

# bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE  
OF SPEECH & LANGUAGE THERAPISTS

September 2019 | [www.rcslt.org](http://www.rcslt.org)

# THE RCSLT IMPACT REPORT 2018-2019

2018–2019 RCSLT Impact Report: the activities and  
achievements of your professional body



## Royal College of Speech and Language Therapists

# Notice of 2019 Annual General Meeting

Notice is hereby given that the Annual General Meeting of the Royal College of Speech and Language Therapists will be held on **Wednesday 25 September 2019, at 12.30 p.m. in the East Midlands Conference Centre, Beeston Lane, Nottingham, NG7 2RJ.**

### All members are welcome to attend the AGM

The AGM agenda, minutes of the 2018 meeting, background notes, booking form and proxy voting form **are now available to be downloaded from <https://www.rcslt.org/about-us#section-10>**

Please note that:

- Only Full Members are entitled to vote at the AGM. *The Full Members category consists of: Certified Members, Newly Qualified Members, Overseas Qualified Members, Non-Practising Members, Returners to Practice, Retired Members, Student Members.*
- Under Section 324 of the Companies Act 2006, a member of a company is entitled to appoint another person as their proxy to exercise all or any of their rights to attend and to speak and vote at a meeting of the company. The RCSLT Articles require that any proxy appointed must be a Full Member of the RCSLT.
- Members are welcome to raise issues under Any Other Business: it would be helpful for questions to be sent to the Company Secretary in advance, in order for best answers to be given.

If you wish to send in a proxy form, it must be addressed to the Company Secretary and received at RCSLT **no later than 5 p.m. on Monday 23 September 2019.** Proxies received after that time will not be counted.

Papers for those members who have requested formal notices to be sent to them in hard copy will be posted out by first class post on Friday 6 September. Please contact the Company Secretary at RCSLT if you do not receive them within a reasonable time. If you would like your AGM papers sent in hard copy, and have not previously notified us, please write to the Company Secretary at RCSLT. Likewise, if you no longer require papers to be sent to you in hard copy, it would be helpful if you could inform us, so that we can save on postage costs.

By order of the Board



Brian Gopsill ACIS, Company Secretary



## Royal College of Speech and Language Therapists

Registered Company No: 518344 Registered Charity No: 273724 Office of Scottish Charity Regulator Registered No: SC041191

# ANNUAL GENERAL MEETING

To be held on **Wednesday 25 September 2019**

at the **East Midlands Conference Centre, Beeston Lane, Nottingham NG7 2RJ**

**Commencing at 12.30 p.m.**

### AGENDA

1. Notice convening the meeting
2. Acceptance of minutes of previous AGM held on 4 October 2018
3. Presentation, consideration and adoption of the Trustees Annual Report (2018/19) (given by Chair) (Vote on ordinary resolution 1)
4. Presentation, consideration and adoption of the Annual Accounts and auditors' report (2018/19) (given by Honorary Treasurer) (Vote on ordinary resolution 2)
5. Appointment of auditors and fixing of their remuneration for 2019/20 (Vote on ordinary resolution 3)
6. Report of appointments to the Board of Trustees 2019/20
7. Any other business by leave
8. Close of meeting

### ORDINARY RESOLUTIONS

1. To receive the Trustees Report for 2018/19
2. To receive the Annual Accounts for 2018/19
3. To re-appoint Haysmacintyre LLP as auditors for the coming year 2019/20 and that their remuneration be fixed by the Board

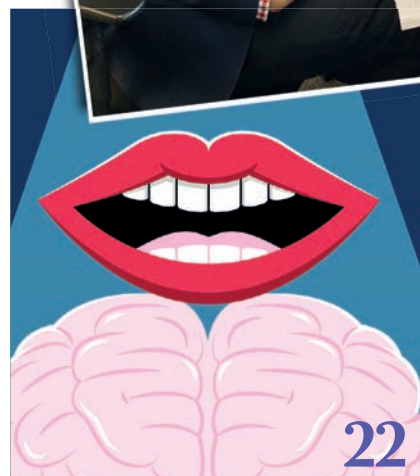


Brian Gopsill ACIS  
Company Secretary  
For and on behalf of the Board



# Contents

ISSUE 808



- 4 **Letters**
- 5 **News**
- 11 **Opinion** by **Emma Ahern**
- 12 **Helen Buxton** reports on capacity-building in Tajikistan
- 16 **Janki Meghani, Melanie Packer** and **Elizabeth Roche** on bilingualism
- 18 **Special report:** careers and diversity
- 22 **Research and Development Forum**
- 25 **In the Journals**
- 26 **Clinical Excellence Networks**
- 29 **Obituary**
- 30 **Your speech and language therapy job adverts**
- 33 **My working life:** Steven Bloch



**ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS**  
2 White Hart Yard, London SE1 1NX  
Tel: 020 7378 1200  
Email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
Website: [www.rcslt.org](http://www.rcslt.org)  
ISSN: 1466-173X



**COVER ILLUSTRATION**  
Stefan Glerum

**President:** Nick Hewer  
**Honorary vice president:** John Bercow  
**Chair:** Dr Della Money  
**Deputy chair:** Mary Heritage  
**Honorary treasurer:** Richard Fass  
**Professional director:** Kamini Gadhok MBE



**PUBLISHERS**  
Redactive Publishing Ltd  
Level 5, 78 Chamber Street,  
London E1 8BL  
020 7880 6200  
[www.redactive.co.uk](http://www.redactive.co.uk)

**EDITORIAL**  
**Editor:** Victoria Briggs  
**Publications officer:** Amelia Dale  
**Contributing editors:** Amit Kulkarni,  
Lauren Longhurst, Katie Chadd  
**Content assistant:** Siobhan Lewis  
**Art editor:** Yvey Bailey

**ADVERTISING**  
**Recruitment sales:**  
Tel: 020 7324 2777  
Email: [rcsltjobs@redactive.co.uk](mailto:rcsltjobs@redactive.co.uk)  
**Display sales:**  
Tel: 020 7880 7668  
Email: [bulletin@redactive.co.uk](mailto:bulletin@redactive.co.uk)

**PUBLISHING DIRECTOR**  
Joanna Marsh  
**PRODUCTION**  
Aysha Miah-Edwards  
**PRINTING**  
Buxton Press

**DISCLAIMER**  
©2019 Bulletin is the monthly magazine of the Royal College of Speech and Language Therapists. The views expressed in the Bulletin are not necessarily the views of the RCSLT. Publication does not imply endorsement. Publication of advertisements in the Bulletin is not an endorsement of the advertiser or of the products and services. The publisher reserves the right to alter or withdraw any advertisement without consultation.



# Victoria Briggs

EDITORIAL



**Bulletin thrives on your letters and emails. Write to the editor,** RCSLT, 2 White Hart Yard, London SE1 1NX. Email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org) Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).



## Quality counts

September brings with it the RCSLT Conference 2019, which is not only the largest gathering of RCSLT members in the UK, but also a flagship event across the profession. This year's event takes quality improvement as its central theme.

Asked why she thought improving the quality of services was everyone's business, Pam Enderby OBE, emeritus professor at the University of Sheffield, told us that the pursuit of quality should be part of every professional's 'never-ending drive', adding 'our clients deserve this and so does our profession'. While Mary Heritage, the RCSLT's deputy chair, told us that of all the themes contained within the event's packed programme, the one she was most looking forward to learning about was co-production. 'Hopefully we are on the edge of a revolution,' she said.

We'll be bringing you more news on the conference in the newsletter, the website and social media channels. And we look forward to seeing many of you at the event in Nottingham, too. Along with other colleagues from across the RCSLT, the *Bulletin* team will be there at the conference, to report on the event, meet members face-to-face, and hear about your conference stories.

**Victoria Briggs**  
editor

[bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
 @rcslt\_bulletin



## A fishy tale

Thank you for my 'naked' *Bulletin*. I do approve. Many years ago (I've been retired 18), before the term 'single-use plastic' was coined, I used to remove the magazine's wrapper carefully and store it in my peripatetic therapist's suitcase. There was always a child who 'forgot' a homework folder and a plastic envelope was a temporary substitute.

Alternatively, when introducing my new young colleague to a school in a seaside village, we took a lunchtime stroll along the pier. The fishermen landing sprats offered this charming young lady as many freebies as she could carry. In what?

A race back to the car produced two plastic envelopes to fill with enough fish for several suppers.

Never found a better reuse for a *Bulletin* envelope, but much better to do without.

Thanks again.

**Eveline Ramsay, retired SLT, Fort William, Highland**

## SLTA CEN next steps

After a successful relaunch in 2018, the East of England SLTA CEN continues to attract interest from SLTAs all over the UK. The CEN currently has 100 members, with a quarter of these members from outside of the East of England. At the annual CEN meeting in May this year, members discussed the idea of continuing to widen the scope and the membership of the CEN and becoming a National SLTA CEN. Those present voted in favour of this move and we would be interested in linking up with other SLTA CENs to see if this is a viable option and to discuss how to move forward.

The two of us are also stepping down as co-chairs of the East of England SLTA CEN at the end of 2019. A couple of members have come forward to potentially help with running the CEN, but the CEN requires new committee members to organise and run it. Without a chair/co-chair, secretary and treasurer in place, the CEN would have to close. Please get in touch if you would like to volunteer to be on the committee and would like to help steer the CEN forward as it continues to grow and change.

**Tamson Chipperfield, adult SLTA, Cambridgeshire and Peterborough NHS Foundation Trust**

Email: [tamson.chipperfield@cpft.nhs.uk](mailto:tamson.chipperfield@cpft.nhs.uk)

**Sarah Banfield, adult SLTA, West Suffolk Hospital Foundation Trust**

Email: [sarah.banfield@wsh.nhs.uk](mailto:sarah.banfield@wsh.nhs.uk)

### Your RCSLT

**SIOBHAN LEWIS**



I joined the RCSLT earlier this year as a content assistant. My role is to work across the RCSLT website and *Bulletin* magazine, as well as other publications we produce. I also assist with reader enquiries sent to the *Bulletin* inbox and look after the *Bulletin* Twitter feed.

Having worked previously for a learning disability charity and within magazine publishing, I am excited to continue to work on a magazine, while expanding my knowledge of speech and language therapy and the positive impact it has on people who have communication and swallowing difficulties. Currently, I am busy working on the next issue of *Bulletin*, as well as making improvements to the website. Please do get in touch with any questions you may have!

**Siobhan Lewis, RCSLT content assistant**

Email: [siobhan.lewis@rcslt.org](mailto:siobhan.lewis@rcslt.org)



FOLLOW THE RCSLT ON **facebook** AND **twitter**

VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS

## Hungry Little Minds launch

In July, the Department for Education (DfE) in England launched *Hungry Little Minds*, a three-year national campaign that aims to encourage parents and carers to adopt positive activities and behaviours to boost children's communication, language and literacy development.

The RCSLT is pleased to be supporting the campaign. On the back of the *Bercow: Ten Years On* review, which found there was insufficient public awareness about the importance of speech, language and communication, the DfE's campaign comes as a welcome initiative, and one we hope will raise awareness about communication being a crucial life skill.

"We're at a point where we really need to get word out there that communication is everyone's business," said Janet Cooper, clinical lead SLT for Midlands Partnership Foundation NHS Trust, and one of the RCSLT members selected to take part in the DfE consultation during the campaign's development.

While offering support to *Hungry Little Minds*, the RCSLT is clear that the campaign should be considered a useful addition to, and not a replacement for, the need for investment in local services, which can provide expert advice and support to children, families and communities.

The DfE campaign includes a website ([hungrylittleminds.campaign.gov.uk](http://hungrylittleminds.campaign.gov.uk)) where parents can find short videos and ideas for simple, fun and age-appropriate activities that they can do with their child to help with early learning. It also allows parents to search for activities in their area using a postcode finder service, and includes a link to the RCSLT website for parents who are worried about their child's speech, language and communication development.

Other RCSLT members with expertise in early language development were also consulted.



MPs Nadhim Zahawi and Damian Hinds (front row) were among those present at the campaign launch, along with Kamini Gadhok (second row)

*"We really need to get word out there that communication is everyone's business"*

Jane Young, SLT service manager at Nottinghamshire Children and Families Partnership, whose team had input into the website's content, said she was pleased to see children's speech, language and communication being recognised as a national priority.

"This is something many of us SLTs have been advocating for our whole professional careers and so it is amazing that this is now a reality," she said. "Taking part in the consultation process also gave us the opportunity to talk to DfE policy advisers about the importance of having a strong, local infrastructure to reach the most vulnerable children and families, as well as ways of maintaining existing support in order to make the most of this opportunity."

Janet Cooper was in agreement. "This

campaign really adds value to what we do as therapists. It's a great way of supporting the message that early communication is absolutely crucial, and that families need to provide as much stimulation for children's early speech and language development as possible, whether their children have difficulties or not. The campaign really backs up a lot of our evidence base, and families often will accept information more readily when it comes from the media."

