**RCSLT Apps guidance**

**Key points**

Apps can be used effectively to support therapy, understanding, expression and social integration

Speech and Language Therapists should have an awareness of how to source information on apps and how to integrate them into patient pathways

Technology policies and procedures should consider information governance, security, infection control, as well as implementation and maintenance of the technology itself

**Role of apps in speech and language therapy**

The use of technology in speech and language therapy especially apps, has rapidly increased in recent years. There is now a variety of available apps covering a wide range of speech and language therapy areas:

* Stimuli for skilled therapy: a number of apps target specific speech and language impairments such as word retrieval, writing/spelling, reading, spoken language comprehension, semantics, phonology, articulation, etc
* Functional therapy: a number of apps can support functional communication including existing in-built apps, e.g. calendar, reminders, photos, videos, maps
* Home practice: apps can be ideal for independent and intensive use at home
* Assessment: there is a growing number of assessment apps becoming available
* AAC: there are many apps with symbol or picture-based grids, visual scenes and text-to-speech apps etc. which can be used as AAC
* Biofeedback: apps can provide biofeedback on volume, rate, and speech intelligibility via visual representation, video, audio-recording etc
* Education: a growing number of apps can be used by student and qualified SLTs to further their knowledge and also educate their clients
* Clinical tool: there are many useful apps that can be used in clinic such as timers, counters, documentation tools
* Positive reinforcement: some apps including games can used with children as rewards
* Social engagement: apps can offer the opportunity for social engagement and life participation

It is important that speech and language therapists (SLTs) are aware of the ways apps can be incorporated into their clinical practice and how to evaluate them.

The RCSLT does not endorse any specific apps and so a list of recommended apps is not provided. However, links to resources such as blogs and websites that provide information on apps and/or review apps are listed. See our [Resources section](https://www.rcslt.org/members/lifelong-learning/resources).

**Responsibilities**

Technology continues to advance rapidly. Speech and language therapists should be aware that current information is subject to change and carry out their own research on advances in technology and new guidance/standards in order to make informed decisions about technology.

Speech and language therapists need to be aware of:

* The evidence base behind individual apps
* How to critically evaluate apps
* Different types of apps and how/when to incorporate them into care plans
* The technology required to run different apps
* How to maintain hardware and software
* Confidentiality, consent and related information governance issues
* Infection control

It’s important all speech and language therapists:

* Understand the legislation and procedures relating to use of technology
* Act as resource investigators, as the App industry is largely unregulated
* Build a supportive infrastructure that supports professional development
* Work in partnership with other professionals to promote the best interests of service users

**Identifying and buying apps**

**Finding apps**

* Searching online
* Apps designed for Apple can be downloaded at iTunes App Store.
* Apps designed for Android can be downloaded at Google Play Store.

You can search for speech and language therapy apps in both the iTunes App Store and the Google Play Store by searching for specific terms, e.g. speech and language therapy, aphasia, dysarthria, phonology etc.

Usually, the most frequently downloaded apps including free apps and lite versions will appear on top listing. You can learn more about the apps by reading the App Store/Play Store descriptions and watching the app demo videos.

**Free or lite apps**

If an app is free or a lite version, you can just download it and evaluate its benefit to your clients.

**Reviews and further information**

You can find a wealth of additional information about apps by searching the Internet. If you wish to find out more about a specific app, you can:

* Search for blog reviews and videos
* Visit the developer’s website
* Email any queries to the developer to find out if the app is what you are looking for

Many developers have websites that provide information about their apps as well as other resources. Some also have newsletters which you an sign up to receive via email.

**Blogs**

There are a number of speech and language therapy blogs which provide information and reviews on apps; stay up-to-date with new developments and learn more about new apps.

**Twitter and Facebook**

Use Twitter to contact other speech and language therapists by adding the tags #SLPeeps, #WeSpeechies and #MedSLP to your comments.

There are also many speech and language therapy Facebook groups in which therapists can post questions and responses about a range of topics including apps.

**Follow developers**

Developers of speech and language therapy apps often have their own Facebook pages. By liking these pages, you can follow their updates and see their newest posts. Many often have websites that provide information about their apps, as well as other resources and newsletters which you can sign up to receive via email.

