

‘Implementing Research into Clinical Practice’



Friday 20th June 1:00pm – 6:00pm

CENTRE FOR LANGUAGE AND COMMUNICATION SCIENCE RESEARCH

SCHOOL OF HEALTH AND MEDICAL SCIENCES

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**Implementing Research into Clinical Practice
Friday 20 June 1:00pm – 6:00pm**

Time	Sessions and breaks	
1:00pm – 1:30pm	Registration – foyer outside C309	
1:30pm – 2:30pm	Parallel Session 1	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Adult Stream C309</td> <td style="width: 50%;">Developmental Stream C302</td> </tr> </table>	Adult Stream C309
Adult Stream C309	Developmental Stream C302	
2:30pm – 3:00pm	Tea break	
3:00pm – 4:00pm	Parallel Session 2	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Adult Stream C309</td> <td style="width: 50%;">Developmental Stream C302</td> </tr> </table>	Adult Stream C309
Adult Stream C309	Developmental Stream C302	
4:00pm – 4:05pm	Short break/ Change room	
4:05pm – 5:15pm	<p>Combined session in C309:</p> <p>Continuing professional development through involvement in the SEEM PhD research project – Research pillar capabilities mapped to national frameworks <u>Sally Morgan</u>, Kelly Weir, Kathleen Mulligan, Katerina Hilari</p> <p>Clinical-Research collaborations: reflections on recruiting to a large-scale study Amanda Comer, Niamh Devane, <u>Jaycie Bohan</u>, Nicholas Behn, Alicia Exposito-Ramos, Hortensia Gimeno, Sarah Kramer, Sarah Northcott, Abi Roper, Clare Rossiter, Renee Stuckey, Katerina Hilari</p> <p>Short 10-minute presentations on SLT and the research journey:</p> <p><u>Amanda Comer</u> (from clinician to research assistant) <u>Martina Curtin</u> (from clinician to PhD) <u>Nikki Botting</u> (collaboration with a charity)</p>	
5:15 pm – 6:00pm	Drinks Reception – foyer outside C309	

Adult stream C309

Parallel Session 1

Time	Chair: Dr Helen Spicer-Cain
1.30-1.50	<p>Machine Analysis and Reporting of Spoken personal stories with aphasia – the MARS project <u>Lucy Dipper</u>, Niamh Devane, Rebecca Moss, Jean Rutter, Sarah Johnston, Ruth O’Hagan, and Madeline Cruice</p>
1.50-2.10	<p>What do people living with aphasia want healthcare professionals to know when supporting emotional recovery? Co-designing a series of short films <u>Sarah Northcott</u>, Amanda Comer, Lydia Davis, Abi Roper, Katerina Hilari</p>
2.10-2.30	<p>Face to face And Telehealth Equivalence of assessments in Aphasia (FATE-A study): Fidelity of online assessments Niamh Devane, Clare Meckled-Szembek, Nicholas Behn, Jaycie Bohan, Amanda Comer, Abi Roper, Sarah Northcott, <u>Katerina Hilari</u></p>

Parallel Session 2

Time	Chair: Dr Nicholas Behn
3.00-3.20	<p>Advancing practice in tracheoesophageal voice rehabilitation with VITAL: Voice Therapy After Laryngectomy <u>Freya Sparks</u>, Margaret Coffey, Lucy Dipper and Katerina Hilari</p>
3.20-3.40	<p>Intentionality is at the fulcrum – developing a programme theory for communication partner training in acquired brain injury using the Behaviour Change Technique Taxonomy (BCTTv1) and a national e-Delphi survey Nicholas Behn, <u>Carla Magdalani</u>, Ian Kellar, Leanne Togher, Katerina Hilari, Fiona Johnson and Madeline Cruice</p>
3.40-4.00	<p>Inclusive Data Visualization: Insights from the Dara Study <u>Niamh Devane</u>, Nicola Botting, Madeline Cruice, Ulfa Octaviani, Abi Roper, Jo Wood, Stephanie Wilson</p>