### BBC initiative

The RCSLT is also excited to see how the BBC language and literacy initiative *Tiny Happy People*, which is set to launch in 2020, might act to further bolster children's early language support on a community-wide basis, and reduce the language gap in under-5s.

We hope that you will join us in supporting *Hungry Little Minds* by sharing the campaign with parents and practitioners through social media and other communication channels.

Updates on the DfE's campaign and the BBC's initiative will be brought to you in *Bulletin*.

**Caroline Wright, RCSLT policy adviser**  
Email [caroline.wright@rclst.org](mailto:caroline.wright@rclst.org)



@AnnaKellySLT

Got my #RCSLT2019 ticket today and I'm mega excited! I'm gonna be front row with my laptop eagerly taking notes like the massive SLT nerd that I am

@LucyBalchini

I chaired a meeting today and also took the minutes & it was a success. I love challenging myself and setting new goals – that's definitely one to write about for my RCSLT NQP goals! #mySLTday #NQP

## Duke of Cambridge thanks Royal Marsden SLTs



The Duke of Cambridge spent time at The Royal Marsden Hospital in London recently, where he heard about the work of SLTs.

Prince William, who is president of The Royal Marsden, was at the hospital to learn about the breadth of psychological support offered to patients, their families and hospital staff.

Among those the Prince met on the day was Julie (pictured, top), who shared her experience of being diagnosed with head and neck cancer, the crucial role Royal Marsden SLTs played during her treatment, and the psychological support she had received along the way.

The Royal Marsden is a leading centre in the UK for transoral robotic surgery, which is used in cases of recurrent head and neck cancer.

Julie has required intensive SLT input for her speech and swallowing, but following an extensive period of rehabilitation, the hospital reports that she is making excellent progress, is now managing a full oral diet and has recently returned to work.



Gráinne Brady, clinical lead SLT for head and neck cancer at The Royal Marsden, said: "It has been an absolute pleasure to work with Julie and as well as the wonderful progress she has made in rehabilitation, it has also helped us to better understand the impact of these complex treatments and the potential for recovery."

Kensington Palace reported that the Prince used his visit to recognise Royal Marsden staff and their global contribution to cancer research and treatment, and thanked them for their 'tireless and incredible' work.



## Aphasia awareness-raising

SLTs at Cardiff Metropolitan University (CMU) have created a film about the experiences of people with aphasia, along with strategies that can be used to support communication. The film features four people with aphasia who attend CMU's onsite clinic and who wanted to take part in the project to share their experiences.

The CMU clinic is run by Katie Earing, clinical lecturer in speech and language therapy. Film participants include a pharmacology lecturer who was keen to work with colleagues to raise awareness of aphasia following a stroke.

The film (which can be viewed at [stroke.wales/shw-interactive](#)) has subsequently been incorporated into the undergraduate pharmacy teaching programme at CMU, and presented by the pharmacology lecturer at the 2018 Stroke Hub Wales symposium.

The film is free to download and can be used to help increase awareness and understanding amongst people with aphasia, their carers, and those working with clients with aphasia.

To help evaluate the impact of the film, there is also a short pre- and post-questionnaire that can be completed by anyone watching it.

@NaliaThurgood

It's a strange feeling no longer being an #SLT2B @CityLCS but I'm bursting with excitement at starting a paediatric #SLT post across mainstream and #SEMH schools, working for an inspiring organisation!

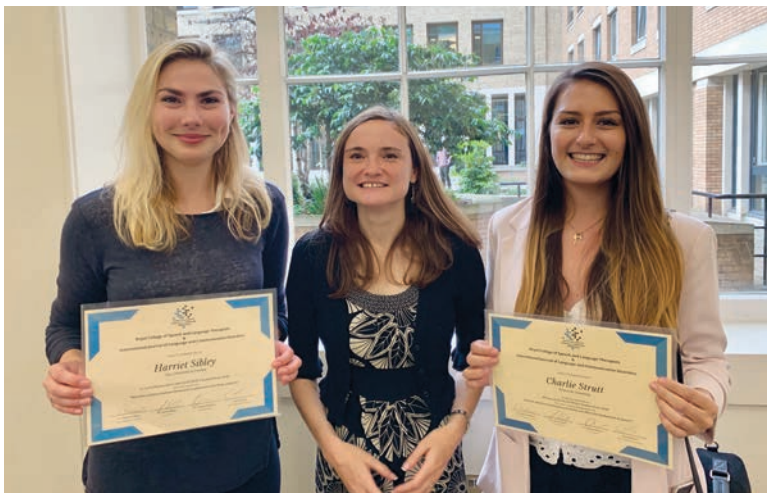
@ElliceWoodSLT

Finished my first week working as an SLT in CAMHS, I'm already feeling like part of the team and have met some of the Young People. Exciting times ahead... #SpeakUpForSLCN #MySLTday



DELLA MONEY & KAMINI GADHOK

# Strictly IJLCD



The highly anticipated *International Journal of Language and Communication Disorders* (IJLCD) annual lecture took place in June, with IJLCD co-editors Dr Cristina McKean and Dr Stephen Bloch welcoming keynote speaker Pam Enderby OBE, emeritus professor at The University of Sheffield.

Using *Strictly Come Dancing* as an analogy, Pam illustrated the importance of SLTs continually reflecting and improving their practice. She advocated doing this via team working, critical review and by looking at the outcomes of our own therapy, as well those from different services. She also issued a call to action for SLTs, urging them to embrace technology and prepare for change: if *Strictly*

has to introduce new elements each series to keep the show modern, then why shouldn't we be doing the same in order to get the best outcomes?

The IJLCD lecture was also an opportunity to celebrate the success of IJLCD-RCSLT student prize-winner Charlie Strutt and runner-up Harriet Sibley (pictured, with Dr Rebecca Palmer), who were both presented with their certificates. If you weren't able to attend the lecture, you can always catch-up online at:

[bit.ly/IJLCDAnnualLectures](http://bit.ly/IJLCDAnnualLectures)

If you need help from a leadership mentor, visit [bit.ly/rcsllleadershipmentor](http://bit.ly/rcsllleadershipmentor) for more information.

**Katie Chadd, RCSLT research officer**

# DLD awareness day

International Raising Awareness of DLD Day takes place this year on 18 October. The theme is *DLD: you and me* and the focus is on hearing the voices of children and young people with DLD, as well as their families. There are details on making short videos and writing stories to raise awareness

at: [radld.org/news/tell-us-your-story/](http://radld.org/news/tell-us-your-story/)

You can also lead DLD awareness activities in your local area by becoming an ambassador. Anyone who has a connection to DLD is eligible. Details at: [radld.org/get-involved/ambassadors/](http://radld.org/get-involved/ambassadors/)

# BADGE OF HONOUR

Recently, we had the pleasure of judging the award nominations for the forthcoming RCSLT Honours and Giving Voice Awards. It is always so rewarding to hear first-hand about the amazing things that members, other colleagues, people with speech, language and communication needs, their parents or carers have achieved.

It is also brilliant to attend other award ceremonies, such as the recent Chief Allied Health Professions Officers Awards ceremony in England, which saw SLTs nominated and winning in two categories. Angela Shimada won the Allied Health Professions (AHP) Leader of the Year award for her work as chair of the Lincolnshire AHP council, while Sam Tordesillas and Jane Dunton were on stage to receive the AHP Clinical Focus Award for Cancer as part of the winning Guys and St Thomas's head and neck cancer rehabilitation team.

We are aware that there are many other awards across the nations and clinical specialisms, which we try to promote to members where we can. Unfortunately, we don't always manage this as well as we might, and so we want you to let us know about these awards when they happen, so we can share the good news about SLT achievements via social media posts and *Bulletin*.

Please also consider nominating colleagues for RCSLT awards in the future. The nominations for next year's RCSLT Honours will open on 1 May 2020, and the Giving Voice Awards soon after that. We will send reminders out nearer the

time, of course, but you may want to start thinking now about someone who is making an impact over and above what would be expected as part of their 'day job'.

Nominating someone for an award may feel like a lot of work in our already busy lives, or may prove difficult because so much of our work is done as part of a team, but the acknowledgement and recognition is well worth it—even when we don't win. Of course so many members are 'winners' in so many ways and it is good to pause, reflect and say 'thank you' to you all.

*“Consider nominating colleagues for RCSLT awards in the future”*

**Dr Della Money, RCSLT chair**  
**Kamini Gadhok, MBE, RCSLT chief executive**  
Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)

## Progress for SLT apprenticeships

The RCSLT is delighted that the speech and language therapy degree apprenticeship standard and end point assessment in England has now been approved, marking the culmination of nearly two years work by the dedicated trailblazer group of employers, universities and the RCSLT. Chaired by Lauren Edwards of 2gether NHS Foundation Trust, the trailblazer group was also fortunate to be led through the process by Rosemarie Simpson of Skills for Health.

We are now turning our attention to supporting implementation of the apprenticeship. Our enquiries team is increasingly busy with queries about where it is possible to 'do' an SLT apprenticeship. The answer is that will depend on employers and universities working together to offer them! The RCSLT is working on guidance to support employers, universities and apprentices themselves. There are lots of issues to work through and we will consult on the draft guidance later this year.



The RCSLT has been clear from the start that the apprenticeship should be seen as another, and a much needed, delivery route to qualification as an SLT—it is not a lesser route. The apprenticeship standard is based on and reflects the new RCSLT curriculum guidance, and will therefore be rigorous in the same way as the traditional route into the profession.

The new apprenticeship programmes will be accredited by both the RCSLT and the Health and Care Professions Council.

Looking ahead, we think that employers and universities will need to work together in regions to ensure that universities have a large enough cohort of apprentices to make the programme viable for them. Apprentices will also need to experience a variety of settings, so working across an area or across different trusts is more likely to provide that

range. The RCSLT is ready to support joint working via the hubs, or in any other way, to ensure the establishment of a new process and address any issues that arise.

You can see the approved apprenticeship standard and end point assessment at: [bit.ly/SLTapprenticeships](http://bit.ly/SLTapprenticeships)

**Berenice Napier, RCSLT policy adviser**

## Register for ROOT

Are you interested in using the RCSLT Online Outcome Tool (ROOT)? Whether you're working through the early stages towards implementation or almost ready to start using the ROOT in your service, please sign up using our new registration process: [rcslt-root.org/public/register](http://rcslt-root.org/public/register).

After signing up, you will be guided through the steps towards implementation.

The ROOT has been developed to support with collecting and analysing Therapy Outcome Measures (TOMs) data and is available to RCSLT members who wish to use it as part of their membership. We are rolling out the ROOT across the profession using a phased approach, with members from 200 organisations expressing an interest to date. SLTs from 28 organisations are now using the ROOT, and they have provided TOMs data on more than 26,000 individuals. This rich dataset has the

potential to support the profession to demonstrate the impact of speech and language therapy, inform the way we deliver care and improve outcomes. At a local level, we are continuing to hear some great examples of how services are using the data they have collected to support clinical decision-making, inform changes in service delivery and demonstrate the value of SLT services to commissioners, managers and service users.

We would like to take this opportunity to thank everyone who has been involved so far. The ROOT is being developed using an iterative approach, with feedback from those using it to ensure that it continues to evolve and meet the needs of the membership. A recent development is the added functionality enabling services to record additional information alongside the TOMs should they wish, so users can



triangulate their TOMs data with other information that is important locally.

For more information, including links to our resources to support implementation, last year's webinar and more detailed background to the work, visit:

[bit.ly/rcsltROOT](http://bit.ly/rcsltROOT)

Alternatively, email us at [ROOT@rcslt.org](mailto:ROOT@rcslt.org)

**Kathryn Moyse, RCSLT outcomes and informatics manager**  
**Katie Chadd, RCSLT research officer**



**63,000**

adults in the UK have post-stroke dysphagia

**60%**

of young offenders have SLCN



**Peter  
Just**

**COLUMN**

(Derek Munn is away)

## THE BODY POLITIC

By the time you read this column, Boris Johnson will have been Prime Minister for around six weeks. As with any new occupant of Number 10, one of his first acts was to reshuffle the Cabinet and the junior ministerial roles.

Naturally, such reshuffles have implications for the speech and language therapy profession. This one is no exception, with key ministers moving on, new ministers coming in and a big name promotion of relevance to us.

Let's start with that: Robert Buckland, a great friend of the RCSLT, has been promoted to lord chancellor and secretary of state for justice. From an influencing point of view, given Robert's long-term personal commitment to improving the lives of people with speech, language and communication needs, this is great news. Edward Argar, another minister with whom the RCSLT has had contact, remains in post. He is joined in the junior ministerial ranks by MPs Wendy Morton and Lucy Frazer.