**Via the RCSLT**

You can also ask other UK SLTs for their opinion on apps, through the apps working group. If you would like more information, or are interested in joining this group please contact info@rcslt.org.

**Buying apps**

**Free apps**

There are many free apps that are of value, including those that may not have been specifically designed for use in speech and language therapy. However, free apps can have hidden costs, as they may:

* Include adverts, in-app purchases or be updated to include in-app purchases at a later stage
* Be of lower quality and have less content and features than paid apps for speech and language therapy

There are a large number of paid speech therapy apps designed by SLTs that focus on common and evidence-based treatment approaches, and so therapists are advised to avoid the misconception that an app should be free any more than other therapy materials or programs should be provided at no charge to the consumer.

**Lite versions of apps**

Some developers provide lite versions of their apps. A lite version allows you to see some of the content of the full version to help you decide if the full version is suitable for you to purchase.

**Downloading apps**

At present, the majority of apps for speech and language therapy are available from Apple for iPad and iPhone, and also for Android. For this reason, the information in this section focuses on Apple and Android. The availability of apps on other tablets is likely to change in the future as more developers have started developing more speech and language therapy apps for Microsoft Surface and Amazon Fire.

**Setting up an account**

Apple: to purchase an app on an iPad or iPhone, an Apple ID is required to use iTunes App Store

Android: to purchase an app for an Android device, you need a Google account to use theGoogle Play Store

**Paying for apps**

Departments and clinics should set up a department account, rather than having an employee download an app, as if the employee leaves they will no longer be able to use their account to download apps.

It is possible to set up an Apple iTunes account without a payment method, i.e. without a debit/credit card, by purchasing a gift card. Google Play gift cards can also be purchased. A speech and language therapy department could therefore set up an account without adding a paying method and use a gift card when they wish to purchase an app

**Free apps**

Free apps can be downloaded without a gift card, but still require an account to be set up

**Gifting apps**

You can gift an Android app or Apple app to a client who may already have their own device; you will need the client’s email address in order to do this

Find out how to gift an [**Android app**](https://support.google.com/googleplay/answer/2850372?hl=en-GB) or an [**Apple app**](https://support.apple.com/en-gb/HT201783)

**Multiple apps on Apple devices**

An individual may download and sync an app for personal, non-commercial use on up to 10 iOS devices that they own or control without any additional cost.

Educational and academic institutions with multiple devices used by many people need a separate license for each device. For example, a university or school requires 10 licenses to install the same app on 10 iPads that are used by multiple people.

To buy more than one copy of an app you need to enrol in Apple's Volume Purchase Programme (VPP). Educational institutions qualify for 50% off apps when you purchase 20 or more copies. The VPP has a feature called Managed Distribution which allows you to distribute apps and books to managed devices or authorised users, and easily keep track of what content has been assigned to which user or device.

Alternately, you can set up separate Apple IDs for each device and make the purchase on each account.

**Evaluating apps**

Evaluating an app? You should ask:

* Aim of the app
* What is the stated purpose of the app? Does the app have any other potential functions?
* Which client groups can the app be used with?
* Is the app age-appropriate?

Benefits

* Is the app based on an evidence-based treatment approach or has any specific peer-reviewed research into its potential benefits been conducted?
* What goals do you hope the app will help you achieve?

Content

* How much content is included in the app, e.g. number of flashcards, stories (if any)?
* What is the quality of the audio-recordings, if any?
* Are there any similar available apps? How do they compare in terms of pricing, design, user-friendliness?

Ease of use

* Is the app well-designed, user-friendly and motivating for client to use?
* Does the app have adjustable settings?
* Does the app allow for customisation/personalisation?
* Does the app allow you to track scores or monitor client progress?

Technology

* Is a Wi-Fi connection needed to use the app?
* Is the app accessible for your individual client?

**Evaluation tools**

Evaluation rubrics and questionnaires have been created by SLTs to aid evaluation of apps for speech and language therapy. While an app may not meet all of the criteria in an evaluation rubric, it may still be of benefit to clients.