Developmental stream C302

Parallel Session 1

Time	Chair: Dr Helen Spicer-Cain
1.30-1.50	Safe Efficient and Enjoyable Mealtimes (SEEM Study): Exploring the mealtime for family-carer and children who need assistance with eating and drinking – an observational study <u>Sally Morgan</u> , Kathleen Mulligan, Kelly Weir, Katerina Hilari
1.50-2.10	The Effects of Dialogic Reading Interventions on Language Outcomes in Children with Language Difficulties: A Systematic Review <u>Elifnur Asilkefeli</u> , Katrina Dulay, Kamila Polisenska, Ros Herman, Rithvik Tanniru and Lucy Henry
2.10-2.30	A Crosslinguistic Comparison of Narrative Development in Three Signed Languages: British Sign Language (BSL), American Sign Language (ASL) and Deutsche Gebärdensprache (DGS) <u>Ros Herman</u>

Parallel Session 2

Time	Chair: Dr Nicholas Behn
3.00-3.20	Investigating the Uptake and Use of the Crosslinguistic Nonword Repetition Test (CL-NWR) in Clinical and Research Contexts <u>Kamila Polisenska & Shula Chiat</u>
3.20-3.40	Clinical Implications of Research with Children at Increased Likelihood of Communication Difficulties <u>Helen Spicer-Cain & Nicola Botting</u>
3.40-4.00	Using Experience Based Co-Design to reduce the research-practice gap in education for autistic individuals with complex support needs <u>Sarah Donald</u> , Nalini Edwards, Lucy Henry, Anna Remington, Sebastian B Gaigg

ABSTRACTS – Adult Stream

Title	Machine Analysis and Reporting of Spoken personal stories with aphasia – the MARS project
Authors	Lucy Dipper, Niamh Devane, Rebecca Moss, Jean Rutter, Sarah Johnston, Ruth O’Hagan, and Madeline Cruice
Key Message	
This project aims to benefit SLTs and people with aphasia, by supporting them to work on discourse using automated tools.	
Summary	
<p>In this talk we will report on a project currently still in progress.</p> <p>Stroke survivors with aphasia want to be able to improve their spoken communication (discourse) but this desire is typically not met in NHS speech and language treatment provision. To target discourse in rehabilitation, transcription and analysis of a spoken discourse sample is required to assess strengths and needs, and to personalise and specify appropriate treatment targets. However, only a minority of aphasia clinicians in the UK routinely collect and analyse discourse samples, and fewer still routinely transcribe the discourse sample and analyse it in a way that would feed into treatment planning. User-friendly, co-designed novel machine analysis software is needed to support this practice. Furthermore, novel software must be reliable and efficient for a diverse range of speakers.</p> <p>The MARS project aims to create new knowledge about the use of automated tools for efficient recording, transcribing and analysing of discourse from diverse speakers with aphasia. Co-designing with key stakeholders (patients and clinicians) to increase acceptability and usability, the goal is to produce information about efficiency and reliability; and guidance for clinicians about using such software. To do this, the research team at City, University of London (CUoL) are working with a technology company Therapy Box, which has established expertise in machine analysis of atypical language and which has created discourse software for clinical use with children with language disorder. This technology has not yet been adapted for use with adult speakers with aphasia. The outcome of the current project would be new knowledge about the suitability of using machine analysis to automate an existing discourse analysis protocol (from the LUNA trial), enabling clinicians to support people with aphasia to improve their discourse, which an aspect of language that they highlight as particularly important to them.</p>	

Title	What do people living with aphasia want healthcare professionals to know when supporting emotional recovery? Co-designing a series of short films
Authors	<u>Sarah Northcott</u>, Amanda Comer, Lydia Davis, Abi Roper, Katerina Hilari
Key Message	
People with aphasia say it helps when healthcare professionals notice the person rather than just the deficit, and value their expertise.	
Summary	
<p>Background: Rates of depression for people with post-stroke aphasia are estimated to be between 43-70%; yet healthcare professionals have consistently described lacking confidence in addressing the psychological wellbeing of this client group. This study explored what people living with aphasia and their family members want healthcare professionals to know, prior to co-producing training and awareness-raising films.</p> <p>Methods: We ran co-design workshops with six experts by experience: four people with aphasia and two family members. The content of the workshops was allowed to evolve in a collaborative manner, with an assumed equality between the facilitators and experts by experience. We then co-produced four films to raise awareness and train healthcare professionals.</p> <p>Results: The core messages from the workshops fell into two categories: behaviours that harmed emotional wellbeing; and helpful behaviours. Harmful behaviours included: feeling told off; being talked about rather than included; negativity about future recovery; not feeling listened to; not supported to communicate; not feeling treated like a human being. Behaviours perceived to help included: listening to the ups and downs; kindness and patience; noticing family members too; chatting to patients as people; friendly and warm manner; supporting people with aphasia to communicate; keeping hope alive.</p> <p>The films produced include: 'Psychological journeys after stroke and aphasia: Jo and Michael's stories' (bit.ly/aphasiajourney); 'A family member's perspective on humanising stroke care' (bit.ly/aphasiafamily); 'Psychological care after a stroke and aphasia: what we can all do to help' (bit.ly/aphasiacare). The films are housed on the City Access – Resources for Aphasia Hub (cityaccess.org/carahub#videos).</p> <p>Conclusions: Workshop members felt strongly that these messages should be heard by all healthcare staff, not just those who elect to go on specialist training courses. Their key message was that psychological care after a stroke is everyone's responsibility: they urged healthcare professionals to notice the person not just the deficit.</p>	