Over at the Department for Education, the big news is the replacement of Damian Hinds by Gavin Williamson, the former defence secretary. Also of importance to us is that Nadhim Zahawi, the former children and families minister, has been replaced by Kemi Badenoch, who cites social mobility among her interests. Nick Gibb, meanwhile, remains minister for school standards.

There has been no change at the top of the Department of Health and Social Care (DHSC), where Matt Hancock remains as secretary of state. Caroline Dinage, whom the RCSLT met earlier this year, stays on there too as minister for care. New DHSC ministers include Chris Skidmore, Nadine Dorries and Jo Churchill. Nadine used to be a member of the All-Party Parliamentary Group on Speech and Language Difficulties, while Jo Churchill has highlighted speech, language and communication issues in past parliamentary speeches.

Following usual practice, the RCSLT will be approaching relevant ministers to highlight the crucial role of SLTs in their particular policy areas.

For more information on the ministers, visit:

[bit.ly/ukgovreshuffle](https://bit.ly/ukgovreshuffle)

**Peter Just, RCSLT public affairs adviser**

**Email: [peter.just@rslt.org](mailto:peter.just@rslt.org)**

## AT Mentors launch



Independent SLT service ATtherapy launched its AT Mentor service earlier this year in Manchester, with the aim of providing encouragement and inspiration to those who use augmentative and alternative communication (AAC).

The AT Mentor team currently consists of six highly proficient AAC users (pictured), all of whom have a diagnosis of cerebral palsy and who are in paid employment for their work.

"The launch event was a great

way to showcase the amazing work that the team do, to hear from the mentees and their families, and explain the service structure with opportunities for paid employment, additional learning and qualifications," said Francesca Sephton, highly specialist SLT at ATtherapy.

To learn more about the AT Mentor team and the work they do, visit:

[www.attherapy.co.uk/meet-the-team](http://www.attherapy.co.uk/meet-the-team) or AT Mentors on Facebook.

You can also email:

[info@attherapy.co.uk](mailto:info@attherapy.co.uk)

## Save the dates!

To mark this year's International Stammering Awareness Day, the RCSLT is hosting a *Giving Voice to Stammering* webinar at 1-2pm on **28 October**, in partnership with the British Stammering Association, Action for Stammering Children, and SLT Elaine Kelman.

If you work in a speech and language therapy service or employ SLTs, then join us for an apprenticeships webinar at

1-1.45pm on **29 November**, where we'll be updating you on the development of the SLT degree apprenticeship. If you want to understand why you might want to employ an apprentice, how to link up with a university to deliver academic requirements, or what else you need to consider as an employer of apprentices, then be sure to join us.

For more details, visit [www.rslt.org/webinars](http://www.rslt.org/webinars)

## SLTAs celebrated at study day

In July, the social enterprise Twinkleboost partnered with the RCSLT and Manchester Metropolitan University (MMU) to deliver a study day for SLTAs from across the country.

Historically, SLTAs don't have as many opportunities to provide input and attend events as SLTs. Twinkleboost therefore wanted a day dedicated to them, to celebrate their important role in the profession and to share emerging innovations.

Guest speakers at the event included RCSLT project coordinator Louise Borjes, who spoke about apprenticeship routes into the profession, and Sarah Smith from the Stoke Speaks Out initiative, describing the contribution of SLTAs to their model. The event also included a section on reflection and planning, providing space for SLTAs to reflect on their career successes and set new goals.

Around 70 SLTAs attended the event from as far afield as Devon and Northern Ireland. There was an



amazing energy in the room with lots of group discussion and a chance for SLTAs to network across teams.

The event took place at MMU, with students from the speech and language therapy course on hand helping to ensure the event ran smoothly.

Feedback from attendees was positive, with many SLTAs keen to attend further events in the future.

.....  
**Caspian Jamie, lead SLT, Twinkleboost**

## Dysphagia catering website launch

A new website has launched that offers free recipes, advice and practical support for chefs, carers and healthcare professionals who cater for individuals on dysphagia diets.

Oak House Kitchen ([www.oakhouse-kitchen.com](http://www.oakhouse-kitchen.com)) is the brainchild of chefs Preston Walker and James Ball, who have extensive experience of nutrition, modified foods and catering in healthcare settings.

After working in residential nursing homes for a number of years, the chefs say they recognised the need to



raise standards and improve training for other chefs who work in healthcare, especially those producing IDDSI-compliant meals for people with swallowing difficulties.

The website features recipe demonstrations, helpful cooking hints, discussions about dysphagia diets, and blog posts designed to help educate chefs on the differences between the IDDSI levels (visit [bit.ly/dysphagiacatering](http://bit.ly/dysphagiacatering)).

### LuCiD briefings

The ESRC International Centre for Language and Communicative Development (LuCiD) has published two new evidence briefings on *Quantity vs. quality of child-directed speech: Which matters most?* and *How can our responses to babies' gestures help with their language development?*

For these and other LuCiD evidence briefings, visit [bit.ly/LuCiDbriefings](http://bit.ly/LuCiDbriefings)

### LENA loan service

The National Deaf Children's Society (NDCS) has launched a loan service for its LENA listening device.

LENA is a small, lightweight recorder that can be placed into a child's pocket to capture the speech and environmental sounds taking place around the child during daily activities.

The recordings LENA makes are uploaded to a secure, cloud-based tool that can then be analysed to provide detailed reports. The NDCS say the evidence and reports that LENA generates can act as a catalyst for change in home and nursery environments, to inform language and communication development activities, and to identify where further technology could be integrated.

The LENA loan service is only available for use by relevant professionals, including SLTs and teachers of the deaf. Training, terms and conditions apply.

For more information, visit [www.ndcs.org.uk/lena](http://www.ndcs.org.uk/lena)

### Key concepts

With thanks to RCSLT members Nikki Gratton, Michelle Weick, Gemma Clunie and Dr Hazel Roddam, the RCSLT's research team are proud to introduce the speech and language therapy *That's a Claim!* website. As part of the Informed Health Choices project, *That's a Claim!* highlights the key concepts to consider for critically appraising claims made about interventions, to inform your clinical decision-making.

Visit [thatsclaim.org/speech-and-language-therapy](http://thatsclaim.org/speech-and-language-therapy)

### Roll up, roll up!

Don't miss your last chance to register for RCSLT Conference 2019. We're looking forward to welcoming members to the conference on 25-26 September at the East Midlands Conference Centre in Nottingham. Tickets are still available—book your place at [www.rcslt.org/forthcoming-events/](http://www.rcslt.org/forthcoming-events/)



## Emma Ahern

# Opinion

Emma Ahern explores the pros and cons of plastic straw alternatives from a speech and language therapy perspective

## The final straw

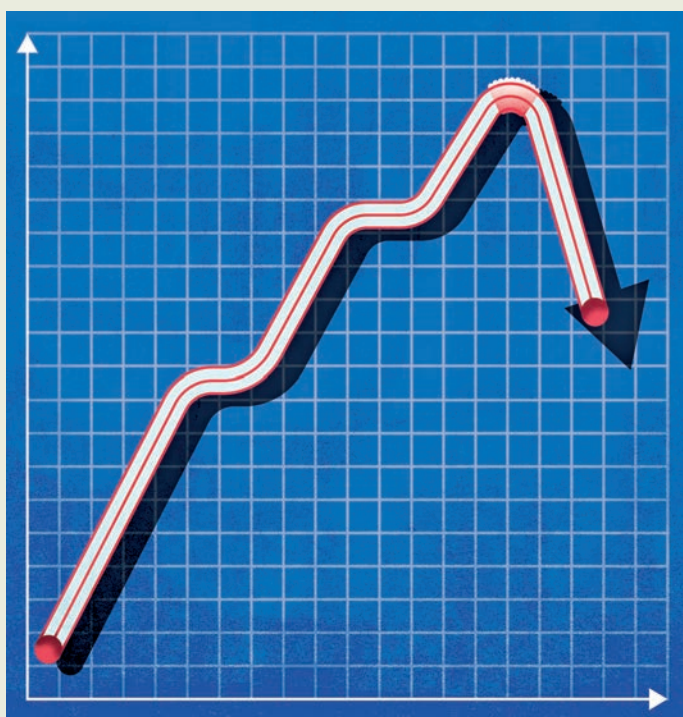


ILLUSTRATION BY Sara Gelfgren

**P**lastic sucks, especially plastic straws. News and social media platforms are being flooded with images of our oceans choking on discarded plastic, and plastic straws constitute some of the worst environmental offenders. According to Greenpeace (2017), plastic straws are among the top 10 plastic items found in beach clean-up operations. Global conservation organisation WWF estimates that 42 billion straws a year are used

in the UK, and that the UK is the second-largest consumer of single-use plastic in Europe.

So what can SLTs do to help? How can we make changes in our work with service users who have dysphagia, for example? Or what about those therapists who rely on straws for dysarthria-based activities or for artsy-type crafts (think blow football or blow painting)?

*The Huffington Post* recently published a list of six plastic straw alternatives, which I decided to

analyse from a speech and language therapy perspective. This is what I discovered:

**1. Paper straws** are not an ideal substitution for SLTs' work in the dysphagia field. The paper becomes too soggy and can fold in, making it challenging for people who require the use of straws for drinking.

**2. Metal straws** might be good for durability but they have drawbacks. Hygiene and infection control requirements would necessitate the use of one straw per person, and a sanitary cleaning routine after use, resulting in a significant time and cost investment. Also, we would need to carefully consider people who present with a bite reflex as the metal could cause damage to their teeth, lips and gums.

**3. Reusable plastic straws** present similar problems as the metal straw alternative with regards to hygiene.

**4. Glass straws** are even more risky in terms of breaking and shattering. Definitely ones to avoid!

**5. Bamboo straws** are similar to glass and metal straws in that these are reusable, but they need to be cleaned in a food safe sanitiser after use, then dried rapidly (such as in a low heat oven or microwave) to preserve the wood—processes that could be time consuming.

**6. Wheat straws** are made from natural wheat stems and are 100% biodegradable, which sounds promising, but for people with coeliac disease, SLTs would

need to make sure that the product chosen has a gluten-free parts per million (ppm) reading of under 20ppm. Also, some independent tests have reported that these straws can become soggy and difficult to use.

From my analysis on these plastic straw alternatives, it seems that what we need is something that is relatively cheap to buy, to make it easy and sustainable to replace for hygiene purposes or for when straws go 'missing' (we all know how often that happens, and the hassle we go through to reorder and replace them!) as well as a straw that is safe to use for people who experience bite reflexes.

One solution to these requirements could be the NONPLASTIC STRAW (see: [www.nonplasticstraw.co.uk](http://www.nonplasticstraw.co.uk)), which is made from Polylactide (PLA), using plants like corns, beets and cassava to capture carbon dioxide and convert it into complex sugar chains that look and feel like plastic. So far there has not been much research on these straws, but they do sound promising, requiring 65% less energy to produce and being 100% biodegradable. As PLA is very robust, with very similar physical characteristics to plastic, there would seem to be less chance of it going soggy or damaging teeth.

For any SLT who works in the field of dysphagia or who regularly uses straws for any clinical interventions, I would love for you to get in touch if you would be interested in doing further research into plastic-straw alternatives. I think we have an opportunity to pave a plastic-free way for clinical practice and to do our little bit towards healing our beautiful planet. ■

*“How can we make changes in our work with service users who have dysphagia, for example?”*

Emma Ahern, specialist SLT, Zebra Therapy  
Email: [zeebrasurrey@gmail.com](mailto:zeebrasurrey@gmail.com)  
@emma\_wallace\_ahern

# Think global, act global

**Helen Buxton reports on two speech and language projects aimed at building local, sustainable capacity in Tajikistan**

**F**rom January 2015 to February 2018, I lived in a developing country called Tajikistan in Central Asia. The World Health Organization's (WHO) *Situational Analysis – State of Rehabilitation in Tajikistan* (2015) gives a useful overview of the health system in Tajikistan.

This article reports on two small speech and language projects that I set up and led during my final 18 months in the country. I also ran a small paediatric community clinic on a part-time, voluntary basis with a Tajik doctor, Dr Nazira Muhamedjonova, for three years. The support and advocacy of Dr Muhamedjonova and the British Embassy in the country's capital Dushanbe were central to the success of both projects.

The overall long-term aim for the projects was to build local, sustainable capacity

with a view to enabling Tajiks to train their colleagues. Both projects also aimed to explore Tajik views of disability in general.

Short-term aims were also established for each project. Questionnaires administered pre- and post-delivery of training were used to measure the development of local healthcare professionals' skills, knowledge and confidence over time.

Specifically, we investigated participants':

- confidence in their ability to support children appropriately;
- knowledge of the key skills required to provide appropriate support;
- views of disability (for example, whether participants believed children with disability could develop self-help skills, go to school or live an independent life as an adult) as well as how disability was regarded by the Tajik general public; and
- experience of the training and follow-up sessions.



