

# Voice and the Teaching Profession

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## 1 INTRODUCTION

### 1.1

**“The voice has become an increasingly important tool at work. A clear and carrying voice quality at a natural pitch is a pre-requisite for success in communication” Fritzell (1996)**

In July 1999 following concerns expressed by the Accreditation and Review Committee over voice problems experienced by new teachers, the initial teacher education institutions were asked if they would submit details of any provision for voice training built into undergraduate and postgraduate teacher education.

### 1.2 Consultation and Response

**The survey should be seen as a preliminary investigation but one that although limited in scope provided interesting information.**

**Five of the six teacher education institutions provided information regarding the type of arrangements in place for voice training in undergraduate and postgraduate teacher education courses.**

In the information received reference was made to the necessity for course input to be related to the competence: "The new teacher should be able to explain to and communicate with pupils clearly and in a stimulating manner." (Guidelines for Initial Teacher Education Courses in Scotland, SOEID 1998). Concern was expressed that voice care provision was constrained by current levels of resourcing.

The following is a composite summary of strategies and effective approaches which could be considered 'good practice'. The list is neither hierarchical in nature nor an indication of the frequency of any particular response.

Provision would often appear to consist of one introductory input session followed as and when necessary by workshop/remedial activities for

students who required further assistance. Details gathered from the survey are presented below:

#### (i) Introductory Input Sessions

In different institutions and with different groups of students the sessions ranged in intensity and length from 1.5 hours to 3 hours. Content and delivery also varied and included:

- (a) A 2-hour introduction to voice and the use of voice by a specialist lecturer. The session included practical exercises and students were directed to relevant reading on how to improve their vocal technique.
- (b) A 1-hour session on voice production by a specialist member of staff from the Drama Department.
- (c) A 1.5-hour specific input to students on all aspects of voice and classroom presence. The coverage included focus on use of voice, for example, variety in tone and pace of delivery, audibility, fluency, conveying enthusiasm and confidence and generating presence.
- (d) A 1.5-hour workshop for all students on voice training. This input involved position, stance, correct breathing, projection, tone, pitch, pace, volume and variation. A handout and follow up material giving a range of exercises were also provided.
- (e) Formal voice training featured within the induction programme for the course. This focus was on the use of the voice in story telling, the use of the voice as an instrument of control within the classroom context and the use of the voice in developing questioning skills. This was presented over three periods of 1-hour each.

#### (ii) Additional Support

In terms of identifying particular needs, referral procedures and the type of provision required, the following range of strategies was deployed:

- (a) Courses referred students who were experiencing particular difficulty in the use of voice to a specialist who worked with them in small group and one-to-one sessions. This facility was available on a referral and self-referral basis.
- (b) School experience placement tutors monitored voice production and where difficulties were apparent referred the student to members of the Drama Department for remedial work. Workshop activities were also organised for students who required further assistance.
- (c) Individual checks on the student's use of voice occurred in drama where advice and support were given if required. Music specialists similarly identified any voice problem requiring attention.
- (d) An additional support procedure involved a formal referral where any member of staff had a cause for concern. Usually this was identified following a school experience placement for a student. The referrals were directed through the Course Co-ordinators; they were then formally referred to the Drama section.

Support was provided initially by a one-to-one consultation between the student and a member of staff of the Drama section – this consisted of three half hourly sessions which focused on the specific needs of the student. This was followed by a one-day workshop which focused on aspects of voice such as projection, diction, pace, tone and methods of delivery.

It should be added that a number of responses also stated that although new teachers probably did have some difficulties with throat and voice problems it was not something that only afflicted new teachers. There could be a strong case for a co-ordinated programme of training throughout teachers' careers, in initial teacher education and continuing professional development.

### 1.3 Purpose of the Task Group

The Accreditation & Review Committee convened a small group to consider the issues relating to voice in the teaching profession and to produce a report to identify good practice and to make recommendations to improve provision.

### 1.4 Composition and Membership of Task Group

**Miss D Babb** Council Member

**Mrs Bernadette Boyle** Senior Lecturer, Department of Speech and Language Therapy, University of Strathclyde

**Dr V Hallam** Professional Officer

(General Teaching Council for Scotland)

**Miss Roberta Lees** Head of Department of Speech & Language Therapy, University of Strathclyde

**Mr John Lawson** Course Co-ordinator, PGCE (Secondary), Language Education Department, University of Strathclyde

**Mrs Marion Sheridan** Course Director, BA, Department of Applied Arts in the Faculty of Education, University of Strathclyde

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**Mrs Anne Valyo** Lecturer in Drama, Department of Aesthetic Education, School of Humanities, Northern College, Aberdeen

### 1.5 Acknowledgements

GTC Scotland wishes to record its thanks to the members of the group for the time they gave so freely to undertake this task.

