

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

This document is also available in Welsh.

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Holly Batchelor			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student
3	Institute/Academic Discipline/Centre:	UWTSD			
4	Campus:	Camarthen			
5	E-mail address:	info@leamingtonvoicestudio.com			
6	Contact Telephone Number:	07807940255			
For students:					

7	Student Number:	2221673
8	Programme of Study:	MA Professional Practice (Voice Pedagogy)
9	Director of Studies/Supervisor:	Louise Emanuel/Julie Crossman/Debbie Winter

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
Institute Research Committee		☐			
Other (write in) WAPPAR Ethics board representative		☒			

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3	<i>[List any other relevant documents here]</i>	☐

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa	If YES then the permission question	YES	☐	NO	☐

	Professional Learning Partnership (APLP)?	below does not need to be answered.				
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:			
2	Proposed start date:		Proposed end date:	
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how Existing Research has informed the proposed activity and explain <i>What the research activity will add to the body of knowledge</i> <i>How it addresses an area of importance.</i>			
3	Purpose of Research Activity The study aims to clarify and delineate the overlapping roles of singing voice specialists and voice therapy professionals in both habilitation and rehabilitation. By investigating how these professionals interact and complement each other, the research intends to develop an integrated framework that bridges artistic voice training with clinical voice care. This framework is designed to optimize vocal health outcomes, addressing both preventative and restorative aspects of voice management.			
4	Research Question Bridging the Gap: Exploring the overlap between singing voice specialists and voice therapy professionals in habilitation and rehabilitation.			
5	Aims of Research Activity Identify the critical intersections between singing teachers' artistic approaches and clinical strategies employed by voice therapists. • Examine how therapy-informed techniques are integrated into vocal training practices. • Explore the legal, ethical, and practical implications of overlapping roles in voice care. • Develop interdisciplinary guidelines to define professional responsibilities and promote collaborative practice.			
6	Objectives of Research Activity			

	Conduct a systematic literature review to synthesize existing scholarship on voice habilitation and rehabilitation. • Utilize mixed-methods data collection—including screening questionnaires, semi-structured interviews, and case studies—to capture diverse practitioner perspectives. • Analyse case studies to understand practical applications and challenges in current voice care practices. • Formulate evidence-informed recommendations that enhance the collaboration between singing teachers and clinical voice professionals. (this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	Proposed methods The proposed research will employ a mixed-methods design that integrates both qualitative and quantitative techniques to comprehensively explore the overlap between singing voice specialists and voice therapy professionals in voice habilitation and rehabilitation. Systematic Literature Review A systematic literature review will be conducted to identify, evaluate, and synthesize existing scholarship on voice habilitation and rehabilitation. This review will include peer-reviewed journals, scholarly books, clinical guidelines, and seminal works in the field. The goal is to clarify current definitions, practices, and theoretical frameworks, thereby providing a robust foundation for the empirical phase of the study. Screening Questionnaire A screening questionnaire will be developed and distributed among potential participants—including singing teachers, voice therapists, speech-language pathologists, and other relevant professionals. The questionnaire will feature both closed-ended and open-ended questions. Key areas to be covered include: • Demographic information and professional background • Level of involvement in voice habilitation and rehabilitation • Experiences with and perspectives on interdisciplinary collaboration • Familiarity with therapy-informed techniques in vocal training The responses will help identify suitable participants for subsequent phases and provide an initial quantitative overview of current practices and perceptions. Semi-Structured Interviews Following the questionnaire, semi-structured interviews will be conducted with a selected subset of participants. These interviews will allow for an in-depth exploration of personal experiences, beliefs, and challenges associated with the integration of artistic and clinical approaches to voice care. Open-ended questions will facilitate a rich dialogue, enabling participants to discuss nuances not captured in the questionnaire. The interviews will be recorded (with consent), transcribed, and then subjected to thematic analysis to identify emerging patterns and themes.

	Observations To complement the broader data collection, detailed observations will be developed based on actual instances of integrated voice care practices. These observations will document specific scenarios where singing teachers and voice therapy professionals have collaborated in managing voice disorders. By examining these real-world examples, the research will highlight both successful strategies and the challenges encountered in practice. The observations will be selected to ensure diversity in context, ranging from private studios and clinical settings to academic environments. Insider Research Given the researcher's background and established professional networks, insider research will be utilised to access contextual data and nuanced insights within the vocal health community. This approach will involve participant observation and informal discussions, which will be systematically recorded and analysed. Insider research will enrich the study by providing a deeper understanding of the everyday practices and ethical considerations that guide interdisciplinary collaboration. Data Analysis Qualitative data from interviews, case studies, and insider research will be analysed using thematic analysis, drawing on hermeneutic phenomenological techniques to uncover underlying meanings and patterns. Quantitative data from the screening questionnaire will be processed using descriptive statistics, and where appropriate, inferential statistics will be applied to test for significant differences or relationships. The mixed-methods design will allow for triangulation, thereby enhancing the validity and comprehensiveness of the research findings. These methods collectively ensure that the research will capture a broad spectrum of experiences and insights, thereby providing a detailed and nuanced understanding of the overlap between singing voice specialists and voice therapy professionals.
	Location of research activity Identify all locations where research activity will take place.
8	Physical Locations • Researcher's Studio: The personal studio will be used for controlled interviews, observational sessions, and case studies. This familiar environment will facilitate in-depth discussions and the collection of high-quality audio and visual data. • Consulting Rooms and Clinical Settings: Data will be gathered in professional consulting rooms within voice therapy clinics and private practices. These sites offer direct insight into clinical practices and the application of therapeutic techniques. • Universities and Educational Institutions: Engaging with academic experts and practitioners in university settings will allow for focus groups, seminars, and structured interviews, contributing an academic perspective to the research. • Other Professional Workspaces: Additional locations include vocal coaching studios, rehabilitation centers, and allied health facilities. These varied environments will help illustrate the everyday context in which interdisciplinary voice care occurs. Online Settings • Virtual Platforms: To reach participants from different geographical locations and broaden the study's scope, data collection will also occur online. Video conferencing, web-based surveys, and digital focus groups will be used to facilitate interviews and discussions. This virtual component ensures that voices from diverse regions and professional backgrounds are included.
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural

	and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A <i>(this box should expand as you type)</i>

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒
15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	<i>(this box should expand as you type)</i>		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☒	☐
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒

9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☒	☐
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups: (this box should expand as you type)		

Participant numbers and source

	Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	Around 10
11	Who will the participants be?	Voice therapists, Voice specialists, pedagogues and voice and singing teachers.
12	How will you identify the participants?	Through university connections, online searches and posts on social media.

	Information for participants:	YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☒	☐	☐
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	<i>(this box should expand as you type)</i>			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	N/A			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.					
1	Full risk assessment completed and appended?	<table border="1"> <tr> <td>Yes</td><td>☐</td></tr> <tr> <td>No</td><td>☒</td></tr> </table>	Yes	☐	No	☒
Yes	☐					
No	☒					
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information					
	Risk to participants: Risks, although unlikely, include stress and emotional distress	<i>How you will mitigate the risk to participants:</i> Participants will be informed that participation is entirely voluntary, and participants can withdraw at any time without giving a reason or facing any consequences. Participants will be informed in advance about the nature of the study and the types of questions they may be asked.				
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities					
	N/A					
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest					
	Risk to the investigator: • Data Protection and Legal Risk: Mishandling sensitive participant information. • Emotional Exposure - Participants may share personal experiences that could impact the investigator's emotional well-being. • Reputational Risk: Poorly designed or insensitive questions may harm the investigator's professional reputation.	<i>How you will mitigate the risk to the investigator:</i> • Obtain ethics approval and follow ethical guidance. • Respect the rights and welfare of all participants, ensuring consent and confidentiality • Stay updated on data protection • Follow current data protection laws to ensure the legal and ethical handling of personal data.				
5	University/institutional risks For example: adverse publicity, financial loss, data protection					
	Risk to the University: Reputational risk – bringing the university into disrepute.	<i>How you will mitigate the risk to the University:</i> The research will receive ethical approval from the University's ethics committee, and all methods will follow both institutional and national research ethics guidelines. Participants will be fully informed about the purpose of the study, how their data will be used, and their right to withdraw at any time without consequence.				

		Consent forms will be securely stored. All data will be anonymized or pseudonymized and kept using secure, university-approved storage systems, accessible only to authorised personnel. Throughout the research, the investigator will act professionally and respectfully, ensuring the university is represented positively.
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A	<i>How you will mitigate the risk to environment:</i>

Disclosure and Barring Service				
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☐	☒
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	At the end of their participation, all participants will receive a debriefing that explains the full purpose of the study, how their data will be used, and offers the opportunity to ask questions. This will be provided immediately after completing the questionnaire or interview, either in person or via email, depending on how they participated.
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Before participation, all potential participants will be provided with a participant information sheet outlining the purpose of the research, what participation involves (e.g., time commitment, type of questions), any potential risks or benefits, how their data will be used and stored, their right to withdraw at any time without penalty, and contact details for further information or concerns. This information will be shared via email or in person, depending on the recruitment method. Participants will have the opportunity to ask questions before agreeing to take part. Informed consent will be obtained prior to any data collection through a signed consent form.
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	Anonymity and confidentiality will be strictly maintained throughout the research process and in all outputs. Participant's names and any identifying details will not appear in any transcripts, reports, or publications. All data will be anonymised and pseudonymized. In any written reports, presentations, or publications, data will be presented in a way that ensures individuals cannot be identified, including the use of generalized descriptions and paraphrased quotes where necessary.