## Community initiatives

Culturally, Tajik healthcare professionals are not used to completing questionnaires as part of training courses. Potential barriers to implementing these include a strong desire to maintain face, especially in front of non-Tajiks.

The first project focused on training a range of community-based healthcare professionals in intensive interaction. Over time, I noticed that Tajik healthcare professionals consistently did not know how to approach children with autism and/or a learning disability who are non-verbal. Culturally in Tajikistan, there is a strong tendency for adults to be very directive with their children, and there is no culture of adult play with children.

In January 2017, a trainer from the Intensive Interaction Institute delivered two introductory courses to 49 community-based healthcare workers. Afterwards, myself and Dr Muhamedjonova ran monthly follow-up sessions for interested participants for a period of 12 months. There were barriers for participants to attend the follow-up sessions, such as not being paid to attend, having to pay for their own travel to the venue and not being able to get time off work. However, 20 participants attended regularly.

We administered two questionnaires, one on a quarterly basis, the second at



six-month intervals. To mitigate the participants' need to maintain face, and to try to facilitate honest responses over time, the questions did not change.

Key findings included the following:

- Participants' self-reported confidence levels in using intensive interaction in November/December 2017 were the highest reported throughout the project.
- Thirteen participants were able to identify one or more pre-verbal skills (substantially higher than the one person at the start of the project).
- There was variability in the responses to questions about views of children with disabilities attending school and their ability to lead an independent life, which fluctuated between positive and negative over time.
- Responses to a question about how the general public in Tajikistan view children with disabilities received more positive responses over time.
- Participants enjoyed watching video clips provided by other participants and/or from the intensive interaction DVD; gained more information about autism; enjoyed group discussions and found the session practical or relevant for their work.

## Outcomes

It appeared that delivering training courses was not enough to effect change in the



clinical practice of participants. The monthly follow-up sessions seemed to be vital to maintain the effect. Video evidence over the 12-month period shows participants' increasing confidence in using intensive interaction in their daily work. I also received positive informal feedback from a UK health professional, who independently observed some of the participants' use of intensive interaction in their clinic work at the Chorborgh Centre of Innovation and reported it was of high quality.

I'm happy to report that intensive interaction is now being used in the Chorborgh Centre of Innovation, in two orphanages and at the IRODA Centre for Autism, all in Tajikistan's capital, Dushanbe.

## Unrepaired CLP

My second project focused on training Tajik healthcare professionals on how to feed children with unrepaired cleft lip and palate (CLP), appropriately and safely.

I observed that children with unrepaired CLP were often signed into orphanages because their parents struggled to feed them. Local doctors often do not know how to feed this client group and unintentionally scare parents. The CLP non-profit organisations Operation Smile and Smile Train do not currently have a presence in Tajikistan.

I was introduced to a German surgeon, Dr Martin Kamp, whose organisation Tajik Aid (under the vision:teilen charity



## “The first project focused on training a range of community-based healthcare professionals in intensive interaction”

umbrella) built a cleft surgical unit in the main hospital in Dushanbe. Dr Kamp’s organisation is able to provide repair operations (subject to funding). However, information about the availability of operations is not consistently provided at birth, especially in the countryside. Statistics of babies born with CLP are not routinely recorded in the health system, either.

I was able to recruit Emma Southby, training manager and cleft nurse specialist at the European Cleft Organisation, to deliver two courses of training to 56 healthcare professionals in August 2017. Participants included regional/family doctors, surgeons, nurses, midwives and orphanage staff, and represented the northern (Khujand), central (Dushanbe) and southern (Bokhtar) areas of Tajikistan.

Monthly follow-up sessions were not possible for this project, but Emma returned to Tajikistan to run one-off follow-up sessions with the same participants in November 2017. Emma and I were also invited to present at the first regional cleft conference organised by Dr Kamp in the same month.

The Tajik Ministry of Health then contacted Dr Muhamedjonova and I in early 2018 to request more training. In May 2018, I returned to Tajikistan to co-ordinate delivery of two more courses to 52 hospital-based participants in Dushanbe and Bokhtar; 21 medical students also sat in on parts of the Dushanbe course. This time, the training was provided by consultant cleft nurse specialist Trisha Bannister.

Four questionnaires were administered on courses, one of which took confidence ratings before and after the delivery of each course. Barriers to safe and appropriate feeding were also identified informally with participants during courses. Key findings included the following:

- Limited or non-existent access to feeding equipment, such as soft bottles or special cups.
- Sterilisation of feeding bottles is not routine.
- Participants reported poor growth and significantly delayed weaning for this client group.
- Mixed awareness of agreed procedures to follow after the birth of a child with CLP.
- Screening examination of the palate is not

currently routinely undertaken.

- Legal barriers; for example, healthcare professionals face a two-year prison sentence if breastfeeding is not promoted with newborns (this law aims to support UNICEF’s Baby Friendly Initiative).

- Confidence levels in respondents’ ability to explain what cleft is and give appropriate information were generally low before courses, and rose post-course for some participants. For example, in August 2018, when asked to rate their own confidence level on a scale of 1 to 10 in response to the statement ‘I can describe all different types of cleft that occur’ where 1=no confidence and 10=very confident, 12 out of 36 respondents rated themselves at 7 or above before the course. After the course, 41 out of 53 respondents rated themselves at 7 or above. The results for one of the two courses delivered in August 2017 were confounded as participants did not complete one particular pre-course questionnaire until after the course started. In May 2018, on the same measure, four out of 38 respondents rated themselves at 7 or above before the training course and 24 out of 39 rated themselves at 7 or above after the course. Some participants found completing the forms difficult.

- Views of disability by the general public in Tajikistan were mixed. There were high levels of agreement that children with CLP can develop self-help skills. Speech was acknowledged as a possible problem.

### Conclusion

With the support of the British Embassy in Dushanbe, a reception with a senior representative from the Tajik Ministry of Health was facilitated in August 2017, where Emma Southby was able to verbally raise several of our initial findings, which were acknowledged during this meeting.

In September 2018, our project funded the provision to Dr Kamp’s organisation of an information leaflet on safe and appropriate feeding for babies with unrepaired cleft lip and palate. This was written by Trisha Bannister and translated into Tajik and Russian.

I have written and submitted phase two proposals for both projects and I had the opportunity to discuss these with UNICEF in Dushanbe in May 2018. These aim to train Tajik healthcare professionals to deliver safe and appropriate training to other Tajiks in both areas. ■

**Helen Buxton, specialist SLT**

**Email: [helen.buxton2011@gmail.com](mailto:helen.buxton2011@gmail.com)**

**Twitter: @TherapyGold**

# FROM HOSPITAL TO HOME

IDDSI  
Compliant

**apetito**

Wiltshire Farm Foods is part of the apetito family, providers of award winning meals to hospitals. [apetito.co.uk](http://apetito.co.uk)

Pictured: Purée Petite Fish & Chips

Because our expertly prepared Softer Foods range of texture modified meals is available in hospital and at home, patients who have difficulty swallowing can always rely on the same safe, nutritious meals.

For more information or to book a free tasting session, visit [www.specialistnutrition.com](http://www.specialistnutrition.com) or call 0800 066 3702



OVER 80 DELICIOUS DISHES IN LEVELS 4, 5 & 6

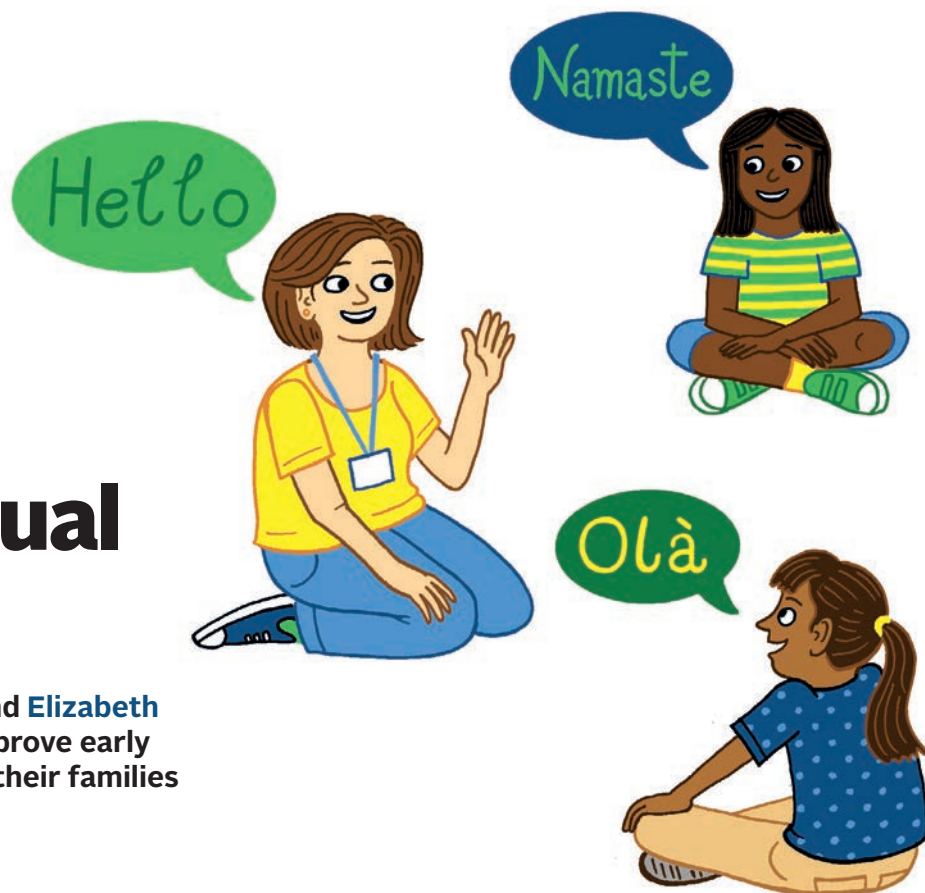
PROUD SUPPLIERS TO THE NHS

FREE FRIENDLY DELIVERY

**WILTSHIRE**

EST. **FARM** 1991

**FOODS**



# Being bilingual

**Janki Meghani, Melanie Packer and Elizabeth Roche** discuss their project to improve early support to bilingual children and their families

ILLUSTRATION BY Andy Robert Davies

**A**s preschool SLTs in South Warwickshire, we looked at ways to improve our service providing early support to bilingual children and their families.

In June 2016, *Time to talk* – a programme for supporting the development of young children’s speech, language and communication skills – obtained one-year funding from Smart Start Warwickshire County Council for our *Being bilingual chatter matters* project. Focusing on areas with the highest numbers of children whose first language was not English, we explored ways to share key messages with families and complete a dynamic assessment to enable us to identify bilingual children with language difficulty.

Dynamic assessment offers a systematic hierarchy of learning opportunities that can reveal underlying language abilities (Alony and Kozulin, 2007). The teach-test-retest approach also allows us to explore learning potential and predict therapy outcomes for the management of bilingual children, which static assessment does not always allow us to do.

## Project aims

We developed a *Bilingual chatter matters* pathway and *Being bilingual* diagnostic assessment group to improve access to speech and language therapy services for families of bilingual children aged 0–5. The pathway focused on supporting the development of the child’s first language (L1), and the acquisition of English (L2) by:

- empowering families to understand the importance of the role of L1 in the acquisition of L2;
- co-producing a programme with bilingual parents to enable us to promote speech and language development and to support minority communities;
- providing training for early years practitioners in bilingualism; and
- ensuring early identification, support and information is readily available for children with speech, language and communication needs (SLCN) in L1.

## Group activities

Two SLTs ran seven groups between September 2016 and April 2017. Each group ran at a local children’s centre on a weekly basis, for six weeks. Twenty-two boys and 15

girls attended, with ages ranging from 0 to 5 years.

The groups were based on the principles of our existing *Chatter matters* group, which helps parents to build quality interactions with their children through clear modelling and explanation of parent-child interaction strategies. Sessions encouraged the modelling of language and strategies through sharing books and during simple play activities. They also included singing specific songs to reinforce strategies, such as *Head, shoulders, knees and toes*, to encourage repetition. We encouraged parents to sing these songs to their children in their home language.

