



Shropshire Community Health
NHS Trust

Services for Children and Young People (up to 13 years) with Voice Disorders and their Families



Shropshire, Telford & Wrekin
Allied Health Professions





The slides below provide an overview to clinical staff, local authorities, parent & carer groups, third sector and voluntary organisations, schools, nurseries and parent & carers of current support, signposting, services and treatment available to children and young people (CYP) up to 13 years with voice disorders across Shropshire, Telford and Wrekin.

The information has been grouped together using the iThrive model, to help provide a clear detail depending on the level of support or treatment the child or young person may need to access.





PREVENTION AND PROMOTION: Skilling up staff, parents, carers, children and young people

Celebrating Voice...



WORLD VOICE DAY:

World Voice Day, which takes place on April 16, is devoted to celebrating the phenomenon of the human voice and raising awareness on issues affecting the health of the voice. This celebration aims to demonstrate how vital the human voice is in people's daily interactions. The voice is critical to effective and healthy human communication. World Voice Day helps bring global awareness to the need to prevent voice problems, rehabilitate troubled voices, train artistic voices, and research the function and application of the human voice. One main goal of World Voice Day is to encourage all owners and users of voices to learn how to take care of their voices, as well as how to seek help where necessary, and to support research on the voice.



The British Voice Association also hosts events for clinicians, academics, professional voice users and the public focused on disseminating the latest in voice research and practice.



SUNDAY 4TH SEPTEMBER 2022
10:00-16:00 (AGM 10:00-10:45)



GETTING ADVICE:

Universal: Signposting, self-management, one off contact or ongoing support

Children and Young People up to 13 years with voice disorders:

British Voice Association:

Tune into your Child's Voice: [Tune in to your child's voice.pdf \(britishvoiceassociation.org.uk\)](https://www.britishvoiceassociation.org.uk/tune-in-to-your-childs-voice.pdf)

Children Get Vocal Nodules Too: [Children get vocal nodules too.pdf \(britishvoiceassociation.org.uk\)](https://www.britishvoiceassociation.org.uk/children-get-vocal-nodules-too.pdf)

When it isn't just physical – The Effects of Stress and Emotion on the Voice: [The Effects of Stress and Emotion on the Voice.pdf \(britishvoiceassociation.org.uk\)](https://www.britishvoiceassociation.org.uk/the-effects-of-stress-and-emotion-on-the-voice.pdf)

Great Ormond Street Hospital: Advice for CYP of all ages, parents, teachers, SLTs and other professionals.

[Encouraging your child to produce a healthy voice | Great Ormond Street Hospital \(gosh.nhs.uk\)](https://www.gosh.nhs.uk/encouraging-your-child-to-produce-a-healthy-voice)

Royal College of Speech and Language Therapists: Advice for SLTs, and adults and parents of children with voice disorders regarding speech and language therapy, what to expect and how it can help.

[Voice disorders – Clinical information for SLTs | RCSLT](https://www.rcslt.org/voice-disorders-clinical-information-for-slts)

Related NHS advice:

NHS Stop Smoking: [NHS stop smoking services help you quit - NHS \(www.nhs.uk\)](https://www.nhs.uk/stop-smoking)

NHS information on heartburn and acid reflux: [Heartburn and acid reflux - NHS \(www.nhs.uk\)](https://www.nhs.uk/heartburn-and-acid-reflux)

NHS information on dehydration: [Dehydration - NHS \(www.nhs.uk\)](https://www.nhs.uk/dehydration)

World Health Organisation: Air Pollution: [Air pollution \(who.int\)](https://www.who.int/air-pollution)





GETTING HELP:

Targeted Support: Goal focused, evidence-based and outcome focused interventions



Shropshire Community Health SLT Services to Children and Young People up to 13 years with Voice Disorders:

Ear Nose and Throat (ENT) REFERRAL

CHILDREN AND YOUNG PEOPLE UP TO 13 YEARS WILL ONLY BE SEEN BY THE SPECIALIST VOICE SLT FOLLOWING ASSESSMENT BY A SPECIALIST ENT DOCTOR IN ORDER TO ESTABLISH THE UNDERLYING CAUSE OF THE VOICE DIFFICULTY. ALL CHILDREN REFERRED TO THE SPECIALIST VOICE SLT SERVICE MUST ALSO HAVE BEEN REFERRED BY THEIR GP FOR FULL ENT ASSESSMENT.

