3). Project-based intervention (PBI) can improve the communication skills of people following TBI (4–6). No published studies have explored whether PBI could be adapted for use with families, however, to support positive family interactions.

Aims: To use a process of participatory co-design to adapt PBI for families and to explore the impact of using a

co-design approach with people with lived experience of brain injury.

Methods: People with cognitive–communication difficulties, at least 12 months post-severe TBI, and their family members were recruited from two national health service boards (Greater Glasgow and Clyde, Lanarkshire) and one independent brain injury service (Graham Anderson House), in Scotland, UK. The co-design teams met online via Microsoft teams for a series of four focus groups from October 2022 to January 2023. A range of adapted communication tools were created to facilitate the process and focus group size ranged from two to five members to ensure everyone's voice could be heard. An e-survey about the co-design experience was also completed. Qualitative data arising from group discussions were transcribed verbatim and analysed thematically. Quantitative data arising from the survey were analysed using SPSS statistics.

Results: The co-design team consisted of six people following severe TBI and seven family members. Most team members were male (62%, $n = 8$) with a mean age of 48 (range = 18–67) and an average of 5 years following TBI (range = 2–12 years). Family members were: parent (14%, $n = 1$), child (29%, $n = 2$), spouse (29%, $n = 2$) and sibling (29%, $n = 2$). Team members viewed their co-design experience positively and four themes emerged which encapsulated their hopes and concerns for a family PBI; 'different train tracks', 'opening pandoras box', 'from the horses' mouth' and 'building a wall without foundations'. The groups then refined the targets and ingredients of PBI to incorporate this information into the design. Collaborative communication, advocating for others and developing a joint narrative about brain injury were identified as key aims of the intervention. Including examples from people with lived experience of brain injury was also identified as an essential therapy ingredient to ensure the content was relatable and easy to understand.

Conclusions: Although the process was time intensive, co-design members viewed their experience positively and several key adaptations to PBI were identified to make it more suitable for use with families.

Contribution to new knowledge: This study provided new knowledge in relation to adapting PBI for use with families and added to the theoretical development of using co-design with people who have lived experience of brain injury.

Implications for practice: People with cognitive–communication difficulties following severe TBI can make a valuable contribution to co-design research and enjoy the process.

KEYWORDS

co-design, brain injury



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SLT-led Mobile Laryngoscopy: Audit of unmet need and service evaluation of an innovative service for adults with tracheostomies

Author

Lee Hughes

UK—Lancashire and South Cumbria Regional Tracheostomy Team

Brief outline of your submission

Airway visualization for tracheostomy management and weaning is traditionally led by ear, nose and throat (ENT) services, or as part of a fiberoptic endoscopic evaluation of swallowing (FEES) assessment by speech and language therapists (SLTs), often in critical care settings. This audit and service evaluation details the development of a SLT-led mobile laryngoscopy service for adults with tracheostomies in outpatient and hospital settings.

Abstract

The development of an SLT-led mobile laryngoscopy aims to offer safe, timely, patient-centred airway

visualization to aid tracheostomy management and tracheostomy weaning. Airway visualization is where a mobile fibre endoscope is placed trans-nasally to view the larynx from above.¹ This enables assessments for airway patency, airway mobility and secretion management. It allows for assessment of patients' ability to engage in laryngeal rehabilitation, direct visualization of the airway to assess for any improvement following therapy, assessment of 'baseline' airway function to guide ongoing therapy, assessment of secretion management to guide therapy and/or medication prescribing, assessment of vocal cord function and airway to guide tracheostomy dependence and assessment of airway patency to ensure that emergency plans are accurate. Since starting in my current post, we were aware of long waiting times for airway visualization assessments. We conducted an audit across our caseload using routinely collected data of waiting times over a 3-year period. The audit demonstrated that waiting times for traditional appointments for airway visualization for tracheostomy care and weaning can be long. A total of 80% of our outpatients waited 20 weeks or more for an appointment, delaying the start of their weaning process. Approximately, two-thirds of inpatients waited 5 weeks or more for a FEES and/or ENT opinion, delaying the weaning process and/or impacting on the discharge process and discharge destination. The development of the pathway involved auditing and identifying unmet need, completing a literature search, writing a laryngoscopy policy, producing a patient information leaflet, consulting with our service users via our Tracheostomy Forum, writing a PGD policy, presenting to a PGD committee, presenting to a clinical governance and policy committee, undertaking laryngoscopy competencies to level 3 independent practitioner, completing PGD competencies and purchasing a mobile fibre nasendoscope. The SLT practitioner already completed advanced tracheostomy competencies as part of her current specialist role. Our SLT-led mobile laryngoscopy service aimed to assess all inpatients within 2 weeks of referral and all outpatients within 8 weeks of referral. Results are pending and will be discussed. It is hypothesized that timely airway visualization will decrease 'time from tracheostomy insertion to opportunity to voice' times, improve patients' secretion management and potentially reduce 'time from insertion of tracheostomy to decannulation' times. Routinely collected data will be analysed quantitatively and qualitatively. Patient feedback and testimonials will be included. It is hoped that this pathway will demonstrate the value of developing similar services in other trusts and settings.

KEYWORDS

laryngoscopy, SLT led, tracheostomy

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Maximizing use of cleft centre Speech and Language Therapy intervention capacity to improve access to intervention for children with cleft speech characteristics

Authors

Lucy Southby

UK—Cambridge University Hospitals NHS Foundation Trust/Bristol Speech and Language Therapy Research Unit, North Bristol NHS Trust/Cardiff Metropolitan University

Hannah Chandler

UK—Cambridge University Hospitals NHS Foundation Trust

Lydia Doherty

UK—Cambridge University Hospitals NHS Foundation Trust

Alison Birch

UK—Evelina London/Cambridge University Hospitals NHS Foundation Trust

Leah Moors

UK—Cambridge University Hospitals NHS Foundation Trust

Alex Ratliff

UK—Cambridge University Hospitals NHS Foundation Trust

Catriona Larham

UK—Cambridge University Hospitals NHS Foundation Trust

Caroline Hattee

UK—Cambridge University Hospitals NHS Foundation Trust

Brief outline of your submission

A quality improvement project was undertaken to understand and improve the use of available capacity for intervention appointments. Over the first 6 months of the project and implementation of change ideas, the use of capacity for intervention increased. This presentation will

share the methods, reflections on the processes involved and next steps.

Abstract

Context and aim: Children born with cleft palate with or without cleft lip are at risk of developing cleft speech characteristics (CSCs) requiring speech and language therapy (SLT) intervention (Britton et al., 2014). Access to SLT intervention for children with CSCs varies (CLAPA, 2016). Maximizing the use of SLT capacity to improve access to intervention is, therefore, essential. This project, therefore, aimed to improve the use of available capacity for SLT intervention appointments.

Methods: In a regional cleft centre, an Improvement Programme for Teams (IPT) provided by the Institute for Health Improvement (IHI), in partnership with the host NHS Trust, supported a Quality Improvement (QI) project. Underpinned by the Model for Improvement, workshops, coaching sessions and reflection on current provision and processes facilitated the identification of an initial aim ‘To increase the use of monthly SLT intervention appointment capacity from 46 to 80% in 9 months’. A QI driver diagram was constructed and change ideas to test included: reviewing and redesigning therapy waiting list processes; reviewing theoretical capacity for intervention appointments in SLT job plans; tracking weekly theoretical capacity in comparison with actual activity over time using a run chart. The initial outcome measure was the difference in the number of appointments booked in comparison with the number theoretically available per week. This provided the data to calculate the proportion of capacity used per month. Balancing and process measures informed the identification of change actions which were subsequently studied. This included recording the reasons job planned capacity was not used.

Outcomes: Over the first 6 months of the project, the use of available monthly capacity increased from 46% to 88%. Theoretical capacity fluctuated with SLT leave and vacancies. Intensive approaches to intervention provision in response to child/family availability resulted in exceeding weekly available capacity during school holiday periods.

Conclusions: This project began to address a complex issue. The process was iterative and continues to evolve. Cleft SLTs were equipped with QI skills to apply to service-related challenges. It is essential to understand what level of cleft centre SLT capacity use for intervention is sustainable. This will facilitate planning future intervention provision for the region.

KEYWORDS

cleft, intervention, provision

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Word learning in children with developmental language disorder: A meta-analysis testing the encoding hypothesis and the contribution of working memory

Authors

Paola Calabrese
UK—University of Reading
Katherine Pritchard
UK—University of Reading
Nicolas Hedger
UK—University of Reading
Vesna Stojanovic
UK—University of Reading
Emma Pagnamenta
UK—University of Reading

Brief outline of your submission

The current meta-analysis synthesized 40 studies that compared word learning in children with developmental language disorder (DLD) with their peers with typical language development. The results confirmed that children with DLD struggle in the encoding of newly encountered words and this difficulty relates to their verbal working memory.

Abstract

Background: Children with developmental language disorder (DLD) experience difficulties in learning new words (Kan & Winsor, 2010). Word learning is essential to children's socioemotional development and academic attainment (St Clair et al., 2011) and therefore should be considered in the clinical assessment and management of DLD. Word learning consists of a multistage process requiring both processing skills and lexical knowledge. Given the complexity of this mechanism, research should aim to understand which stage of the process is most challenging for children with DLD. Recent works suggested that children with DLD struggle with the initial phase of encoding and this difficulty is mediated by their working memory levels (Bishop & Hsu, 2015; Gordon et al.,

2021; Jackson et al., 2021). The current meta-analysis and systematic review synthesizes previous findings on encoding, consolidation and retention of novel words in DLD (when compared with age-matched typically developing children). In addition, the study explored whether word learning difficulties are related to lexical knowledge or working memory skills, and which word learning task characteristics are important to consider for children with DLD.

Methods: The abstracts of the 831 papers retrieved via databases (PsycINFO, MEDLINE/PubMed, Web of Science, the Linguistics and Language Behaviour Abstracts) were screened independently by two authors. The same procedure applied to the full texts of the papers that passed the first screening. The 40 studies that met the criteria for inclusion were appraised using the Newcastle–Ottawa Scale and 122 Cohen's *d* effect sizes were calculated. An adjusted rank correlation test assessed the presence of publication bias in the data set. The between groups differences at the encoding, consolidation and retention stages were analysed using random effect models including participants' lexical knowledge and working memory as moderators. A separate analysis explored the tasks' characteristics as moderators.

Results: The meta-analysis indicated a large effect size for encoding ($k = 73$, $d = 0.88$, [0.69, 1.07], $p < 0.001$). An effect of short-term memory (STM) on encoding was detected ($k = 22$, $\beta = 2.57$, $p < 0.001$), with a marginal effect of receptive vocabulary ($k = 50$, $\beta = 0.25$, $p = 0.101$) and no effect of non-word repetition ($k = 21$, $\beta = 0.25$, $p = .245$). The only task characteristic with a significant effect on encoding was the word length ($k = 68$, $\beta = 0.21$, $p = 0.04$).

Conclusions: The results confirmed that encoding is the critical stage of word learning for children with DLD. STM was identified as the most significant predictor of encoding suggesting that the difficulty in DLD might be related to STM rather than to poor linguistic knowledge. This was also confirmed by the fact that tasks including longer stimuli were more challenging for children with DLD.

Contributions and implications: These findings have important implications for the clinical practice as they highlighted the importance of considering word learning as one of the areas of difficulty in children with DLD. In addition, the results shed light on the nature of word learning which should be regarded when planning the appropriate support for children with DLD.

KEYWORDS

DLD, word learning

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‘If you don’t see someone who looks like you ... it’s a barrier’: An exploration of gender diversity and action plans

Authors

Jack Takeda

UK—University of Reading

Oliver Coulthard

UK—Birmingham City University

Fraser Wakeling

UK—Manchester Metropolitan University

Serena Lo

UK—Central London Community Healthcare

Andrea Fernando

UK—Central London Community Healthcare

Yi-Ting Chia

Singapore—K K Women’s and Children’s Hospital

Claudia Kate Au-Yeung

UK—Queen Elizabeth Hospital, Birmingham

Brief outline of your submission

This study explores the perceived barriers in the speech and language therapy (SLT) profession among gender majorities and minorities, including a spectrum of gender identities. Our results revealed a notable proportion of gender minorities reported ‘no barriers’, highlighting the need

to avoid tokenism. Differences in suggested action plans proposed the need for targeted strategies.

Abstract

Background: Historically, speech and language therapy (SLT) has been a female-dominated profession, with only 3% of clinicians identifying as men. Current literature has identified barriers faced by men pursuing careers in SLT, including stereotypes, lack of representation and limited progression (RCSLT, 2020). However, gender diversity extends beyond the binary and encompasses a spectrum of identities. With growing advocacy for inclusivity, our study aims to explore potential differences in the perceived barriers among both gender majorities (G-Maj) and minorities (G-Min) and identify potential strategies to address them.

Aims: Our study aims to explore potential differences in perceived barriers between G-Maj and G-Min. We also hope to identify potential strategies to address these barriers.

Methods: An online questionnaire was designed by a panel of students and qualified SLTs, including three G-Min representatives. Close and open-ended questions were utilized to maximize the number of responses and reduce time burden and bias. Questions included participants’ gender identity, perceived barriers to the profession, and suggested action plans. The questionnaire was distributed through targeted and professional social media platforms. Descriptive and statistical analysis were used for quantitative responses. Thematic analysis of qualitative data was conducted by researchers until agreement was met.

Results: A total of 104 responses were collected, with 78% ($n = 81$) self-identifying as women, 19% ($n = 20$) men, 2% ($n = 2$) non-binary and 1% ($n = 1$) transfemme. Thematic analysis of the perceived barriers in open-ended responses revealed six common themes among G-Maj and G-Min. These include gender stereotypes/social perceptions (37%, G-Maj versus 24%, G-Min); lack of awareness (24%, G-Maj versus 33%, G-Min); limited role models/representation (22%, G-Maj versus 21%, G-Min); pay/career progression (13%, G-Maj versus 9%, G-Min); no identified barriers (2%, G-Maj versus 33%, G-Min) and others (2%, G-Maj versus 6%, G-Min). Further statistical analysis revealed there were no significant differences between the two groups in terms of identified barriers ($\chi^2(1) = 5.30, p = 0.51$). Regarding action plans to promote gender diversity, G-Maj respondents emphasized the importance of further education and training, showcasing profiles of minority representatives, and increasing diversity in leadership roles. Conversely, G-Min highlighted the need for external initiatives such as male SLT clinical excellence networks, advocacy from organizations like RCSLT; and educating younger generations and patients about the role of men in the profession.

Discussion: The study's strength lies in capturing diverse perspectives within the profession. Our results reveal a mutual understanding of potential barriers of gender diversity among G-Maj and G-Min, as supported by the non-significant statistical differences. However, it was surprising to learn that there was a notable difference in the perception of barriers. Specifically, 33% of G-Min did not identify any gender-related barriers, whereas 3% of G-Maj agreed. This suggests there is a need to explore strategies to avoid tokenism. The different emphasis on strategies identified by both populations highlights the need for targeted interventions to foster a more gender-diverse and inclusive SLT profession. Further research and advocacy should review the effectiveness of suggested strategies.

KEYWORDS

advocacy, gender diversity

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Using real-world data to identify health inequalities

Authors

Katie Chadd

UK—University of Essex

Sarah Lambert

UK—Royal College of Speech and Language Therapists (RCSLT)

Kathryn Moyses

UK—Royal College of Speech and Language Therapists (RCSLT)

Brief outline of your submission

Findings from a pilot exploring whether new data fields on the Royal College of Speech and Language Therapists (RCSLT) Online Outcome Tool (ROOT) can support speech and language therapists to monitor unwarranted variation and report on patients from underserved populations at known risk of disadvantage.

Abstract

Introduction: Preventing health inequalities is a priority for the NHS (2019). Collecting and analysing routinely collected clinical data is useful for evaluating services and identifying possible inequalities in the provision or outcomes following therapy (Johnson & Whiteside, 2021). The RCSLT Online Outcome Tool (ROOT) supports speech and language therapists (SLTs) to collate patients' therapy out-

come measures (TOM) (Enderby & John, 2019). The ROOT currently contains real-world data on 75,712 episodes of therapy. A project was undertaken to pilot new data fields on the ROOT that would support SLTs to monitor unwarranted variation and build the capacity to specifically report on patients from underserved populations at known risk of disadvantage (The Health Foundation, 2022).

Aims: This project aimed:

- To form consensus on new data fields to add to the ROOT.
- To trial the feasibility and acceptability of collecting and adding these data to the ROOT.
- To interrogate the initial data and report on any identified variation.