The group sessions ran in English and we shared a bilingual ‘tip of the week’ each session to encourage the use of the home language (see figure 1). We sang the ‘hello’

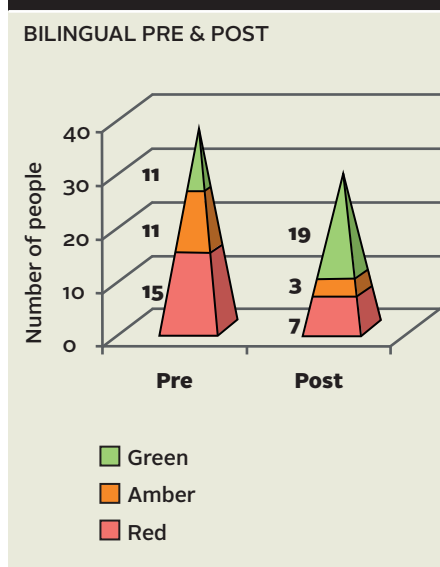
Figure 1: tips to encourage the use of home languages

WEEK	BILINGUAL FOCUS	STRATEGY
1	‘Speak to me in our home language, this will help me to feel included’	Being face-to-face
2	‘Speak to me in the language that feels most natural to you’	Joining in
3	‘Sing, talk, tell me stories in our home language, I love listening to these’	Simply talking to your child
4	‘Hearing our home language helps me to feel part of our family. I love to learn about our culture and traditions’	Talking slowly
5	‘I might switch between our home language and English. This feels natural to me’	Using simple language
6	‘Learning our home language will help me to learn English’	Using repetition





**Figure 2: level of support required for children attending the groups**



and ‘goodbye’ song to each child in their home language to include and celebrate the 13 different languages within the group. We also encouraged families to share cultural songs, poems or stories in their home language.

At the end of each session we gave strategy leaflets in English and, where possible, provided translated resources for the families, so they could continue to support language development at home and share information with the extended family. We identified Polish, Punjabi and Portuguese as the three dominant languages within our groups and across the county, and translated our resources to share with these families.

### Dynamic assessment

During the sessions, we made detailed clinical observations and undertook informal assessments using Derbyshire Language Scheme principles (Masidlover, 1979) to gather a baseline of core language skills of all the children attending. We also used a rating scale to identify the level of support each child in the group required. By the end of the first session we identified the level of support we felt the children required at this stage:

- **Red:** specialist support, i.e. referral to speech and language therapy
- **Amber:** targeted support, i.e. signposting to specific language enrichment groups run at the children’s centre
- **Green:** universal support, i.e. access to children’s centre groups

We monitored the children’s progress throughout by assessing key word understanding and gathering samples of

their expressive language. We then reviewed each child at week six and assigned a new rating (see figure 2 above).

### Results

After the group sessions the number of children initially identified as requiring a red level of support decreased by eight. An increase in one key word level understanding of the child in their home language and/or English was an example of informal assessment that enabled us to identify this. The group setting allowed us to gather enough information to ensure these children were not referred to speech and language therapy inappropriately.

Following the group we obtained parental feedback via a questionnaire at session one, prior to the group starting, and again at session six, using an interpreter if necessary. We analysed answers to questions around change in parents’ level of confidence to support their bilingual child, their hopes and expectations from the group, and whether or not these had been met. Evaluations from the 29 respondents showed 23 parents reported increased confidence, 26 felt confident to support their child in their home language, and 26 said they would recommend the group to other bilingual families.

### Challenges

Inconsistent attendance was one of the challenges during the project. To overcome this we altered the structure of our group to include a ‘settling in session’. This enabled us to build a rapport with families and explain the aims of the group. It also gave parents the

opportunity to ask questions and share their expectations. This helped to engage families and improved attendance. In our first group, seven families attended the first session, but only four attended all the sessions. In the following six groups nearly all of the families attended all of the sessions.

Another challenge we faced was that there was not one dominant second language in Warwickshire. The families attending our groups spoke a variety of languages, including Polish, Punjabi, Romanian, Portuguese, Mandarin and Latvian. This made it difficult to ensure we were providing an equitable service. For example, we could not translate all leaflets into all languages. We also found it difficult to translate evaluation forms and to feel confident parents fully understood the questions. In light of this, we identified the need for an interpreter for three families early on and gained parents’ permission to book this.

### Future plans

We would like to embed the *Being bilingual* pathway, including the dynamic assessment approach, into our core service. A comparison of the cost of providing the current service for bilingual preschool assessment with the cost of the new approach showed a cost-benefit ratio of 1.45. Therefore, it could be a more cost-effective way to run our service and ensure more appropriate referral and intervention for bilingual children.

In addition, we feel we need to continue to provide bilingual training and share the resources developed during the project with parents and practitioners. This will have a direct impact on reducing the number of inappropriate referrals, as well as increasing the appropriate signposting of children who require targeted support. ■

**Janki Meghani, Elizabeth Roche and Melanie Packer, SLTs, Time to Talk, South Warwickshire NHS Foundation Trust.**  
**Email: [janki.meghani@swft.nhs.uk](mailto:janki.meghani@swft.nhs.uk); [Elizabeth.roche@swft.nhs.uk](mailto:Elizabeth.roche@swft.nhs.uk)**  
**Twitter: [@nhsswft](https://twitter.com/nhsswft) @timetotalkwarks**

### References

Alony S, Kozulin A. (2007) Dynamic assessment of receptive language in children with Down syndrome. *International Journal of Speech-language Pathology*, 9(4), 323-331.

Diaz R, Klingler C. (1991) Towards an explanatory model of the interaction between bilingualism and cognitive development. In E. Bialystok (Ed) *Language processing in bilingual children* (pp. 167-192).

Masidlover M. (1979) The Derbyshire Language Scheme: Remedial teaching for language delayed children. *Child: Care, Health and Development* 5:1, 9-16.

# Special report: careers and diversity

As the RCSLT launches a new programme of work aimed at diversifying the profession and raising awareness of speech and language therapy as a career choice, *Bulletin* caught up with some of those who took part in the recent diversity workshop at RCSLT HQ



**Marian McCormick, principal lecturer, Canterbury Christ Church University and University of Greenwich; keynote speaker at the workshop**

The themes of recruitment and diversity have been central topics for research, action and debate within the profession for more than 10 years. The RCSLT's workshop on diversifying the profession, which took place in June, was an important next step, with representatives attending from across the profession to collectively address the challenge of how to raise awareness of speech and language therapy as a career choice for young people, and to explore the reasons why the profession does not reflect the diversity of the populations it serves. The importance of these issues was reflected in the volume of requests to attend the event and contribute towards finding solutions.

## Background

In my own career, I have been involved in the selection, recruitment and teaching on speech and language therapy pre-registration programmes at both undergraduate and postgraduate levels for more than 12 years. Wider access to speech and language therapy as a career is something that I feel very passionate

about. As part of a team, I have welcomed applicants from diverse backgrounds onto our programmes at Canterbury Christ Church University and the University of Greenwich and helped to support them through their pre-registration education, practice placements and transition to work, but there have often been challenges to overcome. Happily, most of the students have achieved their goal of qualification, and the narratives and experiences they have drawn on from meeting those challenges have also served to inform and enrich the learning experience for the wider student body, as well as the staff.

At the workshop, my role was to explore some of the reasons why speech and language therapy is little known as a profession among young people, and to stimulate discussion around how we might increase recognition and understanding of speech and language therapy as a career choice.

## Understanding

When it comes to understanding the changing needs and expectations of the younger population who are set to become our students and colleagues, the most established areas of research can be drawn from the marketing and business worlds. Three themes that emerged from this



literature provided a context for discussions on the day and opened up alternative ways of thinking about specific actions we could take to enhance perception and increase understanding of our profession among the young. The first was to move away from the



**“** As one of only five male students on the MSc Speech and Language therapy course at City, University of London, I was keen to explore why so few men join the profession. The diversity workshop not only gave me a chance to share my own experiences, but allowed us to discuss strategies aimed at improving awareness of the scientific and medical underpinnings of our role as healthcare professionals, enabling others to recognise speech and language therapy as a viable and rewarding profession, no matter what their gender, ethnic identity or social class. I'm proud to have been a part of the day and look forward to seeing the positive influence this has on future generations of SLTs. **”**

James Smithson, MSc student  
@SLTSmithson



to ask ourselves:

- What is the message or image we want to present about our profession?
- What is the most effective way of getting this message across to wider, more diverse groups of people for whom speech and language therapy may provide an exciting and fulfilling career choice?

Email: [marian.mccormick@canterbury.ac.uk](mailto:marian.mccormick@canterbury.ac.uk)



**Berenice Napier,  
RCSLT policy adviser**

What a day! From its outset, the RCSLT's London office was positively buzzing with conversation, debate, challenges and questions. Those who attended came along with the aim of helping to improve diversity within the profession and increase the appeal of speech and language therapy as a career choice to the next generation, and their passion was palpable.

Helping to frame our discussions was an introductory keynote from Marian McCormick (see opposite), who spoke about the most effective ways to promote the profession to those born between 1995 and 2010, otherwise known as Generation Z (spoiler: shorter attention spans means you have about eight seconds to hook them in, meaning we need to be smarter in how we promote the profession as a career choice to potential students).

The RCSLT also shared its understanding of the make-up of the current student SLT population, which is slightly more diverse than in the profession as a whole, but at the margins only and not in line with that of the wider student population (you can find gender, ethnicity and socio-economic data in our presentation from the day at:

[bit.ly/rcslttowardsadiverseprofession](http://bit.ly/rcslttowardsadiverseprofession))

Workshop participants responded with openness and honesty, sharing their understanding, expertise and experiences. The incidences of unconscious bias that some members cited were saddening to hear, but more than that, it raised the question as to whether the profession needs to reflect more on how its own culture is experienced by SLTs and service users alike. For example, there was consensus around the need for a more diverse range of images to reflect the profession, rather than the standard 'young white woman with a child' stereotype served up by image banks.

There was also reflection at the workshop on how the needs of diverse communities can be difficult to navigate for both students on placement and qualified SLTs, but it was felt this was something that could potentially be →



“ The RCSLT workshop on diversity was an exciting, refreshing and cathartic experience. Honest, open conversations were had about the lack of diversity in our profession at all levels. The day was full of therapists who felt compelled to exchange very intimate and personal challenges they have faced throughout their journey. Holding an event like this, which can usually make people uncomfortable, is a brave step in the right direction. It is clear that the RCSLT is motivated and keen to tackle issues faced by its members. Leaving the event I was filled with hope and strongly believe that the RCSLT is fully committed to champion change for all therapists. ”

Warda Farah, independent SLT and co-founder of Language Waves

A second theme was the importance of those contextual factors that can exert a huge influence upon potential career choices. When considering a complex topic such as diversity, it can be easy to focus on the personal or individual reasons around the decision to consider speech and language therapy as a career choice. However, the perceptions, aspirations and expectations within communities, and social and cultural groups, also have a large part to play in a young person's decision making. These may link to wider issues of collective identity, shared values, and financial considerations, which together can be powerful external motivators.

The final theme recognised that there are many individuals, communities, and social and cultural groups who have not come in contact with SLTs and know little about the scope of practice and structure of the profession. While there is a need to capitalise further on existing and traditional routes into the profession, there is also an urgent need to seek out new opportunities to work alongside socially and culturally diverse groups so that they can find out about speech and language therapy as a service, and thereby widen the appeal of our profession.

The main take-home message from the day was to do more of what we, as SLTs, are good at—that is, adapting our message to the listener's needs. In doing so, we would do well

idea of accessing the 'gatekeepers' to certain groups, and towards identifying their main 'influencers'. These are individuals who have a certain aspirational capital, or reputation with their audience, and who have built a following with which they actively and regularly engage; usually these individuals have a strong social media or cultural presence, and can both motivate change and affect opinion.

addressed in terms of community awareness initiatives to help address the gap in support that currently exists.

So what happens next? Well, we at the RCSLT need to translate all the energy and enthusiasm we witnessed on the day into driving positive change in the profession, and to do this we are going to need your help. Our plan is to set up different workstreams that will look at the detailed outputs from the day (which you can find at [bit.ly/rcslftowardsadiverseprofession](http://bit.ly/rcslftowardsadiverseprofession)), work out which projects to take forward and over what timeframe, then test what works locally and think about whether those projects can work at scale. We will need to be agile in evaluating what is making a difference and what is not, for those areas where we might see a more immediate outcome and those where a longer-term view is required. In the process, the profession will need to make an honest assessment of the changes that are required (culture and perception are not easy things to shift) but I have no doubt about the profession's willingness to try.

To get involved in our diversity work, please sign up to the Basecamp group on careers and diversity by emailing [hubs@rcslt.org](mailto:hubs@rcslt.org).

While there is still some distance to go before we will be able to realise the goal of a more diverse profession, as a result of the programme of work that the event helped to inform, we can say with certainty that the collective journey towards it is at least now underway.

.....  
**Email: [berenice.napier@rcslt.org](mailto:berenice.napier@rcslt.org)**



**Lauren Longhurst,  
RCSLT research and  
development officer**

My role as facilitator at the diversity workshop was easy, thanks to the excitement and enthusiasm of those at my table. Group discussions centred around careers promotion, with all of us drawing on personal experiences. What did we know about speech and language therapy before we decided it was the career path for us? Who helped us to find out more information about it? Where might there have been opportunities to become more informed about speech and language therapy as a career option in our younger lives? All our experiences were broadly in line with research: either we knew someone that had accessed speech and language therapy, or we had family members in healthcare professions, or we had stumbled across it accidentally.