Title	Face to face And Telehealth Equivalence of assessments in Aphasia (FATE-A study): Fidelity of online assessments
Authors	Niamh Devane, Clare Meckled-Szembek, Nicholas Behn, Jaycie Bohan, Amanda Comer, Abi Roper, Sarah Northcott, <u>Katerina Hilari</u>
Key Message	
The use of assessment fidelity strategies can increase confidence that assessments are targeting the concepts they intend to measure.	
Summary	
<p>Background: Good speech and language therapy assessments and treatments are evidence-based, theory-informed and manualised. Fidelity monitoring checks whether an assessment or treatment process has been followed as intended. Reliability and validity can be improved by fidelity monitoring. While there are growing reports of fidelity monitoring in treatment studies, reports of assessment fidelity are rare.</p> <p>Aim: To monitor online assessment fidelity with people with aphasia. Three aphasia Core Outcome Set measures (Stroke and Aphasia Quality of Life scale-39g, General Health Questionnaire-12, The Scenario Test – UK) were tested as part of the FATE-A study. Potential threats to good adherence were explored and inter- and intra-rater reliability tested.</p> <p>Methods: Strategies to improve fidelity were used in study design, training of providers and raters, and delivery of assessment. A fidelity checklist was iteratively developed and piloted before use. Assessment sessions were video recorded. 20% of sessions were randomly selected for adherence rating. Two Masters students were trained to rate the videos. Each session was about 1 hour long and was viewed twice by the same rater for adherence and intra-rater reliability, and a third time by a second rater for inter-rater reliability.</p> <p>Findings: Adherence ratings (%) and reliability coefficients will be presented for 10 videos (20% of first 50 online assessment sessions). Process or specific assessment aspects/ items that made adherence more difficult will be discussed.</p> <p>Conclusion: A range of assessment fidelity strategies were employed in the delivery of online assessment, increasing confidence that the assessments targeted their intended concepts. High fidelity of online assessment and guidance on strategies to employ would provide evidence for its successful implementation in clinical practice.</p>	

Title	Advancing practice in tracheoesophageal voice rehabilitation with VITAL: Voice Therapy After Laryngectomy
Authors	Freya Sparks, Margaret Coffey, Lucy Dipper, Katerina Hilari
Key Message	
This study presents the developmental phase of a complex rehabilitative intervention for people with laryngectomy who use a voice prosthesis to communicate.	
Summary	
<p>Background: Laryngectomy is a surgical procedure which results in the permanent removal of the larynx. After laryngectomy the loss of the larynx has a devastating and irreversible impact on communication; it is no longer possible to produce a voice in a conventional manner (1,2). Surgical voice restoration is an alternative communication modality offered to people with laryngectomy (PWL). It is consistently shown to give the most favourable outcomes for quality of life and satisfaction when compared with other methods of communication post-laryngectomy (3). However, whilst surgical voice restoration gives PWL the ability to produce an alternative voice (tracheoesophageal voice), the quality and functionality can vary and some may struggle to produce any voice. There is an absence of communication interventions for PWL (4), and limited literature to inform clinical practice or the development of rehabilitative interventions (5). Furthermore, to date PWL have not been included in research or intervention development as stakeholders. This study encompassed the preliminary development phase of a novel voice therapy intervention for tracheoesophageal speakers.</p> <p>Methods: Intervention development aligned to phase one of the Medical Research Council framework for developing and evaluating complex interventions (6). The study applied mixed methodologies and centred stakeholders in the research, incorporating systematic literature review, focus groups, clinician survey, component feasibility trial and co-design with service users and Speech and Language Therapists. A patient advisory group and diversity advisor group informed the study.</p> <p>Outcomes: This study has highlighted the significant gap in the evidence base for tracheoesophageal voice rehabilitation and identified barriers and facilitators to SLT implementation of tracheoesophageal voice rehabilitation. The lived experience of PWL and their priorities for intervention have been established. The components of an acceptable intervention have been identified through stakeholder co-design and feasibility study.</p> <p>Conclusions: The study has culminated in a preliminary logic model for intervention development, informed by stakeholder partnership. The outcomes of the study will guide the next phase of intervention development and feasibility testing, leading towards a tracheoesophageal voice therapy intervention, which is acceptable and meaningful to people with laryngectomy.</p>	