Methods: Seven speech and language therapy services using the ROOT, from England, Wales and Scotland, were recruited as pilot sites. SLTs participated in co-design workshops to form a consensus on new data fields, and comments were also sought from expert SLTs. Services submitted data to the ROOT, including one or more of these new fields, for at least 3 months. Some services also uploaded historical data with this additional information. Datasets for the most consistently reported field will be extracted, and descriptive statistics analysed, including average change in TOM score before and after therapy.

Results: Four fields were agreed as priorities for inclusion in the pilot and each pilot site committed to collecting at least one:

- Patient ethnicity, using locally determined categories.
- Deprivation decile from nation-specific measure of deprivation, using patient postcode at the time of therapy.
- Requirement of an interpreter.
- Language profile (three agreed categories to identify use of language(s) other than or in addition to English/Welsh).

At the point of submission, 2753 patients had ethnicity data recorded, 2011 had a requirement for an interpreter and 1135 had a language profile. A total of 2129 episodes of care included deprivation decile. Datasets will be further interrogated to explore the profile of patients accessing these speech and language therapy services and any variation in outcomes between different groups.

Conclusions: SLTs identified priorities for data collection, with some variation relating to local policies and national standards. A significant amount of pilot data were collated. Analysing these data has the potential to indicate any inequalities in access to services and/or in outcomes for certain groups.

Implications for practice: SLTs should systematically and routinely collect patient data, to support robust investigation into potential health inequalities. The ROOT is a valuable tool to gather this information linked to outcomes, and supports the analysis of real-world data to begin exploring potential variation and health inequalities from a local and national perspective.

Collaborative working: The ROOT is developed iteratively through ongoing consultation with SLTs and colleagues from the information technology (IT)/data industry. The new data fields were designed using co-design principles, drawing these key stakeholders together.

KEYWORDS

data, inequalities, outcomes

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Development and evaluation of web-based guidance to facilitate the inclusion of adults who may lack capacity and who may have communication difficulties in research: A mixed methods participatory approach

Authors

Karen Bunning
UK—University of East Anglia

Rob Heywood
UK—University of East Anglia

Oluseyi Florence Jimoh
UK—University of East Anglia

Anne Killett
UK—University of East Anglia

Ciara Shiggins
Australia—University of Queensland

Peter Langdon
UK—University of Warwick

Brief outline of your submission

Drawing on evidence from a 4-year project that focused on the research provisions of the Mental Capacity Act (2005), this paper outlines the iterative development of web-based guidance to support the inclusion of adults who may lack capacity and have communication difficulties in ethically sound research.

Abstract

Introduction: The Mental Capacity Act (DoH: MCA, 2005) for England and Wales and its Code of Practice (DfCA, 2007) aims to protect adults who may lack capacity from exploitation and harm. Since its implementation, the MCA research provisions have been interpreted variably, with few health-related studies including adults assessed to lack capacity.

Aim: The aim was to develop evidence-based guidance for facilitating the inclusion of adults who may lack capacity and who may have communication difficulties in ethically sound research.

Methods: A mixed-methods participatory approach was conducted in two phases. Phase 1 involved the synthesis of evidence from a comprehensive review of the ethico-legal landscape in England and Wales (Heywood et al., 2019; Jimoh et al., 2021; Ryan et al., 2020), and surveys of practice under the MCA research provisions (Bunning et al., 2022; Killett et al., 2023). The evidence informed a first prototype of the guidance that focused on the law and ethics, capacity and decision-making and adjustments and supports. Phase 2 involved the iterative development and evaluation of prototype 1. A total of 32 participants, mainly researchers, completed an evaluation questionnaire. The questionnaire consisted of closed questions with rating scales and free-field boxes for explanations of ratings given. A more targeted review of the guidance involved six focus groups (two groups of REC members, researchers, practitioner/supporters) and 11 interviews with adults with lived experience. Participants went through the guidance slide by slide and made observations and comments on the specific content viewed. The questionnaire data were summarized using descriptive statistics with content analysis applied to the free-field responses. The focus group and interview data were analysed using template analysis. Thematic synthesis was carried out, the results of which informed the development of prototype 2. A final step involved 12 volunteers from the focus groups conducting a user review of prototype 2.

Results: There were six major themes containing sub-themes. These were translated into revision action points to the guidance as follows: presentation (e.g., strategic use of bullet points, headings and subtitles, clear font, pale coloured background to text); media (e.g., rationalization and resizing of graphics and animations); navigation

(e.g., simplification of internal structure and content of each domain, scroll bars rendered more visible); language (e.g., reduction and simplification of language content, all abbreviations and acronyms removed); scenarios (e.g., reorganization and extension of practice-based examples around the four principles of: understanding information; retaining information; weighing up implications and communicating a decision); resources (e.g., addition of checklist for researchers to help preparation of recruitment plans). The revised guidance/prototype 2 received a favourable user review.

Conclusions: The research provisions of the MCA (2005) and its Code of Practice would benefit from further elucidation. The ASSENT web-based guidance has the potential to enhance stakeholder understanding and application of the MCA research provisions. Further evaluation is needed to determine the impacts on the inclusion of adults who may lack capacity and/or who may have communication difficulties in ethically sound research.

KEYWORDS

capacity, ethics, research

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The Behaviour Change Wheel in Action: What we have learnt about normalizing universal, targeted and specialist speech and language therapy interventions into mainstream schools over the past 10 years

Authors

Helen Stringer

UK—Newcastle University, UK

Di Nicholson

UK—Northumbria Healthcare NHS Foundation Trust

Kate Hope

UK—Northumbria Healthcare NHS Foundation Trust

Brief outline of your submission

The Northumbria Healthcare–Newcastle University Universal, Targeted and Specialist (NNUTS) project implemented and evaluated universal, targeted and specialist speech and language therapy interventions into early years settings. Utilizing Behaviour Change Theory, we discuss how normalization was facilitated through effective partnership working led by speech and language therapists.

Abstract

Aims: From 2010 speech and language therapists (SLTs) successfully provided a multi-tiered system of support in a cluster of early years settings (EYS) to implement a universal, targeted and specialist (UTS) intervention for children identified as having speech, language and communication needs (SLCN). This Knowledge Transfer Partnership (KTP) had positive outcomes for the children involved (Jones et al., 2013). A robust model of partnership working supported by organization change and social capital theories has emerged, with changes to organization

to be resilient to organizational change whilst continuing to benefit the children. This study aimed to define the key factors that led to successful partnership working so that the intervention can be reliably and sustainably replicated.

Methods: The Behaviour Change Wheel (Michie et al., 2004) was used to structure the study. Desirable behaviours were identified at each UTS level and systems of contributing behaviours constructed. Multiple COM-B (Capability, Opportunity, Motivation-Behaviour) models were constructed from multiple interviews, focus groups and questionnaires with SLTs and EYS staff. The Theoretical Domains Framework (TDF) was used to further analyse COM-B content. Areas for change were identified and implementation plans developed, including training and resources. Social Capital (Forbes, 2009; McKean et al., 2017) and Normalization (May et al., 2009) theories informed the partnership construction and development of training and protocols by SLTs.

Results: Data were collected from over 50 SLTs and 40 EYS staff over a 10-year period. Qualitative analysis of the data using the COM-B model and TDF shows a knowledge, behaviour and cultural shift towards a level of autonomy in the EYS in supporting children with SLCN. Elements of the KTP, specifically support from SLTs, are identified as triggering the change; establishing co-working and training that was supported at all levels of both partner organizations. Factors that influence behaviour change and contribute to normalization include engagement of staff at all levels of the organizations; adoption of the process as an internal policy; ongoing knowledge exchange across organizations; establishing staff in the EYS with specialist skills and responsibility; continued, strategic support from speech and language therapy.

Conclusions: Following a behaviour change model of investigation focused our attention to both sides of the partnership. Analysing a number of behaviours and choosing those that would have greatest impact with least effort led to initial success that fed into increased motivation enabling introduction of harder goals. An investment of SLT time at the beginning of the partnership supported the EYS to adopt new ways of working with strategic SLT support but requiring less day-to-day SLT supervision, while maintaining positive outcomes for the children.

Contribution to new knowledge: Successful and sustained increase of support for children with SLCN by EYS staff with reduced SLT time has been demonstrated. Initial investment of time is repaid by more efficient use of resources as partnership working develops. The COM-B model is an invaluable tool in collecting and analysing data and future planning.

Implications for practice: Sustained change can be achieved by adopting a systematic process of partnership working between SLTs and EYS.

KEYWORDS

partnership sustainable change

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Designing online training that works for parents—A regional approach

Authors

- Jill Borland
UK—Western HSC Trust
- Rosemary Sleator
UK—Northern Health and Social Care Trust
- Kirstie Devlin
UK—Belfast HSC Trust
- Alison McClure
UK—South Eastern HSC Trust
- Cherith Doonan
UK—Southern HSC Trust
- Nicola McCann
UK—Northern Health and Social Care Trust

Brief outline of your submission

Online platforms are now a viable option when delivering speech and language therapy (SLT) training. Service users were surveyed for their views and preferences when accessing online training from paediatric SLT services. The outcomes were shared with speech and language therapists regionally in Northern Ireland with the aim that future training would be accessible for all.

Abstract

Introduction: The Regional Paediatric Digital Group (RPDG) is comprised of speech and language therapists from the five HSC Trusts in Northern Ireland (NI) working collaboratively to advance Telehealth in therapeutic practice regionally. During COVID-19 speech and language therapy (SLT) training for families transferred to online platforms across NI. This happened out of necessity; however, clinicians quickly realized that this was a cost-efficient method of service delivery. Anecdotal feedback from parents was positive, for example, reduced travel for rural communities, easier to manage childcare. Online training was forming part of long-term service delivery planning regionally. We decided to survey service users' preferences to influence design and delivery of future training.

Aims:

- To understand service users' satisfaction, preferences and ease of access when accessing parent training via online platforms.
- To share this information with SLTs designing and providing parent training.

Methods: A questionnaire was compiled with 15 first-person statements selected to maximize participant engagement and elicit information that would influence future service delivery, e.g., 'I would prefer to access pre-recorded training so I can watch at a time that suits me'; 'I don't want to speak in front of other parents or be seen on camera'. This draft version was shared with service users and feedback indicated that no changes were required. The questionnaire was hosted on MS forms via QR code and hyperlink for 2 weeks in January 2023. Paper copies were also available. The questionnaire was disseminated to paediatric NHS SLTs across NI to be shared with families using their service. Fliers and posters advertising the questionnaire were also produced and it was publicized via communication networks in special school and language classes, e.g., via Seesaw. The results were shared with paediatric SLTs across NI, with encouragement to use the findings when planning future training.

Main results: There were 318 responses. A total of 65% of responses came from families of children attending special schools. Most respondents had access to technology (80%) and wi-fi (91%). A total of 53% felt that online training was a good way for them to help their child. A significant proportion preferred to take a less active role in training events, with 37% wanting the option to have their camera off and 16% preferring not to be seen or heard by other parents. A total of 25% of families preferred live training, where everyone joins at the same time, 44% of families preferred a pre-recorded session watching in their own time.

Conclusions and implications for practice:

- Survey results indicate that not all families have access to adequate technology. Equality of access must be considered to reduce the impact of digital poverty.
- Just over half of respondents felt that online training was a good way for them to help their child. More work is needed to understand why not all parents feel this way.
- SLTs can prepare more reluctant participants by discussing how video platforms work and be flexible with the option to have cameras and microphones on/off.
- SLTs should consider making training available in both live and pre-recorded formats.

KEYWORDS

virtual training accessibility

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None.

Exploring neonatal nurses' and parents' understanding of the factors that both enhance and hinder communication and early interaction between preterm infants and their parents

Authors

Celia Harding

UK—City, University of London

Julia Petty

UK—School of Health & Social Work, University of Hertfordshire

Lisa Whiting

UK—School of Health & Social Work, University of Hertfordshire

Brief outline of your submission

Parents of infants receiving neonatal support are encouraged to bond with and develop an attachment through skin



to skin time and involvement in care. These are important approaches that support infant development. However, encouraging parents to use strategies that provide tools to develop positive early communication environments are not consistently encouraged.

Abstract

Introduction: There are many known benefits of speech, language and communication (SLC) stimulation for preterm infants despite the challenges associated with a neonatal unit setting (Cardin, 2020). Encouraging communication skills with infants can contribute to the provision of a positive developmental care environment (Als, 1986). Approaches that help bonding, attachment and skin to skin care are often incorrectly referred to in the literature as ‘communication’ (Harding et al., 2022). However, while these are essential precursor skills for developing productive dyadic relationships, strategies necessary to foster linguistic skills are poorly understood (Harding et al., 2019).

Aim: Few studies have investigated the impact of communication with infants despite SLC difficulties being a known high developmental risk factor for infants born preterm (Aylward, 2014; Harding et al., 2019). This study sought to investigate nurses’ and parents’ understanding of factors that enhance or hinder communication and early interaction between preterm infants and their parents whilst experiencing care on a neonatal unit.

Methods: A qualitative interview approach using narrative enquiry methodology (Holloway & Galvin, 2016) was undertaken to investigate nurse and parent opinions about factors that enhance and hinder communication with preterm infants. Ethics approval was granted by a local NHS research department. Research took place at a Level 2 and Level 1 neonatal unit in a busy, multicultural UK city district. Prior to undertaking the research, a panel of parents who experienced neonatal care scrutinized the research aims and materials. Nurse ($N = 9$; aged 23–50 years) and parent ($N = 8$) participants were interviewed via video link by a nurse researcher who was unknown to them, and who had no previous employment with either of the units. Parent participants ranged from 30 to 44 years of age. One parent had twins, and all other births were singletons, ranging from 24 to 34 weeks’ gestation. Qualitative data were collected from all participants through the narrative enquiry method (Holloway & Galvin, 2016).

Results: Preliminary data analysis has highlighted a number of core themes. Parent participants had limited knowledge of the core components of communication beyond bonding, skin to skin, direct talking to and singing with their infants. Inhibitors to developing communication with infants included mask-wearing, incubator care

and conflicting advice. Some parents who moved from a Level 3 neonatal unit to a Level 2 or 1 reported that there was less guidance about communication from staff. Nurse participants interpreted infant communication broadly, ranging from skin-to-skin care to communicating with and reassuring parents.

Conclusions: Initial findings identified that using communication with infants to develop foundation skills for developing language competence within an environment that fosters inclusion and learning is largely misunderstood. Our findings will contribute towards a better understanding of what constitutes early communication for neonatal professionals. This will lead to education materials and resources that target improving communication with infants through the use of appropriate strategies for parents and neonatal staff. As preterm infants are at high risk of developing SLC difficulties, these findings are of concern and require urgent attention.

KEYWORDS

language, neonatal, prematurity

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Improving equitable services and supporting linguistic diversity in Speech and Language Therapy provision for Deaf Multilingual Children: Making use of audit findings

Author

Elizabeth Kilmartin

UK—Northern Care Alliance NHS Foundation Trust

Brief outline of your submission

This presentation shares the results of an audit of speech and language therapists and teachers of the deaf who work with deaf multilingual children. The results reveal areas of good practice and gaps in the delivery of care. Recommendations are made on how services can improve equity and linguistic diversity.

Abstract

The term deaf multilingual (DML) is used to describe deaf children who are learning more than one spoken language. The annual survey conducted by the Consortium for Research in Deaf Education (CRIDE) reports that 14% of deaf children use a spoken language other than English at home (CRIDE, 2021). In England and other English-speaking countries, however, the number of DML children is increasing (Canon & Guardino, 2022). There are specific challenges facing DML children but also potential social, educational and well-being benefits of being bi-/multilingual. Currently, DML children tend to perform less well academically and may have poorer mental health (Kvam et al., 2007; NDCS, 2019; Novakova, 2020). A significant barrier for deaf children can occur when languages are not shared between family members (signed or spoken language) (e.g., Brown & Cornes, 2015). Pert and Shah (2021) highlight that there is a high risk of home-language loss when interventions are delivered exclusively or predominantly in English. Teachers of the deaf (ToDs) and speech and language therapists (SLTs) play a key part in supporting the parents of DML children when they are making language decisions (Wright et al., 2022). Professionals want to provide the best care possible but are challenged by limited empirical evidence and resources. To date, no audit has been published about how ToDs and SLTs manage the care for DML children.

Audit aims: The purpose of auditing ToDs and SLTs was:

- To identify service delivery practices of professionals working with DML children.
- To measure these against best practice guidelines, identifying areas of good practice and areas for improvement.

Methodology: A series of multiple-choice and free-text questions were compiled using the MS Forms application.

The questionnaire was sent to ToD and SLT services in England and Wales and shared on social media. Questions covered the following areas:

- Referral information.
- Referral data collection.
- Assessment.
- Intervention.
- Information sharing.
- Working with interpreters.
- Professional development.