When reflecting on our choices, we were struck by how the expectations of others had

influenced us and might have easily served to put us off. For example, one group member went to a 'high achieving' school and was told they should consider something 'more academic' than speech and language therapy. Another member of the group went to a school where expectations were much lower and was told that they'd never have the skills or knowledge to become an SLT. Careers advice was almost non-existent in some instances, unhelpful in others, while a couple of people around the table were the first in their families to attend university and had to explore degree options without anyone to guide them.

Some discussions were uncomfortable to hear. The path to qualification and beyond seemed fraught with barriers for people from diverse backgrounds. A lack of awareness and support at universities, during placements, and in the workplace was highlighted, and limited routes into the profession were also cited. Existing stereotypes were deemed unhelpful and a lack of diverse role models in career promotional materials was identified as a problem.

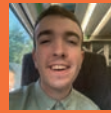
Many at our table spent the lunch period reflecting on their own experiences of supporting students and new therapists, and felt buoyed with how they could help to improve the experiences of others in the future.

In the afternoon, we moved onto action planning, where our group had so many ideas about how to tackle some of the issues discussed that our table was buried under a sea of post-it notes. Once we began discussing, sorting and prioritising our ideas, we were able to proudly present an action plan that each person in the group felt able to contribute to in some way. Priorities included making speech and language therapy more visible as a profession and improving access to quality careers advice.

One thing that kept coming up again and again was the requirement for the profession to step into the digital age with regards to technology and promotion. Stuffy leaflets in GP surgeries are not cutting it anymore, and we talked about reflecting diversity via 'Instagram influencers', on YouTube, and perhaps converting the successful #mySLTday Twitter campaign into a vlog (video blog) format.

Whilst there was very much a feeling of 'there's so much more to do' in the room, hopefully the enthusiasm will convert into some tangible actions and lead to us taking the next step towards a more diverse profession. ■

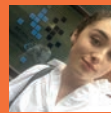
.....  
**Email: [lauren.longhurst@rcslt.org](mailto:lauren.longhurst@rcslt.org)**



*"I found the discussions and the whole day incredibly insightful! In particular, I took part in the group discussing gender, focusing mainly on getting more men into the profession. Not only do I feel as though I contributed well in all the discussions I took part in, I feel as though what has been said on promoting speech and language therapy to attract a younger audience will be taken forward, with the aim of achieving a diverse profession!"*

Jack Griffiths, student SLT

.....  
🐦 @JackGrifSLT



*"I attended the workshop with gender diversity in mind because, as students, we are all aware of the gender imbalances. I wanted to explore why we are a heavily female profession and what we can do to promote gender equality within our profession. It was a joy to see all the different groups, including ours, come up with solutions and action plans on the path towards a diverse profession. Moving forward, I will be focusing on promoting our profession in a more representative way and spreading awareness to the wider community, not just through schools, to encourage equality and diversity."*

Emily Dye, student SLT

.....  
🐦 @EmilyDyeSLT



*"There is still a lot to be done to promote speech and language therapy as a career to a diverse range of people, such as making sure careers advisers are more skilled-up. It was extremely motivating to share discussions with a range of students, professionals and academics. Learning from individuals about their route into speech and language therapy means that we can adapt, innovate and ultimately safeguard the future of our profession. As SLTs, communication is our superpower. Given our range of skills, I've no doubt we can do this, and I'm excited to see our profession becoming more reflective of the clients we support in the future."*

Carolina de Freitas, SLT NQP

.....  
🐦 @SLTCarolina





# Assessments you can trust.

For 70 years, the Hogrefe Publishing Group has shared your commitment to supporting children's development by publishing innovative psychological assessments that offer valid, reliable results.

With our range of clinical tests and training courses, we can offer speech and language therapists the potential to uncover the deepest facets of a child's abilities, helping them to grow and thrive.

**Find out more at [hogrefe.co.uk](https://hogrefe.co.uk)**

Hogrefe Ltd  
Tel. +44 (0)1865 797920  
[customersupport@hogrefe.co.uk](mailto:customersupport@hogrefe.co.uk)

[@hogrefeltd](https://twitter.com/hogrefeltd)  
[/company/hogrefe-ltd](https://www.linkedin.com/company/hogrefe-ltd)  
[/hogrefeltd](https://www.facebook.com/hogrefeltd)





# Amit Kulkarni

## Amit Kulkarni and colleagues reflect upon the EBP model and highlight the resources that can help support an EBP approach to practice

# Evidence-based practice made easy

**W**hile a focus on the evidence-based practice (EBP) approach is often to be found in the pages of *Bulletin*, the RCSLT continues to receive requests from members for even more information on EBP, as well as practical support to help members take an EBP approach.

### What is EBP?

Although notable figures such as Archie Cochrane arguably influenced the development of EBP, the model as we know it is typically attributed to the work of physician David Sackett and others during the 1990s. Designed to address the research-to-practice gap, the first versions of the model were largely focused on prompting clinicians (actually, just doctors at that time) to develop their understanding and use of scientific evidence (Sackett et al., 1996).

More recently the model has been challenged, culminating in its reframing by Trisha Greenhalgh et al., who launched

the *Campaign for Real Evidence-Based Medicine* (Greenhalgh et al., 2014). Greenhalgh, professor of primary health care at St Bartholomew's Hospital, along with others, felt that clinical care had become 'medicalised and bureaucratised'. The campaign was designed to put ethical, personalised care back at the heart of clinical practice, which, the authors argued, should be guided by the following six key principles:

- Evidence-based medicine should make the ethical care of the patient its top priority
- It should demand individualised evidence in a format that clinicians and patients can understand
- It should be characterised by expert judgment rather than mechanical rule-following
- Decisions should be shared with patients through meaningful conversations
- It should be built on a strong clinician-patient relationship and the human aspects of care
- Its principles should be applied at community level for evidence-based public health.

Perceptions of the EBP model within speech and language therapy have evolved in a similar way. In 2012, McCurtin and Roddam reflected upon perceptions of EBP in speech and language therapy, which had predominantly been focused on research evidence. The authors urged SLTs to weigh their own clinical expertise and their service user's preferences in the context of research evidence, to develop the most effective package of care for our complex clients given their individual circumstances.

Others have reflected further upon the EBP model in the speech and language therapy world and our complex relationship with it: for example Roulstone (2011) and Campbell and Douglas (2017). In an exploratory study of some SLTs' perceptions of the EBP approach published earlier this year, Butler (2019) concluded that EBP was "ever-present in speech and language therapy... its power circulated in a multitude of ways; disciplining, emboldening and troubling".

With this in mind, the RCSLT has implemented a number of initiatives to update members' understanding of the EBP model, and to remind you of the resources that exist to help you implement the approach. Our hope is that these recommendations and resources will help 'embolden' members to use what we feel is an empowering model of practice, which puts service users and SLTs at the heart of clinical practice.

### Recommendations and resources

The RCSLT supports the use of an evidence-based approach to practice, and encourages members to appraise research evidence using their clinical expertise, and interpret it in light of a patient's preferences and individual circumstances. This is especially important

given the complex nature of many of the populations we work with, and the limited but developing evidence base in many areas of speech and language therapy. Our website provides and signposts to numerous resources to support you in taking an evidence-based approach. The table opposite gives examples of some of the key resources in each area.

In addition, you can catch up on the RCSLT's *Easy EBP: resources to support you webinar* at [www.rcslt.org/webinars/ebp-webinar](http://www.rcslt.org/webinars/ebp-webinar) from earlier in the



# Research and Development Forum



ILLUSTRATION BY **Eliot Wyatt**

We have also been delivering EBP refresher workshops to members and would love to cascade these to more members still. If you are interested in this, please email [research@rcslt.org](mailto:research@rcslt.org) and we will share the resources with you and invite you to a training session.

### EBP as effective practice

While it is not essential that all SLTs are active producers of research, it is important that we are all active users of research (Culyer, 1995), and that we reflect upon this evidence alongside our unique, in-depth knowledge of our service users in order to plan, deliver and evaluate assessment and intervention that is as effective as possible.

We know accessing and appraising the evidence appears complicated and time consuming. We know everyone is busy, so taking the time to really reflect upon our practice is hard. And we know it is difficult to access feedback from our client group, who, after all, are often people with communication difficulties. However, we know that this is what makes our practice more effective, and is something that really matters. We have yet to meet an SLT who does not care about their client's communication and swallowing needs, and who doesn't go that extra mile to help them. We therefore need to recognise and appreciate that EBP should be integral to all clinical practice

year where we highlighted resources and heard from one of our research champions on how she developed her own EBP.

Area of EBP	Key resource	Where can I find it?
Scientific research evidence	<ul style="list-style-type: none"> <li>■ Journals library</li> <li>■ Research Under the Spotlight eLearning</li> </ul>	<a href="http://tinyurl.com/y98bxmoh">tinyurl.com/y98bxmoh</a> <a href="http://tinyurl.com/y4ynny6f">tinyurl.com/y4ynny6f</a>
Clinical expertise	<ul style="list-style-type: none"> <li>■ Clinical guidance</li> <li>■ Contacting a Clinical Adviser</li> </ul>	<a href="http://tinyurl.com/y4fhyq82">tinyurl.com/y4fhyq82</a> <a href="http://tinyurl.com/y4ltg6k9">tinyurl.com/y4ltg6k9</a>
Service user preferences	<ul style="list-style-type: none"> <li>■ Goal setting guidance</li> <li>■ Supported decision-making guidance</li> </ul>	<a href="http://tinyurl.com/y3r8ps95">tinyurl.com/y3r8ps95</a> <a href="http://tinyurl.com/y2wz3y7a">tinyurl.com/y2wz3y7a</a>

*“The RCSLT has implemented a number of initiatives to update members’ understanding of the EBP model...”*

and that it's not an optional 'add-on'.

Using the EBP approach is the best way to provide effective care, ensuring we use our clinical expertise to provide a service that is informed by the latest evidence and helps our clients achieve goals that truly mean something to them. Adopting an EBP mindset at the level of the individual practitioner and the team is essential if we are to achieve our mission of enabling better lives for people with communication and swallowing needs. ■

**Amit Kulkarni, RCSLT research manager**

Email: [amit.kulkarni@rcslt.org](mailto:amit.kulkarni@rcslt.org)

**Katie Chadd, RCSLT research officer**

Email: [katie.chadd@rcslt.org](mailto:katie.chadd@rcslt.org)

**Dr. Hazel Roddam, reader in allied health practice, University of Central Lancashire**

Email: [HRoddam@uclan.ac.uk](mailto:HRoddam@uclan.ac.uk)

Twitter: [@HazelRoddaml](https://twitter.com/HazelRoddaml)

**Anna Sowerbutts, highly specialist SLT, NIHR predoctoral clinical academic fellow**

Twitter: [@pinchof\\_SaLT](https://twitter.com/pinchof_SaLT)



### References

Butler, C. (2019). Working the 'wise' in speech and language therapy: Evidence-based practice, biopolitics and 'pastoral labour'. *Social Science & Medicine*, 230, 1-8.

Campbell, W. N. & Douglas, N. F. (2017). Supporting evidence-based practice in speech-language pathology: A review of implementation strategies for promoting health professional behavior change. *Evidence-based Communication Assessment and Intervention*, 11 (3-4), 72-81.

Culyer, A. J. (1995). Supporting research and development in the National Health Service: report of a meeting of the 1942 club, January 1995. *Journal of the Royal College of Physicians of London*, 29 (3), 216-225.

Greenhalgh, T., Howick, K., & Maskrey, N. (2014). Evidence-based medicine: a movement in crisis? *BMJ*, 348, g3725.

McCurtin, A. & Roddam, H. (2012). Evidence-based practice: SLTs under siege or opportunity for growth? The use and nature of research evidence in the profession. *International Journal of Language and Communication Disorders*, 47 (1), 11-26.

Roulstone, S. (2011). Evidence, expertise, and patient preference in speech-language pathology. *International Journal of Speech-Language Pathology*, 13 (1), 43-48.

Sackett, D., Rosenberg, W. M., Gray, J. A., Haynes, R.B. & Richardson, W. S. (1996). Evidence-based medicine: what it is and what it isn't. *BMJ*, 312 (7023), 71-72.

Steglitz, J., Warnick, J., Hoffman, S. A., Johnston, W. D. (2015). Evidence-based Practice. In Wight, J. D. (Ed), *International Encyclopedia of the Social & Behavioral Sciences*, (2nd ed). Amsterdam: Elsevier.

# REFRESHING NEWS

## FOR PATIENTS WITH DYSPHAGIA



New Nutrilis Complete with **cooling sensation** ensures a more **refreshing mouth sensation** by introducing two new flavours:



✓ LEMON TEA

✓ MANGO PASSION FRUIT

This information is intended for healthcare professionals only.