Title	Intentionality is at the fulcrum – developing a programme theory for communication partner training in acquired brain injury using the Behaviour Change Technique Taxonomy (BCTTv1) and a national e-Delphi survey
Authors	Nicholas Behn, <u>Carla Magdalani</u>, Ian Kellar, Leanne Togher, Katerina Hilari, Fiona Johnson, Madeline Cruice
Key Message	
As with any behaviour change intervention, communication partner training should consider the motivations of both the person with communication difficulties and their communication partner, tailoring the approach to their readiness and individual needs.	
Summary	
<p>Background: Communication partner training (CPT) improves communication outcomes for individuals with acquired brain injury (ABI) and their families. The strongest evidence is for TBI Express, which has three versions. However, variability exists in delivery, with fewer than 20% of SLTs implementing evidence-based programmes. This study applies behaviour change theory and consensus building to identify key CPT techniques and develop a programme theory to guide intervention adaptation and evaluation.</p> <p>Method: First, three treatment manuals (TBI Express, TBI Express-Adapted, and TBIconneCT) were coded using BCTTv1 and the Theory and Techniques Tool to identify mechanisms of action (MoAs) and behaviour change techniques (BCTs). Second, a three-round e-Delphi (late-2024) built consensus among UK SLTs. SLTs rated the importance of BCTs linked to MoAs on a 9-point Likert scale and provided comments via open-text questions. Consensus was defined as >70% agreement. Finally, this data informed the programme theory to explain how a person makes a change in behaviour.</p> <p>Results: Initially, 27 unique BCTs linked to 16 MoAs were identified from the coding of manuals. Across three e-Delphi rounds, 89-107 SLTs participated, with 81 (76%) completing all rounds. All 27 BCTs identified in manuals reached consensus during the e-Delphi, as did 20 additional BCTs that were introduced on theoretical grounds. Key techniques (>90% agreement) included goal setting, skill practice, and feedback. This informed the programme theory which organises the MoAs and BCTs into pre-, peri- and post-intentional phases, to describe how and why an adapted CPT programme is expected to achieve its outcomes.</p> <p>Conclusions: Applying behaviour change theory identified 47 key active ingredients. The proposed programme theory hinges on intentionality, and suggests core behaviour change techniques within clusters of mechanisms for CPT. Future work will co-design a new CPT programme with SLTs, people with ABI, and familiar communication partners, followed by a feasibility and efficacy trial.</p>	

Title	Inclusive Data Visualization: Insights from the Dara Study
Authors	<u>Niamh Devane</u>, Nicola Botting, Madeline Cruice, Ulfa Octaviani, Abi Roper, Jo Wood, Stephanie Wilson
Key Message	
Data visualizations are used widely to support everyday decision making; therefore we need to ensure these are accessible to people living with language disability.	
Summary	
<p>Background: Data visualizations are widespread in routine decision making; we use map apps to plan journeys, we consult star ratings to choose a film, we check the weather to decide what to wear that day. The accessibility of data visualizations has been considered for learning disability and visual disability but not language disability. To enable participation for all citizens, the accessibility of data visualization for people living with language disability needs to be considered.</p> <p>Aims: The Dara study is looking at how people with language disabilities, specifically adults with developmental language disability (DLD) or acquired aphasia, experience using data visualizations. It is also examining what helps or hinders accessibility.</p> <p>Methods: A scoping review explored any work done in this area previously. A diary study (n=8) explored the experiences of people with language disability. How to support access to data visualization was explored with people living with language disability (n=19) and expert speech and language therapists (SLTs, n=10).</p> <p>Outcomes: The scoping review found no prior work exploring language disability and data visualization. Related literature on cognitively accessible practices were identified and highlight the value of making data visualizations accessible for users' specific needs. The diary study found that people with aphasia and DLD are routinely using data visualization for a wide range of decisions, but ease of use is variable. Early results from SLTs and people living with language disability will be shared with suggestions on how to make data visualization more accessible to people with language disability.</p> <p>Conclusion: Accessible data visualizations are needed to ensure participation in everyday decisions. The Dara study is mapping the current evidence base, current use, and supports and barriers to accessibility.</p>	