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SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
1	"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☐	☒
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	N/A		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	"Special category data" means sensitive personal data consisting of information as to the data subjects' – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	N/A		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☒	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data will be kept in password protected cloud storage on the company's Office 365 system which will not be shared. Audio/visual data will be transcribed and would be shown to participants to check accuracy of reporting. Any USB sticks used to store or transfer data will be password		

	protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder.
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Data Protection			
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☒	☐
15	Sharing of data with other organisations?	☒	☐
16	Export of data outside the UK or importing of data from outside the UK?	☒	☐
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☒	☐
18	Publication of data that might allow identification of individuals?	☒	☐
19	Use of data management system?	☒	☐
20	Data archiving?	☒	☐
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	N/A <i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	The researcher – Holly Batchelor		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	The researcher – Holly Batchelor		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	All research data will be stored securely in line with the University's data protection policies and GDPR requirements. Digital data (e.g., interview recordings, questionnaire responses, transcripts) will be stored on the University's secure, password-protected cloud storage system (e.g., OneDrive or SharePoint), with access limited to the researcher and, if applicable, the academic supervisor. Any physical data (e.g., signed consent forms) will be stored in a locked cabinet in a secure office. Data will be anonymised to protect participant identities. Identifiable information (e.g., consent forms, contact details) will be stored separately from research data. All data will be retained for a period of the research and submission process after the completion of the study, in accordance with University guidelines, after which it will be securely deleted or shredded. Data will not be archived for public access, as the research involves personal reflections and potentially sensitive experiences related to voice pedagogy, which could risk breaching confidentiality, even in anonymised form. Therefore, to protect participant privacy, the data will be destroyed after the retention period and will not be archived.		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	N/A		

26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/			
1	Signature of applicant:	HJBatchelor	Date: 17/3/25

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☐	I have read the guidance notes supplied before completing the form.
☐	I have completed ALL RELEVANT sections of the form in full.
☐	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☐	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☐	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

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RESEARCH STAFF ONLY



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STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Consent to take part in research

- I Holly Batchelor voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves answering questions about potential curriculum

Content

- I understand that I will not benefit directly from participating in this research.

- I agree to my interview being recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

I understand that disguised extracts from my interview may be quoted in the final report but I will remain anonymous.

- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained in Leamington Spa until completion of the final dissertation in 2025.

- I understand that a transcript of my interview in which all identifying information has been removed will be retained for a further two years after the final exam.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Researcher Name – Holly Batchelor

Signature of research participant

hollybatchelor

I believe the participant is giving informed consent to participate in this study

Signature of researcher Date – 01/01/25

Participant Consent Form



Are the lines between voice habilitation and rehabilitation blurred in contemporary voice care?

This study explores the evolving and often blurred boundaries between voice habilitation and rehabilitation in contemporary voice care. With growing interdisciplinary collaboration between singing teachers, speech-language pathologists, and other voice professionals, the traditional distinctions between these fields are increasingly challenged. The research investigates how singing teachers are incorporating therapy-informed practices, how clinical professionals approach artistic voice use, and the extent to which role ambiguity impacts collaboration, ethics, and service delivery.

Consent to take part in research

-  voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time
- I understand that I can refuse to answer any question involved during the research process without any consequences of any kind.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves an interview regarding voice habilitation and rehabilitation as described above.
- I understand that I will not benefit directly from participating in this research.

- I agree to my interview being recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous.
- This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview may be quoted in my master's dissertation.
- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained in All data, including recordings, questionnaires, and case materials, will be stored securely on password-protected devices and encrypted cloud systems until the exam board confirms the results of their dissertation
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for two years from the date of the exam board.
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If you have any questions, please feel free to contact meHolly Batchelor on hjcmusic@live.com tel. 07807940255 or my supervisor David Cane - david@voicestudycentre.com

Signature of research participant

DocuSigned by:


Signature of researcher



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Signature of research participant



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Signature of researcher



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Signature of research participant

Signed by:

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Signature of researcher

Signed by:

FE213D34512642E...

I believe the participant is giving informed consent to participate in this study

All interview transcripts.

Participant A B & C Interview Transcripts.

Professional Role and Background

OK, yes, so I'm a voice teacher and singer teacher and I work with people in schools, my private practice and I work for universities on their Btech helping performers and singers and I also work. In a university working with teachers and singers.

My training has helped me prepare for this role very well. I have a master's degree in voice pedagogy. I have certificates in vocal health, I've also done training through Estill and I'm currently training to be a voice habilitation professional.

Yes, I've done tons of other training outside of theirs. Estill level certificate, um work in. Mental health for singers. I have also taken trauma informed certificates.

Section 2: Habilitation and Rehabilitation in Practice

Habilitation is when somebody has a healthy voice and we work on training and education on keeping the voice healthy and efficient. Rehabilitation is more the medical side where somebody may have a pathology and they may need ENT or speech language therapy, something that's out of the scope of a voice teacher's role.

I've encountered a situation of where both habilitative and rehabilitative strategies have been required, and this is with the student of mine who currently has nodules, so I initially we had to refer them to specialists to. Dante and I have then also been working with them after their operation and that and the removal of the nodules to habilitate and get the boy the voice back strong give techniques to use the voice healthily and. Teaching vocal health and and giving as much technique and advice as I can to hopefully prevent this happening in the future.

The areas of voice habilitation and rehabilitation tend to overlap all the time. There are so many occurrences where this happens and such as vocal health, performance anxiety, um, psychological issues and vocal health issues. And both require a collaboration of both habilitative and rehabilitative processes.

Section 3: Interdisciplinary Collaboration

Yes, all the time. At the college I work out. I work with other singing teachers with different qualifications and backgrounds, musical directors and I work with lots of different singers who are training to workers, teachers and different professionals. I also work with a laryngeal. Physio and we've done some work together.

For good interdisciplinary work, it's really important to be open to others opinions, listening to others and valuing their different input. Lots of people have different training and backgrounds and so there shouldn't be one rule. There should be conversations and looking at different opinions on how best to help a situation.

There can also be challenges within the teaching world and some people feel they know better without the right training. And not to put a downer on, it's still I feel that they are quite rigid and not open to other research and methods. There's a lot of situations where people aren't looking outside their pedagogy knowledge, um, and there can be lots of challenges, um, if some people don't listen and collaborate and take on board other people's backgrounds. And situations. And understanding where where they best fit where their knowledge is best fit to.

Section 4: Ethical and Role Clarity Issues

Not that I can think of. There might be issues where there's psychological aspects or vulnerable people that are being guided by people that aren't trauma informed or you know, vocal health issues where they haven't got that background and that knowledge. And in that sense, if they continue to work in a

situation, they're not. Fully aware of rather than the fair referring and then the person doesn't get the help that they need and it then kept it can become an ethical issue.

I would refer somebody if they had signs of pathology. If certain things like hydration or vocal health or um, training exercises aren't making their difference to a situation, then I would definitely refer them. If they have lose their voice, you know, all of suddenly. It's not coming back or if they have a situation that's ongoing for many weeks and there aren't any improvements or changes, then I would then refer them on to ENT or their doctor and to get some medical advice on the situation.

I think that there's good training out there for things like vocal health, and I think that's become quite common now that these things are available. Vehicle health. However, for actual teaching and for the singer teacher, I don't think there's enough training out there which helps collaborate. Between different disciplines.

Section 5: Tools, Techniques, and Language

1. Are there techniques or strategies you use that are also found in other professional areas?

Yes, SOVT techniques and vocal function exercises are actually used quite often, both for habilitative and rehabilitative care. We use these techniques as well as SOVT manual therapy, especially in physiotherapy, somatic work, and stretching. They're a big part of yoga and fitness routines, too. Plus, when people struggle with anxiety or psychological concerns, these approaches can be integrated into counseling sessions as well.

When it comes to vocal health education, I feel that the general approach in singing teaching and pedagogy could really use some improvement. Right now, we do have techniques like SOVT, manual therapy, physio, somatic work, stretching, and elements from yoga and fitness, even some psychological help, like counseling sessions. But it's all a bit piecemeal.

Personally, I always try to stay within my boundaries. I'm aware that I can't be everything to everyone, so I focus on the areas I'm properly trained in and don't go beyond that.

To raise standards and offer more specific help, I think we need much more training, especially because certain methods, like Estill, don't always explain how to apply what you've learned—or what knowledge to use in different situations.

As for changes I'd like to see, I'd love to have more voice clinics in hospitals specifically for singers and performers. That way, vocal care is recognized as a real necessity for people who use their voices every day—not just performers but also teachers who might lose their voices and don't really know where to turn. Right now, they often go to an ENT, but that isn't always a holistic solution. I think clinics that include both vocal professionals and medical experts could really make a difference by offering a more rounded, holistic approach.

Finally, it would be fantastic if there were more opportunities for people to access voice teachers and actually shadow them or work alongside experienced vocal professionals. I think that direct exposure and mentorship would be incredibly helpful.

Section 1: Professional Role and Background

- 1. Singer background (“voice teacher and singer teacher...work with people in schools, private practice, universities”)
- 1. Professional development (“tons of other training outside of theirs”)
- 1. Specialist voice training (“Estill training, vocal health certs, trauma informed certificates”)
- 1. University education (“master’s degree in voice pedagogy”)
- 1. Postgraduate courses (includes all post-degree certificates)
- 1. Voice specialist role (advanced voice pedagogy, clinical/vocal health focus)

Section 2: Habilitation and Rehabilitation in Practice

- 1. Voice habilitation focus (“healthy voice...training and education...”)
- 1. Voice rehabilitation focus (“rehabilitation is more the medical side...may need ENT or SLT...”)
- 1. Ethical dilemmas—overstepping practice boundaries and referral responsibility (“out of the scope of a voice teacher’s role”)
- 1. On-the-job learning (evolving experience managing nodules, referral, post-op work)
- 1. Referral management (handling nodules—referral to ENT/medical, collaboration post-op)
- 1. Peer learning (learning from other teachers in collaborative scenarios)
- 1. Interdisciplinary boundary blurring (“overlap all the time...vocal health, performance anxiety, psychological issues and vocal health”)
- 1. Multidisciplinary collaboration (combining habilitative and rehabilitative work, frequent interaction)

Section 3: Interdisciplinary Collaboration

- 1. Multidisciplinary collaboration (“work with other singing teachers...musical directors...laryngeal physio”)
- 1. Interdisciplinary training (work with multiple professionals, blended training backgrounds)
- 1. Competency development (recognising need/value of diverse input, broad skills)
- 1. Professional humility and adaptive learning (“being open to others opinions, listening to others...”)
- 1. Professional silo barriers (challenges when others closed/rigid)
- 1. Risks of professional arrogance and communication breakdown (“people feel they know better without the right training”)