Apps that are not specifically designed for use in speech and language therapy may also benefit clients, e.g. memory aid apps .

* [**Evaluating adult speech therapy apps**](http://tactustherapy.com/wp-content/uploads/2015/05/appevaluation.pdf) (Tactus Therapy 2015).
* [**Evaluation rubric for educational apps**](http://learninginhand.com/blog/evaluation-rubric-for-educational-apps.html) (Walker, H. 2010).
* [**Evaluation template: I CAN Centre for Assistive Technology**](https://rehabilitation.ualberta.ca/-/media/rehabilitation/faculty-site/departments/csd/documents/spa/csdevaluation-template-icanapp.pdf) (2012).
* [**iTunes App Store evaluation: I CAN centre for Assistive Technology**](http://rehabilitation.ualberta.ca/-/media/rehabilitation/faculty-site/departments/csd/documents/spa/csditunesappstoreevaluation.pdf) (2012).
* [**Rate That App**](http://blog.asha.org/2012/07/12/rate-that-app/) (Tomarakos, D 2012).
* [**Rubric for evaluating the language of apps for AAC**](http://praacticalaac.org/praactical/introducing-relaaacs-rubric-for-evaluating-the-language-of-apps-for-aac/) (Parker & Zangari 2012).
* [**The evaluation rubric for speech therapy apps**](https://www.virtualspeechcenter.com/blog/100/the-evaluation-rubric-for-speech-therapy-apps) (Klarowska, B. 2016).
* [**Ways to evaluate educational apps**](https://wikigulbis.wikispaces.com/Rubric+for+Evaluating+Educational+Apps) (Vincent, T 2012).

Monitoring progress

Apps can be used in therapy to help you work on goals with individuals, in the same way as with workbooks and flashcards, while tracking and measuring progress.

Tracking results

Some apps have in-built results tracking. These allow the individual’s progress in specific tasks to be measured within a single session, or over a period of time.

Results are either stored within the app, or there maybe the option to email a results summary.

Measuring progress

Some apps use repeated informal and formal assessments of the person’s overall communication skills, rather than relying on performance in specific tasks alone to measure progress.

**Advantages and disadvantages**

**Advantages for the client**

* Increased motivation/stimulation: apps may provide biofeedback and inform users if they have chosen the correct answer or not, which can be particularly motivating. Anecdotal reports suggest that students and patients enjoy using apps in speech therapy
* Intensive practice: apps provide the opportunity to have intensive practice of therapy tasks
* Home practice: apps offer the opportunity to carry out some homework practice independently, giving a feeling of satisfaction and achievement
* User-friendly: apps tend to be relatively easy to use, although some assistance or training may be required
* Accessible and acceptable: some AAC users who have rejected older style high-tech communication aids may have a successful communication outcome with an app. Some may also consider a tablet as a more socially acceptable device; some users may already have their own device

**Advantages for the therapist**

* Cost-saving: apps vary in cost, they can be relatively cheaper than other resources, such as printed workbooks, flashcards, and books. They allow for the availability of equipment such as decibel meters, voice recorders, in-built camera and video-recording at an affordable price
* Time-saving: apps can save therapist time, as they allow for easy tallying and calculation of scores. The therapist may also save time by not having to arrange and rearrange printed picture stimuli used in therapy
* Easy monitoring of progress: some apps allow for progress monitoring by tracking user scores over time or providing results summaries at the end of a session
* Customisation/personalisation: some apps are customisable allowing you to adapt to client need, e.g add personal pictures
* Increased storage space: apps can reduce the need to carry printed materials and other equipment.
* Durability: apps can be used many times without damage from wear and tear

**Disadvantages of using apps**

* Cost: initial cost of purchasing the device and apps
* Funding: lack of funding for purchase of a device and specific apps
* Misuse: risk of potential misuse by parents, therapists and others
* Informed choices: Purchases may be made by parents and family members without clinical recommendation or guidance
* Technology and the use of apps: is not appropriate for every client
* Internet access: a Wi-Fi connection to the internet is needed to download apps and receive updates
* Training: lack of training, support or time for therapists to learn about new and existing apps
* Language and accent differences: British users and therapists may find that apps made by US developers have voices with an American accent, rather than a British accent, and some vocabulary that may be slightly different e.g. ‘sneakers’, rather than ‘trainers’
* Lack of content/personalisation: some apps do not allow for much personalisation or editing. This can mean that they are less tailored to a user’s needs, or that the content is less motivating