Audit results: Teacher of the deaf and speech and language therapy services from 16 geographical areas in England and Wales participated in the audit. The responses were red/amber/green (RAG) rated according to how well they adhered to the RCSLT guidelines. Variation in the practices of professionals working with DML children was highlighted. Opportunities for improvement included the provision of information for families in languages other than English, delivery of multilingual assessment and intervention and the routine availability of referral data for DML children.

Conclusions and recommendations: The results of the audit indicate that professional practice varies depending upon the service they access. This variability could reflect geographical variation in service resources and availability, coupled with the lack of empirical evidence and standardized guidelines for this population of children. Services may benefit from standardized data collection and a more regulated approach towards professional development. In an effort to be more equitable and inclusive, services could also employ self-audit tools to identify where they are performing well and any gaps or areas for improvement.

KEYWORDS

children, deaf, multilingual

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What works, how and in what circumstances when supporting intensive parent-implemented interventions through digital health for children with severe speech sound disorder? A realist review and evaluation

Authors

Naomi Leafe
UK—Ulster University

Jill Titterington
UK—Ulster University

Emma Pagnamenta
UK—University of Reading

Professor Laurence Taggart
UK—Ulster University

Dr Mark Donnelly
UK—Ulster University

Professor Angela Hassiotis
UK—University College London

Brief outline of your submission

This research explores the use of digital health to support intensive parent-implemented interventions for children with speech sound disorder to uncover what works, how and in what situations. A realist methodology is employed to generate insight into how active ingredients and con-

texts of intervention delivery may interact to produce certain outcomes.

Abstract

Introduction: Speech and language therapists (SLTs) face challenges providing optimal, evidence-based intervention intensity for children with speech sound disorder (SSD). Current evidence suggests that empowering parents/carers to deliver parent-implemented digital intervention, alongside SLT support, could offer children increased intervention intensity. Further research is needed around the active ingredients of parent-implemented digital interventions, and how contextual factors impact intervention delivery for child and family outcomes.

Aim: To use relevant literature and stakeholder perspectives to improve understanding about what works, for whom, why, when and how, when delivering an intensive digital parent-implemented intervention for children with SSD alongside direct SLT.

Methods: Following RAMESES guidelines (Wong et al., 2013, 2016), realist methodology was used to conduct a realist review (RR) (phase 1) and realist evaluation (RE) (phase 2), to develop explanatory theories about how contexts and active ingredients of parent-implemented interventions interact to create outcomes. In phase 1, early theories were developed through informal literature reviewing, expert experience and stakeholder involvement, about how digital parent-implemented speech interventions work, why, in what situations. These explanatory theories were tested using literature identified and selected through formal searches and screening tools, including an appraisal of relevance and rigour. Data were extracted, analysed and synthesized, resulting in refined theories about how the intervention works. In phase 2, five SLT focus groups and four parent/carer focus groups ($n = 4-6$ participants per group) were conducted to gather stakeholders' perspectives to confirm, refute or refine the theories developed in the RR. Realist techniques in interviewing, coding, and data analysis were used alongside consideration of behaviour change theories, to understand what is needed for successful implementation of digital parent-implemented interventions for children with SSD.

Results: Data from the RR and RE were used to create, test and refine explanatory theories about how mechanisms of change interact with contexts to create outcomes across five key areas: (1) intervention intensity; (2) partnership and collaboration; (3) parent-training; (4) The child–parent–language therapist dynamic; and (5) child participation. Findings suggest that a digital, parent-implemented intervention for children with SSD has the potential to increase intervention intensity in certain

contexts. Key factors influencing intervention implementation and potential outcomes were identified.

Conclusions: Theoretical insights were proposed to explain how active ingredients and contextual factors impact digital parent-implemented interventions and influence outcomes for children with SSD. RR findings were dependent on included studies; however, the subsequent RE tested and refined explanatory theories using primary data. These insights will inform future co-production of a parent-implemented intervention to maximize efficiency and effectiveness of services for children with SSD.

Knowledge contribution: Realist methodology offers a new understanding of the active ingredients and contexts of parent-implemented interventions to support children with SSD.

Clinical implications: Insight from the realist approach supports understanding of, and reflection on, underlying factors needing consideration in intervention delivery in practice. Results will inform the future co-production of a digital tool, supporting the delivery of parent-implemented intervention for children with SSD.

Service-user involvement: An expert steering group supported the development and design of each phase, including theory refinement, literature searches, recruitment procedures and dissemination.

KEYWORDS

intensity, parent-implemented, speech

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Amateur Choir Singers—Does good vocal health matter?

Authors

Jo Levett

UK—Independent Researcher

Tim Pring

UK—City University of London

Brief outline of your submission

Singing is good for you! However, poor vocal health may occur in amateur singers and lead to voice disorders. This study presents data from a large survey of ama-

teur singers. A mixed-methods approach analysed data on warm-ups, cool-downs, vocal health and attitudes towards voice treatment.

Abstract

Introduction: Many amateur singers enjoy choir singing and may lack training and expertise of professional singers, potentially impacting upon their vocal health.

Aims: To assess amateur singers' experiences, their use of warm-up and cool-down sessions, vocal health, sources of help and advice and reactions to receiving diagnosis and treatment.

Methods and procedures: A questionnaire was sent to amateur choir singers. Quantitative data on their use of warm-up and cool-down activities was collected and the singers rated the frequency of adverse voice experiences after singing. Qualitative data were collected from singers who sought voice advice and from those who received a diagnosis and treatment.

Outcome and results: Most choirs used warm-up sessions but few used cool-down. Singers using choir warm-ups experienced significantly fewer vocal symptoms. Individual warm-ups were ineffective. Singers with diagnoses continued to have significantly higher symptom scores. A quarter of the singers who had neither sought help nor had a diagnosis had high scores. Singers appeared uncertain about who to consult for help. Those who saw a speech and language therapist (SLT) were much more likely to receive a diagnosis and treatment. Those receiving treatment were mainly positive about it and likely to complete a therapy course.

Conclusions: Warm-up sessions performed by choirs are helpful in avoiding voice symptoms and are recommended. The presence of singers who are unaware of potential damage to their voices is a concern.

Contribution to new knowledge: Poor vocal health may occur in amateur singers and lead to voice disorders, reducing the demonstrated benefits of regular singing. They may demonstrate less awareness of potential hazards and good health singing techniques than professional singers. There is less research on the extent of voice problems in amateurs or on potential actions to resolve any vocal difficulties. This survey demonstrates that choir warm-ups were effective in helping to avoid common symptoms associated with voice problems. A minority of singers who had not sought help for voice problems had high symptom scores on our assessment. Singers frequently turned to a singing teacher for help. Those who consulted an SLT were much more likely to be referred for further investigation and treatment. We present a simple subjective measure of symptom severity which distinguishes between singers who warm-up their voices and those who do not and between singers who have received a diagnosis and those who have not. There are a



number of indications in this research that amateur singers are unsure about seeking help. The use of a simple measure of the severity of vocal abuse may be useful.

Implications: A simple rating system, as used in this research, may alert amateur singers to the risks described above. Choir leaders could be more active in advising singers and refer them to professionals where necessary. SLTs appear more sensitive to their problems and could be a first point of contact.

Service-user involvement: Data were gathered via a questionnaire distributed through social media and email. A large number of questionnaires ($n = 852$) were returned, representing a high level of voluntary engagement.

KEYWORDS

amateur singers, voice

REFERENCES

None.

How do the communication practices of acute hospital ward staff avoid, de-escalate or resolve the distressed behaviours of inpatients living with dementia and how might we train what works? The VOICE2 applied conversation analytic study

Authors

Rebecca O'Brien

UK—Nottinghamshire Healthcare NHS Foundation Trust/University of Nottingham

Suzanne Beeke

UK—University College London

Alison Pilnick

UK—University of Nottingham

Isabel Windeatt

UK—University of Sheffield

Lauren Bridgstock

UK—University of Nottingham

Lovelyn Umeloh

UK—Nottingham University Hospitals NHS Trust

Sarah Goldberg

UK—University of Nottingham

Rowan Harwood

UK—University of Nottingham

Brief outline of your submission

We present new conversation analytical findings and show how they have underpinned the development of an evidence-based communication skills training intervention for acute hospital staff to help them avoid or de-escalate distressed behaviours when caring for people with dementia.

Abstract

Background: Distress in people living with dementia may be displayed through a range of behaviours, including verbal and physical agitation, verbal and physical aggression, resistance to personal care and exit-seeking (Porock et al., 2015). Despite agitation and aggression being reported in 20% of people over 70 admitted to UK emergency units (Goldberg et al., 2012), staff commonly report not receiving training on how to manage such behaviour (Griffiths et al., 2014).

Aims: This paper will present the findings from the first two phases of the VOICE2 study, which aimed (1) to identify those communication practices used by healthcare practitioners which work to avoid, de-escalate or resolve episodes of distress; and (2) to develop a training intervention to share these practices.

Methods: Hospital patients with a diagnosis of dementia who had shown distressed behaviours during their admission were recruited from older persons' wards in two UK acute hospitals. Hospital staff were recruited from across the multidisciplinary team, including nurses, healthcare and therapy assistants, allied health professionals (AHPs) and doctors. Particular attention was paid to recruiting staff from Black, Asian and minority ethnic (BAME) groups to represent the diversity of NHS staff. Consented participants were video and/or audio recorded during 53 naturally occurring healthcare interactions, targeting situations which had previously triggered distress. Recordings were transcribed and analysed using conversation analysis, to identify a group of 'trainable' practices. A series of intervention development workshops were held with expert stakeholders at which these findings were presented and developed into a training intervention ready for the next stage of evaluation. Stakeholders included people with lived experience of dementia, who were also involved as core members of the project development and management team.

Findings: Three core areas were identified as 'trainable' practices for hospital healthcare practitioners (HCPs) working with patients with dementia who show distressed behaviours:

- Patients displaying interactional competence: Despite disorientation to time, person and place, some inpatients living with dementia displayed a high level of foundational interactional competence, showing awareness and sensitivity to responses from HCPs which broke conversational norms. HCPs responded to such challenges from patients in a variety of ways which could be seen to escalate or de-escalate the concern.
- Responding to reality disjunction: When patients displayed orientation to a different reality from HCPs,

HCPs responded on a continuum from challenging their reality to fully joining in their reality, with some practices skilfully avoiding the difficulties presented at either extreme.

- Accounting for causing trouble: When HCPs needed to carry out tasks which caused discomfort to a patient or when they had to decline a patient's request, the ways in which they presented and explained their 'trouble-causing' actions became relevant to how the patient responded.

Conclusions: This applied conversation analytic study has enabled us to make explicit for the first time some of the subtle communication practices used by healthcare practitioners in avoiding and de-escalating distress for inpatients living with dementia. This new knowledge has been used to form the content of a new training intervention, developed with stakeholders, which will now be evaluated for feasibility across three UK hospital sites.

KEYWORDS

dementia interaction training

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What's sex got to do with it?: Exploring the experiences of Speech and Language Therapists in supporting the sexuality and sexual health of adults with acquired communication difficulties

Author

Rick Vakharia

UK—Manchester Metropolitan University

Brief outline of your submission

Through a qualitative analysis of five interviews, the study investigates the subjective experiences of speech and language therapists in the UK when working with sexuality and sexual health in adult patients with acquired communication difficulties.

Abstract

The responsibility of speech and language therapists (SLTs) to support sexuality within healthcare can be difficult to define, as healthcare professionals often do not consider sexuality and sexual health a significant part of a patient's rehabilitation (Low et al., 2022). However, the World Health Organisation (2002) definition of sexuality supports the idea that many healthcare professionals, including SLTs, can play a role in supporting rehabilitation goals of sexuality and sexual health in adult patients with acquired communication difficulties (Pieters et al., 2018). When a patient's ability to communicate about or understand sexuality is affected by an acquired health condition, SLTs should have a set of skills to support this aspect of their rehabilitation. Nevertheless, without standardized information or guidance, SLTs may have difficulty knowing what their responsibility is or what support they can provide when considering the topics of sexuality (Auger et al., 2020). The aim of this study is to investigate the subjective experiences of SLTs in the UK when working with sexuality and sexual health in adult patients with acquired communication difficulties. The knowledge, abilities and attitudes of SLTs in working with sexuality and sexual health will be explored including the variables that affect them, such as the context in which they work and the nature of their patients' conditions.

Participants were recruited through social media (Twitter) and through relevant Royal College of Speech and Language Therapists (RCSLT) Clinical Excellence Networks (CENs.) Five participants with different lengths of SLT practice and specializations were selected and participated in a semi-structured interview. The interviews were transcribed using Microsoft Teams software, which was followed-up by close inspection and manual correction of the transcription accuracy. A qualitative interpretative phenomenological analysis (IPA) approach (Storey, 2011; Peat et al., 2019) was used to code data and group the themes which emerged in the interviews.

The study offers a preliminary understanding of the knowledge, attitudes and abilities of UK SLTs when working with sexuality and sexual health. The findings indicate a lack of adequate training, resources and support for practitioners when addressing this particular area in the rehabilitation of patients with acquired communication difficulties. Participants expressed the need for collaborative multidisciplinary work with other healthcare professionals when supporting sexuality. Additionally, although relevant research on the general experiences of healthcare professionals working with sexuality and sexual health exists (Dyer & das Nair, 2013; Low et al., 2022), there is very little research focusing on this topic within the UK SLT practice. While the small sample size prevents the generalizability of the findings, the use of IPA (which



is ideally suited for smaller samples; Peat et al., 2019) as well as the inclusion of SLTs with varied lengths of practice and specializations offer a plethora of emerging evidence for a future design of a large-scale study. In addition to identified gaps and directions for future research, the study discusses the necessity for the creation of relevant communication resources, assessments and intervention materials to support UK-based SLTs when working with sexuality and sexual health in patients with acquired communication difficulties.

KEYWORDS

communication, sexuality, SLT

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Feasibility of a wireless feedback exercise ball to perform chin tuck against resistance (CTAR) exercise in frail patients

Authors

Lydia Morgan

UK—Bristol Speech and Language Therapy Unit (BSLTRU), North Bristol NHS Trust

Aoife Stone-Ghariani

United States—Lewisham and Greenwich NHS Trust

Ian Swaine

UK—University of Greenwich

Dharinee Hansjee

UK—University of Greenwich

Alberto Gamaruto

UK—University of Bristol

David Smithard

UK—Lewisham and Greenwich NHS Trust

Brief outline of your submission

A research study exploring the feasibility of a wireless feedback exercise ball to perform a chin tuck against resistance in frail patients. Findings are reported for 24 patients recruited to this study; the findings indicate acceptability to patients and potential benefit as well as the need for further research for this device.

Abstract

Introduction: It is known from the literature that many older frail people admitted to hospital (55%) will have difficulties with swallowing. The Chin tuck against resistance (CTAR) exercise has been gaining popularity as a therapeutic exercise to improve swallowing through targeting the suprahyoid muscles. Evidence suggests that CTAR may be more effective and less strenuous than similar types of exercise (such as the Shaker). However, up until now, it has not been possible to perform the chin tuck exercise in a consistent way, with controlled effort because there is no means by which effort can be regulated by the patient.

Aim: This study aimed to explore the feasibility of undertaking CTAR, with feedback, to improve swallowing and food intake in older adults presenting to the hospital with pneumonia.

Methods: This study uses CTAR using a prototype wireless ball and app with isometric feedback (a rubber ball with a pressure gauge, linked to a tablet via Bluetooth). This enables patients to complete CTAR in a consistent and regulated way at home. Older adults more than 75 years admitted to acute frailty wards across two sites were recruited to the study and randomized between three groups (control, exercise once a day and exercise twice a day). The exercise rehabilitation intervention lasted 12 weeks and had a follow-up period of 12 weeks.

Results: We recruited 24 participants across two sites. Of those approached, about one-third were willing to take part, and of those recruited 11 (45.8%) completed the study. Analysis is ongoing; for outcome measures assessed so far a trend is seen in swallow improvement over time using validated questionnaires (reported by participants). For seven patients who completed the exercise for 12 weeks, results showed that they were able to maintain their effort (squeezing of the ball) to within an acceptable range and



improve this over the course of the intervention. Participants in this group were also able to increase their mean chin tuck strength by the end of intervention by an average of approximately 20%.

Conclusions and contribution to new knowledge:

Participants were difficult to recruit and retain to this study due to being frail and vulnerable with ongoing health needs/difficulties. Participants also needed assistance with the technical aspects of using the device and tablet. For the sample who completed the intervention, the study provides tentative evidence for the utility and benefit of using the CTAR device. The device allowed us to set safe CTAR training intensities which we were able to individualize for patients, data also provided feedback about engagement and use of the device. The study hopes to inform a larger trial.

Implications for practice: The prototype wireless feedback ball provides a method by which chin tuck strength can be monitored and by which CTAR exercise can be carefully regulated during rehabilitation interventions in frail patients. This feasibility study indicates that the use of the device, with appropriate support, is acceptable to frail participants. Further study is needed to examine the use of the device against markers of dysphagia severity and risk of aspiration pneumonia.