Section 4: Ethical and Role Clarity Issues

- 1. Ethical dilemmas—role/title clarification (risk of non-trauma informed people guiding vulnerable singers)
- 1. Ethical dilemmas—overstepping practice boundaries and referral responsibility (again for clear lines re: scope and referral)
- 1. Ethical dilemmas—support during clinical wait times (when ongoing symptoms don’t resolve, next steps incl. waiting for specialist)
- 1. Ethical dilemmas—practitioner boundary crossing and client harm (if work continues without proper expertise, client doesn’t get needed help)
- 1. Ethical dilemmas—referral threshold for non-clinicians (criteria for referral based on duration of symptoms/stagnation)
- 1. Psychologist collaboration (referencing psychological and trauma-related considerations—can overlap with ethical concern)

Section 5: Tools, Techniques, and Language

- 1. Interdisciplinary techniques (“SOVT techniques and vocal function exercises...used for habilitative and rehabilitative care”)

- 1. Tailoring explanation (adapting technical and wellness content for singers/patients)
- 1. Interdisciplinary training (wishes for more specific training that bridges gaps)
- 1. Specialist support networks (mentoring/shadowing needs)

Section 6: Gaps and Suggestions for Improvement

- 1. Training inequalities (“not enough training out there which helps collaborate between different disciplines”)
- 1. Service access barriers (lack of holistic clinics, mentorship)
- 1. Holistic voice clinics (call for system-level clinics supporting non-classical voice users)
- 1. Recognition of non-performance voice users (teachers as at-risk group)

Suggested New Code(s):

- (no new unique code required for this excerpt; system-level advocacy and complex boundary cases are already captured by above codes)

Summary: Your comprehensive list fully captures all concepts in this qualitative segment. If you want greater granularity for systems-level reforms (e.g., funding/commissioning clinics, national networks), you might optionally add a new code: **82. Advocacy for system-level, multidisciplinary support in voice care.**

So you don't have to take part. And if at any point you wanted to stop, that's absolutely fine. And or if there are any questions that you didn't want to answer, then just let me know. Yeah, that's fine. I'm sure I'm sure there won't be, but yeah, I'll let you know. No, I think there's something we just have to add in. It's part of the call as well. That's brilliant. Shall I just delve into the questions?

can you tell me about your current role and the path that led you to it? Yeah, so I'm a speech and language therapist. neurospecialist and a language therapist. So I see people who have either communication and or swallowing difficulties as a result of some kind of neurological event or disease or injury. So it could be that, you know, they have had a road traffic accident and they've had brain trauma or they've had a stroke or they've got some kind of like progressive condition, whether that's like Parkinson's or dementia, something like that. And obviously, you know, as part of the communication changes that can happen when you have these neurological conditions, you can get changes to the voice as well. So that's where my sort of voice work comes in. I'd say the most sort of frequent group that I see who have voice changes are people with Parkinson's, followed by people who've had a stroke. Those are the most common voice patients that I see. I've got here through a bit of a winding park, really. I kind of always been interested in languages and in linguistics. And after I finished uni, I didn't know what to do. So I trained as a speech to language therapist because I thought, you know, it was, I wanted to do, that was really cliché, but like, I wanted to do something that would help people and I wanted to use my kind of language knowledge. And so those two things kind of came together in speech to language therapy. So, yeah, I actually started off working with children. So I was a paediatric therapist for a while. I did some voice work with children as well, actually. But then after, oh gosh, it was probably only about a year, I realised that I just wasn't enjoying the work with kids and I moved to work with adults. So, yeah. And then I, so now I'm kind of a team lead within speak to language therapy team. And so I still see the voice patients, but also I see, you know, lots of other patients as well who've had some kind of neurological injury. So it's not just the voice patients that I see.

how has your training or education shape the work that you do? I don't want to. I mean, it's shaped it a lot in the sense that, you know, all my training was clinical and those are the, that is the caseload that I see. You know, I don't, the only, the only people that I see are people who have had some kind of voice impairment or communication impairment in some way. And obviously, all of my training was kind of tailored to to those people. So, you know, I wouldn't, I wouldn't see, you know, the kind of people who you might typically see, like if you, if you're teaching singing where someone's got, say, a voice and they're trying to improve some aspect of a voice that is already typical, I suppose you might say, like all of the people who I see have an atypical voice for, you know, for whatever reason that is, for whether that's because of stroke or whatever. And so all of my my training, I suppose, has been around identifying what's atypical about the voice and then supporting that rather than kind of developing or enhancing a voice that is already typical.

So, how do you understand the terms voice habilitation and voice rehabilitation?
Do you believe that they are fully understood with all rounds of voice education and care? So to answer the second question first, definitely not. I don't think they're

Commented [MOU1]: Voice specialist role

Commented [MOU2]: Neurological voice disorder caseload

Commented [MOU3]: Neurological voice disorder caseload

Commented [MOU4]: Neurological voice disorder caseload

Commented [MOU5]: Neurological voice disorder caseload

Commented [MOU6]: Passion for voice

Commented [MOU7]: Transitioning caseloads

Commented [MOU8]: Clinical expertise

Commented [MOU9]: Professional development

Commented [MOU10]: Clinical expertise

Commented [MOU11]: Clinical expertise

Commented [MOU12]: Voice rehabilitation focus

understood very well at all. I mean, I think partly it's because of, you know, just speaking from a kind of clinical perspective, we wouldn't necessarily talk too much about voice habilitation, which I guess I would understand as being kind of enhancing or sort of developing a typical voice versus rehabilitation, which is kind of recovering function in some way or recovering health in a voice that is impaired in some way. And I think, you know, because we come at it from a clinical perspective where all of the voices that we see are atypical and need rehabilitation, that's the only thing that we understand in a way. You know, like I't I wouldn't have the first idea how to, you know, support someone who wanted to achieve more with a voice that was already healthy, I would only be able to help someone who has a voice that is atypical in some way. So I don't think that, you know, certainly my training really didn't mention voice habilitation at all. It was all around rehab. because that's, you know, that's the kind of clinical focus of it. Yeah.

Commented [MOU13]: Voice habilitation focus

Commented [MOU14]: Voice habilitation focus

Commented [MOU15]: Voice habilitation focus

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Within your practice, would you ever come across or work with people that do work in more of a habilitation role? It's possible. I mean, we. So say we've got, say, a patient who is like a professional voice user. So, I don't know, say, say they're a teacher or, you know, something like that where they use their voice professionally, but then they've had this kind of neurological injury. You know, it's possible that if they also had like a singing teacher or kind of a voice coach on the side, we may kind of liaise with them as part of rehabbing that voice. But I'd say that's quite unusual. I would say most of the people who I see, I say are older. So, you know, they tend to not, even, you know, they're retired or whatever, so they don't tend to be professional voice users anymore. So we wouldn't necessarily come across people outside of the sort of clinical context, I guess.

Commented [MOU20]: Multidisciplinary collaboration

Commented [MOU21]: Patient demographics (older/non-professional voice users)

And would you say that you, although maybe not collaborate with habilitation roles, do you collaborate with other disciplines within your roles? Yeah, so a lot of ENT. So we, it's actually a, well, not elite, well, I don't know if it's a legal requirement, but it's definitely a kind of policy that we're not allowed to see anyone to do voice work until they've been through ENT. So they have to, you know, be scoped just to make sure that there's no kind of laryngeal pathology that is causing voice changes. So, you know, like there's no signs of laryngeal cancer or anything like that. Before we do any voice therapy, and that's just because, you know, we wouldn't want to kind of mask anything that, you know, what that that might cause the voice change that would need like chemo or treatment in that way. So. So, you know, we work really, really closely with ENT. All of our patients have been through ENT. We also work with people who kind of do laryngeal manipulation and stuff as well. You know, sometimes if you've got people who have very, I suppose it's kind of tight larynx, you know, we may do some work with collaborative work with people who do laryngeal manipulation. I don't those are probably the main, yeah, the main two. And of those, ENT, much more commonly than the laryngeal manipulation, really. That's really interesting. And with the laryngeal manipulation, do those, are they clinically trained or are there people that have kind of just in those courses alongside clinical training? They could be both. So we see some of them, you

Commented [MOU22]: Referral management

Commented [MOU23]: Referral management

Commented [MOU24]: Referral management

Commented [MOU25]: ENT collaboration

Commented [MOU26]: Multidisciplinary collaboration

know, may have, I don't know, they may have just gone into it from something else. I don't know. But we also send some of our voice therapists on those courses anyway. Yeah. So, you know, we may get, they then have that clinical side of things as well. So I don't think all of them are clinically trained, but certainly, you know, if they've come from a voice speak to language therapy background, then they would, and then we send them on that course. They would have that clinical background as well, yeah. I mean, so we the only the only sort of manipulator manipulator that we send our people to where it's collaboratively with ENT. Yeah. So we we wouldn't send them off to just some random Yeah, exactly, yeah, exactly, yeah, yeah. Brilliant. **And have you experienced any challenges when, I'm working collaboratively with other disciplines?**

Commented [MOU27]: Specialist voice training

Not really. I mean, I think, you know, voice, I think clinical voice is such like a small world. Yeah. You know, there's, so, no, not really. I mean, I think people are quite respectful of other people's roles. And I think people are generally quite open, you know, to hearing different perspectives as well, which I think is really useful. So, no, I haven't, haven't particularly, I mean, I suppose the only thing is around, but even then, it's not, it's not serious, but kind of scope of roles. You know, we would be kind of concerned if someone was doing voice therapy on a patient who hadn't already been through ENT, for example, just because that, you know, that's kind of operating outside of scope. But I've never actually experienced that. I'd never come across someone doing that. So, no, I haven't really. I feel like that's a bit of a boring answer, but. No, that's fine. That's brilliant.