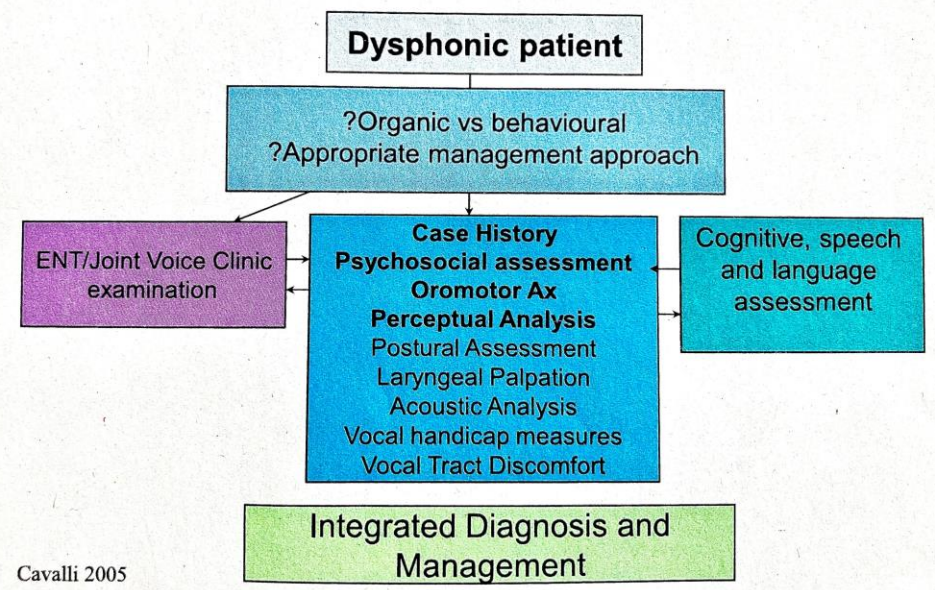
Advice line – Parents and teachers can talk over the phone to a Specialist SLT in Paediatric Voice Disorders to express concerns, seek advice and talk through assessment procedure, interventions and ongoing support – 01743 450800.

Full Voice Assessment by Specialist SLT in Paediatric Voice Disorders: This consists of collaboration with ENT, detailed parental case history, perceptual evaluation, measure of vocal handicap and objective voice measures, in order to:

- Identify the predisposing, precipitating and perpetuating factors.
- Understand the lived impact of voice disorder
- Provide feedback to parents using multi-factorial and COM-B model with detailed targeted advice around healthy voice, strategies for improving voice, therapy plan.
- Detailed assessment report for parents and professionals with links to advice sheets.

Monitoring: Voice difficulty/disorder is monitored via telephone or F2F review following advice and recommendations from initial assessment. CYP and their family can be re-referred to therapeutic interventions as appropriate or discharged from the specialist voice SLT service if no further treatment is indicated.

The Assessment Process



Cavalli 2005



GETTING MORE HELP: Specialist Support/Extensive treatment



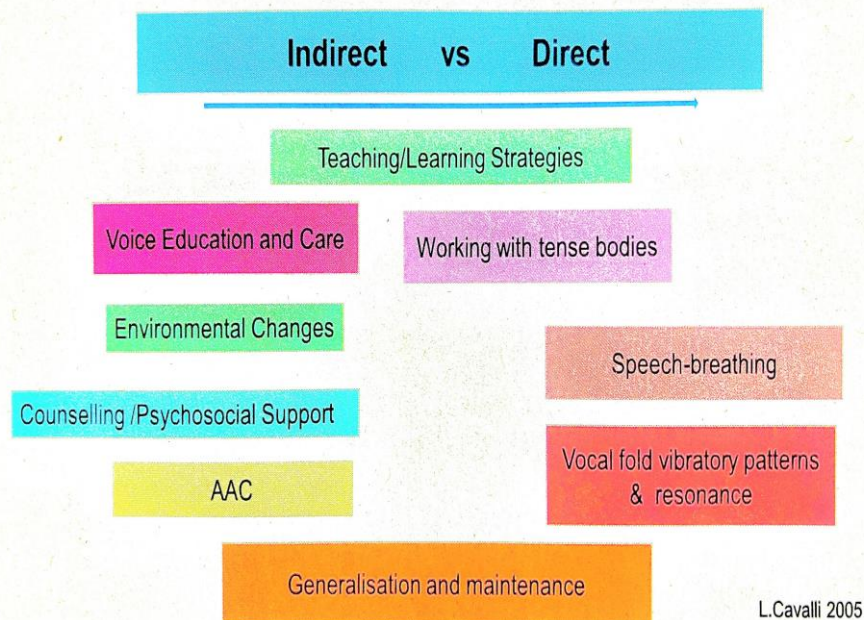
Specialist Therapeutic SLT Services to Children and Young People up to 13 years with Voice Disorders:

Indirect and direct Interventions:

Aims:

- Restore normal voice
- Improve vocal profile
- Prevent deterioration/recurrence
- Improve vocal discomfort
- Maximise communication potential.

Voice Therapy



Indirect Methods:

- Education – voice production and care
- Voice care advice
- Diaries and record sheets
- Environmental changes
- Psychosocial interventions (may require specialist support)
- Reward charts
- AAC

Direct Methods:

- Kinaesthetic and auditory awareness
- Scalar energy/effort
- Postural alignment
- Breathing exercises
- Relaxation procedures
- Vocal fold onset patterns

Monitoring: Voice difficulty/disorder is monitored via telephone or F2F review following direct/indirect therapy. CYP and their family can be re-referred to therapeutic interventions as appropriate or discharged from the specialist voice SLT service if no further treatment is indicated.



GETTING RISK SUPPORT: Acute: Risk management and crisis support

BeeU Children's and Family Mental Health Services (links embedded where available):

- BEAM: Emotional wellbeing service for CYP under 25 years old registered with GP in Shropshire or Telford & Wrekin – phone, virtual F2F or drop-in
- HEALIOS: Online provider of mental health support
- KOOTH: An anonymous 24 hour online service for CYP aged 11-25 living in Shropshire and Telford & Wrekin, offering peer support, self-help and counselling
- CORE TEAM: Work with CYP who have been assessed as having more serious and ongoing mental health needs
- ACUTE: Ageless 24/7 Urgent Helpline – Option 1 for under 18s, for help and advice for anyone experiencing a mental health crisis: 0808 1964501





Glossary:

ENT Doctor: Doctor specialising in Ear, Nose and Throat medicine and surgery.

Perceptual evaluation: SLT listens to the components of the child's voice e.g. pitch, loudness, vocal fold vibration.

Vocal handicap measures: Assessment of the impact of the voice disorder on the child's life.

Objective voice measures: Voice analysis instruments.

Significant component parts of a person's voice disorder:

Predisposing factors: e.g. emotional maturity, social skills, medical factors.

Precipitating factors: e.g. life events/triggers.

Perpetuating factors: e.g. exam pressures, unhelpful thinking patterns, conflicts/reactions.

Multi-factorial model: An illustration used to explain the various influences on an individual child's voice disorder.

COM-B model: An illustration used to explain the essential components for behaviour change.

Dysphonic patient: An individual with a voice difficulty/disorder.

Organic vs behavioural: A voice disorder caused by structural or physiologic disease vs a voice problem where the primary cause is inefficient or ineffective vocal skill and/or psychological problem.

Psychosocial assessment: Assessment of the child's mental and emotional wellbeing.

Oromotor assessment: Assessment of the child's face and mouth movements.

Postural assessment: Observations of the child's whole body posture.

Laryngeal palpitation: Assessment of the neck and laryngeal muscles.

Acoustic analysis: The process of understanding features of child's voice from objective voice measures.

Vibratory patterns: How the vocal folds are moving during vocalisation.

Generalisation: When the child can apply techniques learnt in therapy to their everyday life.

Kinaesthetic and auditory awareness: When the child is aware of how their vocal mechanism is moving and sounding.

Scalar energy/effort: Scaling effort levels 1-10 when: drawing/writing, squeezing hands/face/whole body, producing voice.

Postural alignment: Establishing healthy body posture for breathing and speaking.

Vocal fold onset patterns: Ways of initiating vocalisation.