KEYWORDS

CTAR, dysphagia, rehabilitation

REFERENCES

None.

**The Communication Profile Intervention:
Developing and testing an intervention to increase
paid carers' use of Speech and Language Therapy
recommended individualized communication
strategies in adult intellectual disability services**

Authors

Sian Wood

UK—University of Sheffield

Judy Clegg

UK—University of Sheffield

Sarah Spencer

UK—University of Sheffield

Brief outline of your submission

This study explores the barriers to paid carers using the speech and language therapy-recommended individualized communication strategies contained within an adult with intellectual disabilities' communication profile/report and develop an intervention to support carers

to effect a change and adjust their communication to meet the individual's needs.

Abstract

Background: Adults with intellectual disabilities (ID) frequently have social care and health staff as their primary communication partners. Effective communication within this partnership is fundamental to improving the individual's quality of life and yet achieving this for people with complex communication needs, supported by an under-resourced care system, is challenging. One approach speech and language therapists (SLTs) utilize involves detailing an individual with ID's communication skills and support needs in a communication profile/report and then upskilling the carers to adjust their communication to meet the individual's needs. There is, however, very little evidence available to guide this type of SLT intervention. This study aimed to explore the barriers to paid carers changing their communication behaviour and develop an intervention that supports SLT services to effect this change.

Methods: This study was guided by the Behaviour Change Wheel (Michie et al., 2014) within the overarching intervention development framework of the Medical Research Council (MRC) guidance on complex interventions (Skivington et al., 2021). Qualitative one-to-one semi-structured interviews were conducted with paid carers and SLTs ($n = 13$) working in adult ID services across the UK to identify key barriers. The COM-B (capability, opportunity, motivation) model of behaviour (Michie et al., 2014) and the Theoretical Domains Framework (Cane et al., 2012) guided the data collection and analysis which informed the 'behavioural diagnosis'. This was used to identify the intervention target behaviours. Behaviour change techniques with theoretically strong links to the target behaviour domain formed the basis for the intervention and the content was specified jointly with stakeholders. The intervention is being trialled with six paid carer participants supporting three adults with ID in community settings using a multiple-baseline across-subjects design with the primary outcome measure being the participant's use of SLT-recommended individual communication strategies.

Results: Key barriers to paid carers' use of SLT-recommended individualized communication strategies in ID services included brief input/insufficient level of SLT support; limitations of written communication information and leadership which places a low value on communication. Key facilitators included carers being shown and supported to use the communication strategy in practice; development of a respectful and open carer/SLT relationship and leadership engagement. A total of 10 intervention aims were developed to address the identified barriers. The resultant intervention



comprised eight SLT sessions and is currently being trialled with data collection due for completion by August 2023. Visual analysis and Tau-U will be used to establish the intervention effect and qualitative questionnaire data will explore participant's experiences of the intervention.

Conclusions: This study used a transparent, systematic and theory-driven approach to develop a communication partner SLT intervention for paid carers in adult intellectual disability services which addresses identified barriers. The behavioural diagnosis highlighted factors which will be helpful for SLTs to consider within their own practice when working towards achieving communication partner behaviour change. The effectiveness and acceptability of this intervention are being trialled in a real-world context and will offer clinicians new insights into optimizing patient outcomes when working indirectly with paid communication partners.

KEYWORDS

ALD, communication partners

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Evaluation of a national programme of change towards neuro-affirming practice in health and education in Scotland

Authors

Marion Rutherford
UK—Queen Margaret University

Isabelle Utley
UK—Queen Margaret University

Lorna Johnston
UK—Queen Margaret University

Donald Maciver
UK—Queen Margaret University

Eleanor Curnow
UK—Queen Margaret University

Marie Boilson
UK—Royal College of Psychiatrists

Brief outline of your submission

An evaluation of the (Scottish) National Autism Implementation Team (NAIT) quality improvement approach to improve healthcare pathways and educational experiences of neurodivergent people. With speech and language therapists as key leaders, this work has included a multi-year, multi-phase national programme of training, practice development, education, dissemination and facilitation of change.

Abstract

Neurodivergent people, including autistic people, often wait too long for assessment, experience exclusion and receive inadequate support in educational and health settings. There is clear evidence of the whole system changes needed but implementation and evaluation are complex. This conference presentation will report how the (Scottish) National Autism Implementation Team (NAIT) programme was planned, delivered and received over 4 years, and provides an analysis of the 'active ingredients' of this complex intervention. Analysis was completed by drawing on the Medical Research Council (MRC) Framework for developing and evaluating complex interventions and realist evaluation analytic methods. Data and analytic procedures included a review of programme documents, consultation with programme leaders and consultation with professional stakeholders with a high degree of involvement in NAIT activities and change. The analysis led to the identification of a NAIT 'programme theory' expressed through a realist matrix of 'contexts' (C), 'mechanisms' (M) and 'outcomes' (O). Autistic people have been included in the development of the research and in the NAIT team.

Results: NAIT principles towards neurodiversity affirming practice, activities, resources and key interventions were identified. A total of 16 'context' factors (factors which favour or disfavour the activation of mechanisms) were identified. Three clusters of 'mechanisms' (processes underpinning changes in outcomes or 'active ingredients' of the NAIT programme) were identified at the macro-level (two mechanisms), practitioner level (seven mechanisms) and institutional level (four mechanisms). A total of 17 outcome areas were identified. The role of NAIT is to provide support to enable practitioners across sectors to develop improved practices. This research was focused on national practice changes associated with NAIT, and on understanding the impacts of NAIT on this 'audience' which is professional staff. Evaluation of intervention outcomes for neurodivergent people or families was not the focus of this phase of the research.

Conclusions: The research has resulted in a clearer and more replicable programme theory that can be used by others with similar aims. This work illustrates the value



of NAIT and realist methodologies as a tool for other policymakers, practitioners and researchers. Leadership provided by allied health professionals working collaboratively is central to addressing the need for a paradigm shift and the development of a neuro-affirming community of practice to implement and sustain change.

KEYWORDS

autism, evaluation, neurodevelopmental

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Listening to and learning from the experiences of autistic health and education professionals

Authors

Marion Rutherford
UK—Queen Margaret University
Isabelle Utley
UK—Queen Margaret University
Victoria Johnstone-Cooke
UK—NHS Lothian
Lorna Johnston
UK—Queen Margaret University

Donald Maciver
UK—Queen Margaret University
Eleanor Curnow
UK—Queen Margaret University

Brief outline of your submission

This presentation is a systematic review and qualitative study ($n = 34$) exploring the experiences of autistic teachers and health professionals. It will identify supportive factors described by autistic people, identify how context, including organizational culture or environment, contributes and understands the 'journey' to successful employment. Outcomes are used in recommendations for neuro-affirming workplaces.

Abstract

Autistic people often experience discrimination and poor mental and physical health in the workplace. Those in professional roles, such as education and health, are at risk of poorer outcomes including underemployment and working in positions below their qualifications. Issues of poor participation, exclusion and impoverished longer term work experiences require urgent remediation. Understanding lived experiences is not only valuable, but also completely essential. The research team worked closely with autistic people in the development of questions, priorities, research materials and documentation. Two autistic researchers were recruited in the team. There were two study phases: (1) systematic literature review of previously published qualitative research on the working experiences of autistic adults in health or education roles; and (2) online in-depth qualitative interviews with 34 autistic people. For the systematic review, data extraction and synthesis followed PRISMA guidelines. Full details of the review methodology are available [PROSPERO]. For the qualitative study, inclusion criteria were diagnosis or self-diagnosis of autism, aged more than 18 years old, ability to participate in an interview, currently working in a statutory registered role in health (e.g., allied health professional, doctor, pharmacist, nurse) or statutory registered education role (e.g., teacher, school leader, support for learning). Each participant completed a 60–90-min semi-structured interview focused on training, recruitment, current work, disclosure of autism and recommendations. Additional demographic data were collected.

Results: A very small pool of pre-existing research was identified, indicating the extreme paucity of evidence. The limited literature available mainly focuses on unemployed people, rather than those who have been successful in attaining employment. There are some indications from the literature around how to best develop employment opportunities for autistic people and more broadly for disabled people, but overall, there remains limited



research. Preliminary data from the qualitative study reflected a high level of interest in the need for a greater understanding of autistic professionals working in health and education. Analysis suggests that autistic adults desire support (via individual support and/or environmental modifications) to help to manage sensory issues, social communication, and specific areas of working life such as engaging in interviews and recruitment. Participants expressed contrasting views on the disclosure of autism, with this being an individual choice impacted by many factors. Non-disclosure is linked to fear of prejudice. Numerous recommendations have been made for improvements and training needed for professionals and organizations in autism and neurodiversity. Key messages for workplaces have been identified and will be used in the development of professional learning materials.

Conclusions: Given the recent emphasis by experts and providers of services for autistic adults on increasing participation in work, it is important to understand how individuals have achieved their employment positions to increase participation and to understand problems with career engagement and success, what barriers may be modifiable to improve engagement and likely outcome. Evidence gathered supports the development of experience-based good practice guides focused on making health and education careers and workplaces more accessible and less discriminatory. The outcomes are relevant to speech and language therapists as colleagues in inclusive workplaces and in interventions for adults with communication support needs in employment settings.

KEYWORDS

autistic, employment, neuro-affirming

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‘Easy access’: An alternative to the ‘refer–assess–treat’ paradigm for supporting children and families to access speech and language therapy advice and support in the Early Years

Authors

Marie Gascoigne
UK—Better Communication CIC

Clare Nield
UK—Lancashire and South Cumbria NHS Foundation Trust

Emma Jordan
UK—Hereford and Worcestershire NHS Trust

Victoria Riley
UK—Better Communication CIC

Alison Moore
UK—Lancashire County Council

Brief outline of your submission

This paper presents the results of moving to an easy-access walk-in provision from a traditional ‘refer–assess–treat’ model in two services at different time points using the same methodology. Data from both services demonstrate reduced waiting time, reduced parental anxiety and better access to therapy.

Abstract

The concept of the ‘easy access’ community-based session where parents and carers (and other professionals) can access a speech and language therapist (SLT) is a core element of the delivery model that enables the Balanced System[®] High Level Outcomes to be achieved in a geographical area and its local systems. This paper will outline the impact of introducing this approach as an alternative to traditional ‘refer–assess–treat’ pathways in two services and share compelling data to support the approach in the face of increasing waiting lists for access to a speech and language therapist at a critical time in the developmental trajectory for children and at a time when the impact of the COVID pandemic is being realized in the increased incidence of speech, language and communication needs amongst the pre-school population. Taking these two services at different time points but implementing a similar methodology permits a repeated measures approach to the data analysis. The speech and language therapy service in Worcestershire was re-designed and began implementing a service delivery model in line with the Balanced System in 2010 following a needs analysis using the framework that was conducted as part of the Better Communication Action Plan Commissioning Pathfinder programme between 2008 and 2010. The needs analysis identified the geographical areas of highest predicted SLCN and these data were used to plan the easy access community-based sessions in children’s centres and community bases working alongside other community services. The data from Worcestershire show the high take-up of the sessions and the sharp drop in waiting times and improved access to therapy for those for whom this was appropriate. The Worcestershire data then evidence the maintenance of that early impact over 12 years along with the addition of impact data for children and families. The second service



example is from East Lancashire where the first 'easy access' sessions have been implemented in a children and family centre working closely with public health colleagues and wider system partners to design an open access session that includes access to speech and language therapy assessment and advice alongside other services in a speech, language and communication-focused weekly session. The data from this service show the radical reduction in waiting time from 40 plus weeks to zero in a 6-month period. These waiting list data sit alongside impact data collected from families attending the sessions and other professional colleagues. Finally, the paper will consider the evidence from these two service examples and discuss the potential reasons for the success and impact of the approach as well as considering the opportunities presented by the development of family hubs, the embedding of the health visitor-led identification and support via the Early Language Identification Measure and Intervention, as well learning from other UK SLT services that have moved away from the traditional refer-assess-treat approach to access to speech and language therapy services.

KEYWORDS

easy access, impact, waiting lists

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- <https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide>

Evaluating an early social communication intervention for young children with Down Syndrome (ASCEND): Results from a feasibility randomized controlled trial

Authors

Vesna Stojanovik
UK—University of Reading
Emma Pagnamenta
UK—University of Reading
Sarah Sampson
UK—University of Reading
Rachel Sutton
UK—University of Reading

Benjamin Jones
UK—University of Exeter
Kate Harvey
UK—University of Reading
Elena Pizzo
UK—University College London
Vicky Joffe
UK—University of Essex

Brief outline of your submission

This randomized controlled trial of an early social communication intervention for children with Down syndrome (delivered by parents and supported by speech and language therapists) found that recruitment, retention, treatment fidelity and acceptability of the intervention indicates a full-scale trial to assess effectiveness in improving language skills is feasible.

Abstract

Introduction: Children with Down syndrome are known to have particular needs related to speech and language and yet there is a limited evidence base for effective early interventions to enhance language and communication outcomes. An early social communication intervention for young children with Down syndrome ('ASCEND') focusing on developing children's early social communication skills has demonstrated initial evidence of positive language outcomes (Seager et al., 2017). The aim of this study was to conduct a randomized controlled trial (RCT) of ASCEND, delivered by parents and supported by NHS speech and language therapy services, to inform whether a full-scale trial to investigate the effectiveness of the intervention would be feasible with young children with Down syndrome.

Methods: This was a two-arm feasibility RCT conducted across three NHS sites with one-to-one randomization stratified by trial site, comparing the intervention plus standard NHS speech and language therapy provision and standard NHS speech and language therapy provision only. Pre- and post-intervention and 6-month follow-up assessments included language, social communication skills, adaptive behaviour, quality of life (parents and children), parental anxiety and depression. The intervention was delivered by parents with speech and language therapists (SLTs) acting as a point of contact for support. Data were collected on recruitment and retention, standard care, treatment fidelity, acceptability of the intervention by the parents and SLTs, feasibility of collecting health economic measures and suitability of the primary outcome measure. Parents of children with Down syndrome were involved in every aspect of the study, informing recruitment, the intervention materials, data collection, and analysis and dissemination.

Results: A total of 20 children with Down syndrome aged 11–36 months were recruited, 19 were randomized (10 to the intervention group, nine to the control group). The sample was sufficient for a feasibility study. The intervention (manual, support, materials) was positively received by participating parents and SLTs evaluated the intervention as acceptable. Treatment fidelity and retention met the criteria for progression to a full trial. The preliminary health economic data suggest that this intervention will be low cost.

Conclusions: Based on recruitment, retention and treatment fidelity, and acceptability of the intervention to parents and SLTs, a full-scale trial would be feasible in order to assess the effectiveness of the intervention in improving language skills of children with Down syndrome before they start school.

Contributions and implications: This study demonstrates that a feasibility RCT of a parent-delivered early intervention can be carried out through speech and language therapy services effectively in order to inform progression to a larger scale effectiveness trial. Experiences of parents, SLTs involved and the research team in delivering the trial provide important insights for future feasibility trials of speech and language therapy interventions. Although not an objective of the feasibility study, pre- and post-intervention data suggest that the intervention can be effective in improving language outcomes for young children with Down syndrome.

KEYWORDS

Down syndrome, intervention

REFERENCE

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Parent-Delivered Early Language Intervention for Children with Down Syndrome (PACT-DS): A Pilot Study

Authors

Kirstie Hartwell

UK—Manchester Institute of Education, University of Manchester

Emma Pagnamenta

UK—University of Reading

Vesna Stojanovik

UK—University of Reading

Kelly Burgoyne

UK—Manchester Institute of Education, University of Manchester

Brief outline of your submission

This project demonstrates how co-production and mixed-methods research methodologies can be used effectively to ensure that service users are at the heart of the research process when adapting and evaluating language interventions for children with Down syndrome. Working together with parents provided invaluable insights to support delivery, effectiveness and outcome measurement

Abstract

Introduction: Children with Down syndrome have significant language learning difficulties and require support for language development from an early age to reach their full potential. However, there is a lack of evidence-based language interventions for children with Down syndrome. Parents and Children Together (PACT) is an evidence-based parent-delivered language intervention, originally developed for children at risk of language difficulties, which leads to gains in preschool children's language and literacy skills (Burgoyne et al., 2018). The current project (PACT-DS) aims to adapt and evaluate PACT as a language intervention for young children with Down syndrome. This paper reports Stage 1 of the project, where we have worked with parents of children with Down syndrome to pilot and co-create adaptations to the PACT intervention for a subsequent feasibility randomized controlled trial due to start in September 2023.

Research question: What adaptations support parents to deliver the PACT intervention with children with Down syndrome?