ABSTRACTS – Developmental Stream

Title	Safe Efficient and Enjoyable Mealtimes (SEEM Study): Exploring the mealtime for family-carer and children who need assistance with eating and drinking – an observational study
Authors	Sally Morgan, Kathleen Mulligan, Kelly Weir, Katerina Hilari
Key Message	
Use of cervical auscultation and mealtime video observation may be a beneficial option for clinical assessment and intervention with children with neurodisability and dysphagia and their family-carers.	
Summary	
<p>School-aged child who have neurodisability and dysphagia (neurodevelopmental dysphagia) are at risk of a range of serious consequences including chest infections, hospitalisation and reduced quality of life. However, there is little guidance of how to support their family-carers mealtime assistance abilities and experiences.</p> <p>Methods: This ethically approved observational mealtime study recruited family-carers who provided mealtime assistance to children (5-16 years) with neurodevelopmental dysphagia. A mealtime home visit with videorecording (dyad and child face views) and neck-mic swallow sound audio recording was completed. Following this the family-carers viewed the mealtime video and then met to discuss mealtime experiences using the video stimulated recall reflection and dialogue approach¹. The videos and recordings allowed multiple clinical assessment approaches, and analysis of the family-carer discussions using qualitative analysis.</p> <p>Results: Six child participant and carer dyads were recruited. Ratings indicated mild (n=1), moderate (n=4) and severe (n=1) dysphagia using the Dysphagia Disorder Survey². In two participants of three with analysable recordings, swallow sounds indicated potential aspiration despite observational clinical swallow evaluation not raising high concern. Family-carers all responded positively to viewing the video and self-identified something to change, despite this not being an aim of the project. The qualitative findings will be outlined.</p> <p>Conclusion: Video and swallow sound recording of a mealtime allowed a range of clinical assessments and rating scales to be used. Sharing mealtime videos with family-carers generated reflection and self-identification of aspects to improve or change with no prompting from the researcher. Use of video recording in this clinical group is rarely reported by SLTs but may be a useful addition as part of assessment.</p> <p>This study is part of a larger PhD project aiming to improve mealtime recommendation discussions with families of children who need assistance with eating and drinking.</p>	

Title	The Effects of Dialogic Reading Interventions on Language Outcomes in Children with Language Difficulties: A Systematic Review
Authors	<u>Elifnur Asilkefeli</u>, Katrina Dulay, Kamila Polisenska, Ros Herman, Rithvik Tanniru and Lucy Henry
Key Message	
Dialogic reading is an evidence-based intervention that enhances vocabulary, comprehension, and overall language development in children with language difficulties, making it a valuable tool for clinical practice.	
Summary	
<p>Dialogic reading is an interactive shared book-reading practice that encouraged children to actively engage with texts through questioning, discussion, and expansion of content. It was widely used to enhance language development by promoting vocabulary acquisition, comprehension skills, and expressive language abilities. This systematic review aimed to evaluate the effects of dialogic reading interventions on language outcomes in children and adolescents (aged 0–18) with language difficulties, delays, or disorders, such as developmental language disorder (DLD). The review identified key characteristics of these interventions and assessed their effectiveness in improving linguistic skills compared to other intervention models or no intervention.</p> <p>This study followed the PRISMA 2020 guidelines for systematic reviews. A comprehensive literature search was conducted across major academic databases, including EBSCO (MEDLINE, CINAHL, APA PsycInfo, Academic Search Ultimate, Communication Source) and OVID (AMED, Embase, Ovid MEDLINE(R) All, Ovid Emcare, Maternity & Infant Care Database). The review included peer-reviewed journal articles focusing on dialogic reading interventions targeting children with language difficulties. Studies were evaluated using the Quality Assessment with Diverse Studies (QuADS) tool. The search strategy incorporated multiple terms related to dialogic reading, language difficulties, and linguistic outcomes. Preliminary searches identified 112 potentially relevant studies after deduplication, with final eligibility pending further screening and quality assessment.</p> <p>Preliminary findings from the systematic review provided insights into the characteristics of dialogic reading interventions, key methodological trends, and existing research gaps, while also synthesizing evidence on their effectiveness. These findings offered valuable, evidence-based recommendations for educators, speech and language therapists, and caregivers to enhance intervention design and implementation. Given its structured and interactive approach, dialogic reading can serve as a practical and accessible tool for clinicians to support language development in children with language difficulties, making it a valuable addition to clinical practice.</p>	