Commented [MOU28]: ENT collaboration

Commented [MOU29]: Multidisciplinary collaboration

Commented [MOU30]: Multidisciplinary collaboration

Commented [MOU31]: Referral management

Commented [MOU32]: Referral management

And are there any situations in your role where you may have to refer someone to another professional? Yeah, I mean, absolutely. I mean, so we could say you've got someone with kind of Parkinson's who is, you know, we're kind of working on rehabilitating the voice. Obviously, because I'm not primarily a voice therapist. I'm primarily primarily a neurotherapist, I might quite easily get to the limits of my neuro voice knowledge. But if someone then is experiencing difficulties on top of that, they then might have to go to one of the voice specialists. So, you know, someone could quite feasibly have voice changes because of Parkinson's, but then on top of that, they may also develop voice changes because of muscle tension or something that comes alongside, you know, changes to the body that happens with Parkinson. So it may be that, you know, I would have to kind of refer on to someone with more of a voice specialist role to be able to kind of manage those patients. Plus, obviously, we always refer back to ENT if we sort of feel that something is potentially going on with the voice that we didn't expect. So, you know, I mean, you can go through ENT and then have voice therapy, but that doesn't preclude then developing some kind of laryal pathology. So if the voice started to then change again in ways we weren't expecting, we would then have to send them back to ENT as well.

Commented [MOU33]: Referral management

Commented [MOU34]: Neurological voice disorder caseload

Commented [MOU35]: Referral management

Commented [MOU36]: Referral management

Commented [MOU37]: Referral management

How do you adjust your communication when working with people from different backgrounds?

Oh, I think it's hard. Yeah. I think, you know, yeah, I think it's hard because I think we get a bit almost a bit used to kind of working within like a clinical bubble. Yeah. You know, so if we're kind of communicating with, I don't know, someone from ENT, we're going to use the kind of jargon and the, you know, the phrases and stuff that we're used to. And then kind of operating with someone outside of that bubble, sometimes you has to stop and think, okay, well, actually, what do they understand by Lnal pathology versus what I understand by it? Yeah. So, you know, especially when communicating with our patients, you have to be really simple about what we mean. So I don't talk about larynxes, you know, I talk about voice boxes or, you know, I kind of get them to kind of put their hands on their throats. They can feel the voice box and kind of feel the vibration so that they have a little bit of feedback to understand what I'm talking about. But especially when you're giving people kind of voice exercises and things to do, that can be quite hard, you know, if I'm saying, okay, well, now you need to work on pitch glides. I might need to actually explain that and model that for them several times before they understand it. So, yeah, it can be quite difficult. And I think, you know, we do tend to fall back a little bit on clinical terminology because we operate in that clinical bubble, I think. So yeah, brilliant.

Commented [MOU38]: Communication adaptation

Commented [MOU39]: Professional terminology differences

Commented [MOU40]: Professional terminology differences

Commented [MOU41]: Tailoring explanation

Commented [MOU42]: Tailoring explanation

Commented [MOU43]: Tailoring explanation

And what difference, or if any, have you noticed in how terms or concepts are understood across different professions?

Oh Oh, Again, I'm not sure because I don't tend to interact too much with people outside of the clinical world. So, you know, I'm not sure what, I don't know. It's not someone else had to do with. Yeah, exactly. Yeah. So that makes it, yeah, I'm not sure. No, that's brilliant. That's absolutely fine. Okay, that would be a second.

Commented [MOU44]: Professional terminology differences

Are there any kinds of support training or resources that would make your work easier or more effective or within your actual role, not specifically to yourself?

Yeah, so we have, there's actually a massive lack of voice trained therapists and speak to language therapy. It's like a kind of a specialism within a specialism. So quite often it's difficult to kind of access, you know, the more, if you've got someone who's a particularly complex patient to work with, actually accessing more kind of senior support can be really quite difficult. So definitely, I think, you know, we need, there needs to be kind of more, more basicic training at university in voice, because typically we do, you know, like one module in voice, alongside all the other modules that we do and everything else. So, but then also kind of, what we most need is like a national network of like voice specialists who we can go to for like clinical support. So, you know, it's like, oh, I've got this patient. I don't know what to do with them. I've reached the extent of my knowledge. I need more. So yeah, that would be really helpful as well, I think, but we don't we don't have that, unfortunately.

Commented [MOU45]: Service access barriers

Commented [MOU46]: Service access barriers

Commented [MOU47]: Limited undergraduate voice training

Commented [MOU48]: Specialist support networks

Commented [MOU49]: Specialist support networks

What are your thoughts on creating formal do. It's interdisciplinary certifications for involving habilitation and rehabilitation. I think it's a really interesting idea. Like, I don't, I think, you know, we would, I speak to an Irishists, I feel like we would start with a lot of knowledge on the rehab side and like literally zero knowledge on the habilitation side because it's just not a focus of our training or or of our kind of day-to-day work. But I think it would be really valuable. I think, you know, it would have to take into account the fact that we, you know, there are certain types of people that we see more often and certain types of people that we don't see. But it's been sort of tried, not specifically, not with not in voice, but we also manage swallowing disorders and they've tried to kind of develop intoisdisciplinary swallowing competencies as well, for kind of managing people with swallowing disorders. And that's been quite successful, actually. So it's kind of working alongside occupational therapy and physiotherapy.. So I think it's, I think if it can be done, I think it's really valuable because I think different professions bring different aspects of kind of competence and understanding. Yeah. But I think it's a hard job. Hard thing to do. Absolutely. Absolutely. And I think other than,

Commented [MOU50]: Competency development

Commented [MOU51]: Voice habilitation focus

Commented [MOU52]: Professional development

Commented [MOU53]: Competency development

Commented [MOU54]: Multidisciplinary collaboration

Is there anything else that you would like to share about your experiences in this area that may be relevant? I think that's the last question. I don't think so. I mean, I think it's such a kind of like rich area. Yeah. And yeah, I think I think it's so rich and I think that there's kind of an increasing understanding of the importance of people's voices as well. Yeah. You know, as kind of being like a key part of them and how devastating it can be when those things are lost, whether that's, you know, through just, you know, a kind of a loss of voice when you've got a cold, right, compared, you know, or a permanent loss, like if you've got Parkinson's or something. So, yeah, I hope that there's an understanding of that, of how difficult it can be. Yeah, yeah. Yeah, that's brilliant. That's great. Thank you so much. I think that's all my questions. So thank you so much for your time. And that was so interesting and will be really, really valuable.

Commented [MOU55]: Passion for voice

Commented [MOU56]: Voice loss impact

Okay, so the first question is, could you tell me about your professional role and what led you to it?

Yeah, so I've been working as a voice specialist for about 15 years now. I've literally changed jobs this week. So I' now, I don't remember what's going on. Now, clinical lead for voice in Leicester. So what took me that? So I did my dissertation at uni, actually on voice. particular in relation to vocal hygiene advice for singers. Yeah. So I' I've always done a bit of very, very amateur singing myself. Always enjoyed working with voice patients. So I, yeah, so I did some generalist SLT stuff to start with and then specialised in voice for the last 15 years or so.

Commented [MOU57]: Clinical Expertise

Commented [MOU58]: Location Leicester

Commented [MOU59]: University education

Commented [MOU60]: Passion for voice

Commented [MOU61]: Singer background

Commented [MOU62]: Passion for voice

Commented [MOU63]: Voice specialist role

Commented [MOU64]: Voice specialist role

Commented [MOU65]: Experience years

Commented [MOU66]: University education

Commented [MOU67]: Limited undergraduate voice training

Oh, amazing. And what qualifications did you take to get to where you are?

So I did my BSC in speech and language therapy. Yeah. And then there isn't, I mean, you probably know this, but there aren't any sort of core competencies around voice work

yet. Yeah. So you at uni, you basically do about two days worth of lectures on voice and that's it. Wow. So it's a case of learning on the job, really, through more experienced therapists or courses. So I've done, I did an NSI course, quite few years ago. I've done some courses around sort of voice clinic and analysing the voice in under the nose undercope. I'm trying to think what else I've done that's formal. We have a clinical excellence network within speech and language therapy. They're kind of regional groups of therapists with the same clinical specialism. And within that, we sort of run courses for therapeutical. So I've done quite a few courses through that. I did Jacob Liebermann, Laryngel Manipulation course, and I've done a Walt Fritz course, I'm trying to think what else. I think that's probably, yeah, and just loads of little bits along the way, as in when they crop up. And then, so I'm doing the same master's programme that you're doing. I don't know whether as well. Oh, amazing. I said that to you. I think it is the name, yeah. It I.....mention that.

Commented [MOU68]: Limited undergraduate voice training

Commented [MOU69]: On-the-job learning

Commented [MOU70]: Peer learning

Commented [MOU71]: Postgraduate courses

Commented [MOU72]: Postgraduate courses

Commented [MOU73]: Specialist support networks

Commented [MOU74]: Multidisciplinary collaboration

Commented [MOU75]: Specialist voice training

Commented [MOU76]: Specialist voice training

Commented [MOU77]: Specialist voice training

Commented [MOU78]: Postgraduate courses

So the next question is, how do you understand the terms habilitation and voice rehabilitation?

So.. I think. So I guess rehabilitation is trying to put something right when it's gone wrong. Yeah. Or. trying to, yeah, trying to get somebody back because something's gone wrong or they've had some surgery or something like that. Habit imitation, I would probably say is just trying to make the best of what somebody's got.

Commented [MOU79]: Voice rehabilitation focus

Commented [MOU80]: Post-surgical support

Commented [MOU81]: Voice habilitation focus

So. Do you use both in practice? I would generally be doing rehabilitation because most people who come to me have had a problem with their voice. I don't, I don't generally deal with people whose voices are are normal in my clinical practice because they wouldn't qualify for a referral to me. So it's usually rehabilitation. Okay, brilliant. And would you say that there are any techniques or practises that you use that overlap between the two? I would say SOVT techniques, definitely used by both, aren't they? In both situations. Things like vocal function exercises, stempal, vocal function exercises. What else is used by both? I think Most of the other stuff that I do is trying to put stuff right rather than. Yeah, but those definitely overlap. Oh, fantastic.