Methods: We trained parents of six 4–6-year-old children with Down syndrome to deliver the first 5 weeks (25 sessions) of the PACT intervention (Cycle 1). We used a mixed-methods approach to evaluate their experiences through observations, daily record forms, a survey and a focus group and identified adaptations to support the delivery and effectiveness of the intervention. We then adapted 5 further weeks of PACT according to their feedback which was subsequently piloted and evaluated by the same parents and children (Cycle 2).

Results: In Cycle 1, parents completed between 15 and 25 sessions of the un-adapted PACT programme. Observations of delivery and parent feedback highlighted many positive features of the programme. However, several adaptations were identified as important for enhancing delivery and potential effectiveness. Parents responded very positively to the adapted programme delivered in Cycle 2, reporting children were more engaged and active participants and that delivery was easier and more enjoyable as a result of the adaptations.

Conclusions: Working together with parents to adapt an existing intervention for children with Down syndrome provided invaluable insights into changes that needed to be made to the intervention to support delivery and effectiveness as well as how best to measure outcomes of the intervention for a future feasibility trial.

Contributions and implications: This study demonstrates how co-production and mixed-methods research methodologies can be used effectively to ensure that service users are at the heart of the research process when adapting and evaluating language interventions.

KEYWORDS

co-production, Down syndrome, intervention

REFERENCE

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Shared book-reading as a context for language intervention for children with Down syndrome: A review

Authors

Mirjana Jeremic
UK—University of Reading
Emma Pagnamenta
UK—University of Reading
Kelly Burgoyne
UK—Manchester Institute of Education, University of Manchester
Vesna Stojanovik
UK—University of Reading

Brief outline of your submission

A review of existing evidence for shared book-reading as a context for improvement in language and communication outcomes for young children with Down syndrome found evidence of successful parent/carer/educator implementation of shared book-reading strategies within the child's natural environments.

Abstract

Background: The development of language and communication skills is one of the biggest challenges for children with Down syndrome. However, few evidence-based interventions exist to enhance the development of language and communication in this population. There

is well-established evidence of the effectiveness of shared book-reading (SBR) interventions for language and communication development of typically developing children and those at risk of language difficulties, and evidence is emerging for effectiveness for children with developmental disabilities. Previous studies have found that children with Down syndrome and their parents regularly share books and that parents attempt to use strategies to engage their children during book-sharing activities. The aim of this review was to synthesize systematically the evidence base for SBR in enhancing language and communication outcomes for young children with Down syndrome.

Methods: A systematic literature search was conducted in January 2023 using five electronic databases (MEDLINE via PubMed, PsycINFO, Web of Science Core Collection, ERIC, Cochrane Library) with the following inclusion criteria: children with Down syndrome aged 0–6;11 years, SBR, language or communication outcomes. Eight studies met the criteria: one SBR intervention, four combined interventions that included SBR, two experimental studies and one observational study. Sample sizes ranged from one to 103 children with Down syndrome. Ages of participants ranged from 18 to 83 months.

Results: We found emerging evidence that interventions that incorporate SBR strategies are associated with improved language and communication outcomes for young children with Down syndrome as well as evidence of improved parental sensitivity and implementation of SBR strategies. Importantly, parents/carers perceive the intervention as effective, easy to implement and enjoyable. SBR strategies included CROWD ('completion, recall, open-ended questions, wh-questions and distancing') questions, PEER ('prompt, evaluate, expand, repeat') strategies (Whitehurst et al., 1994) and RAA (read–ask–answer) strategies (Kent-Walsh et al., 2010). We found that the existing evidence is limited in scope, of low quality, including mostly single case studies, with only one study including a control group.

Conclusions: The studies included in this review suggest that SBR is a promising intervention approach which could be implemented with children with Down syndrome to enhance their language and communication skills. Further research is essential to establish which components of SBR intervention are most effective and what further adaptations are needed for young children with Down syndrome given the cognitive profile and variability that exists within this population.

Implications: SBR strategies have been implemented with children with Down syndrome through the instruction of parents/careers/educators and we have found evidence of effective implementation within the child's natural environments. Involving parents/carers is essential to enable child and family-centred intervention and

SBR naturally lends itself to this approach. This needs to be further explored with more controlled studies examining the possible relationships between parental input during SBR and child language and communication outcomes.

KEYWORDS

Down syndrome, review, shared book-reading

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Working in partnership: Engaging with bilingual families and practitioners

Authors

Louisa Reeves

UK—Speech and Language UK

Denise Amankwah

UK—Speech and Language UK

Liz Wood

UK—Speech and Language UK

Jon Gilmartin

UK—Speech and Language UK

Jane Flynn

UK—Speech and Language UK

Brief outline of your submission

This project explored whether Speech and Language UK's *Early Talk Boost* meets the needs of bilingual children and families. By directly engaging with diverse communities and practitioners, resources were changed and developed. These changes are being evaluated through a small randomized control trial.

Abstract

Introduction: Speech and Language UK's *Early Talk Boost* London project focuses on bilingual children and families in two diverse boroughs: Tower Hamlets and Newham, where around two-thirds of pupils have EAL (Department for Education, 2022). The *Early Talk Boost* intervention was originally evaluated in 2014 and shown to be effective in advancing early language skills. The purpose

of this current project is to evaluate if it meets the needs of bilingual children and families.

Project aims: The project was designed in two phases and aims:

- To assess the effectiveness and cultural sensitivity of *Early Talk Boost* by engaging with bilingual practitioners and parents across seven settings in Tower Hamlets and Newham.
- To evaluate whether *Early Talk Boost* can effectively boost the acquisition of English for bilingual children.

Methods: We ran a series of engagement sessions with 10 parents and six practitioners from highly diverse linguistic and cultural backgrounds. We also convened an advisory group of professionals and academics working in the field of bilingualism who shared their expertise.

We are now running a quasi-randomized control (RCT) trial across four settings with active and waiting control settings. The study uses a mixed-methods approach including self-reporting, observation, standardized and dynamic assessment. Measures have been administered by external evaluation assistants who are blind to the condition.

Results: The parents/carers and practitioners involved in the engagement phase of the project were generally positive regarding the principles and approach of *Early Talk Boost*. However, they recommended some revisions to improve the accessibility of the programme to a wider population. This included:

- Multiple short videos showcasing all aspects of *Early Talk Boost* and featuring a diverse range of parents and practitioners.
- Amended parent content, in plain English, with factual and positive messaging on bilingualism.
- Improved the practitioner training materials. For example, key learning points at the end of each session to consolidate learning.

Findings from the RCT will be analysed once data collection is complete.

Conclusions: Inconsistent levels of professional knowledge and tools to support diverse children and families can be a real barrier to children making progress with their language skills in their early years. Working with bilingual parents and practitioners has enabled Speech and Language UK to revise *Early Talk Boost* to be more reflective of diverse communities and more accessible to families and practitioners.

Implications for practice and policy:

- Services designed in collaboration with a wide range of families can help reduce barriers and facilitate

greater access for all families, not just those with more than one language.

- Small changes to existing ways of working can make a huge difference in levels of engagement and inclusion.

Collaboration with service users: We worked jointly with Early Years Practitioners to engage parents of children taking part in Early Talk Boost groups. Both practitioners and parents/carers were invited to participate in recurring engagement sessions. This gave parents/carers and practitioners the opportunity to inform us about whether our revisions matched their feedback.

KEYWORDS

bilingual, intervention, partnership

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Implementing pre-registration eating, drinking and swallowing difficulties

Author

Kathleen Graham
UK—Royal College of Speech and Language Therapists
(RCSLT)

Brief outline of your submission

Speech and language therapists are a key stakeholder in the management of people with eating, drinking and swallowing (EDS) difficulties, however training on this at a pre-registration level was not universal. This projects looks at the development and implementation of the pre-registration EDS framework.

Abstract

The Royal College of Speech and Language Therapists (RCSLT) and Health Education England (HEE) funded the development of a pre-registration competency framework to align pre-registration eating, drinking and swallowing (EDS) training across all programmes and to enable newly qualified therapists to enter the workforce with a level of EDS competency.

Aims:

1. To develop a workforce fit for the future which incorporates EDS into the pre-registration curriculum.
2. By 2026, all students will need to achieve these competencies to graduate.
3. To develop resources to support the implementation of the competencies.

Methods:

A working group with lead authors was established by the RCSLT to write the competency framework using the best available evidence. This framework was communicated to members and a gap analysis of the current level of pre-registration provision was established. Barriers to implementation were established which included concerns about lack of placement availability to sign off competency and hours component. Systematic review of literature around simulation/technology-enhanced learning and EDS difficulties was established along with scoping of potential solutions to overcome barriers.

An eLearning module was collaboratively designed and produced by qualified and student members representing clinical EDS specialisms and higher education. eLearning presents four cases of people with EDS difficulties (two adult and two paediatric) along with one adult and one paediatric assessment. The eLearning shows the management of these cases in line with the evidence base and current models of intervention. The use of video and interactive templates allow learners to refine their EDS skills throughout the learning.

Response to it has been really positive with members commenting that it is a useful resource, pitched at the right level to support students. Others felt it would be useful in priming students for EDS placements so that they were able to achieve more during direct contact with clients as they had already learned the skills needed.

KEYWORDS

dysphagia, pre-registration, simulation

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A randomized controlled trial comparing the efficacy of pre-school language interventions—Building Early Sentences Therapy and an Adapted Derbyshire Language Scheme

Authors

Cristina McKean

UK—Newcastle University, UK

Christine Jack

UK—Newcastle University

Sean Pert

UK—The University of Manchester

Helen Stringer

UK—Newcastle University, UK

Carolyn Letts

UK—Newcastle University

Emily Preston

UK—Newcastle University,

Kate Conn

UK—Newcastle University

Anastasia Trebacz

UK—Newcastle University

Jenny Sandham

UK—Newcastle University

Naomi Rose

UK—Newcastle University

Robert Rush

UK—Finn Coral Statistical Services

Mark Masidlover

UK—Derbyshire Language Scheme

Brief outline of your submission

This randomized controlled trial compared the efficacy of Building Early Sentences Therapy (BEST) to an Adapted Derbyshire Language Scheme for 102 children aged 3;06–4;06. Both interventions were associated with clinically meaningful improvement in functional communication. BEST was associated with greater gains in comprehension and production standard scores.

Abstract

Introduction: Building Early Sentences Therapy (BEST) and the Derbyshire Language Scheme (DLS) are effective in improving children's use and/or understanding of simple sentences (1, 2). BEST is based on 'usage-based' theory. (3) The underlying hypothesis being that the systematic

manipulation of the nature and quantity of language a child hears, promotes abstract, flexible knowledge and use of a range of sentence structures, hence accelerating future language learning (4). DLS incrementally increases the information-carrying words children are asked to understand and produce. Comparisons of effective interventions enable informed choices to be made regarding which work best for a given child, context or family preference. Furthermore, comparing interventions delivered with the same dosage, delivery context and treatment fidelity tests whether it is the specific learning mechanisms exploited by the interventions which promote change.

Aims: To determine whether:

- BEST and an adapted DLS (A-DLS) which follows the principles of traditional DLS but are less individualized, differ in their efficacy.
- BEST and A-DLS differ in the degree to which benefits generalize to broader language and communication skills.
- BEST accelerates progress after intervention as predicted by usage-based theory.

Methods

A total of 20 schools were independently randomized to receive BEST or A-DLS. Measures were collected at baseline, outcome and follow-up.

Children aged 3;06–4;06, identified by teachers as monolingual English speakers, and not meeting age-related expectations in their language development, were assessed and included if they scored \leq 16th centile on the New Reynell Developmental Language Scales (NRDLS) (5) comprehension and/or production subscales and had no sensorineural hearing impairment, severe visual impairment or learning disability.

Interventions were delivered twice weekly in preschool settings in approximately 15-min group sessions for 8 weeks by qualified speech and language therapist researchers, trained to deliver both interventions with high fidelity. BEST and A-DLS were manualized and delivered with standardized resources and treatment fidelity checked.

Measures were completed blind to the intervention arm. Primary outcomes were comprehension and production subscales of the NRDLS. Secondary outcomes measured targeted structures (BEST picture description, an adapted DLS rapid screening test) and teacher-reported functional communication (FOCUS: functional communication in Children under Six) (6).

Analyses of covariance (ANCOVAs) comparing intervention groups on each measure, at outcome and follow-up, while covarying the respective baseline value.



Results and conclusions: A total of 102 children participated. Primary outcome: There were no differences in NRDLs comprehension or production standard scores at outcome, but children receiving BEST had higher comprehension and production standard scores at follow-up. Secondary outcomes: No group differences. Both interventions were associated with large clinically meaningful changes on the FOCUS.

Contribution to new knowledge: BEST brings gains in non-targeted language structures for both production and comprehension. Significant changes in standard scores post-intervention suggest that BEST can accelerate progress in comprehension.

Implications for practice and/or policy service: Both interventions bring clinically meaningful changes. BEST is more effective than A-DLS in the service delivery model used in the LIVELY study.

Brief description of any service-user engagement/involvement in the study: PPI with parents, SLTs and educators was completed prior to and during the study.

KEYWORDS

interventions, language, pre-school

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Dysphagia presentation, incidence and outcomes across subgroups of paediatric acquired brain injury

Author

Emma Glisson

UK—Oxford University Hospitals NHS Foundation Trust

Brief outline of your submission

This paper explores dysphagia presentation and outcomes across the subgroups of paediatric-acquired brain injuries: traumatic, anoxia/hypoxia, bleed/stroke, autoimmune, infection and other. These data provide, for the first time, an opportunity to look at how dysphagia outcomes differ between the subgroups and explore the impact of brain injury aetiology on outcomes.

Abstract

Introduction: This study explores the subgroups of paediatric brain injury and the dysphagia progression and outcomes for each group.

Aims: This study details dysphagia incidence, range of severity, time taken to oral intake and outcomes at discharge for each brain injury subgroup identified at a tertiary UK hospital.

Methods: A total of 84 paediatric patients were included in this retrospective case series to explore dysphagia outcomes across a population of children admitted to a tertiary-level UK children's hospital, following an acquired brain injury (ABI), between October 2017 and April 2023. Brain injury subgroups were identified based on aetiology (traumatic, acquired, infection, autoimmune, hypoxia and other) to allow comparison of outcomes between these subgroups. Comparisons are made between the percentage of children returning to full oral intake versus no oral intake at the time of discharge, time taken for oral intake introduction versus time taken to achieve full oral intake.

Results: Incidence of dysphagia across the subgroups of ABI varied. Percentage of children with dysphagia for traumatic brain injury (TBI) was 95%, ABI 66%, infection 91%, hypoxia 100%, autoimmune 100% and other aetiology 71%. There was variation between the subgroups around the percentage of patients who were discharged from the hospital fully orally fed; TBI 75%, ABI 100%, infection 92%, hypoxia 0%, autoimmune 80% and other 86%. Strikingly, 57% of the patients with hypoxia were discharged with no oral intake, compared with only 10% for TBI and the infection subgroup, 0% for ABI and autoimmune, and 14% in the others subgroup. Mean time to oral intake (in days) was TBI 26, ABI 14, infection 10, hypoxia 26, autoimmune 18 and other 21. Mean time to full oral intake (in days) for those patients who did return to being fully orally fed was TBI 31, ABI 29, infection 33, autoimmune 21 and other 50.



Conclusions: Dysphagia incidence is high in the paediatric ABI population; however, there are significant differences in the progression than can be expected across the subgroups. Brain injury secondary to hypoxia often results in severe dysphagia which does not improve or resolve before discharge from the hospital. This study begins to detail these differences in dysphagia outcomes across different aetiologies of brain injury in paediatrics.

Contribution to new knowledge: There are no papers exploring dysphagia outcomes across different subgroups of paediatric ABI or the differences in incidence across the subgroups. This paper aims to provide some data on the varying outcomes across the groups to support those working in this area.

Implications for practice: This data provides some information to base predictions about dysphagia progression and outcomes across the subgroups of brain injury. This aids discussions with parents/carers but also supports decision-making around long-term tube feeding which often takes place during the acute hospital stay post-brain injury. Hypoxia is associated with poor dysphagia outcomes with the majority of patients in this study not returning to oral intake before discharge from the hospital.

KEYWORDS

brain injury, dysphagia

REFERENCES

None.

Introducing the PLUTO program: A pilot trial of an online, parent-led, psychosocial intervention for children with Developmental Language Disorder

Authors

Annabel Burnley

UK—University of Bath

Yvonne Wren

UK—Bristol Speech and Language Therapy Unit

(BSLTRU), North Bristol NHS Trust

Michelle St Clair

UK—University of Bath

Rachael Bedford

UK—University of Bath

Sam Waldron

UK—University of Bath

Charlotte Dack

UK—University of Bath

Brief outline of your submission

This pilot trial is one of the first online interventions designed specifically for children with developmental

language disorder, aiming to improve children's emotion regulation, anxiety management and self-esteem. It is designed as a flexible, parent-led intervention that would work in conjuncture to routine speech and language therapy.