**Common issues and concerns**

**AAC assessment**

* If an app is to be used for AAC, an assistive technology assessment should be carried out by appropriate staff. An app should only be recommended if this is the most appropriate medium for AAC, as low-tech AAC may be more appropriate for some individuals.
* Additional time should be allowed for for training individuals who are recommended apps for home practice or AAC, as well as family members or carers.

**Access and usability issues**

* Patients with visual, hearing or motor and dexterity problems may have difficulty accessing or using an app.
* Those with visual difficulties may have difficulty seeing pictures and other stimuli on an app. In such cases, choosing a device with a larger screen may be of benefit. Other materials such as pictures and real objects should be considered
* Patients with motor and dexterity problems may have difficulty physically using an app. Key guards specifically made for specific AAC apps are available. Switch access is also a possibility on certain apps
* Deaf and hearing-impaired people may be uncertain of their voice output as it may be indistinct or inaudible; it is important that these users have a visual confirmation of the message being conveyed. Headphones may be of benefit to some hearing-impaired individuals

Apple devices have a number of accessibility features. It is also possible to add switches, Bluetooth hearing aids, and to set up Guided Access. The lock screen can also be set to single orientation, which can help with access.

**Assessment apps**

More apps for assessment are being developed, some apps for therapy can also be used as part of informal assessment. Assessment apps are generally not standardised and should be used in conjunction with standardised and/or formal assessments. Some assessment apps may have a paper-based standardised equivalent.

Performances may differ between an assessment administered on an iPad and its paper-based equivalent.

**Confidential information: storage**

* It is not advisable to store a patient/individual’s personal photos or videos on a tablet device. Photos and videos could be transferred to a laptop or PC using a cable, then deleted from the tablet device.
* Therapists may wish to use an app on a shared device, such as a visual scene display app in which other users have stored personal photos. Written consent should be gained from those users.
* SLTs may not be allowed to email result summaries from an app, as their work email may not be accessible on the tablet device or may not be sufficiently secure. Therapists are advised to remove identifying information from the email, to allow for safe transmission of scores or results.
* Alternatively, they could take a screenshot and later write/type the results into their clinical notes and then delete the screenshot from Photos on the tablet device.
* Be aware of iCloud/Google Drive settings. Avoid backing up personal data, photos, videos, documents and apps data, to the iCloud/Google Drive on shared devices.

**Confidentiality**

It is advised that a therapist actively uses the app with the child or adult client rather than unsupervised.

Procedures should be in place to cover arrangements for the handling and disposing of confidential information on digital devices. It is advised that a passcode is added to shared devices for security.

Clients should be fully informed as to:

* Type of information to be stored
* Whether it will be possible for others to view it
* Where it will be stored
* Whether the storage facility is encrypted
* Whether their data is passcode protected
* Whether their log-on information is unique to them
* How it will be securely erased after use

Anyone using apps in a session could potentially access another app on a shared device, on which patient identifiable information, such as results; videos, or photos may be present.

Use the [**Guided Access**](https://support.apple.com/en-gb/HT202612) feature in iOS6+ to lock down the device into a single app only. Android tablets do not have an in-built feature; use the [**SureLock**](https://play.google.com/store/apps/details?id=com.gears42.surelock&hl=en_GB) app to restrict users to specific apps

Departments should have a procedure in place to ensure confidentiality breaches do not occur when loaning devices to patients. Patient identifiable information should be removed before a device is loaned out to patient, including data which may have been uploaded to the iCloud/Google Drive.