Commented [MOU82]: Voice rehabilitation focus

Commented [MOU83]: Referral-Based Practice for Voice Disorders

Commented [MOU84]: Voice rehabilitation focus

Commented [MOU85]: Voice rehabilitation focus Voice habilitation focus

Commented [MOU86]: Voice habilitation focus Voice rehabilitation focus

Do you collaborate with other disciplines within your role and how do you find working with other professionals? Yeah, I try to where it's appropriate and where there's enough resource to get forget joint working. So in my previous role, I did a multidisciplinary clinic with an ENT consultant and we would also have a laryngel manual therapist who came in just out of his own interest, really into that act. I've worked alongside clinical psychology, although they are very difficult to get hold of. Okay.. And I think they're one of the key questions, really, that I would like to work a lot more closely with, but they're so few and far between. It's really hard. Yeah. Respiratory physio. I quite

Commented [MOU87]: Multidisciplinary collaboration

Commented [MOU88]: Multidisciplinary collaboration

Commented [MOU89]: ENT collaboration

Commented [MOU90]: Multidisciplinary collaboration

Commented [MOU91]: Psychologist collaboration

Commented [MOU92]: Service access barriers

Commented [MOU93]: Service access barriers

often work alongside them. We do quite a lot of referral into sort of gastro services as well, with reflux. Yeah.. I'm trying to think what else.. Because people are already involved with those services and there was the teachers, some people who are particularly interested in the same involved. Yeah.. A bit of physio now and to get. Okay, the shoes. I refer to be. Okay.. That's. That's the main bulk, I think. Yeah, oh, fantastic.

And what do you think helps collaborate with other professionals? And have you ever experienced any challenges? The challenge is finding them sometimes and finding finding time, you know, I think we're all very busy in our own silos that it's hard sometimes. But I guess I mean, the most successful MDT working that I've done has been alongside ENT and that's just been through being in the same place, working with the same clients, you know, learning from each other learning what each role gives to the management as a patient. I think that's key, really, is that being able to meet and work around a patient together. to understand, you know, the different facets of the way we work. So that's what's always worked best for me, I think. Yeah, I think it is tricky, isn't it, finding the right people and actually having availability? Yeah, yeah. Yeah. I mean, once you, once you get somebody and once you get success with a patient or a client, I think, you know, everybody sees the benefit of that joint working is just getting through

Commented [MOU94]: Respiratory physio collaboration

Commented [MOU95]: Gastroenterology referral

Commented [MOU96]: Gastroenterology referral

Commented [MOU97]: Service access barriers

Commented [MOU98]: Professional silo barriers

Commented [MOU99]: ENT collaboration

Commented [MOU100]: Multidisciplinary collaboration

Commented [MOU101]: Team-based care

Commented [MOU102]: Joint clinics

Commented [MOU103]: Service access barriers

those barriers of, have we got time? Can we make our diaries work so that we can be in the same place at the same time? And I think the patients really benefit as well sometimes from that shared decision making and, you know, shared management plan so that we're working towards the same goals, really, Rum and trying to do little bits of things completely separately. Yeah, definitely.

Commented [MOU104]: Multidisciplinary collaboration

Commented [MOU105]: Shared decision-making

Commented [MOU106]: Fragmented working

Have you ever come across a situation that's raised questions about professional boundaries? Yeah, well, I think the whole should SLTs be working with singers. crops up really frequently. So, you know, it goes in fits and starts, really, but, you know, there's a whole school of SRTs who think they should be working with singers and then another half of the profession who say, no, that's that's the job of the singing teacher, you know, and whether that kind of service should be available on the NHS. Right. You know, whether that is actually a health issue or not, that's the big one. Yeah. Sometimes getting the boundaries right between us and respiratory physio is a bit tricky as well. Because, you know, we don't. Working on breathing is part of working on voice, but then if it's an actual dysfunctional breathing pattern, we don't necessarily know enough about that to really work on that. So, kind of making sure that what, you know, so like, um, for example, working on with you to do a yawn for deconstriction is absolutely not what a respiratory physio would advise in terms of putting right a dysfunctional breathing pattern. So, so yeah, making sure those boundaries and making sure that, you know, we're we're working not to the detriment of what another professional might be doing. Yeah, absolutely. Very tricky excuse me. Yeah, that's all right. Sometimes getting the getting the into your gastro boundaries running right is tricky as well. We do a lot of we get a lot of referrals you know, for people who've got reflux, but actually, you know, we're not, well, we know a lot about reflux and how it could impact the larynx. We're not necessarily the right people to be managing. The cause of the reflux. So, again, that, you know, that's an area where the boundaries can get a bit blurred. Yeah. So I think that is the main ones. Okay, fantastic. Very interesting.

Commented [MOU107]: SLT/singing boundaries

Commented [MOU108]: SLT/singing boundaries

Commented [MOU109]: NHS singing services debate

Commented [MOU110]: SLT/physio boundaries

Commented [MOU111]: SLT/physio boundaries

Commented [MOU112]: SLT/physio boundaries

Commented [MOU113]: Interdisciplinary boundary blurring

Commented [MOU114]: SLT/gastro boundaries

Commented [MOU115]: Interdisciplinary boundary blurring

In what situations might you refer someone to another professional and what guides your decision? Um. It's usually if I'm not making progress. Yeah. So, um. Yeah, if I'm not getting anywhere and the voice isn't getting any better, I would think about the reasons why that's not happening. Now, it might be because the ENT diagnosis isn't right in the first place, so we quite often send people back to ENT for another look or into a voice clinic where they'll get a more detailed look and, you know, pick up some subtle polyp or something like that that's been missed on initial assessment. So that's quite a common battle back to ENT. Obviously, there's breathing issues I would refer on to respiratory physio. I tend to send them back to the GP, actually, mainly for a gastro. Yeah. Euflex is not being managed even with the advice that I can give.. Clinical psychology as well. You know, a lot of voice problems are massively linked to an underlying psychological issue, whether it be trauma. yeah, we get quite a few sort of domestic abuse kind of clients. So if it's a real deep seated voice disorder that we really

Commented [MOU116]: Referral management

Commented [MOU117]: Referral management

Commented [MOU118]: Referral management

Commented [MOU119]: Misdiagnosis challenges

Commented [MOU120]: Referral management

Commented [MOU121]: Referral management

Commented [MOU122]: Psychologist collaboration

Commented [MOU123]: Psychologist collaboration

can't get rid of, then we would also think about whether that's got a psychological basis and referring to clinical psychology. So it really depends what you think, what you hypothesis is around what's caused the voice problem and where's the right right place to send them on to.

Commented [MOU124]: Psychologist collaboration

Commented [MOU125]: Referral management

How well do you think current training prepares people for interdisciplinary work? I

think we're quite as a profession, we're pretty good at understanding the benefits of working with, certainly with other AHPs and with the medics. So I don't think, I think the issue is more rather than we don't spend a lot of time training with them, although I think, obviously I'm quite old now. But you know, it's like it's over 20 years since I trained. I think there's quite a few more courses now that do a lot more interdisciplinary training as well. So you might sit alongside OTs and physios in some of your lectures, whereas when I trained that, that wasn't so much the case. Yeah. Yeah, so I guess it's just about understanding the the nature of a voice problem and and understanding what disciplines might help you in managing that voice problem. Yeah. It also depends a little bit where your service sits. So in some NHS services, you will be sat within an MDT. In others, you won't be. So, and that's really a postcode lottery. It just depends what's commissioned, where, by whom. So that that can kind of help or hinder really building those building that into disciplinary working. Fantastic.

Commented [MOU126]: Multidisciplinary collaboration

Commented [MOU127]: Interdisciplinary training

Commented [MOU128]: Professional development

Commented [MOU129]: Interdisciplinary training

Commented [MOU130]: Interdisciplinary training

Commented [MOU131]: Referral management

Commented [MOU132]: MDT variation by location

Commented [MOU133]: MDT variation by location

How do you adjust your communication when working with people from different

backgrounds? Oh, gosh. I just do it. It's one of those things you don't necessarily think about. You just end up doing it. Yeah, I mean, you think about how you definitely take into account the level of education. Yeah. So the, you know, the level of complexity and their level of understanding about the voice. So, you know, if a singer is coming to me, then who understands a bit of the anatomy and physiology or understands the process of how voice is produced, a bit more, then I'll probably go into a bit more detail than I would with Joe Blogs Off the street who doesn't really care how their voice works, just wants it better. Yeah, I'm very much guided by the individual, really. So engineers always want to really understand the physics of the voice. Yeah. So, you always end up going into a bit more detail with them. Some people benefit more from imagery. So, um, when you're describing exercises, you know, giving them imagery to support what you're saying, I would think about someone's self perception level as well and how much I need to go into how that might need to feel for somebody. to very much I guess, feedback from the patient and as part of your assessment, obviously figuring out where they're at in terms of their education, their understanding of the voice, their their level of knowledge already and then kind of kind of meeting them at their own level, if you like. Yeah. I will work with interpreters if I have to. But that can be really hard when you're doing voice work. Absolutely, yeah. So yeah, I guess I don't ever do this the same thing, the say absolutely the same way twice. There's always a bit of variation for the individual. Brilliant. Lovely. Thank you.