Abstract

Background: Children with developmental language disorder (DLD) experience an increased rate of psychosocial difficulties than typically developing children. Despite this, there are few available interventions tailored for their language difficulties. The PLUTO intervention was developed using a person-based approach: a 12-week, online psychosocial intervention for parents of children with DLD. Modules included child anxiety management, emotion regulation, self-esteem and parent worry management. All content was developed in collaboration with parents of children with DLD, speech and language therapists and clinical psychologists.

Aims: This pilot aims to explore the acceptability, feasibility and efficacy of the PLUTO intervention.

Methods: A mixed-methods, case series approach was used. A total of 10 parents of children diagnosed with DLD (6–11 years old) were randomized to three groups, creating a staggered multiple-baseline design ($M_{age} = 8.3$; male children $n = 6$). Validated measures of childhood anxiety, emotion regulation, self-concept and parent well-being were collected for 24–26 weeks (4–6-week baseline; 12-week intervention; 8-week follow-up). Weekly qualitative feedback was collected during the intervention (12 weeks) to understand the acceptability and feasibility of PLUTO.

Results: Nine children reported clinical levels of emotional difficulties at baseline (Strengths and Difficulties Questionnaire; emotion subscale total $M = 5.3$), with eight experiencing high levels of state anxiety (State and Trait Anxiety Inventory; state subscale total $M = 11.0$). Quantitative data collection and analysis is ongoing. Qualitative results indicate a positive response to the intervention materials; interim themes include 'initiating conversations', 'increased understanding of child emotions' and 'improving confidence when approaching emotional situations'. Child engagement in the intervention content largely depended on the presentation of their psychosocial skills (e.g., physical versus cognitive representation of anxiety), and the previous interventions they had accessed (e.g., zones of regulation). Families represented a range of socio-economic and educational backgrounds; however, all were White and all had dual-parenting households. The implications of this are discussed with regards to the inclusiveness of the intervention.

Conclusions: This study provides evidence of how children with DLD respond to psychosocial intervention materials. Findings have important implications for the

ongoing evaluation of, and improvements to, the PLUTO intervention.

KEYWORDS

developmental language disorder

REFERENCES

None.

'I'm in a unique position to make a difference': Exploring the experiences and practices of autistic speech and language therapists

Authors

Mélanie Gréaux

UK—University of Cambridge

Napoleon Katsos

UK—University of Cambridge

Jenny Gibson

UK—University of Cambridge

Brief outline of your submission

This presentation introduces the findings of a qualitative study on the experiences and practices of autistic speech and language therapists (SLTs). Research giving voice to underrepresented SLTs can yield critical insights to meaningfully address issues of diversity, inclusion and equity in the profession.

Abstract

There is little evidence about the experiences of autistic adults working in healthcare professions (Moore et al., 2020). To date, most speech and language therapy research on autism has generated knowledge to inform service delivery (Defense-Netrval & Fernandes, 2016), but no study to date has investigated how being an autistic speech and language therapist (SLT) influences one's professional experiences and practices. Better understanding of the unique positionality of autistic SLTs can yield critical insights to meaningfully address issues of diversity, inclusion and equity in the profession. This qualitative study aims to investigate the experiences and practices of autistic SLTs through the lens of the CHAT-ICF framework, a newly proposed theoretical framework developed to conceptualize the activities of professionals working in the field of disability (Engeström, 2014; World Health Organization, 2001). Eight autistic SLTs (six diagnosed; two self-identified) practising in the UK and USA were interviewed individually in their preferred mode of communication (e.g., phone call, emails, etc.) and using their language preferences. A semi-structured interview guide was devel-

oped and piloted with two autistic adults and one SLT with experience in autism research to enhance ethical autism research practices (Cascio et al., 2020). The data were analysed using reflexive thematic analysis (Braun & Clarke, 2022). Data coding followed a hybrid inductive–deductive approach, and a reflexive diary was used throughout the research cycle (Nadin & Cassell, 2006). Six overarching components of the CHAT-ICF framework hosted the 13 themes identified to capture the experiences and practices of autistic SLTs: (1) *subject* (autistic identity; intersectionality); (2) *tools* (conceptualization of autism; communication skills; processing skills); (3) *rules* (employment; ableism); (4) *community* (sense of inclusion); (5) *division of labour* (colleagues; employers; parents); and (6) *activity* (empathy; clinical approaches). Using the CHAT-ICF theoretical lens revealed three key structural phenomena: (1) the distribution of themes across many components of CHAT-ICF demonstrated that being an autistic SLT is a multifactorial experience with far-reaching implications; (2) the chain reactions between multiple components of CHAT-ICF illustrated the interconnections between these factors; and (3) the power differentials at play within and between components of CHAT-ICF showed specific phenomena of marginalization that regulate their experiences. This is the first qualitative study to date to provide in-depth insights into the experiences and practices of autistic SLTs. Being autistic in a profession-oriented towards disability and communication creates a unique positionality that profoundly impacts their experiences and practices. We recommend using an intersectional lens, providing training on the neurodiversity paradigm, addressing ableism in the workplace and providing reasonable adjustments (especially during recruitment) for autistic SLTs to be more included in the profession. Limitations include the small sample size, and future research should consider how to facilitate even more engagement with participants. Research giving voice to autistic, neurodivergent or more broadly SLTs with disabilities has the potential to catalyse action for a more diverse and inclusive profession (Gréaux, Chadd, et al., forthcoming; Gréaux, Katsos, et al., forthcoming), and inform progress towards the RCSLT strategic vision (Royal College of Speech and Language Therapists, 2022).

KEYWORDS

autism, diversity, qualitative

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Palin Stammering Therapy for School-aged children (8–14 years): A feasibility trial

Authors

Sharon Millard
UK—The Michael Palin Centre
Suzanne Murphy
UK—University of Bedfordshire
Garry Barton
UK—University of East Anglia
Lorna Rixon
UK—Connect Health
Erika Sims
UK—University of East Anglia
Lee Shepstone
UK—University of East Anglia

Vicky Joffe
UK—University of Essex

Brief outline of your submission

The aim of this National Institute of Health Research (NIHR)-funded randomized control trial was to examine the feasibility of a definitive trial to explore the effectiveness of Palin Stammering Therapy for School-aged Children, compared with usual treatment. This presentation describes the methods and main outcomes of this study.

Abstract

Background: Access to therapy for children who stammer is described as a ‘post-code lottery’¹. Three recent systematic reviews^{2,3,4} have concluded that the evidence-base for stammering therapy is inadequate, with no randomized controlled trials to support or inform therapy with school-aged children. The quasi-experimental trials and reports of intervention outcomes that do exist have stammering frequency as the single outcome measure. However, increased fluency is not the only desired outcome from therapy identified by children or parents⁶ and does not necessarily translate into improved confidence to communicate and participate in daily speaking situations. There is a clear need to develop and establish an evidence-based intervention that meets the needs of children and parents, and which can be delivered by SLTs in local services. One therapy programme, which seeks to reduce the impact of stammering and increase knowledge and confidence to manage, is Palin Stammering Therapy for School-aged Children (Palin STSC (8–14)).

Aims: Before a full-scale randomized controlled trial to examine the effectiveness of Palin STSC(8–14) in comparison with usual NHS care can be conducted, a feasibility trial is required⁷ to examine the:

- feasibility of recruitment and retention of SLTs and parent–child dyads;
- suitability of the measures used;
- acceptability Palin STSC(8–14) to children, SLTs and parents;
- acceptability of the research methods; and
- fidelity of intervention delivery.

The aim of this presentation is to report on the recruitment, attrition and quantitative assessment results of this NIHR-funded trial.

Method⁷: This was a cluster RCT with randomization to Palin STSC(8–14) or usual treatment (TAU) at the level of SLT. SLTs assigned to Palin STSC(8–14) received training in the approach. Children and parents completed assessments at baseline and 6 months later. SLTs completed



questionnaires at the start and end of their involvement in the trial. Quantitative measures were selected for their ability to measure therapy outcomes and potential predictors for outcomes in a full trial. A process evaluation using semi-structured interviews and quantitative measures was included.

Results: A total of 14 sites were recruited and target numbers of SLTs and child–parent dyads/triads were exceeded. SLT completion rates were high. Methods to enhance parent–child completion at follow-up were identified. While this study was not designed to allow comparison between the groups, data indicated that both groups showed improvements, with Palin STSC(8–14) showing greater changes in most outcomes, with a significantly greater improvement in parents’ knowledge and confidence compared with TAU.

Conclusions: The outcomes support the need for a full trial and demonstrate its feasibility. Many amendments made because of the COVID-19 pandemic will be retained and minor modifications to the follow-up assessment process will be introduced in the full trial.

Implications: Developing an evidence-based intervention that can be delivered in local clinics by specialist and non-specialist clinicians has the potential to increase access to services and influence service delivery models for this client group. The learning from this feasibility trial will inform the development of a fully powered, definitive trial. Service users and representatives from stakeholder groups were involved at all stages of this study.

KEYWORDS

feasibility, stammering, therapy

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‘You’ll find most people who got involved with the Café couldn’t do without it now’—Socializing in an online versus in-person Aphasia Café

Authors

Shauna Bell

Ireland—Department of Speech and Hearing Sciences, School of Clinical Therapies, University College Cork

Andrea Horgan

Ireland—Department of Speech and Hearing Sciences, School of Clinical Therapies, University College Cork

Helen Kelly

Ireland—Department of Speech and Hearing Sciences, School of Clinical Therapies, University College Cork

Brief outline of your submission

People with aphasia (PwA) experience detrimental consequences post-stroke, which can result in limited opportunities for social engagement and poor psychosocial ramifications. Peer support can improve psychosocial outcomes. This study investigates stakeholder perspectives on an in-person and online social outlet for PwA, and speech and language therapy students who support them.

Abstract

Background and objectives: People with aphasia (PwA) experience detrimental consequences post-stroke which can result in limited opportunities for social engagement (Cruice, Worrall & Hickson, 2006) and poor psychosocial ramifications (Kristo & Mowl, 2020). Peer support can improve psychosocial outcomes (Cruice et al., 2020; Northcott et al., 2021); however, COVID-19-related social restrictions resulted in the closure of social outlets for PwA, further exacerbating social isolation. Some social



networks transitioned online during this period. One such network was the Aphasia Café, a social group for people with aphasia, supported by speech and language therapy students. The aim of this study was to investigate the experiences and knowledge, attitudes and beliefs about the Aphasia Café (in-person and online) from the perspectives of PwA and speech and language therapy students (SLTS) who support them.

Methods: Six PwA were individually interviewed. A total of 16 SLTS participated in one of five focus groups. Semi-structured questionnaires facilitated inductive and deductive data collection which were analysed using framework analysis.

Results: Observed themes related to the in-person and online Aphasia Café from both SLTS and PwA include: 'Socialising changes during Covid-19 pandemic', 'Awareness and Purpose of the Aphasia Café', 'Comparing advantages and challenges of in-person and online Aphasia Café' (sub-themes: accessibility, technology, time/timing, non-verbal communication and social environment), and views about what people with aphasia consider to be an 'Optimal Aphasia Café' were gathered.

Conclusions and contribution to new knowledge: This study provides a unique perspective on the delivery of a supported informal conversation group from both PwA and the SLTS who facilitate it. With adequate resources, both online and in-person social spaces were considered to enhance the quality of life for PwA and give invaluable experience for SLTS.

KEYWORDS

aphasia, social support

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experiences. *Health and Social Care in the Community*, 30(4), e898–e908.

Introducing a Novel Battery of Dynamic Assessments of Communication Skills for Infants

Authors

Helen Spicer-Cain

UK—City, University of London

Nicola Botting

UK—City, University of London

Brief outline of your submission

This study created a novel battery of dynamic assessments of communication skills for infants, with the aim of working towards early identification of needs. These new assessments were tested with 92 infants aged 8–22 months and showed promise for further investigation that would work towards future clinical use.

Abstract

Introduction: Language and communication difficulties are relatively common, affecting around 10% of all children at school starting age. Many of these children are not identified early enough to benefit from early interventions to support their language and communication development, despite parents identifying concerns early in the child's life. In part, this may be due to a lack of valid assessment instruments that can be used with children under the age of two. At this age, formal standardized assessment may not be possible, and dynamic assessment, which considers the child's ability to perform skills in a naturalistic framework of scaffolding from an adult, may be a useful tool. This may be particularly important for children who are experiencing difficulties with communication, attention, or other aspects of development, and for children who are bilingual, and for whom standardized assessment norms therefore do not apply. This study therefore investigated preliminary data from a novel set of dynamic assessment measures of communication skills designed to be used with infants.

Methods: The study recruited 92 children aged 8–22 months in three groups (mean age 13.1 months). This included 53 children at average likelihood of communication difficulties (parents and siblings with no history of communication, language or literacy difficulties), and two groups of children at an increased likelihood of communication difficulties ($n = 17$ children at an increased likelihood of social communication difficulties and $n = 22$ children at increased likelihood of language difficulties). Children were assessed in their home using a battery of five novel dynamic assessment measures related to receptive vocabulary, motor imitation, response to joint attention,

turn taking and social requesting. A standardized language measure and a range of parent questionnaires were also administered. A total of 62 children from this original sample were followed up at 6–8 years of age. At this time point, language and pragmatic skills were assessed remotely via Zoom (due to the COVID-19 pandemic), and parents completed questionnaires about children's language and social communication skills.

Results: In infancy, the dynamic assessment tasks showed high levels of interrater reliability and significant relationships with age across the average likelihood group. Three of the tasks also showed significant correlations with standardized assessment measures. These were particularly strong for the dynamic assessment of receptive language skills. This subscale also showed significant differences between the three groups, with children at an increased likelihood of social communication difficulties receiving lower scores than children in other groups. Analysis of the longitudinal data shows some significant relationships between dynamic assessment scores in infancy and language and social communication skills at school age in this sample.

Conclusions: The results of this study provide preliminary information about this set of novel dynamic assessment tasks for infants, suggesting that these should be further investigated through future research with larger and more diverse samples. In the future, these or similar tasks may form part of new assessments that would allow the detection of communication difficulties in very young children.

KEYWORDS

assessment, communication, infancy

REFERENCES

None.

Therapy for school-aged children who stammer—What is 'usual treatment' in the NHS?

Authors

Sharon Millard

UK—The Michael Palin Centre

Vicky Joffe

UK—University of Essex

Suzanne Murphy

UK—University of Bedfordshire

Brief outline of your submission

This presentation outlines the therapy available to school-aged children who stammer in the NHS. This information

was collected as part of a National Institute of Health Research (NIHR)-funded feasibility study comparing a new therapy programme with 'usual treatment'.

Abstract

Background: When considering the effectiveness of interventions, it is important for funders to know whether a new intervention is more effective or cost-effective than the therapy that already exists. If a new therapy is to be adopted by the NHS, it is not enough to demonstrate that it is effective compared with no therapy, but that it is more beneficial than the current provision. However, this assumes that there is an acceptable, standard or recommended intervention already in existence. Yet there is no evidence-based intervention for children who stammer over the age of 6.^{1,2,3} There are no NICE guidelines or standard published programmes to follow, and inevitably speech and language therapists (SLTs) lack confidence in how to support school-aged children who stammer⁴. These factors are also likely to explain, in part, why services to children and young people who stammer are disparate and variable, and, are described as 'a postcode lottery'⁵. As part of a National Institute of Health Research (NIHR)-funded feasibility study⁶, we collected information about services currently provided at the sites that took part in the trial. The aim was to examine the frequency and content of assessment and therapy sessions currently available within these NHS Trusts. The aim of this presentation is to describe what is provided as 'usual treatment'.

Methods: A total of 14 sites took part in the feasibility study. As part of the baseline data collection, SLTs ($n = 50$) were asked to complete a questionnaire with regard to their practices with children who stammer aged 8–14 years, detailing:

- their knowledge and experience;
- numbers of children referred per year;
- number of sessions spent on therapy;
- assessments used; and
- therapy implemented.

Results: The results showed that there was considerable variation in the amount and content of therapy provided. Few SLTs used standardized assessments for stammering and many therapies were adapted from those intended for other age groups (either younger or older). Typical referral numbers, and time spent working with this client group varied between therapists and across Trusts.

Conclusions: These findings support the need for an evidence-based intervention for school-aged children who stammer, in order that services can be more consistent and SLTs can be more confident in delivering therapy. While these findings do not reflect all services in the NHS, this

information about what constitutes 'usual treatment' is relevant for those who seek to improve access and support for children who stammer, including researchers and stakeholder groups.