## 2 BACKGROUND

### 2.1 At Risk Groups

As professional voice users the care of the voice is essential to the teacher's career. There is a considerable body of evidence to show that teachers are particularly at risk of developing voice problems (Smith et al 1997, 1998, Morton and Watson, 1998). Some kinds of teaching, such as PE are likely to put the voice more at risk than others and female voices are more vulnerable (Smith, Kirchner et al, 1998). It is probable that teachers of Music and Technology are also in this higher risk category.

### 2.2 Prevalence of Voice problems

Speech and language therapy voice specialists are concerned at the increase in the number of teachers being referred. A survey of voice clinics found that in 1993-1997 clinics had an average of 5.2 teachers on their caseload. By 1997 this had risen to 8.2 – that is, 15% of those attending voice clinics were teachers. The majority had problems arising from chronic abuse/misuse of the voice and stress, 31% had sustained damage to the vocal folds (Bufton, 2000). Not all teachers who have voice problems will be seen by a voice specialist. In a large-scale survey, Russell et al (1998) found that 20% of teachers reported voice problems during the teaching year.

Teachers who are unable to work due to voice problems are expensive in terms of replacement staff, and the experience is stressful for the teacher. Also it could adversely affect the learning experience of pupils, if only through militating against continuity and coherence. Smith, et al (1998) found that 20% of teachers had missed work due to voice problems, compared with 4% of non-teachers.

Evidence that environmental factors such as humidity, background noise etc can adversely affect the teacher's voice is illustrated by the experience of one member of the group:

**"As a young female technical teacher of 3 years experience, I suffered a sudden bout of voice loss followed by residual pain. My GP immediately referred me to a Voice Consultant, where I was diagnosed with a long-standing but reversible vocal problem. Thankfully the news continued to be good, as on examination she found no need for surgery.**

**"It took 11 months of speech therapy to retrain me in new habits and good vocal hygiene. I can regularly be seen carrying a bottle of water around, where I take regular sips to keep my voice moist in the dusty atmosphere of the workshop.**

**"Two and a half years on, my confidence in my voice is at an all time high, because I learned how to manage my poor voice days (which now are few and far between) as well as prevent them.**

**"I was saddened to realise that the vocal problems I encountered could have been prevented, had I received voice training as a student teacher."**

### 2.3 Aetiology

The reasons for teachers being at risk of developing voice problems are complex. Most teachers have experienced transient hoarseness and laryngeal discomfort associated with upper respiratory infections such as colds and flu, however prolonged and recurring hoarseness is never normal and should be investigated.

Teachers are required to use their voices constantly, above noise, often in environments where the acoustics are poor and where the

atmosphere is too dry. The resulting wear and tear on the voice has been documented and termed vocal attrition (Sapir, 1993) – where the cumulative effects lead to chronic voice problems and ultimate damage to the delicate vocal mechanism. Voice specialists often find that teachers have worked on through an infection, resulting in damaged vocal folds. Stress is also a factor in precipitating voice problems, and apart from the stresses of the job, the stress of trying to teach with a failing or weak voice is considerable and will exacerbate the problem.

#### 2.4 Legal Position

There is clear evidence that not only those new to teaching are affected but that the cumulative demands of teaching can result in voice problems for experienced teachers. The majority of teachers struggle through voice problems and may view hoarseness as part of teaching. However there have been recent cases in the UK of teachers initiating, and winning, industrial tribunal cases based on irreversible damage to voice caused by the demands of teaching.

#### 2.5 Preventative Care

Limited help does exist for teachers. The Voice Care Network (VCN) UK is a registered charity and exists to support teachers and professional groups. It was set up by voice teachers and speech therapists and their combined specialist experience is focussed on voice for teachers. The 100 tutors in the UK (two are Edinburgh based) are all highly qualified professionals. VCN disseminates information about vocal health and provides practical workshops which cover voice care and efficient and effective use of voice in the classroom. The number of universities, initial teacher education institutions and schools buying in VCN sessions is increasing.