**Data loss and backup**

It is possible to backup data on iPads and Android tablets, to avoid data loss from apps and correct accidental deletion of apps. For further information see:

* [**Apple iCloud support**](https://www.apple.com/uk/support/icloud/backup-storage/)
* [**Android Backup Service**](https://support.google.com/nexus/answer/2819582?hl=en-GB)

**Funding**

Purchase of tablet devices, apps, and protective accessories, such as tablet covers and bumper cases, maybe restricted by limited budget. You could either:

Request funding by presenting a business case highlighting the potential benefits of apps. See a sample letter for requesting funding for iPads and apps.

Allocate a percentage of the budget for resources to apps could be considered.

Potential sources of external funding specifically for communication devices may also be explored, such as charities; education funding and local clinical commissioning groups (CCG).

**Useful links for funding:**

* [**Cerebra**](http://w3.cerebra.org.uk/) - charity for children with brain related conditions.
* [**Communication Matters**](http://www.communicationmatters.org.uk/page/funding) - information on finding funding and support.
* [**Family Fund**](https://www.familyfund.org.uk/) - provides available grants for families who are raising a disabled or seriously ill child or young person aged 17 or under.
* [**Motor Neurone Disease Association**](http://www.mndassociation.org/getting-support/equipment-loan-for-mnd/) - information on equipment loans and financial help.
* [**New Life**](http://www.newlifecharity.co.uk/) - charity funder of children’s specialist disability equipment.
* [**The Sequel Trust**](http://thesequaltrust.org.uk/) - fundraises on behalf of its members to provide communication aids.

**Infection Control**

It is important to ensure that appropriate infection control methods are taken. We recommend that therapists check the infection-control policy of their workplace for local guidance on disinfection of tablet devices. A procedure should be in place for cleaning tablets which have been on loan and returned.

Alcohol wipes which are often used to clean other equipment, especially in clinical settings, may damage tablet device screens.

A recent study (Howell et al, 2014) found that:

"with the exception of Clostridium difficile, Sani-Cloth CHG 2% and Clorox wipes were most effective against MRSA and VRE and the functionality or visual appearance of the iPad was not damaged by repeated use”.

Alcoholic wipes should be used on the hands of a patient who has an infection and use single-use, protective sleeves on the tablet device, to prevent cross-contamination. There are also protective, sealed cases that could be considered, such as the [**FlipPad**](http://www.futurenova.com/) or [**Griffin**](https://griffintechnology.com/intl/) cases.

**Insurance**

Speech and language therapy departments are advised to insure tablet devices, due to the risk of accidental damage, loss or theft. If tablet devices are loaned to clients, they should be advised to ensure that their home insurance policy covers the tablet device.

**Knowledge and training**

Parents and other family members are likely to enquire about possible apps. Therapists should be able to give a professional response, and help them make an informed choice about whether or not to purchase a device or a given app. It is important that therapists receive training and are informed about apps, to avoid misuse.

Speech and language therapy departments and clinics who use apps should allow time and appropriate training within working hours, for therapists to become familiar with, and evaluate the apps.

Assistants and technicians could help identify apps for the SLTs in the team to evaluate. Those SLTs with a particular interest in technology could specialise in evaluating apps and providing training to others.

**Monitoring use of AAC apps**

Training should be provided to clients on how to use the AAC app and device. Its correct usage should be clearly stated and reviewed. The length of the loan period and potential reasons for return of the device should be specified.

A client’s ability to use an AAC app should be monitored for change especially if the client has a progressive neurological disease. Alternative AAC may need to be considered at a later stage.

The client may be using the device for other purposes than its primary intended purpose, such as, using the internet or listening to music. Access to other apps on the device may help reduce isolation and promote social communication. However, in some cases, SLT departments may wish to restrict access to other apps, due to potential detrimental effects.

If the tablet is an iPad, the [**Guided Access**](https://support.apple.com/en-gb/HT202612) feature can be used. If the tablet is Android, a [**SureLock**](https://play.google.com/store/apps/details?id=com.gears42.surelock&hl=en_GB) app can be downloaded to restrict users to specific apps.

**Permission to download apps**

We advise SLT departments to discuss any concerns that IT and information governance departments have about downloading apps and related permissions. Work with them to troubleshoot any issues that may arise.