KEYWORDS

stammering, services, therapy

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Critical Conversations on Decoloniality in SLT Education

Authors

Dharinee Hansjee
UK—University of Greenwich
Mershen Pillay
New Zealand—Massey University
Lindsey Thiel
UK—Leeds Beckett University
Harsha Kathard

South Africa—University of Cape Town

Alison Tempest

UK—De Montford University

Christina Smith

UK—University College London

Aydan Suphi

UK—Birmingham City University

Brief outline of your submission

Given the newness of decoloniality, the primary objective of this presentation is to explore theoretical and methodological aspects of decolonizing speech and language therapy higher education in the UK through a critical conversation from educators locally and globally.

Abstract

Introduction: The decolonial turn, in speech and language therapy (SLT) is the latest focus to address how to support cultural change within the profession. In 2020, the Royal College of Speech and Language Therapists (RCSLT) reached out to colleagues in South African higher education institutes (HEI) who are actively engaged in the decoloniality agenda (Pillay & Kathard, 2015), building on a 30-year history of professional transformation away from colonially saturated SLT education and research.

Aim: The aim was to collaboratively address the RCSLT anti-racism work with leads from HEI specifically about meeting the needs of diverse communities in their pre-registration education programmes.

Methods: An informal group of SLT HEI educators was convened and have been meeting from 2021 to the current time (May 2023). These meetings were focused on decolonizing SLT higher education programmes in the UK via a sharing of experiences and initiatives from respective organizations. Professors Harsha Kathard and Mershen Pillay contributed to the group's cogitations, with thoughts and experiences from mainly South Africa, but also from their work with other African/Asian countries, and recent experiences in New Zealand. Essentially, this group's meetings may be understood as a series of reflective, critical conversations on topics related to decolonization, as well as diversity, equity, inclusion and anti-racism. The critical conversations methodology (Pillay, 2003) was applied to these discussions, which developed naturally over time. Critical conversation relies on the use of reflexivity, specifically when meta-theoretical fields are considered such as social, cultural, political and related economic fields, and when discussions include race, gender, class and heteronormativity. Intimately connected to this version of reflexivity, is what Pillay (2003) called reflexive interpretation, which is the shifting of thought processes from the literature to self-critical levels of interpretation of lived experiences in higher education. What was evident



from the discussions was the underlying key feature of critical conversations, the nature of the relationship built, over time, toward one that facilitates collegial honesty and a space to explore uncertainty and challenges that arise in respective teaching and learning environments.

Results: The discussions provided a scaffold to practical steps in decolonizing the curriculum with acknowledgement of the processes involved rather than a simplistic set of actions. Raising the consciousness appears to be the first step (as individuals and as a collective), in making these discussions integral to navigating a multicultural society (Arday, Belluigi & Thomas 2021). The platform facilitated reflection and conversations on discomfort, illustrating the importance of listening to and learning from others.

Conclusion and implications: Decolonization is not about deleting knowledge or histories that have been developed in the West or colonial nations but rather blending in new constructs. It is possible that by ongoing and committed dialogue and intervention, we might embrace a new way of thinking and being, developing inclusive processes to enter the field, contemporary curriculums and a more diversified workforce.

KEYWORDS

decolonization, inclusive curriculums

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UK paediatric speech and language therapists' perceptions of the use of telehealth in current and future clinical practice: An application of the APEASE criteria

Authors

Jenna Charlton

UK—Newcastle University

Mélanie Gréaux

UK—University of Cambridge

Amit Kulkarni

UK—Royal College of Speech and Language Therapists (RCSLT)

Melanie Dornstauder

UK—Newcastle University

Brief outline of your submission

We present the results of a survey exploring practising UK speech and language therapists' (SLTs) clinical experience of telehealth, structured by the APEASE criteria. Factors optimizing paediatric speech and language therapy via telehealth and recommendations for future service delivery, policy and research are presented.

Abstract

Introduction: Telehealth for paediatric speech and language therapy (SLT) became one of the most salient modes of service delivery during the COVID-19 pandemic. Studies have explored the use and effectiveness of telehealth in different areas of paediatric SLT. Intervention and assessment via telehealth in comparison with face-to-face delivery has demonstrated some promising outcomes, whilst practitioner and client experiences, and levels of engagement, are mixed. There is a need, however, to frame telehealth experiences and efficacy within a theoretical model to draw out practical implications that consider the wide range of factors impacting clinical implementation. The APEASE criteria (Michie et al., 2014) offer such a framework.

Aims: The current study explored practising UK SLTs clinical experience of telehealth through the broad economic, ecological and sociological lens of APEASE. It aimed to identify factors for optimizing paediatric SLT via telehealth across these criteria and provide recommendations for future service delivery, policy and research.

Methods: An online survey structures by the APEASE criteria was distributed to members of the UK's Royal College of Speech and Language Therapists (RCSLT) in 2021. A mixed-methods approach to analysis was used, combining quantitative descriptive data and reflexive thematic analysis.

Results: A total of 438 qualified and practising UK paediatric SLTs completed the survey. Telehealth is broadly acceptable and practicable to SLTs yet they remain unclear about the extent to which telehealth is effective in comparison with face-to-face delivery, or how cost-effective it is. SLTs reported that effective implementation of telehealth services is dependent upon several contextual factors. Affordability was reported as a clear barrier to clients having access to telehealth resources. While many SLTs welcomed aspects of telehealth, there were concerns about the physical and mental health consequences for practitioners. It is, however, anticipated that some telehealth will continue to be used in the future alongside face-to-face services. Six themes for the future development of telehealth in paediatric SLT were identified:

(1) balanced and tailored services; (2) technology and equipment; (3) information and communication; (4) capacity-building; (5) monitoring and evaluation; and (6) leadership and governance.

Conclusions: Outcomes highlight promising, concerning and uncertain aspects of telehealth in paediatric SLT; however, SLTs believe that telehealth is here to stay. There is, however, a need for effective leadership, clear communication, ongoing policy and guidance development, upskilling of users and careful evaluation of impact to ensure optimal implementation.

Implications for practice and policy: The use of telehealth in paediatric SLT should remain flexible and be tailored to meet the requirements and circumstances of the service being delivered, practitioners and clients. For services continuing to use telehealth, this service development must be clearly communicated to all stakeholders and users should be supported through appropriate training. The APEASE criteria offer a valuable opportunity to enhance and streamline practice and policy to ensure sustainable implementation of telehealth in the paediatric SLT services of tomorrow.

KEYWORDS

APEASE, paediatric, telehealth

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Updating the RCSLT Dementia Guidance for commissioners, clinicians and the public: A co-production approach

Authors

Lindsey Collins

UK—University of Bradford

Stephanie Holderness

UK—Royal College of Speech and Language Therapists (RCSLT)

Brief outline of your submission

This presentation provides information on the co-production process used to update the Royal College of Speech and Language Therapists' (RCSLT) Dementia Guidance and the benefits of involving people with lived experience of dementia in this process.

Abstract

Introduction: The Royal College of Speech and Language Therapists (RCSLT) provides policy and practice guidance

on a variety of topics. The guidance on dementia for commissioners, SLTs and the public was previously published in 2014/15 [1, 2]. It is important for guidance to be kept up to date with the latest research and clinical context to ensure high-quality clinical practice. It is also best practice to involve people with lived experience in the development of clinical guidance and policy [3].

Aims: To use a co-production approach [4] to update three sets of guidance with people with lived experience of dementia: (1) for commissioners of SLT services for people living with dementia; (2) for SLTs working clinically with people living with dementia; and (3) for members of the public/other stakeholders with an interest in the role of SLT in supporting people living with dementia.

Methods: People with lived experience of dementia were recruited through a variety of charitable organizations and Experts by Experience networks. We had applications from 14 people with lived experience of dementia for six available positions. Applications were screened by the lead author and RCSLT project manager to select individuals with a range of experiences, resulting in four people with a diagnosis of dementia and two family carers joining the project reference group to support the author group.

We initially held a group Zoom discussion, focused on the broad content of the guidance and what should be included. People with lived experience then reviewed the drafts, consultation feedback and final versions of the guidance with meaningful contributions to the structure and content. People with lived experience were also involved in the dissemination of the public guidance through their networks and social media.

Results: The contributions of people with lived experience of dementia have influenced the updates of all three guidance documents in terms of content, wording and presentation, ensuring that the voices of people with lived experience of dementia are present in guiding SLTs.

Conclusions: The co-production of the guidance documents has enabled the voice of people with lived experience of dementia to be included throughout the process and to ensure that the guidance is relevant and accurate.

Implications for practice and/or policy: The involvement of people with lived experience has strengthened the guidance for SLT practice and service commissioning by ensuring that represents the real-world experiences of people living with dementia.

KEYWORDS

co-production, guidance, policy

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Swallowing and oral–sensorimotor skills of young children with severe acute malnutrition

Authors

Casey Jane Eslick
South Africa—Sefako Makgatho Health Sciences University
Esedra Kruger
South Africa—University of Pretoria
Alta Kritzinger
South Africa—University of Pretoria
Prof. Marien Graham
South Africa—University of Pretoria

Brief outline of your submission

This research presents a novel description of the swallowing and oral–sensorimotor skills in a sample of children with severe acute malnutrition aged 6–36 months to inform practice considerations and further research into speech–language and swallowing intervention approaches.

Abstract

Background: Young children with severe acute malnutrition (SAM) are described to present with high rates of food refusal, weakness, hypotonicity and lethargy during recovery from SAM (Arvedson et al., 2020; Itaka & Omole, 2020; Mutoro et al., 2019). Although longitudinal studies identify children with SAM present with motor delays (Iannotti et al., 2016), there is a lack of information describing the swallowing and oral–sensorimotor skills of young children with SAM to inform speech–language and swallowing interventions. Ramos et al. (2017) question if food refusal may be associated with under-developed feeding skills, warranting further investigation.

Aim: This research aimed to investigate the swallowing and oral–sensorimotor skills of a sample of children with SAM, aged 6–36 months, during in-patient recovery.

Methods: A cross-sectional, descriptive design was employed to compare the oral–sensorimotor skills of 45 children hospitalized with SAM ($M = 15.98$; $SD = 8.03$), to a pairwise-matched control group ($M = 15.96$; $SD = 8.08$), using the Schedule of Oral–Motor Assessment (SOMA). Matching for age, gender, tuberculosis and HIV status, socio-economic status including father's employment, mother's education, transport accessibility and housing was achieved. Relevant demographic information and past and current feeding practices were obtained from

medical file perusal and caregiver interviews. Data collection occurred early in the rehabilitation phase of SAM recovery.

Results: The research identified 42% of children with SAM presented with oral–sensorimotor difficulties in the oral and pharyngeal phases of swallowing across most consistencies in the SOMA, which is significantly more ($p < 0.05$) than the control group (19.6%). Statistically significant ($p < 0.05$) Spearman correlation coefficients established inter-rater reliability of the SOMA ratings. Caregivers of children with SAM reported a higher frequency of food refusal at the beginning of meals and disruptive feeding behaviours such as following the child, and force-feeding. There were no referrals to speech therapy or swallowing disorders identified in the sample of children with SAM prior to data collection.

Conclusions: Novel description of young children with SAM's oral–sensorimotor difficulties and disruptive feeding behaviours during in-patient recovery are presented. Under-identification and lack of referral to SLTs are notable. This research highlights the need for speech–language therapists to explore intervention approaches for young children with SAM who present with complex psycho-social profiles, compounded by poor feeding practices, and significant oral–sensorimotor difficulties for swallowing.

KEYWORDS

feeding, paediatrics, swallowing

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Exploring whether child and/or adult characteristics moderate Parent-Mediated Intervention outcomes for pre-school autistic children and children awaiting autism assessment

Authors

Sara Fincham-Majumdar
UK—University of Reading
Tom Loucas
UK—University of Reading
Emma Pagnamenta
UK—University of Reading

Brief outline of your submission

Autistic pre-school children and their caregivers have a range of profiles with unique strengths and needs. We seek to understand how parent and child factors moderate outcomes following parent-mediated intervention; learning could allow practitioners to further personalize speech and language therapy (SLT) support, removing barriers and improving the equity of SLT support.

Abstract

Background: Parents and carers of preschool autistic children, seeking support, have the right to know whether intervention will benefit their child. Parent-mediated intervention (PMI) is advocated by the UK National Institute for Health and Care Excellence (NICE) (2013) though support needs are highly variable. PMI for young autistic children leads to changes in parent–child interaction and improved receptive language skills (Oono et al., 2013). Specific mediators include parental synchrony (Pickles et al., 2015) and mirrored pacing (Gulsrud et al., 2015). Less is known about moderators of outcome (Vivanti et al., 2014); individual responses to PMI highlight variability. Parent and child factors influencing the success of intervention (Roberts et al., 2022, Trembath et al., 2019) are infrequently cited in the literature and theoretical motivation is rarely provided (Vivanti et al., 2014). Often, protected characteristics are missing in autism research (Wong et al., 2015). This study responds to calls to explore for whom intervention works (Lord et al., 2022). Detailing family and child characteristics could lead to personalized support and efficacious outcomes.

Aims: To explore whether child and/or adult characteristics moderate PMI outcomes for pre-school autistic children and children awaiting autism assessment.

Methods: A total of 43 parents/carers participated (children aged 2;01–5;01, mean = 3;5), 32 male, 11 female. A total of 16 were raised in bi/multilingual environments, and 27 in monolingual environments. A total of 12 children were diagnosed with autism spectrum disorder (ASD); 30 were waiting ASD assessment and one family was not exploring

ASD assessment. Nine children were diagnosed with co-occurring conditions (e.g., avoidant/restrictive food intake disorder, global developmental delay and epilepsy). A total of 34 children were born full term, nine were pre-term.

Dyads received an evidenced-informed 11-week PMI programme delivered by speech and language therapists in a university clinic. The programme focused on increasing parental responsiveness by developing parental synchrony, mirrored pacing and environmental arrangement. Parents were asked to implement strategies daily for 30 min. Theoretically and clinically motivated characteristics were measured at baseline, including autism features, sensory reactivity, indirect parent report measures considered, adaptive functioning, executive function, mental health, parent stress and demographic factors. Outcome measures were taken at baseline, end of intervention and 3 months post-intervention (completion June 2023). The primary outcome measure is child social communication. Secondary outcome measures are the child expressive/receptive language skills and social responsiveness at home and nursery. Parent outcomes include communication style, family quality of life and parent empowerment.

Results: A total of 42 children completed the intervention and baseline assessment, one child moved out of area before follow-up, eight children have follow-ups scheduled in June 2023. Data processing and blind video coding are in process. The Hayes PROCESS model will be used for moderation analysis (Hayes, 2017).

Contributions and implications: Determining whether parent and child characteristics moderate PMI outcomes would inform information gathering, enabling more personalized support. Personalizing intervention could improve SLT support for autistic preschool children, leading to meaningful outcomes whilst ensuring services are sustainable and effective. Limitations include sample size.

Service-user engagement: Parents were consulted during the feasibility phase of work about the perceived acceptability of assessment measures, which informed the current protocol.

KEYWORDS

autism, pre-school, social communication

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An exploration of how Ulster Speech and Language therapy students develop eating, drinking and swallowing competencies across all four placement blocks from year 1 to graduation, as judged by placement educators and students

Authors

Rosalind Gray Rogers
UK—Speech and Language Therapy, School of Health Sciences, Ulster University



Orla Duffy

UK—Speech and Language Therapy, School of Health Sciences, Ulster University

Dorothy Clarke

UK—Speech and Language Therapy, School of Health Sciences, Ulster University

Brief outline of your submission

This research project examines eating, drinking and swallowing (EDS)-related clinical learning activities and competency development in Northern Ireland's speech and language therapy (SLT) programme at Ulster University. Preliminary findings reveal discrepancies in competency judgments, lack of translation between placements and valuable clinical activities. The study offers insights to enhance SLT education and EDS management.