Title	A Crosslinguistic Comparison of Narrative Development in Three Signed Languages: British Sign Language (BSL), American Sign Language (ASL) and Deutsche Gebärdensprache (DGS)
Authors	<u>Ros Herman</u>
Key Message	
The parallels in the narrative development of deaf children who use different signed languages will be helpful to clinicians working with deaf children.	
Summary	
<p>Narratives involve the recounting of real or imagined events, are an important feature of everyday interactions and are educationally significant (Khan et al., 2021). Constructing a narrative is complex and involves a range of skills that develop across childhood, and are therefore valuable when assessing language skills.</p> <p>The BSL Production Test (Herman et al., 2004) is a narrative assessment that has been adapted to other sign languages and also to spoken English. This presentation will explore samples elicited in three signed languages using the same story stimulus to compare crosslinguistic development. Stories were video recorded from 116 BSL, 91 ASL, 90 DGS users. Participants were deaf, aged 4-12 years, with native/early exposure to a sign language and no additional difficulties. Data were coded for narrative organisation (story structure) and grammatical features and analysed to address two research questions:</p> <p>How does the development of narrative structure compare across languages? How do specific grammatical features develop with age across languages?</p> <p>Preliminary findings revealed similarities in group medians for story structure at each age group across the three signed languages. Differences between languages narrowed and variability in scores reduced with age. In line with other research, certain grammatical structures (e.g.role shift) emerged relatively late, predicted complex development in all three languages, and use was variable even among the oldest children. Analyses of the development of other grammatical features will be included in the presentation.</p>	

Title	Investigating the Uptake and Use of the Crosslinguistic Nonword Repetition Test (CL-NWR) in Clinical and Research Contexts
Authors	<u>Kamila Polisenska & Shula Chiat</u>
Key Message	
An international survey on the use of the Crosslinguistic Nonword Repetition Test (CL-NWR) assessment demonstrated a high level of engagement and interest from both clinicians and researchers, particularly those working with multilingual communities.	
Summary	
<p>Background & Aims: The Crosslinguistic Nonword Repetition Test (CL-NWR) was designed to accommodate the phonological diversity of human languages, providing a tool that may support the identification of Developmental Language Disorder (DLD) across different linguistic backgrounds. The test materials, including a PowerPoint game with recorded stimuli, administration guidelines, and scoring instructions, are available upon request. This study examines the uptake and application of the CL-NWR in clinical and research settings through a survey of individuals who have accessed the materials.</p> <p>Methods & Procedures: An online Qualtrics questionnaire was distributed to 171 individuals who had requested CL-NWR materials up to November 2024. Follow-up reminders were sent at one- and two-week intervals to maximise response rates. The survey gathered data on the geographical distribution, frequency, and purpose of use, the professional background of users, and the populations assessed. Respondents also evaluated the test’s usefulness and provided qualitative feedback on its strengths and limitations.</p> <p>Outcomes & Results: A total of 111 respondents from 36 countries completed the survey, yielding a response rate of 65%. The CL-NWR was reported to be used across all age groups (0-18+ years), with the most frequent application in children aged 3-12 years. The test was most commonly used with multilingual children and those with suspected DLD. Notably, 92% of respondents indicated that the CL-NWR made a valuable contribution to their assessments. Qualitative responses highlighted its practical benefits as well as areas for refinement.</p> <p>Discussion & Conclusions: The high response rate and overwhelmingly positive feedback suggests a high level of engagement and interest in the CL-NWR, particularly in multilingual populations. These findings will inform future developments of the CL-NWR test, ensuring its continued relevance and effectiveness in both clinical and research applications. The study underscores the impact of crosslinguistic tools in supporting equitable language assessment worldwide.</p>	