Concerns may arise about confidentiality and access to social media. A passcode could be added to tablet devices, to increase security. Confidentiality could be ensured by using the Guided Access feature on Apple devices and by using the SureLock app on Android devices.

**Reluctance to use technology**

Some therapists and older clients may be reluctant to engage with the use of tablet devices, particularly if they are less familiar with using technology.

There can be a number of benefits to using apps for therapists and clients. Although some therapists may not wish to incorporate apps into their therapy, it is important that they have an awareness of the potential uses of apps and where to find further information. Parents and family members are also likely to ask for a professional opinion on apps.

Therapists may become more confident using apps if they receive some training from others within their team. In the same way, an older client may become more comfortable using an app on a tablet device with practice.

When an app is being used in a therapy session, the therapist could take responsibility for pressing the relevant on screen buttons, on behalf of the individual. If however, the older client shows a strong resistance or is particularly uncomfortable with using an app, it is important to respect their wishes.

**Selection and use of apps**

Therapists should use their clinical judgement to carefully select and evaluate apps in order to help them achieve specific goals with patients/students. The use of apps should not be chosen as an alternative to traditional speech and language therapy.

Apps are tools that can be used in therapy and as part of home practice. Therapists should ensure that apps used in speech therapy sessions are age-appropriate, and culturally-appropriate for the children and adults with whom they are working.

If a therapist is using an app with a patient, it is important that they are familiar with the app. A therapist should be actively involved when using an app. An app does not replace a therapist, but rather it is a tool that can be used.

**Wi-Fi access**

Wi-Fi access is required to download an app and to update iOS/Android software and apps. Some apps, such as speech-to-text apps, may also require internet connectivity to run. Therapists could take the tablet device to another location where there is Wi-Fi access to download, by arrangement with their managers.

Some organisations may offer guest Wi-Fi, but not open access to free Wi-Fi. SLTs could argue the case for a log-in through the guest Wi-Fi system. Access to Wi-Fi could be argued on the basis of Disability Discrimination and Mental Capacity Acts.

**Frequently asked questions**

**What apps do the RCSLT recommend for use in speech and language therapy?**

The RCSLT recognises the value of apps in supporting speech and language goals but does not endorse the use of any specific apps. We do provide information on finding apps, as well as links to blogs and other resources relating to apps.

**How do I choose which tablet to buy?**

Choosing the right tablet depends on personal needs. It is worth asking yourself the following questions:

* What will it primarily be used for?
* Which apps do you need? Some apps only run on certain platforms (iOS, windows, android).
* Do you need a forward facing camera?
* How many people need to access the device? (Some android devices allow multiple user log-ins)
* Is screen size important?
* How much memory do you need?
* With particular apps in mind, do they require a certain ‘processor speed’?
* Does it need to communicate with other devices / hardware with the same operating systems?
* Does is need to be compatible with a specific case, for security or protection
* How much do you want to spend?

**iPad or Android? Points to consider:**

* The majority of apps available for speech and language therapy are on iPad and iPhone
* Departments with reduced budgets and families on lower incomes may look at buying an Android tablet as there is a wider variety of cheaper options available
* Not all apps are available for Android
* If you have a particular app in mind, such as an AAC app, consider if it is available on iPad/iPhone and/or Android, before buying a device
* Buying an older generation iPad could be cheaper option
* Some apps do require an updated iOS to run and it should be noted that an older generation iPad with an updated iOS may run more slowly

**Why are there fewer apps for speech therapy available on Android?**

* The majority of apps are available on iPad and iPhone because:
* Many developers chose to develop their apps on the iOS platform.
* It’s expensive to develop apps across multiple platforms.
* There may be more apps available on other platforms such as Android in the future, as more are being developed.

**How can I share apps with others on another Apple device?**

You cannot share a copy of a purchased app with another person but it is possible to share apps across devices if:

The devices use the same Apple ID. You can have up to 10 devices sharing one ID: depending on account settings, apps downloaded and personal stored data may appear on all devices, so you need to check your account settings and ensure information governance is not an issue.