Commented [MOU134]: Communication adaptation

Commented [MOU135]: Communication adaptation

Commented [MOU136]: Communication adaptation

Commented [MOU137]: Communication adaptation

Commented [MOU138]: Communication adaptation

Commented [MOU139]: Tailoring explanation

Commented [MOU140]: Tailoring explanation

Commented [MOU141]: Tailoring explanation

Commented [MOU142]: Communication adaptation

Commented [MOU143]: Tailoring explanation

And what differences have you noticed in how terms or concepts are understood across profession's Yeah, it's a minefield. Absolute minefield. Particularly, I would say, with ENT. Right. Because they use all kinds of weird and wonderful terms and they don't always get it right. Yeah, ask me the question again. **So, what differences have you noticed and how terms or concepts are understood across professions?** Yeah. I guess the only people who I would really liaise with about that would be ENT, actually, because nobody else really gets involved in what's actually going on. Yeah. for the voice. But yeah, I mean, we still get ENT referrals that are utterly and completely wrong.. And so you have to try and politely tell them sometimes. Not necessarily. But obviously if you're sending somebody back to ENT, then you might want to say, actually, I, you know, I don't think this is spasmodic dysphonia. I think it's a muscle tension. But there's, you know, there's a myriad of terms for a muscle tension dysphonia. Right. There's a myriad of different terms for vocal cord disfunction, for example. So you really have to kind of know.. get to know your consultants in terms of what they mean by certain things. So, you know, there was a consultant where I used to work, who would refer patients regularly with spasmodic dysphonia. Now, you know, I've seen two or three patients with spasmodic dysphonia over 15 years. It's really incredibly rare. Yeah. So you would learn that actually what he means is muscle tension dysphonia. But then we would also get referrals that would say, oh, this is a functional dysphonia and that's not a term that we as speech therapist would use. Right. So. So, yeah, massive. That's crazy. It's a massive issue. Yeah, and, you know, you really have to build your kind of clinical knowledge to be prepared for, challenging that. specially with the Nti, because they're supposed to know what they're doing. And they don't always. Although you kind of get used to it and you know, provided it's not provided that it doesn't impact, you know, the treatment for the client that is it's not really a problem. What I do sometimes say, you know, is, please don't Google what you, what you refer, you know, if you've seen your referral letter, please don't don't Google what that says, because I actually don't think that's what's going on here. Yeah. So it can cause a bit of a bit of a tricky situation situation with your patient because obviously they think the doctors should know what they're doing and they should. But obviously they're not there they're there to make sure there's nothing sinister going on. We're there to work out once that's been ruled out, actually, what's going on with the voice. And yeah, so.... That can be fun.. Can you imagine?

What kinds of support training or resources would make your work easier or more effective? Um. I think we need to look at core competencies for voice so that it's really clear, you know, what kind of therapy techniques need to be learned how much people shouldn't stand about about different voice problems and how to treat them. It would be amazing if the NHS would come get to the point where there was a standard referral process and practice for voice. But I think that's a long way off. You know, the access to voice clinic is variable across the country. It would be great if every voice patient was

Commented [MOU144]: Professional terminology differences

Commented [MOU145]: Professional terminology differences

Commented [MOU146]: ENT collaboration

Commented [MOU147]: Referral management

Commented [MOU148]: Referral management

Commented [MOU149]: Diagnostic terminology issues

Commented [MOU150]: Diagnostic terminology issues

Commented [MOU151]: Diagnostic terminology issues

Commented [MOU152]: Professional terminology differences

Commented [MOU153]: Clinical confidence

Commented [MOU154]: Clinical confidence

Commented [MOU155]: Patient terminology confusion

Commented [MOU156]: Patient terminology confusion

Commented [MOU157]: Ongoing assessment role

Commented [MOU158]: Competency development

Commented [MOU159]: National protocol needed

Commented [MOU160]: Service access barriers

seen in a voice clinic, but realistically, that's we're a long way away from that. So, um. And it's a tricky one to know what it's not. I don't think it's I don't think it's necessarily worth doing any more at an undergraduate level because, you know, voice is such a niche area within speech therapy. You can't really afford to do a lot more training within the undergraduate degree. Because there's so much fa to learn. But I think it would help if there was a more yeah, a more prescriptive training programme for therapist wanting to, to go into the world a voice. Yeah. You aren't very dependent on where you work, what courses happen to come up and who's training you, basically. And, you know, a lot of places you end up being the, like in my previous job, I was the only voice therapist. So I very much had to go elsewhere. Yeah. I took high and developed my competency. Yeah, so it would be nice if there were some more kind of structure training programmes at postgraduate level, probably for voice. Amazing.

Commented [MOU161]: Service access barriers

Commented [MOU162]: Limited undergraduate voice training

Commented [MOU163]: Limited undergraduate voice training

Commented [MOU164]: Professional development

Commented [MOU165]: Training inequalities

Commented [MOU166]: Professional isolation

Commented [MOU167]: Postgraduate courses

So the next question is, you may have already answered this because it goes on to ask what are your thoughts on creating informal interdisciplinary or there? Roles or certifications?

I think, I mean, I think there's definitely a role for something to interdisciplinary competencies around Voice Clinic. That would be really useful so that actually the ENT guys understand how much we know. And, you know, we've got a bit more shared experience of um yeah, what our role is versus what their role is within the voice clinic. That would be the main area where I think instlinary work would be really useful. It would be great if we could get more access to clinical psychology. And in terms of. So we' end up with a lot of kind of cough referrals as well. So working alongside the respiratory teams, it would be great to see some core competencies developed around that system service as well. But again, that's, you know, there are national specialist centres, but that's not something that happens everywhere. So for those special centres, it would be good to see some interdisciplinary. Yeah, competencies, I guess. Brilliant. Or some at least protocols or, yeah. Yeah, like, yeah, referral pathways developed that were that were national. Yeah. That would be good. Also, I think the pre-impost surgery patients as well, it would be really nice to see some streamlined work around pre-emp post surgery support for patients with bin iron voice problems. It's starting to come. There's quite a lot of research going on in that area at the minute. That fantastic. Yeah. But again, it's implementing that and making sure that it's properly resourced it's going to be the issue. Yeah. Okay, fantastic. Wow. Just my last question. That's okay. So just is there anything else that you'd like to share about your experiences in this area? Oh, I don't No, I don't think so. I I've waffled at you not. That's absolutely.. No, that's brilliant. Sorry, you've got a transcriber now. It's really been so interesting. Thank you so much. No problem. It's really quite interesting to see it from more of a clinical background and what goes on. and behind it's actually speaking with someone. There's so much information that, you know, from your role in background. So thank you ever so much for that. No, that's all right. Have you got enough people? Do you need any

Commented [MOU168]: Competency development

Commented [MOU169]: Voice specialist role

Commented [MOU170]: Service access barriers

Commented [MOU171]: Competency development

Appendix G - Questionnaire Data

Timestamp	Consent Form	Which one below best describes your primary professional role?
	I voluntarily agree to participate in this research study. I understand that even if I agree to participate now, I can withdraw anytime. I understand that I can refuse to answer any question involved during the research process without any consequences of any kind. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study. I understand that participation involves participating in an online questionnaire. I understand that I will not benefit directly from participating in this research. I agree to my interview being audio-recorded. I understand that all information I provide for this study will be confidential. I understand that in any report on the results of this research, my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about. I understand that disguised extracts from my interview may be quoted in my project report. I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report it. I understand that signed consent forms and original audio recordings will be retained in secured office with data protection in place until the exam board confirms the results of this module. I understand that a transcript of my interview in which all identifying information has been removed will be retained for two years from the date of the exam board I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage as specified above. I understand that I am free to contact any of the people involved in the research to seek further clarification and information. If you have any questions, please feel free to contact me Holly Batchelor on hbjmusic@live.com tel. 07607940255 or my supervisor David Cane - david@voicesstudycentre.com	
2025/06/15 11:47:59 AM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/15 3:54:20 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/15 4:56:53 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/15 8:58:46 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/15 11:38:02 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/16 8:39:55 AM GMT+1	I have read the above and consent to take part	Singing Voice specialist
2025/06/16 5:11:06 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/16 6:15:59 PM GMT+1	I have read the above and consent to take part	Singing Voice specialist
2025/06/16 11:36:53 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/17 10:22:31 AM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/17 9:36:17 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/17 9:39:52 PM GMT+1	I have read the above and consent to take part	SVS, SLP-CCC, Voice Teacher (my caseload sees me working with folk in each of these roles)
2025/06/17 9:39:52 PM GMT+1	I have read the above and consent to take part	SVS, SLP-CCC, Voice Teacher (my caseload sees me working with folk in each of these roles)
2025/06/17 10:46:09 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/18 12:56:00 AM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/18 5:01:00 AM GMT+1	I have read the above and consent to take part	Spoken voice coach
2025/06/19 7:52:58 AM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/19 9:24:19 AM GMT+1	I have read the above and consent to take part	Speech Therapist / Speech-Language Pathologist
2025/06/19 10:48:47 AM GMT+1	I have read the above and consent to take part	Speech Therapist / Speech-Language Pathologist
2025/06/19 12:26:07 PM GMT+1	I have read the above and consent to take part	Speech Therapist / Speech-Language Pathologist
2025/06/19 8:05:12 PM GMT+1	I have read the above and consent to take part	Singing Voice specialist
2025/06/21 10:39:29 PM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/22 3:06:02 AM GMT+1	I have read the above and consent to take part	Singing Teacher / Vocal Coach
2025/06/22 2:54:45 PM GMT+1	I have read the above and consent to take part	Speech Therapist / Speech-Language Pathologist
2025/06/22 6:37:40 PM GMT+1	I have read the above and consent to take part	Speech Therapist / Speech-Language Pathologist

Which types of services do you currently provide?	How confident are you in recognising signs of vocal pathology in your clients or students? Scale: 1 (Not at all confident) – 5 (Extremely confident)	How often do you collaborate or consult with professionals from other voice-related disciplines?
Habilitative (Healthy voice development)	Somewhat Confident	Rarely (less than a few times per year)
Both	Neutral	Rarely (less than a few times per year)
Both	Very confident	Rarely (less than a few times per year)
Habilitative (Healthy voice development)	Somewhat Confident	Rarely (less than a few times per year)
Neither	Somewhat Confident	Never
Rehabilitative (post injury intervention);Habilitative (Healthy voice development);Both	Somewhat Confident	Frequently (weekly or more)
Habilitative (Healthy voice development);Both	Very confident	Rarely (less than a few times per year)
Rehabilitative (post injury intervention);Habilitative (Healthy voice development);Not sure/depends on context	Very confident	Frequently (weekly or more)
Habilitative (Healthy voice development)	Somewhat Confident	Occasionally (monthly)
Rehabilitative (post injury intervention);Habilitative (Healthy voice development)	Very confident	Frequently (weekly or more)
Both	Very confident	Occasionally (monthly)
Both	Somewhat Confident	Frequently (weekly or more)
Both	Somewhat Confident	Frequently (weekly or more)
Habilitative (Healthy voice development)	Somewhat Confident	Never
Habilitative (Healthy voice development)	Somewhat Confident	Frequently (weekly or more)
Habilitative (Healthy voice development)	Somewhat Confident	Rarely (less than a few times per year)
Both	Very confident	Occasionally (monthly)
Both	Very confident	Frequently (weekly or more)
Rehabilitative (post injury intervention)	Somewhat Confident	Occasionally (monthly)
Both	Very confident	Occasionally (monthly)
Both	Somewhat Confident	Frequently (weekly or more)
Rehabilitative (post injury intervention);Habilitative (Healthy voice development)	Very confident	Occasionally (monthly)
Habilitative (Healthy voice development)	Somewhat Confident	Occasionally (monthly)
Rehabilitative (post injury intervention)	Very confident	Frequently (weekly or more)
Rehabilitative (post injury intervention)	Very confident	Frequently (weekly or more)