Title	Clinical Implications of Research with Children at Increased Likelihood of Communication Difficulties
Authors	<u>Helen Spicer-Cain</u> & Nicola Botting
Key Message	
There is a lot we can learn from research studies of increased likelihood children that is useful to practicing SLTs.	
Summary	
<p>The presentation draws on the longitudinal work of the authors, which has followed a cohort (n=92) of children from infancy (8-22 months) to early school age (6-8 years). This cohort includes children who have average likelihood of a communication difficulty, alongside children who have increased likelihood of communication difficulties (who have parents and/or siblings who have difficulties with speech, language, social communication and/or literacy). Children were assessed in their homes at 8-22 months, 2-3 years and 6-8 years of age, using a range of standardised measures, parental questionnaires and informal tasks to profile their communication skills.</p> <p>Longitudinal study of these groups has revealed several key messages for practice, which will be discussed during the presentation, including:</p> <ul style="list-style-type: none"> The importance of receptive language in infancy for predicting later skills. The value of dynamic assessment for identifying communication difficulties. The prevalence of communication difficulties among increased likelihood children at different ages. The fact that likelihood status can vary over time. The importance of considering parents' views in addition to formal assessments. <p>The presentation will conclude with key take away messages that clinicians should apply in their practice.</p>	

Title	Using Experience Based Co-Design to reduce the research-practice gap in education for autistic individuals with complex support needs
Authors	<u>Sarah Donald</u>, Nalini Edwards, Lucy Henry, Anna Remington, Sebastian B Gaigg
Key Message	
Involving stakeholders in co-designing research methods and measurement tools facilitates better stakeholder engagement and could reduce the research into practice gap.	
Summary	
<p>Background: There is a persistent gap between research and practice in autism education and health care, particularly for autistic individuals with complex support needs (ACSN). These individuals are often underrepresented in research due to challenges in adapting research methods to meet their diverse needs. A systematic review (Donald et al., in prep) found that proxy-reporting is the most common method used to assess key constructs in this population, but researchers face difficulties gathering information from school professionals.</p> <p>Methods: We used Experience-Based Co-Design (EBCD) to explore stakeholder perspectives on conducting research with ACSN and to co-design recommendations for future research to bridge the gap between research and practice. EBCD, adapted from healthcare settings, involved gathering experiences from stakeholders via observations and interviews, creating 'Touch-Point' videos to stimulate discussion, and implementing changes based on these discussions. Autism researchers, school staff, children, and families co-developed improvements in research practices.</p> <p>Results: We identified two main issues affecting teacher engagement with research: Research designs targeting school-leaders and parents for consent to participate with associated teacher consent subsequently assumed or implied. This was associated with reduced teacher 'buy-in' and unfair distribution of workload for staff. Perceptions amongst school staff that standardised measurement tools did not ask relevant questions for their cohort, unnecessarily duplicated existing school-based measures, were framed either negatively or based upon neuro-typical norms, did not accurately measure the intended construct or were excessively context dependant.</p> <p>Conclusions: Co-design improves research methods and tools, enhancing teacher engagement and ensuring research better addresses community needs.</p>	