Apple users with different ID’s sign up to Family Share. One organiser can invite up to five other users to join, therefore, any apps, iBooks or iTunes purchases bought under the Family Share will be pushed to these devices. Be aware of information governance issues if personal data is entered into the Family Share apps.

Institutional premises, such as in health and education, purchase a multi-user license to enable the use of the same app on multiple devices.

A large institution is using Mobile Device Management systems and allow apps to be pushed and pulled remotely by the IT manager/department, from one device to another.

Apps are linked to the iTunes account used to buy them. If you wish to use a purchased app on another device that you own, you can do so by going to the App Store and scrolling down to Purchased apps.

Developers sometimes give promo codes to users allowing them to download the app for free. A user is not able to submit an App Store review if they have received the app via a promo code.

For further information please see the buying multiple apps on Apple devices section.

**How do other SLTs download apps for use in the workplace without an internet connection at work?**

Speech and language therapists should work with their IT and information governance departments to overcome barriers to internet access. Usually the barriers are just lack of understanding and can be resolved.

Promote understanding of your needs by citing:

* Case studies to highlight the positive impact access to digital technology can have on supporting people with specific communication needs
* Communication rights; such as outlined in the Equality Act (2010), Mental Capacity Act (2005) and UN Convention of Human Rights

It may also be worthwhile putting internet access into a national context:

* More and more institutions are offering [**free access**](https://www.networks.nhs.uk/discussion/a-lifeboat-for-nhs-managers/50987436)
* Note percentage of internet users in the UK , e.g. 89% of adults [**(Office of National Statistics, 2017)**](https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2017)
* Highlight the numerous documents promoting an integrated digital future, e.g:
  + [**E-Health and Care strategy for Northern Ireland (2015)**](https://www.health-ni.gov.uk/publications/ehealth-and-care-strategy)
  + [**Information and Technology for Better Care (2015)**](http://content.digital.nhs.uk/media/16232/HSCIC-Draft-Strategy-2015-2020-Information-and-technology-for-better-care/pdf/80435_HSCIC_Strategy_2015-2020-v1g_(1).pdf)
  + [**NHS Scotland: A Route map to the 2020 vision for health and social care**](http://www.gov.scot/Topics/Health/Policy/2020-Vision)

**What is the evidence-base for using apps in speech and language therapy?**

Many apps for speech and language therapy are developed using evidence-based treatment approaches and may therefore support evidence-based practice. There have been some research studies investigating the effectiveness of specific apps in speech and language therapy. Preliminary evidence suggests that apps are effective, but further evidence is needed. See our Evidence-base for the use of apps in speech and language therapy, blogs & websites and journal articles sections for more information.

**Could family members be advised on speech therapy apps to use with a child/patient while they are on a waiting list to be seen for therapy?**

A child or adult patient/client who has communication or swallowing deficits, should be assessed by a therapist prior to any recommendations about apps being made.

The therapist should carefully choose apps that may help the child or adult achieve specific goals. Apps are tools that can be used in therapy and in homework practice.

**What is the legislation on confidentiality when using apps?**

There are confidentiality issues that may arise when using apps for speech and language therapy; our common issues and concerns section details these. See Communicating Quality Live’s Respect Confidentiality for relevant HCPC standards and relevant RCSLT guidance.

SLTs need a procedure in place that covers arrangements for the handling and disposing of confidential information on digital devices. Speech and language clients should be fully informed as to:

* Type of information to be stored
* Whether it will be possible for others to view it
* Where it will be stored
* Whether the storage facility is encrypted
* Whether their data is passcode protected
* Whether their log on is unique to them
* How it will be securely erased after use

**National legislation and guidance**

* General Data Protection Regulation (GDPR)
* [**Defamation Act 2013**](https://www.legislation.gov.uk/ukpga/2013/26/contents/enacted)
* [**Disability Discrimination Act 1995**](http://www.legislation.gov.uk/ukpga/1995/50/contents)
* [**Mental Capacity Act 2005.**](http://www.legislation.gov.uk/ukpga/2005/9/contents)
* [**Computer Misuse Act 1990**](https://www.legislation.gov.uk/ukpga/1990/18/contents)

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