What are the main challenges you face when collaborating with other disciplines? Choose more than one if it applies.	In your view, how distinct are the boundaries between voice habilitation and rehabilitation in practice?
Differences in terminology;Lack of shared training or protocols	Somewhat blurred
Lack of peers in different disciplines	Not sure
Lack of shared training or protocols	Very blurred
I have not encountered challenges	Somewhat distinct
I have not encountered challenges	Very distinct
Logistical or time constraints	Very distinct
Differences in terminology	Somewhat blurred
Differences in terminology;Lack of shared training or protocols	Somewhat blurred
Logistical or time constraints	Somewhat blurred
Logistical or time constraints	Somewhat distinct
Logistical or time constraints	Somewhat blurred
Differences in terminology;Logistical or time constraints	Very distinct
Differences in terminology;Logistical or time constraints	Very distinct
Logistical or time constraints;Lack of shared training or protocols	Somewhat blurred
I have not encountered challenges	Somewhat blurred
Finding the right person to refer on to, besides just a GP	Not sure
Lack of mutual understanding or respect;Logistical or time constraints;Lack of shared training or protocols	Somewhat blurred
Logistical or time constraints	Somewhat distinct
Differences in terminology;Logistical or time constraints	Somewhat distinct
Differences in terminology;Logistical or time constraints;Lots of community ENTs but not laryngologists. Sometimes the vocal diagnosis does not seem accurate	Somewhat distinct
Lack of mutual understanding or respect	Somewhat blurred
I have not encountered challenges	Somewhat distinct
I have not encountered challenges	Somewhat blurred
Logistical or time constraints	Somewhat distinct
Logistical or time constraints	Somewhat blurred

Have you ever encountered ethical dilemmas involving role boundaries or scope of practice? If yes, please explain.	Did your initial training include interdisciplinary content (e.g., modules on both clinical and pedagogical voice care)?
I have encountered singing teachers diagnosing vocal pathologies without any clinical evidence and continuing to work with them rather than referring.	No
No, I suppose I know my limits and always feel it is better to consult a medical professional even if my instinct/analysis is accurate	No
No	Yes
Unsure	No
Two years ago I was not informed of a client in a group setting having autism.	No
Other voice practitioners crossing boundaries resulting in a performer paying for services they a) didn't need or b) prolonged the performer from getting the correct diagnosis.	No
N/A	Yes
Yes. Example: a singer does not have health insurance or access to an SLP, but needs help with singing voice recovery. Applying overlapping "habilitative" practices that just happen to have a rehabilitative effect on the voice.	Yes
As an undergraduate and graduate student, I had teachers that tried to work on rehabilitating my MTD in ways that I now believe were outside of their scope of practice (for example, working on my speaking voice). I think this was a mistake.	Yes
As a teacher, I try to be extra mindful of boundaries and when to refer to other specialties.	No
1. As a singing coach, I don't have an official medical position but I'm often part of the team helping to get singers back to full functionality again. It's sometimes a little awkward when the client/patient refers to me as doing "therapy".	No
No	Not sure
No. I've heard stories of folks claiming to be rehabilitationists without providing any evidence of training or practical experience, but I haven't interacted with any individuals nor worked with singers who have experienced this.	No
No. I've heard stories of folks claiming to be rehabilitationists without providing any evidence of training or practical experience, but I haven't interacted with any individuals nor worked with singers who have experienced this.	No
No	Yes
No	Not sure
I'm not sure I understand this question - sorry! Though for me, with no clinical training, maybe this comes down to me understanding when I need to refer on or off if I think they have an issue that's beyond my scope of practice.	Yes
The main dilemma I've faced is how to manage a singer's voice when they are waiting to be seen by a medical voice professional. While I am clear about my scope of practice, and I do not have the qualifications to deliver voice therapy, I sometimes feel the need to provide some support.	Yes
No	No
No, not that I can think of.	No
Everyone can benefit from some voice therapy, but not everyone has a "voice disorder." Small adjustments can still make a big quality of life change when increasing efficiency/decreasing strain. Also ethical question of line between coaching and therapy.	No
Also the argument of if you can argue, for gender affirming voice, that their problem is a functional voice disorder caused by hyperfunction attempting to reach target voice, resulting in dysphonia and throat pain (clinically significant).	No
I have, on more than one occasion, encountered singers who were told by choir directors or other voice teachers that they had a pathology without having done any evaluation by a medical or other voice professional. This could be a problem.	Yes
I ensure that I never diagnose, just advise a referral to a clinician. I have a slight ethical dilemma in that I do have a rehabilitative role with some singers, but I never describe myself or advertise as a rehabilitation coach. However, I do provide support.	No
No	No
differences of opinion over diagnosis between ENT and SLT.	No
There are frequently decisions to be made around at which point the patient should access a singing teacher or vocal coach. They may have progressed to have a healthy voice and therefore be ready to be discharged from care.	Not sure

How well prepared did you feel to collaborate across disciplines after completing your initial training? Scale: 1 (Not at all prepared) – 5 (Very well prepared)	What additional knowledge, training, or support would help you work more effectively with professional voice users across domains?
Somewhat confident	Mutual understanding between roles, in depth vocal health knowledge.
Neutral	More access to peers..possible community setting/social media platform..some well known social media platforms are often the same faces and feel a bit cliquy.
Not very confident	For doctors to understand both singing and speaking
Neutral	Partnerships between voice teachers and rehabilitators with cross referrals and collaboration
Neutral	Connections
Not confident at all	Just a note, the initial training I undertook was in performance. It is highly unlikely you will get information about collaborating with medical disciplines through the lens of a teacher on a performance course. So the question is Re this question: it depends if you mean additional in regards to the initial course or further vocational training. The additional knowledge will come through collaborating. We just need to keep collaborating and learning from each other. However, you can't force collaboration. There is a natural progression to this and there are many in There is a lot of training available now. Im not sure we need more of the same. But as new information is released through research, new modules or courses can be developed (such as neurological advances, understanding Then, the next step is to inform performers about the different roles that voice practioners do so they can understand who to work with and when, and more importantly who not to work with.
Neutral	Comparisons cases for systems and protocols implemented based on time scales, goals and reason for initial contact I.e a drop in session client verses an ongoing progression client
Somewhat confident	Formal training in voice pathology, endoscopy, anatomy, and neuroscience
Neutral	I think having interdisciplinary experience in my graduate program would have been helpful. Perhaps working as a team with SLP or laryngology students on projects would have allowed me to learn more about what they do
Neutral	What I'm already doing, which is cross-collaborative discussion & learning, attendance of appropriate CPD, reading relevant recent research papers etc.. Just when you think you may have "heard it all" some new situation co
Somewhat confident	More clinical time/collaboration with ents and speech therapists.
Not very confident	Be comfortable code switching and remain humble. There is ALWAYS more to learn--be it from voice teachers who specialize is styles of singing less familiar to you or medical specialists who have literally thousands of hou
Not very confident	Be comfortable code switching and remain humble. There is ALWAYS more to learn--be it from voice teachers who specialize is styles of singing less familiar to you or medical specialists who have literally thousands of hou
Very Confident	Yearly seminars with voice specialists (ENT, Speech therapists) etc ..The only course I had the chance to learn directly from these specialist is the Somatic Voicework (The LoVetri Method (TM) courses.
Very Confident	To make them aware of the Singing Voice SLPs near them. Suggest that all your students freshman students get scoped for a baseline to inform your approach.
Neutral	I'm sorry, I'm not sure I understand this one - what do you mean by domains? As a general CPD option, I'd love some more diagnostic training that feels accessible. Sometimes it does feel a bit them and us. Eg, the clinical C
Somewhat confident	Continued collaboration with other voice professionals, e.g. voice clinic observations, discussions etc
Somewhat confident	This area would be good to chat about with you, as I feel support and training is abundant at the moment! Very different professional area to be coming into now, compared with when I first began teaching singing (back in 19
Somewhat confident	More experience attending the joint voice clinic with ENT.
Somewhat confident	I had the benefit of being an undergrad voice major. However, I think knowing the basic vocal demands, typically vocal load/use schedule, and about voice classification can be helpful, especially since there is the notion that
Neutral	Taking classes or trainings with other professionals that cross-pollinated across the various disciplines could help to break down barriers and increase respect between various disciplines, as well.
Not very confident	I've been working for over 4 decades so I ahem accumulated a lot of knowledge. I'm not even sure there was non-classical or non-M trains when I started!
Not very confident	I don't know
Not very confident	time together understanding eachothers perspectives and skills
Neutral	Understanding re roles, shared discussions to facilitate understanding of each others approach/terminology, observation of clients, joint discussions re approaches and rationales.