Abstracts – Combined Session

Title	Continuing professional development through involvement in the SEEM PhD research project – Research pillar capabilities mapped to national frameworks
Authors	<u>Sally Morgan</u>, Kelly Weir, Kathleen Mulligan, Katerina Hilari
Key Message	
Personal research pillar of practice capabilities can be developed through different types of involvement in a research project.	
Summary	
<p>Introduction: Research is one of the four pillars of practice. This presentation demonstrates the research capabilities development achieved by Speech & Language Therapists (SLT) involved as part of a PhD research project.</p> <p>Methods: Safe Efficient and Enjoyable Mealtimes: Creating a toolkit for families of children who need assistance with eating and drinking – a multi-method investigation (not as easy as it may SEEM) is a Barts Charity funded doctoral fellowship project. SEEM has been led by a SLT clinical doctoral research fellow (SM) with two SLT supervisors, primary (KH) and clinical (KW) alongside a secondary supervisor (KM).</p> <p>Other SLTs involved in the project were mapped against the historic North of Tyne Speech and Language Therapy Research Collaboration individual model¹ of ‘Research Conscious to Research Participative to Research Active’, and the new NHS England Multi-professional Practice-based Research Capabilities Framework² which has eight capability domains and four levels of practice; entry, enhanced, advanced and consultant.</p> <p>Results: The wider SLT team included:</p> <ul style="list-style-type: none"> • 3 SLT advisors who guided the proposal and aspects of the ongoing study • 7 SLT collaborators on 2 NHS sites who supported participant identification and recruitment • 13 SLT stakeholders who inputted into research methods e.g. survey piloting, feedback on family-carer participant recruitment process <p>Using the North of Tyne model all advisors were already ‘Research Active’, the collaborators became ‘Research Participative’ and the stakeholders ‘Research Conscious’. Mapping to the NHS England Framework the collaborators demonstrated enhanced skills in four domains (‘Career growth’, ‘delivering research’, ‘networking and collaborating’ and ‘leading and managing research projects’) and advanced at ‘supporting research-related development’. The stakeholders were at advanced level for ‘Delivering Research’.</p> <p>Discussion: Involvement in a research project, even with a small time commitment, can develop SLTs research pillar capabilities to enhanced and advanced practice levels. Such involvement can be a good continuing professional development opportunity.</p> <p>References:</p> <ul style="list-style-type: none"> • Whitworth, A., Haining, S., & Stringer, H. (2012). Enhancing research capacity across healthcare and higher education sectors: development and evaluation of an integrated model. BMC Health Services Research, 12, 1-10. • NHS England (2024) Multi-professional Practice-based Research Capabilities Framework. Available at: https://advanced-practice.hee.nhs.uk/our-work/research/multi-professional-practice-based-research-capabilities-framework/ 	

Title	Clinical-Research collaborations: reflections on recruiting to a large-scale study
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Key Message	
A collaboration of research and clinical speech and language therapists share the barriers and strategies of recruiting to a large aphasia research project.	
Summary	
<p>Background: Creating research skilled clinicians is a priority for health trusts. In the UK speech and language therapists are typically employed in clinical roles by the National Health Service (NHS) or in research and education roles in higher education. We don't yet have an established infrastructure for clinical academic posts in SLT. These are emerging in other allied health professions. One way for clinicians to familiarise themselves with research processes is through collaborating and assisting with recruitment in studies and trials. Large studies pose particular recruitment challenges. We share reflections of research collaboration between five NHS Trusts and one University based study team in a study aiming to recruit 100 participants.</p> <p>Aim: To explore the barriers and strategies that help recruitment of participants from NHS sites in the Face to face And Telehealth Equivalence of assessments in Aphasia (FATE-A) observational psychometric study.</p> <p>Methods: Document strategies employed by clinical and research teams and share reflections on taking part in research for clinicians in NHS participant identification centres.</p> <p>Findings: A range of strategies were implemented to familiarise clinicians with research processes (including, sharing study documentation, site visits and training, collaborators meetings, regular email rounds, scheduled short check-in meetings, newsletters, and phone calls). Clinicians and researchers reflected on the challenges and solutions of working in and with participant identification centres. Reported challenges include how and when to introduce the research to clients, remembering to talk about the research with clients and lack of time within sessions to dedicate to this. For the study, these challenges meant that <25% of expressions of interest and <20% of consented participants came from NHS settings (recruitment still ongoing, numbers will be final by June '25). Strategies used by clinicians included talking about the research project during the initial assessment or discharge procedure and recruiting other team members to introduce the project to clients. Regular check-ins with study team and email reminders were helpful. Clinical teams welcomed the study team offering continuing professional development training.</p> <p>Conclusion: There are few resources to support clinicians' research career development at a team/local level (Harrall et al., 2023). Collaborative working between clinical and research teams has the potential to mutually benefit, creating research skilled clinicians and clinically relevant research.</p> <p>References: Harrall, K., Sinnott, E.L., Roebuck Saez, L. & Clunie, G. (2023) Could you give me a leg up ...? Models, frameworks and support structures to help aspiring clinical academic speech and language therapists, <i>International Journal of Language & Communication Disorders</i>, 59(3), pp 876-901. https://doi.org/10.1111/1460-6984.12969</p>	