Abstract

The research project aims to investigate the eating, drinking and swallowing (EDS)-related clinical learning activities experienced by students from year 1 to graduation in Ulster University's speech and language therapy (SLT) programme, the extent to which these activities enable students to demonstrate and evidence EDS competencies, the impact of the clinical placement model restructuring at Ulster University on students' acquisition of EDS-focused clinical experience hours, and the patterns in SLT students' development of EDS competencies across the programme. To achieve these aims, the researchers employed various research methods. In the academic year 2022–23, all students recorded their clinical activity using an adapted 'clinical hours log' spreadsheet, specifying the type of activity and the time taken. They also mapped how these clinical activities contributed to the development of their EDS competencies using a recently developed Northern Ireland competency tool called the CT-Pre-Reg ETT. Placement educators completed the CT-Pre-Reg ETT competency form at the end of each placement block, allowing for tracking of the development of EDS competencies across year groups. Discussions during placements aimed to encourage competency development and formative assessment. The full results of the analysis are still pending, as placement data are expected to be available in June 2023. Preliminary findings suggest a discrepancy between the judgments of students and placement educators regarding the attainment of competencies. There appears to be a lack of application or translation of competencies developed in adult placements to paediatric blocks across the final year. Nevertheless, there is evidence of a rich range and quantity of clinical EDS-focused activity valued by the students. Emerging patterns in the development of competencies across year groups are also being observed. The conclusions drawn from this research

project indicate an understanding of the progression and growth of EDS competencies in Ulster SLT students. Key stages in the development of these competencies are being identified, providing insights into the activities and factors that contribute to accelerated competency development. These findings have important implications for targeted interventions and improvements to ensure that students are well-prepared to meet the required standards in EDS management. Enhancements to the curriculum, clinical placements, and overall preparation of SLT students in relation to EDS competencies can be made based on these results. Moreover, service-user engagement, primarily involving students and placement educators have been crucial to this research project. Their input and perspectives have informed the data collection and analysis, contributing to a comprehensive understanding of the EDS-related clinical learning activities and competencies. In summary, this research project has shed light on the EDS-related clinical learning activities, competency development and patterns of growth in SLT students at Ulster. The findings have the potential to drive improvements in SLT education, benefitting students, educators and ultimately, the quality of EDS management in Northern Ireland.

KEYWORDS

innovation, workforce

REFERENCE

RCSLT Pre-registration EDS Competencies 2021

Supporting the development of professional identity in pre-registration speech and language therapy students

Authors

Gillian Rudd

UK—Birmingham City University

Melanie Packer

UK—Birmingham City University

Morgan Clark

UK—Birmingham City University

Tessa Hodges

UK—Birmingham City University

Kirsty Melville

UK—Birmingham City University

Dervla Murphy

UK—Birmingham City University

Brief outline of your submission

A co-produced university staff and student presentation sharing how we engage with research evidence and current

debates and issues to support the development of speech and language therapy students' professional identity and create safe, inclusive spaces for discussion, exploration and challenge.

Abstract

When individuals apply for places on pre-registration healthcare professional training courses, they are given the tools to begin a journey of learning, discovery and reflection, developing professional autonomy and accountability from the very beginning of their careers (RCSLT, 2021). Individuals need to learn about themselves, but also about the profession and the systems and structures within which we work. This is particularly important within speech and language therapy. The profession is at a turning point in its own evolution, a moment in time where members are reflecting on the origins and the history of the profession, at the same time striving to navigate the ever-changing landscapes of the health, education and social care systems. Within this context, uncertainty and vulnerability feature as implicit parameters that influence practice. Self-awareness can act as a counterbalance, promoting growth and innovation (Brown, 2018; Harding, 2019) and thereby supporting the development of professional identity.

Professional identity acts as a lens through which we can evaluate, learn from and make sense of practice (Trede et al., 2012). Cornett et al. (2022) reviewed the literature on this topic and found that professional identity is nuanced, with reciprocal and intertwined factors which change depending on the individual and circumstances. Training courses need to provide students with safe spaces in which to explore and develop their professional identity whilst also celebrating the uniqueness of each individual and what they bring to the table. Self-awareness, reflection and reflexivity are, therefore, key to development in the short and long term. There is limited literature exploring professional identity in health professions generally and even less in speech and language therapy specifically (Cornett, 2022). This is despite a call to action within and beyond the profession for reflection on and critical evaluation of the work that speech and language therapists do and how we position ourselves. Cultural awareness, meeting the needs of diverse service-user populations, anti-racism, diversity and inclusion have been identified as high-priority research areas following responses to a recent survey where only 41% of students felt their courses and placements valued and celebrated their different cultures, religions and languages (Nkomo et al., 2022).

Through this presentation, we will share how we support the development of professional identity within a pre-registration MSc Speech and Language Therapy course. We will explain how we have embedded learning exper-

iences that focus on self-awareness and self-reflexivity (Totsuka, 2014), reflection (Clarke, 2017), cultural humility (Foronda et al., 2016), cultural competence (Campinha-Bacote, 2002; Purnell cited in Paulanka & Purnell, 2003) and vulnerability (Brown, 2015). We explore how these concepts and skills relate to the history of the profession and the changing work of speech and language therapists (Stansfield, 2020) and how we create safe, inclusive spaces for discussion and challenge.

KEYWORDS

practice education

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Implementation of an Intensive Comprehensive Aphasia Programme (ICAP) within an NHS community setting

Authors

Erika Mangialardi

Italy—Essex Partnership University NHS Trust

Elizabeth Allan

UK—Essex Partnership University NHS Trust

Brief outline of your submission

This presentation showcases the implementation of a pilot Intensive Comprehensive Aphasia Programme (ICAP) within an NHS community setting. The pilot study showed improvements in language skills, increased patient insight and enhanced confidence. Further exploration of ICAPs can bridge the therapy gap and enhance language outcomes in aphasia rehabilitation.

Abstract

This presentation showcases the implementation of a pilot Intensive Comprehensive Aphasia Programme (ICAP) within a National Healthcare Service (NHS) community setting. Numerous studies have consistently showed that increased therapy hours lead to greater gains in language recovery for individuals in the chronic stage post-stroke (Brady et al., 2016; Simmon-Mackie et al., 2017). However, community-based healthcare services, including the NHS, often fall short of the recommended 100 h of therapy that people with aphasia (PWA) require to make meaningful gains (Code, 2012; Leff et al., 2021). To bridge this therapy gap, the ICAP approach offers a comprehensive and holistic intervention programme that efficiently delivers the necessary high doses for chronic PWA (Monelly et al., 2021; Rose et al., 2013). Published ICAP studies consistently show significant and sustained improvements in language ability at 3-month follow-up, further supporting its implementation (Babbitt et al., 2015; Hoover et al., 2017). The aim of this presentation is to outline the evidence supporting ICAPs, describe its implementation process, summarize the main outcomes of the pilot and discuss the implications and future directions. The pilot study involved delivering a hybrid version of ICAP (i.e., deliv-

ered partly virtually and partly face to face) over a 4-week period, with three sessions per day for 4 days a week. The programme was administered by two qualified speech and language therapists (SLTs) and two SLT students, ensuring a comprehensive and interdisciplinary approach. The intervention encompassed various components of the International Classification of Functioning, Disability and Health (ICF) model, including group therapy targeting participation, activity and well-being. Individual sessions employed evidence-based approaches such as semantic feature analysis, phonological component analysis, verb network strengthening treatment, LUNA narrative approach and role plays. The outcomes of the pilot study revealed improvements in language and communication skills, increased patient insight into strengths and coping strategies and enhanced confidence in communication. The SLTs involved gained valuable experience in delivering intensive aphasia therapy, while the students had the opportunity to fully engage in the assessment and treatment process with ample support. The success of this pilot study has paved the way for future discussions with service managers regarding the feasibility of incorporating ICAPs within our service model. This positive experience and the promising evidence base for ICAP have important implications for clinical practice. While acknowledging the challenges of the intensive nature of the program, the positive outcomes and benefits warrant further consideration. Sharing our experiences and the promising evidence base for ICAP will encourage other SLTs to explore this approach, which in turn will help to facilitate improved clinical outcomes for PWA. Broader discussions regarding the feasibility of ICAP in the public sector will benefit both clinicians and patients alike. In conclusion, this pilot study highlights the successful implementation of ICAP in an NHS community setting, demonstrating its potential to address the therapy gap and improve language outcomes for individuals with aphasia. Continued exploration of the feasibility of ICAPs and their integration into clinical practice is crucial to enhance the quality of aphasia rehabilitation within the public healthcare system.

KEYWORDS

aphasia, ICAP, NHS

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The outcomes of the Voice Use Reduction programme on voice quality and vocal fatigue in occupational voice users

Authors

Rouxjeanne Vermeulen
South Africa—University of Pretoria
Prof. Jeannie Van der Linde
South Africa—University of Pretoria
Maria du Toit
South Africa—University of Pretoria
Prof. Kristiane Van Lierde
Belgium—University of Ghent
Prof. Marien Graham
South Africa—University of Pretoria

Brief outline of your submission

This study describes the outcomes of the Voice Use Reduction (VUR) programme on voice quality and vocal fatigue in occupational voice users.

Abstract

Background: Occupational voice users' (OVUs) livelihoods depend partially or completely on their voice; however, the prevalence of voice disorders in OVUs is rising due to increased daily vocal demands. As a result, voice management and vocal health of the OVU have received

renewed attention (Devadas et al., 2019; Liu et al., 2020; Nallamuthu et al., 2021; Nusseck et al., 2019; Pomaville et al., 2019; Porcaro et al., 2019; Sezin et al., 2020). Although expectations placed on different OVUs pertaining to vocal load, voice quality and vocal sophistication may differ, all OVUs depend on vocal stability and endurance (Rangarathnam et al., 2018). Regrettably, patterns of vocal misuse and abuse are frequently noted in OVUs which can often result in voice disorders (Rangarathnam et al., 2018). Although a formalized approach to VUR (Van der Merwe, 2004) is available, the effect this approach has is yet to be determined. Thus, the VUR programme (Van der Merwe, 2004) must be tested for the potential to be a simple, accurate and sustainable solution to individualized management of daily voice use in OVUs. Therefore, the following research question is posed: What is the effect of the VUR programme, on voice quality and vocal fatigue in OVUs?

Purpose: To describe the outcomes of the Voice Use Reduction (VUR) programme on voice quality and vocal fatigue in OVUs.

Methods: A within-subject, quasi-experimental, pre-/post-test research design was performed on 30 OVUs. Perceptual and acoustic outcome measures were employed pre- and post-implementation of the VUR, including the GRBASI four-point rating scale, jitter, shimmer, HNR, MPT, frequency min and max, intensity min and max, and the dysphonia severity index (DSI) and perceived vocal fatigue (VF) using the Vocal Fatigue Index (VFI).

Results: Pre- and post-test outcomes show significant ($p < 0.001$) decreases in G (grade of hoarseness), R (roughness), A (asthenia), S (strain) and I (instability) in post-test. Perceptual normality in all these areas increased significantly ($p < 0.001$). Acoustic measures revealed significant ($p < 0.05$) decreases in *Jitter%*, intensity (dB) min and DSI scores as well as significant ($p < 0.05$) increases in MPT /a/, /s/ and /z/, frequency (Hz) max and (Hz) max, indicating improved voice quality at post-test. The VUR programme positively affected and improved OVUs' perception of VF in the areas of tiredness of voice and physical discomfort.

Conclusions: The VUR programme significantly reduced the degree of dysphonia seen in OVUs as seen in perceptual and acoustic outcomes. Overall VF was also significantly improved and the prevailing sentiment appears to be that OVUs strongly perceive improvement of VF symptoms with rest regardless of the current level of VF they are experiencing. When approaching OVUs, clinicians are encouraged to make use of a combination direct voice therapy and vocal hygiene accompanied by the use of VUR to help develop healthier use of the voice, facilitate healing and prevent further/future injury.

KEYWORDS

occupational voice users, vocal fatigue, vocal quality, voice use reduction programme

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Assessing parent interaction with deaf infants: A mixed-methods study of UK professional practice**Authors**

Martina Curtin
UK—Homerton Healthcare NHS Trust/City University of London

Madeline Cruice
UK—City, University of London

Gary Morgan
UK—City University of London

Ros Herman
UK—City, University of London

Brief outline of your submission

Parental involvement is one of the greatest predictors of deaf children's language outcomes. This presentation outlines findings from a mixed-methods study: a quantitative survey and follow-up focus groups. Data is shared on how UK practitioners assess parents' communication behaviours as they interact with their deaf infants.

Abstract

Parent-child interaction (PCI) is an important predictor of deaf children's future language development¹. It is, therefore, necessary for professionals to assess parents' strengths and needs to identify areas for intervention. Qualified teachers of the deaf (QToDs), speech and language therapists (SLTs), psychologists and national deaf child and adolescent mental health (NDCAMHS) professionals regularly support families with deaf children. With no current evidence-based tool available to assist with the assessment of PCI in deafness, it is important to gather information on current professional practice. This mixed-methods study follows on from a published systematic review² as the second step in a four-phase, National Institute of Health Research (NIHR)-funded study to co-produce an assessment tool that is built on research evidence, clinical practice and service-user preferences.

Aims: For professionals working with deaf children aged 0–3:

- Establish whether assessing early PCI is routine practice and if so, why?
- Identify which parent behaviours are being observed and why?
- Ascertain how professionals conduct a best-practice PCI assessment.
- Determine how PCI assessments influence professionals' next steps.

- Understand professionals' perspectives on building competence within the field of PCI in deafness.

Methods: This was a mixed-methods study with an explanatory, sequential design. First, data were collected via an online quantitative survey and descriptive and inferential statistical analysis was used. These findings assisted with the planning and facilitating of four follow-up qualitative focus groups. Qualitative findings were generated through thematic analysis.

Results: A total of 190 UK professionals engaged in the survey. Respondents were primarily female, hearing, used spoken English and had 16 years or more experience. A total of 18 professionals attended the focus groups where efforts were made to diversify the sample for gender, hearing status and experience. Results indicate that PCI is routinely assessed with explanations given as to why. There was substantial overlap in which parent behaviours are assessed by professionals. Methods of assessment were informal with professionals sharing experiences on ensuring good practice. Goal-setting practices were similar between professionals, with many forming goals with parents. Experienced professionals reflected on their knowledge and skill development.

Conclusions: This is the first study to generate large, valuable practice-based evidence for the assessment of parents' communication behaviours as they interact with their deaf infants aged 0–3. The study recruited a range of multi-disciplinary professionals working on interaction within this field. Most respondents were highly experienced; the study, therefore, reveals expert practice within the field.

New knowledge: The study provides us answers to each of our aims above. These outcomes provide the practice-based evidence needed to begin forming the content of the first assessment tool for PCI in deafness.

Service-user involvement: This project has 10 hearing parents of deaf children and eight hearing and deaf professionals involved, working with the first author as research partners. For this project, parents were asked about their key lines of enquiry and what they might want to ask a wider group of professionals in relation to PCI practice.

Implications: This study provides valuable information about and for professionals who assess PCI and set intervention goals with parents of deaf children.

KEYWORDS

deaf, interaction, professionals

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Development and evaluation of a Sepedi non-electronic AAC system for use with preliterate children

Author

Rahab Mothapo

South Africa—University of Pretoria

Brief outline of your submission

The following will be discussed: a brief introduction, overview and background; the methods followed; the results and findings; and conclusions.

Abstract

Background: Augmentative and alternative communication (AAC) comprises attempts to assess and compensate for any communication impairment, activity limitations and participation restrictions of persons with severe disorders of communication (Beukelman & Light, 2020). AAC systems, for example, must be aligned to the languages and cultures of the users. Currently, no pre-designed AAC systems are available that give access to any of the official South African languages except for English and Afrikaans. A significant number of South Africans with communication impairment (CI) are unable to access devices that enable them to use their home language during communication. This is the case for South Africans using Sepedi as their home language. Assistive technology must be contextually and culturally appropriate to avoid abandonment. It is also a basic human right to receive health services in one's home language. This project aims to develop and evaluate a graphic-based Sepedi non-electronic AAC system for children with CCN from a Sepedi language background.

Methods: A three-phase human-centred design (HCD) process is being followed. The first phase consisted of a needs analysis and the determination of design requirements to inform the development of the system through focus groups and interviews with 21 Sepedi participants from five stakeholder groups, namely speech–language therapists, parents of children with severe communication difficulties, special school educators, Sepedi linguists

and adults using AAC. The second phase (currently in progress) consists of iterative design cycles of prototyping and stakeholder feedback with a co-design team comprising of 11 Sepedi participants representative of each group stipulated above. Participants engage in methods such as experience prototyping as well as nominal group technique (NGT) to refine and improve the initial prototype of the system.

Results: The results for Phase 1 showed that there is a need for such a system. Design requirements regarding vocabulary, graphic symbols, layout and physical properties were obtained. The findings include vocabulary considerations such as the user's age, the dialect, the exposure and context of use as well as the selection of various parts of speech. Graphic symbol considerations included the use of culturally and linguistically appropriate images, the use of colour as well as size. The layout of the envisioned system was outlined as sequential (i.e., following how sentences are created in Sepedi). The physical characteristics included a single page format, use of low-cost material, size chosen as A3 size and the durability to be maintained by laminating the system. This informed the design of the first prototype along with a Sepedi core vocabulary list of 226 words (developed by Mothapo et al., 2021), stakeholder-validated vocabulary as well as literature on various communication functions and how one can enable a user to participate in each one. Further results from Phase 2 will be shared in the presentation.

Conclusions: Following a human-centred design process is hoped to result in an assistive technology product that will be seen as valuable and gain acceptance from stakeholders. This important aspect may improve the use of AAC systems as assistive devices.

KEYWORDS

communication impairment

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