However, this situation largely relates to England more than to Scotland.

In Scotland occasional courses are also run by speech and language therapy voice specialists for teachers, and these are inevitably extremely popular despite the fact that they are self-financing and participants have to find the time to attend. Most of the specialists work within the NHS, where there is no provision for preventative voice care of this kind.

There is evidence that preventative measures do work (Wai Chi Chan, 1994). Teachers and student teachers are often concerned about their voices but are often unaware of how to help themselves or access specialist help. Given the evidence to suggest that the number of teachers with voice problems is increasing, the adequacy of provision must be questioned and the issue addressed.

A recent survey indicates that in voice clinics in Scotland the percentage of teachers being treated for vocal disorders has risen from 15% of a caseload in 1997 to 19% (Gray 2001).

### 3 A RATIONALE FOR VOICE CARE PROVISION IN THE EDUCATION AND PROFESSIONAL DEVELOPMENT OF TEACHERS IN SCOTLAND

**3.1** In the recent past, responsibility for the delivery of "voice training" courses for student teachers lay with Speech and Drama departments in the colleges of education. When these institutions were merged with the universities in Scotland, Drama departments were subsumed into larger departmental groupings in Faculties of Education. Significantly, the term "Speech" had been dropped from the departmental title in most colleges well before these mergers. While this recognised that

Drama education has a broader curricular significance than the former title implied, it also acknowledged that effective voice use is important in the delivery of every curriculum subject. In practice, Drama specialists in many faculties still retain notional responsibility for voice care provision. However, there is little evidence to suggest that this provision is sufficient on its own, or that students have adequate access to appropriate specialist help.

**3.2** The Council survey of voice care provision in Institutes of Higher Education in Scotland, although limited, did show that while there exists a pleasing consistency of approach and philosophy, there is considerable inconsistency in the range and manner of delivery within courses. It would also appear that only a minority of Scottish student teachers report having had what they perceived as voice care provision in initial teacher education courses (Gray 2001). In the subsequent continuing professional development of teachers, discrepancies in support are evident in the varying provisions made by local authorities.

**3.3** The demands made on the voice and communicative abilities of a teacher are arguably more extensive than those experienced in the majority of other professions. The evidence throughout the UK suggests that a significant number of newly qualified teachers report inadequate or inconsistent voice care education in their initial teacher education and a growing number of longer serving teachers report symptoms of vocal disorders. The care, maintenance and effective use of the voice are clearly concerns that should be addressed at all stages of initial teacher education and in continuing professional development in Scotland.

## 4. RECOMMENDATIONS

### 4.1 Institutes of Higher Education

A greater awareness of voice care issues should inform all relevant courses/modules/components and the student's classroom experience in all years of pre-programme training. The following recommendations are based on knowledge of existing course structures, and are offered as strategies of reinforcement, not alternatives, to these structures. Some of these recommendations may be addressed in multi-disciplinary workshop activities and lectures, others in subject tutorials and lectures and in the analysis of student classroom performance.

- Each institution should designate an appropriately qualified member of staff to whom students may be referred, and whom they may consult, for advice on the voice.
- Course leaders should ensure that all students are acquainted with voice referral procedures, particularly those relating to self-referral.
- All students should receive at least one keynote lecture each year on the use and care of the voice.
- Small group voice workshops should be available to students throughout each year of the course.
- Students should be provided with clear information on how to identify vocal problems.
- Students should maintain, as part of their professional development portfolio, a personal voice profile in which they chart their own perceptions of their vocal abilities, problems encountered, advice sought, and measures taken. As well as providing a basis for discussion with tutors and supervising teachers, this should be regarded as an integral part of the students' understanding of themselves as reflective practitioners.



- During placements teachers, along with tutors, should encourage and support students in their care and development of the voice.
- Course/programme and school experience handbooks should contain information regarding local voice support agencies, regional networks, and useful internet web-sites to augment existing local provision.

#### 4.2 Schools

Voice care and information are important for all practising teachers but especially important for those who are probationers. Headteachers and staff are encouraged to explore staff development opportunities relating to the care of the voice.

The following suggestions may be of use:

- The care and use of the voice are legitimate aspects of professional development. Local or regional voice care agencies and specialists are potential sources of expertise for in-service days or individual advice.
- Voice deterioration is a common symptom of stress. Schools might usefully consider using the expertise of specialists in Alexander Technique, Yoga or Stress management as complements to the in-service contributions of voice specialists.
- Involving staff in the development of strategies for well-being including information of at risk factors for teachers' voices.