What are your thoughts on the increasing collaboration between pedagogical and clinical voice professionals, including any potential benefits, risks, or concerns?	How important is it to develop formal interdisciplinary qualifications or certifications (e.g., Singing Voice Specialist)?
I think there need to be more opportunities.	Very important
I think it's wonderful...more people informing themselves and subsequently beneficial to clients	Neutral
It would be great! Probably hard to do until the USA fixes how our medical system works. People barely get care unless you are wealthy and can pay for specialists out of pocket- if you can even get in to see them. One of my	Very important
As long as each side is respectful of one another, I think it would be incredible effective for all involved, most importantly the client.	Neutral
I think it's an excellent idea. Could spot difficulties earlier for referral. Risks could be a coach having an ego that makes them a know it all and possibly misdiagnosing.	Very important
This has been happening for many years. There can only be benefits. Most people will engage in healthy discussion. Only those that have an financial investment don't (such as a particular course they sell or a particular statu	Very important
I believe it's beneficial, especially should the individuals be self aware and build a referral contact list should they feel a client/patient would benefit from another body or practitioner if information obtained is limited. But even	Very important
I must use this opportunity to highlight the Northwest Voice Conference, which specifically fosters collaboration across the disciplines of our field. It has been instrumental in developing relationships between voice teachers.	Very important
I think the benefits are endless. Professional voice users can benefit from having a voice teacher and an SLP each bringing in their own expertise. That said, I believe the risks is the "too many cooks in the kitchen" effect. Thi	Very important
Increased collaboration and cross-pollination between the more "philosophical" (i.e. pedagogical) side and the "real world" experience of the clinical voice professionals hopefully brings them closer together to inform each of	Very important
I think it's necessary. Medical professionals also need to collaborate with artists in the workplace to understand our terminology and interactions with clients. They only see a person for 30 mins max and we see them for hour	Important
I think we need more of it - more understanding of how injury and injury recovery impacts voice function (physical and psychological) and how it takes a team of experts to provide complete care to an individual. I think voice	Important
I think we need more of it - more understanding of how injury and injury recovery impacts voice function (physical and psychological) and how it takes a team of experts to provide complete care to an individual. I think voice	Important
I think the collaboration between pedagogical and clinical voice professionals is really valuable. On the one hand, it means singers and other voice users get more complete support -clinicians can make sure the voice is heal	Important
It's amazing and should always be done.	Very important
I'm not aware of the increasing collaboration. So maybe that's the answer - it's not public knowledge enough. I know of some coaches who get to observe in clinics and learn that way, but I don't know the route to that or how	Neutral
I think more collaboration is a generally a positive thing. A potential concern is that there are no standards of practice in the singing teaching world, which makes it hard to differentiate between a teacher/coach who has little	Important
Wonderful!! We all have lots to learn from each other as human beings and in my experience having different individuals with different professional and personal approaches helping an individual in need of help brings differen	Neutral
It's incredibly important to encourage avoiding applying stereotypes to professional titles, such as "SLT" and "Singing teacher" or "Vocal Coach", as these titles say nothing about an individual's ability to help a singer in trouble	
I think it's a good idea in general, but for my clinical caseload it's somewhat challenging. I work with patients who have a neurological cause for voice changes, often with sudden onset (e.g. stroke). This obviously can't be pr	Neutral
I think it is very important. By having more evidence based information shared, SLPs and ENTs can up our understanding and voice teachers can up the competence. As a public health issue, it is improtant that voice teacher	Important
I think the more collaboration, the better. There is still a great deal of territorialism that is not helpful or earned between voice teachers/singing teachers and clinical practitioners, in particular.	Very important
I actually find it really helpful to have a trusted network of excellent clinicians who I can ask if I need to. I think a collaborative approach is generally the way forward with the caveat that there are open conversations and singi	Neutral
I think it's exciting	Neutral
I would willingly work alongside pedagogical colleagues to rehabilitate a singer to offer the best outcome for the client. risks may be that pedagogical or SLT may misunderstand the purpose of a strategy and try to implement	Neutral
We work closely with laryngologists and ENT Drs. Less so with singing teachers and vocal coaches. There needs to be greater clarity around the roles, training and boundaries of other individuals working with professional vo	Very important

In your words how would you define voice rehabilitation?

Clinical setting with medical knowledge, training and expertise.

Same as above and healing, preventative measures.

1. Diagnosing and healing if there is an injury 2. Retraining the body how to move so that the injury does not recur
3. Simultaneously helping the singer/speaker understand their anatomy/physiology so that they can keep using their body correctly to avoid future injuries or misalignments.

Training how to overcome injury or illness to use the voice in a safe and effective way through targeted exercises to develop all aspects of the vocal mechanism. Similar to physical therapy.

Vocal training techniques for the benefit of the client whether for professional or social purposes.

Working with a voice that isn't functioning optimally with the goal of achieving the best voice possible in the given circumstances.

Therapeutic and practical measures to improve the quality of voice function

The process of regaining use or control of the voice for singing and speech communication

Voice rehabilitation involves re-learning or re-training voice use (speaking or singing). This may be more recovery-focused, such as after a surgery, or maintenance-focused for managing chronic conditions.

Voice rehabilitation is the process of restoring the voice to baseline health after substantial illness and/or injury, conducted by any combination of ENT (preferably a Laryngologist in the case of professional voice users), voice therapists, and/or speech-language pathologists. It often but not always involved habilitation by training the singer the appropriate techniques needed to prevent further injury or illness.

Voice rehabilitation is a structured approach to helping a singer regain lost function due to injury, illness, or tension (MTD). It often but not always involved habilitation by training the singer the appropriate techniques needed to prevent further injury or illness.

The nurturing of a voice and individual that is medically unstable—the individual might have a recent injury that requires the development of strategies to facilitate healing and recovery or has learned that a more general medical approach is needed.

The nurturing of a voice and individual that is medically unstable—the individual might have a recent injury that requires the development of strategies to facilitate healing and recovery or has learned that a more general medical approach is needed.

Voice rehabilitation is the process of restoring healthy vocal function after it has been compromised, whether from injury, misuse, illness, or surgery. In this context, clinical voice care (like medical treatment or speech-language therapy) is often necessary.

Voice Rehabilitation is measures that are taken to bring the voice back to baseline functionality.

Getting back to healthy voice use after illness injury or misuse

Returning the voice to its previous state, as it was prior to injury or voice problem.

Supporting a person through injury or illness (impairment) to return to their 'normal', or to adjust to their 'new normal'. This also includes working towards their personal or professional goals, supporting them to change unhealthy habits, and providing ongoing support and resources.

Supporting someone with an impaired voice to return to typical healthy vocal function.

Helping a voice with some sort of pathology or problem (function or organic) reach a healthy baseline. For me, this often includes a slight bit of "habilitation" to keep their post-therapy voice optimized and healthy. Love my patients and want them to have the best possible outcome.

Rehabilitation is the practice of returning the singer to the sustainable, effective, and artistic use of the voice that was possible prior to a diagnosis (or if no diagnosis has occurred, but is at a higher risk), as much as is possible.

Bringing the voice back into balance / optimal efficiency after a period of either injury or difficulty.

The recovery of healthy vocal function after injury

trying to restore normal voice to a disordered or injured voice

restoring voice function e.g. following a period of difficulties- restoring voice to be able to meet individual requirements and /or to reduce unwanted symptoms

Any final thoughts or suggestions for improving interdisciplinary voice care?

It is important to continue developing relationships.

More access to interdisciplinary peers..self employed folk struggle with this.

No

Nothing that I can think of.

Vocal habilitation could be seen as triage for speech therapy.

Singing teachers that claim to be rehabilitation specialists should be working in a clinic, period. Not dropping in and out but have a permanent position in a clinic. Then, they will learn ethical boundaries. Opportunities are limited but a) there are only a limited amount of injuries so, not every one needs to be a rehabilitation specialist and b) if the singing teachers stopped crossing ethical boundaries, more oportunities would be i

Finally, regarding the question, 'How important is it to develop formal interdisciplinary qualifications or certifications (e.g., Singing Voice Specialist)?' Whilst I think it is important, do we need it? There are already courses whic

N/A

An MA level credential or PG certificate would be nice to see in the future. This would include specializations for choral, opera, MT, etc. genres. I would also like to see some kind of para-professional clinical certification asso

I love that interdisciplinary voice care is becoming more common. I hope this development also continues to encourage future voice teachers to develop strong pedagogical knowledge, rather than relying solely on their perfo

1. Having awareness of and respect for the professional boundaries of each specialism involved in this type of sensitive, important work for professional voice users who are in a very vulnerable state. 2. For GPs to understan

I think that the US medical system is broken and most singers with issues can't afford to see specialists or when they do are being misdiagnosed because the subspecialty of Laryngologist rare and really only in large and mix

It takes more than a diploma to create expertise. The thing I love about the current lack of credentials is that the vast majority of SVS abide by the definition developed by The Voice Foundation - is something you learn to do

It takes more than a diploma to create expertise. The thing I love about the current lack of credentials is that the vast majority of SVS abide by the definition developed by The Voice Foundation - is something you learn to do

Keep an open mind and learn about both sides.

No

Just that I'm up for it, but as a coach who works outside of London, it is hard to keep up with developing trends and research in a way that feels useful. I am a spoken voice coach though, incase that's pertinent!

The work of PAVA in developing the PAVA-RV program seems very promising!

People would benefit from keeping an open heart and mind to what each individual voice practitioner may bring to supporting an individual.

The lines around titles are blurred because we are human and as much as we try to box people into skill sets such as 'SLT' and 'Singing teacher', that's not practical or realistic.

We all have a mixed portfolio of personal interests, skills and experience. There are SLTs who are also dieticians, physios who also are singing teachers, singing teachers who are also SLTs, etc.

Trying to find a label which encompasses voice rehab and habilitation skills, such as 'Singing Voice Specialist' is reductionist and de-values recognition of the title of 'Singing Teacher' and all the skills, knowledge and experie

I'm a champion for Singing Teachers being celebrated. Surely our typical 'Singing Voice Specialists' should be our Singing teachers and Vocal coaches?

If an SLT calls themselves a 'Singing Voice Specialist' I would expect they too would be a singing teacher at some level with experience of habilitating a voice before they ventured into the world of rehabilitation. I will say it dc

Hope this is helpful - looking forward to speaking to you.

More awareness of different roles during training would help.

Multidisciplinary research!!!!!! We need to look at things together to problem solve and address everyone's needs and knowledge with nuance!

True interdisciplinary voice care goes well beyond just the singing voice, but also includes emotional and mental health, as well. These aspects are very often ignored in the clinical setting, and can be addressed more in the s

I just think people need to get as educated as they can on what is actually going on with the voice functionally, while developing compassion, musical knowledge and excellent people skills and to refer when it is beyond their

No

continued work through organisations such as the BVA towards shared understanding.

N/A