Schools should also review the drama elements of the curriculum to ensure that aspects of good voice production are included.

#### 4.3 Speech and Language Therapists

- Speech and language therapists should support and make clear the need for a national policy for preventative voice care for students and teachers.
- There is a need to investigate the extent and nature of teachers' voice problems further and

also to investigate the efficacy of preventative care. Speech and language therapists should work in partnership with Faculties of Education to take forward such research.

### 5. CONCLUSION

The voice of the teacher is of paramount importance in carrying out professional roles and responsibilities. It is essential that this asset is protected. Voice care initiatives need to be further developed and this should be developed through a multi-agency approach involving higher education institutions, schools, local authorities and speech and language therapists. Laying the foundation for good use of the voice should be achieved during initial teacher education courses and voice care initiatives available for the support of teachers.

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## 7. APPENDICES

### Appendix 1 VOICE PROBLEMS

These may occur at any time and may be due to over use of the voice or illness. Recognising the signs and knowing what to do:

#### 1. Vocal Stress Test

Your voice is exhausted if you experience:

- Throat pain when you speak or swallow
- A sore throat in the morning which disappears as your voice warms up
- A hoarse, tired voice in the evening
- An increase in mucus especially if it is not discoloured
- Rapidly changing pitch or loss of control of voice

#### 2. Laryngitis / Throat Infection

If you lose your voice or have a sore throat accompanied by a rise in temperature

**DO:**

- Rest your voice
- Seek medical help

**But try to avoid:**

- Strong throat sprays, lozenges, etc which can dry up vocal folds
- Whispering
- Singing if your voice is hoarse strained or your throat is sore

**However, if voice problems persist with:**

- Hoarseness for more than 2-3 weeks
- Regular hoarseness or voice loss
- Voice quality changes significantly
- Constantly aware of vocal fatigue
- Pain or swallowing difficulty

**PLEASE** ask your GP for a referral to Ear, Nose and Throat consultant who can then in turn refer you to a Speech and Language Therapist for the appropriate help.

### Appendix 2 Basic Voice Care Advice

Some handy hints to keep your voice strong and healthy

## DO:

- Warm up your voice before prolonged use by humming gently or doing some vocal exercises
- Drink plenty of water/juice, small amounts at regular intervals throughout the day
- Relax shoulders and neck
- Breathe from the diaphragm
- Be aware of posture when speaking – aim for ease in alignment of the body
- Adjust the environment as much as possible to reduce background noise
- Consider tone of voice
- Use a lower pitch of voice to gain children's attention, or other signals such as sound (clap) or visual (raised hand)
- Use silence to emphasise a point or to get attention
- Wait until the class is quiet before speaking
- Ensure that the environment is well humidified with plants or a bowl of water
- Learn to be sensitive to the first sign of vocal fatigue
- Take time off work if you have been diagnosed as having laryngitis

## AVOID:

- Smoking
- Very hot foods and drinks which cause dehydration and strip mucus from the throat
- Coughing, instead sip water or swallow gently but if you have to cough do so as gently as possible
- Speaking over noise – consider how background noise can be eliminated or at least regulated
- Shouting – be aware that children's voices are much higher pitched so avoid trying to raise your pitch over theirs to be heard
- Raising your vocal volume or pitch over prolonged periods
- Chalk or other types of dust or fumes
- Stress – try to set aside some time for rest and relaxation!

- Singing if your voice is hoarse or strained, or your throat sore
- Excessive use of the telephone, especially if your voice feels strained

## Appendix 3 Useful References

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If you are dissatisfied with any aspect of the Council's service or work and wish to make a complaint, the Council has a complaints procedure for this purpose.

The procedure is outlined in the Guide to the General Teaching Council for Scotland Complaints Procedure which can be accessed via the Council's website at [www.gtcs.org.uk](http://www.gtcs.org.uk) or from the Council Secretary, e-mail: [complaints@gtcs.org.uk](mailto:complaints@gtcs.org.uk)

Once your complaint has gone through all the stages of the Council's procedure, if you are not satisfied with the Council's response, the Guide indicates your right to take up your complaint with the Scottish Public Services Ombudsman and the process for doing so.

You can obtain this leaflet in large print from our website  
[www.gtcs.org.uk](http://www.gtcs.org.uk) or contact us on 0131 314 6000



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