Nutrilis Complete is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision.

**NUTRICIA**  
Advanced Medical Nutrition





## Our monthly look at the latest in published research

# In the journals

To review an article or suggest an article for review, email [katie.chadd@rcslt.org](mailto:katie.chadd@rcslt.org)

### DLD and emotional difficulties

This study looked at whether developmental trajectories of peer problems and emotional difficulties run in parallel for children with developmental language disorder (DLD).

Data on emotional difficulties and peer relations of 168 students with DLD from 7–16 years old was taken from the Manchester Language Study. The authors measured participants’ emotional difficulties, prosociality, peer problems and language skills using standardised assessments and questionnaires over time. Parental mental health was also measured.

The findings indicated five distinct trajectory patterns: (1) low levels of problems in both throughout; (2) childhood onset and persistent problems in both; (3) adolescent onset in both; (4) low levels of emotional difficulties throughout, but increasing peer problems; and (5) emotional difficulties in childhood and resolving in adolescence, while relatively low peer problems throughout.

For about half the sample, the trajectories run in parallel (patterns 1, 2 and 3). Pragmatic difficulties, prosociality, and parental mental health showed a significant main effect on trajectory pattern.

The authors comment: “The fact that over half of the sample showed parallel trajectories in emotional and peer domains suggests that diagnosis and monitoring of children with DLD should include examination of much more than language skill.”

**Mia Travlos, specialist SLT, Greenshaw High School**

#### Reference

Conti-Ramsden, G., Mok, P., Durkin, K., Pickles, A., Toseeb U. & Botting, N. (2018). Do emotional difficulties and peer problems occur together from childhood to adolescence? The case of children with a history of developmental language disorder (DLD). *European Child & Adolescent Psychiatry*, 1-12. doi.org/10.1007/s00787-018-1261-6

### Goal Attainment Scaling in TBI

This study provides preliminary support for Goal Attainment Scaling (GAS) as an outcome measure for social communication impairment following traumatic brain injury (TBI).

Seven participants were assessed using the GAS, Profile of Pragmatic Impairment in Communication (PPIC) and The Latrobe Communication Questionnaire (LCQ) before and after a novel eight-week therapy intervention for social communication skill impairment.

Participants completed assessment tasks prior to and following participation in the intervention programme. GAS and PPIC were completed by an SLT, while the LCQ was based on self-report by the participants with TBI. GAS was considered adaptable to goals relevant to social communication impairment and could identify areas in which the participants, their clinicians and significant others saw need for improvement.

The authors state: “It appears that at least clinically, GAS was useful in the selection of goals and assessment of therapy outcomes, and in this sample was a more sensitive measure than the PPIC and LCQ. GAS was able to measure change in meaningful goals which were identified through discussions about communication in all contexts.”

**Dr Tammy Davidson Thompson, principal SLT, Colman Centre for Specialist Rehabilitation, Norwich**

#### Reference

Finch, E., Copley, A., McLisky, M., Cornwell, P. L., Fleming, J. M., & Doig, E. (2019). Can goal attainment scaling (GAS) accurately identify changes in social communication impairments following TBI? *Speech, Language and Hearing*, 1-12.

### Community dysphagia care

This study looked at dysphagia care by SLTs in the community setting. The study indicates that further research into what clients and caregivers require from community-based services is needed.

Participants were recruited through an open invitation. An online survey, consisting of 47 questions, took participants 15 minutes to complete. The survey results reported on SLT service characteristics and policies, caseload, management and collaboration practices, reporting, outcome measures and service strengths and challenges.

A total of 144 clinician responses were included in the analysis. The study found that individual sessions were the main delivery method, with 80% occurring in the clients’ homes. Half of the clinicians had to refer to other services for instrumental management due to unavailability.

Assessment and rehabilitation services were often provided, however only 28.5% used formal outcome or quality of life measures. Social participation or client wellbeing was not always incorporated and 43.8% acknowledged access to support/ social groups.

The study highlights that community dysphagia care appears largely biomedical, similarly to the acute setting. The authors write, “This may not be optimal care for clients with dysphagia who live at home”.

**Charlotte Moore, SLT, EG Training Speech and Language Therapy**

#### Reference

Howells, S., Cornwell, P., Ward, E., & Kuipers, P. (2019). Understanding dysphagia care in the community setting. *Dysphagia*, 1-11. doi: 10.1007/s00455-018-09971-8.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not offer a critical appraisal. If you find any of these interesting, follow them up and apply your own critical appraisal.

## SEPTEMBER CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to [bulletin@rcslt.org](mailto:bulletin@rcslt.org) by 1 October for the November issue and 1 November for December's. To find out more about RCSLT CENs, visit: [tinyurl.com/CENsatRCSLT](http://tinyurl.com/CENsatRCSLT)

#### South West and Wales Dementia CEN

**9 September**

Venue: Cardiff Met University, Llandaff Campus. To include 'The VOICE Study', the development and testing of a communication skills training intervention for healthcare professionals caring for people with dementia in acute hospitals, with Rebecca O'Brien, and an RCSLT policy update. Free for current members, or £10 on the day. Email: [kearing@cardiffmet.ac.uk](mailto:kearing@cardiffmet.ac.uk)

#### Trent Dysphagia CEN

**12 September, 9am – 4.30pm**

Venue: Chesterfield Royal Hospital's Education Centre. The day will include presentations, case studies and discussions on the McNeill Dysphagia Therapy Programme and functional neurological disorders including functional dysphagia from a psychotherapy/SLT perspective. Light lunch and refreshments provided. Cost: £10. Email: [trentdysphagiacen@outlook.com](mailto:trentdysphagiacen@outlook.com)

#### Yorkshire Dysfluency CEN

**18 September 9.30am – 12.30pm**

Venue: The Reginald Centre, 263 Chapeltown Road, Chapeltown, Leeds, LS7 3EX. Contact: 0113 8434331.

#### North East Deafness/Hearing Loss CEN Study Day

**25 September, 9.30am – 3pm**

A day on collaborative working, for SLTs and teachers of the deaf (TODs). Topics: RCSLT and BATOD guidance for collaborative working between TODs and SLTs; collaborative working between HI service and a cochlear implant programme; collaborative working practices in inclusive mainstream deaf education. Venue: The Glebe Centre, Murton, County Durham. Cost: members £15; non-members £35. Includes lunch and refreshments. Email: [p.welsh@percyhedley.org.uk](mailto:p.welsh@percyhedley.org.uk)

#### CEN for SLTs with an interest in ABA

**27 September, 9am – 5pm**

An overview of standardised and non-standardised assessments used by SLTs in a variety of SLCN domains for both SLTs and behaviour analysts. Venue: Inscape School Together Trust, Cheadle, Manchester. Cost: members £10; non-members £20. Contact [bethan.mair@tiscali.co.uk](mailto:bethan.mair@tiscali.co.uk) for further details and to book a place.

#### Children who have Social Emotional and Mental Health Needs CEN (SE)

**27 September, 9.30am – 3.30pm**

Venue: Universities at Medway. This is a participant-led day discussing current projects, recent research, issues raised from practice, looking after yourself and feedback from trainings. Please bring assessments/resources/interventions to share. Email: [marian.mccormick@canterbury.ac.uk](mailto:marian.mccormick@canterbury.ac.uk) to book a place and get further details.

#### New London and South East CEN for SLTAs

**30 September**

A new CEN for SLTAs working with adults in a variety of settings. We are keen for new members to join. There is no membership fee and we aim to meet twice a year. Meeting to be held at Wycombe General Hospital. Previous meetings have included speakers from the RCSLT and music therapy, and topics have included aphasia, apraxia and dysphagia. If you are an SLTA or work with someone who might be interested in joining, email [clare.curtis2@nhs.net](mailto:clare.curtis2@nhs.net) for more information.

#### Trent Voice CEN

**3 October**

New to Voice Study Day. Venue: Rotherham General Hospital. Offering practical skills for therapists who are completely new to voice or those returning to the field of voice disorders. Cost: non-members £50 (includes automatic membership); members £40. Email: [TrentvoiceCEN@outlook.com](mailto:TrentvoiceCEN@outlook.com)

#### Wales Voice CEN

**3-4 October**

The Wales Voice CEN is excited to be hosting internationally renowned voice experts Dr Gillyanne Kayes and Jeremy Fisher of Vocal Process, who will be delivering a 2-day course primarily aimed at SLTs. Lunch and refreshments will be provided. Venue: The Media Resource Centre, Oxford Road, Llandrindod Wells, LD1 6AH. Cost: £250. Email: [joanne.fletcher@wales.nhs.uk](mailto:joanne.fletcher@wales.nhs.uk)

#### Adult Acquired Dysphagia CEN

**11 October, 9.30am – 4.30pm**

'Linking Hospital and Home – Innovation in the Dysphagia Management Pathway'. A study day exploring the interlink between acute and community SLT dysphagia services. Venue: Burrell Street Auditorium, SE1 0UN. Cost: £20. Visit: [bit.ly/33x6Ymo](http://bit.ly/33x6Ymo); email: [trhfn.contactcenaad@nhs.net](mailto:trhfn.contactcenaad@nhs.net)

#### MSI/VI CEN

**14 October, 9.30am – 4pm**

Venue: RNIB, Judd Street, London. Speakers: Steve Rose, Caireen Sutherland, others tbc. Email: [m svi.cen@gmail.com](mailto:m svi.cen@gmail.com)

#### East Midlands Progressive Neurology CEN

**14 October, 9.30am – 4pm**

Perspectives on 'Risk Feeding': What should best practice look like? Expert speakers with an opportunity to be part of the current conversations surrounding this complex and controversial topic. Location: Nottingham (tbc). Cost: £20. Email: [ian.dunn1@nhs.net](mailto:ian.dunn1@nhs.net)

#### Adults with Autism Spectrum Conditions CEN

**24 October**

Topics include positive behavioural support, long-term segregation, interventions, pre- and post-diagnostic issues and a presentation by a service user. For more information, email: [heidi.keeling@nottshc.nhs.uk](mailto:heidi.keeling@nottshc.nhs.uk)

#### Dementia and Mental Health of Older Adults CEN

**5 November, 9.30am – 4.30pm**

Venue: RCSLT, 2-3 White Hart Yard, London SE1 1NX. Programme to include: Dr Aida Suarez, providing an update and overview of dementia; Delia Bishara, discussing medication in dementia; Dr Paul Shotbolt, providing an overview on functional neurological disorders; and Caroline Barnett, on speech, language and swallowing in functional neurological disorders. Cost: members/students £15; non-members £25. Email: [dmhcn@gmail.com](mailto:dmhcn@gmail.com) for more information and to book your place. Visit: [www.dementiamentalhealthcen.com](http://www.dementiamentalhealthcen.com)

#### London Adult Neuro CEN Study Day

**5 November**

Motor Speech Disorders Study Day. Talks from Jodi Allen (approaches to assessment and differential diagnosis), Steven Bloch (an insight into conversation and interaction work in MSDs), Richard Cave (advances in technology), and Claire Mitchell and Annette Dancer (research updates from an SLT and patient perspective). Venue: Resource for London, Holloway, N7 6PA. Cost: £30, students £10. See eventbrite link on website for tickets: [londonadultneurocen.weebly.com](http://londonadultneurocen.weebly.com)

#### Surrey DLD CEN

**6 November, 2–5pm**

Venue: The Eden Centre, Edenbridge, TN8 6BY. Speaker: Stuart Lane, integrative child psychotherapist, on 'Key Factors in Emotional Regulation for Children and Teenagers with DLD'. There will also be time for participant-led conference feedback. Cost: free to 2019 members; non-members £10. Booking via email: [DLDcen@moorhouseschool.co.uk](mailto:DLDcen@moorhouseschool.co.uk)

#### TRACHE CEN

**6 November**

Trache CEN is delighted to announce the study day, 'SLT service provision in tracheostomies: where are we now, where are we going?'. Presentations will include a national survey of SLT service provision to critical care, a systematic review of dysphagia interventions in critical care, review of GPICS and case studies. Venue: Ponds Forge, Sheffield. Cost: £20 (incl. tea/coffee/lunch). Tickets via Eventbrite: [tinyurl.com/jygzehz](http://tinyurl.com/jygzehz)

#### West Midlands AAC CEN

**6 November**

Venue: West Midlands Rehabilitation Centre, 91 Oak Tree Lane, Selly Oak, Birmingham. B29 6JA. This CEN would be of interest to people working with clients with developmental AAC needs, e.g. children and adults with a learning disability, plus people with acquired brain injury and complex needs/emerging skills. Email: [valentina.osborne@nhs.net](mailto:valentina.osborne@nhs.net). Cost: membership for one year (three meetings) £5; meetings free for members.

**Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: [venuehire@rcslt.org](mailto:venuehire@rcslt.org)**

**South East CEN in Deafness**

**14 November, 9.30am – 4.30pm**

Music interventions for deafness and complex needs. Venue: University Building, City, University of London, EC1V OHB. Refreshments provided. Registration from 9am. Annual membership (from April) cost £15, covers two meetings; non-members £10 per meeting; concessions £5. Email: [rebecca.devyea@nhs.net](mailto:rebecca.devyea@nhs.net) and [kalifa.coleman-best@leadinglearningtrust.org](mailto:kalifa.coleman-best@leadinglearningtrust.org)

**South West Brain Injury CEN**

**14 November, 10am – 4pm**

Theme: Looking after our own wellbeing: Self-care for SLTs working with adults with brain injury and their families. Cost: £20. Tickets via Eventbrite: [bit.ly/2YIDoew](https://bit.ly/2YIDoew). Venue: Frenchay Brain Injury Rehabilitation Centre, Bristol.

Agenda to be advertised on Basecamp, will include sessions on compassion focused therapy led by Dr Steph Davis, clinical psychologist, and a group reflective session providing an opportunity to reflect on emotional aspects of our work, led by Lucie Rochfort, specialist SLT. Email: [sarah.gibbin@nbt.nhs.uk](mailto:sarah.gibbin@nbt.nhs.uk). Bookings essential.

**SplD CEN Conference**

**15 November, 8.30am – 4.30pm**

Save the date. Topic: communication and mental health. Speakers include Maggie Johnson on selective mutism; Judy Bartowiak on uses and benefits of NLP; Nicola Harvey on mindfulness; and photographer Joe James on living with autism. Venue: Caledonian Club, 9 Halkin Street, London SW1X 7D. Cost: £110. Contact: [spldsiglondon@gmail.com](mailto:spldsiglondon@gmail.com)

**Cleft Lip and Palate CEN**

**22 November**

Venue: Birmingham Children's Hospital. Follows an early yearscheme. Cost: Earlybird fee (CEN members) £35 (until 18 October); regular fee £40; non-members £55. For further information on study day or becoming a CEN member, visit: [www.cleftsig.co.uk](http://www.cleftsig.co.uk)



## HIRE AN AFFORDABLE VENUE CLOSE TO LONDON BRIDGE

The RCSLT is the perfect solution to your room hire needs. We offer a contemporary, affordable meeting space with the flexibility to be set-up in a range of layouts.

### WHY HIRE AT THE RCSLT?

The venue is ideal for seminars, training sessions, conferences and meetings. Our ground floor rooms have natural daylight, amazing audio-visual equipment and breakout areas for delegates to relax and network between sessions.

With a dedicated events team, we will ensure your event runs smoothly. Special rates for CENs/SIGs and members with businesses.

**For further details visit [www.rcslt.org/about/RCSLT\\_venue\\_hire/](http://www.rcslt.org/about/RCSLT_venue_hire/) Introduction**



25-26 September 2019

## IMPROVING QUALITY IN SPEECH AND LANGUAGE THERAPY

EVERYONE'S BUSINESS

# LAST CHANCE TO BOOK

Join us at the largest gathering of RCSLT members in the UK  
for an unmissable two days of CPD and networking

This year's event will explore *Improving quality in speech and language therapy: Everyone's business* and will showcase the latest in research and service delivery innovations.

This two-day event will feature oral and poster presentations, workshops, parallel and plenary sessions and keynote speakers with topics covering a wide range of adult and

child specialisms. The popular 'brag and steal' presentations will be back, highlighting how research evidence is being applied in clinical practice.

Whether you work in research, are a clinical practitioner, or just starting out in your career as an SLT, the RCSLT Conference 2019 will include something for you!

### CONFERENCE THEMES

- ✓ New evidence for quality clinical practice
- ✓ Approaches to improvement: Quality Improvement, Improvement Science and Implementation Science
- ✓ Co-production of clinical services and research
- ✓ Collaboration, integrated service delivery and the value-added of speech and language therapy
- ✓ Leadership across the profession at all levels (clinical leadership, academic/clinical academic leadership, and management)
- ✓ Extended scope and advanced clinical practice: Responding to developments in the healthcare landscape

#RCSLT2019

### BOOK YOUR PLACE NOW

Delegate fees		
RCSLT member	£210 (£175 +VAT)	£298 (£248.33 +VAT)
Non-member	£260 (£216.67 +VAT)	£348 (£290 +VAT)

Delegate fees include refreshments, lunch and materials. Terms and conditions apply.



Sponsored by

WILTSHIRE

EST. FARM 1991

FOODS

Bulletin remembers those who have dedicated their careers to speech and language therapy

# Obituary

REMEMBERING

## Claire Morton

1987–2019



Having graduated from Birmingham City University in 2008, Claire returned to her home county to undertake her first role at Peterborough and Stamford Hospitals NHS Foundation Trust, where she worked until 2010 with adults with acquired and progressive neurological conditions.

During this time, Claire developed a passion for supporting the rehabilitation of those with highly complex communication and/or swallowing needs as a result of acquired brain injury. She was delighted when a job became available at The Brain Injury Rehabilitation Trust, having learnt so much during a clinical placement there as a student. At her beloved 'Fen House', a residential rehabilitation centre for adults, Claire really enjoyed her community-based, functional therapy sessions at local cafés, supermarkets and banks, often working as the sole SLT within her interdisciplinary team. Her colleague and best friend Sarah Dybiec, an occupational therapist, recalls the success Claire felt when two of their shared clients successfully achieved an executive function goal of planning, organising and navigating a trip to London's Science Museum, using the train and underground.

Claire's career progressed rapidly, reflecting her hardworking, enthusiastic and kind nature. Her year at West Suffolk NHS Foundation Trust saw Claire work with inpatient and outpatient caseloads for stroke, acute medicine, medicine for the elderly and progressive neurological conditions, as well

as developing skills in videofluoroscopy. Whilst at Cambridge University Hospital NHS Foundation Trust, Claire worked with adults with brain and spinal cord injuries via the acute trauma pathway. She acted as an advocate for these patients who often had tracheostomies and were in states of low arousal, working closely with her multidisciplinary colleagues to complete mental capacity assessments and make best-interest decisions.

Claire's extensive knowledge of brain injury rehabilitation led her to work with children with acquired brain injury at the Cambridge Centre for Paediatric Neuropsychological Rehabilitation, and during this time she worked with researchers to develop a student version of the Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES).

Despite the often devastatingly traumatic nature of Claire's work, she always spoke about her clinical world with such excitement. We feel the nature of her work made her appreciate the simple things in life, like pottering in her garden and feeling the sun on her face.

As well as her cherished time with her patients and their families, Claire was always involved in service evaluation and development, educating others about the communication and swallowing difficulties that people with acquired brain injury face. This led her to complete a National Institute for Health Research-funded MSc

in Clinical Research at the University of East Anglia, alongside her clinical work, for which she gained a distinction. She proudly presented her work at the British Society of Rehabilitation Medicine Conference in 2017 and the Academic and Clinical Symposium in Cognitive-Communication Disorders in 2018. An abstract of her research was recently accepted as part of the University's Health Sciences Festival and she guest lectured at the University in 2019.

Claire's last clinical roles saw her work for the Evelyn Community Head Injury Service in Cambridge and return to Fen House, the residential rehabilitation centre, which had been part of her life and her heart since she was a student.

Claire died unexpectedly in April 2019 and whilst her husband, daughter, parents, sister, friends and colleagues mourn her passing, they celebrate her amazing professional achievements, her caring, thoughtful and fun nature, and hold close their wonderful memories of her.

Due to the multidisciplinary nature of the field and Claire's far-reaching accomplishments, we think it is highly likely that many professionals in the world of brain injury and rehabilitation will remember Claire, and we hope that her beloved patients and their families remember this remarkable therapist too.

.....  
**Keri Murphy and Rachael Davies, friends and SLTs**



## Maximize the early language outcomes of all children



Workshop space is limited! Register today.

Language Delay - It Takes Two to Talk® workshop  
London, England ..... Nov 27-29, 2019

Autism - More Than Words®  
London, England ..... Dec 17-19, 2019

[www.hanen.org/workshop-schedule](http://www.hanen.org/workshop-schedule)

## Complete Video Library Now Online!



### StutteringHelp.org/Streaming

- 50+ titles
- Works on smart phones, tablets and computers
- Instant access
- No software to download
- No DVD drive required
- Great for college classrooms and take-home assignments
- Use in workshops
- No expiration



## Overcoming language barriers regardless of age or background



Improve children and young people's ability to express their thoughts and feelings with the Clinical Evaluation of Language Fundamentals (CELF) range of comprehensive tools. Designed to assess expressive and receptive language, language content, structure and memory.

Order your CELF assessment today  
[Pearsonclinical.co.uk/CELF](http://Pearsonclinical.co.uk/CELF)



A0738

## WOULD YOU LIKE TO ADVERTISE HERE ?

To place an advertisement please contact:

**020 7324 2777** or  
**[rcsltjobs@redactive.co.uk](mailto:rcsltjobs@redactive.co.uk)**



**bulletin**



**Linden Lodge School**

A Specialist Sensory & Physical College

Linden Lodge is a leading provider of specialist education for young people 2 – 19 years with sensory-impairment and highly complex needs. We are developing an integrated therapy team to ensure high quality, evidence based therapies are a core part of the school. SLTs work closely with Physio and OT colleagues to ensure students' are able to meet their goals for education and wider life.

This is an opportunity for Speech and Language Therapists who are passionate about transforming young peoples' lives, promoting independence and wish to develop their career in a Special School setting.

A role in our school offers the opportunity to develop highly specialised skills and expertise. A dedicated therapies CPD budget supports staff to develop in the areas most beneficial to our students. There is also opportunity to provide training and workshops and to be research active.

Our three acre campus in offers fabulous facilities to support learning, including a multi-sensory hydrotherapy pool, swimming pool, adapted kitchen, ground-level trampolines, sensory rooms, ball pools, a variety of outdoor play environments and gardens.

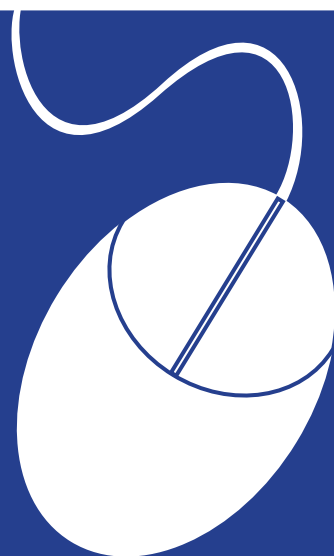
We have opportunities for appropriately experienced Speech and Language Therapists at bands band 6, 7 and 8a including term-time and part-time.

Please contact us for further details at [therapy.recruitment@lindenlodge.wandsworth.sch.uk](mailto:therapy.recruitment@lindenlodge.wandsworth.sch.uk) or phone **020 8788 0107**



## Keep in touch with your RCSLT online

Visit [www.rcslt.org](http://www.rcslt.org) and follow the links



# Heard any good jokes lately?

Voice Box is a UK-wide joke competition for mainstream and special primary schools.

Run by the RCSLT, the competition is aimed at building confidence, supporting children's communication skills and raising awareness that some children need additional specialist help to speak or understand what is being said to them.



The Voice Box competition in England, Scotland and Northern Ireland runs 1 October – 29 November 2019.

If you would like to get your local primary schools involved, visit: <http://bit.ly/2XaD97n>



The Voice Box competition in Wales runs 5 September - 20 December 2019.

If you would like to get your local primary schools involved, visit: <http://bit.ly/2XaD97n>







# Steven Bloch

**OCCUPATION:** ASSOCIATE PROFESSOR, UNIVERSITY COLLEGE LONDON; EDITOR-IN-CHIEF, INTERNATIONAL JOURNAL OF LANGUAGE AND COMMUNICATION DISORDERS

*“In my current role I am responsible for the content, development and profile of the IJLCD”*



It is bizarre to think that as an SLT, back in 1994, I was offered the chance to edit my NHS Trust’s newsletter. I can’t say that I had much editorial freedom in the role then, but it did give me the chance to dip my toes into the murky waters of journalism, albeit on a very local level. My very first headline? A rather racy, *Let’s talk about sex: an interview with the Worthing district sexual health nursing team.*

Fast forward to 2010. I was looking for new opportunities to support my academic career, when I took a deep breath and knocked on Katerina Hilari’s door (editor in chief, at the time, of the *IJLCD*). I dread to think what impression I created but I’d obviously chosen the right time as an opportunity soon arose for an associate editor on the journal, which I was happy to accept. Three years later, Katerina stood down and I applied for her job.

In my current role as editor-in-chief I am responsible, together with Dr Cristina McKean, for the content, development and profile of the *IJLCD*. It sits quite happily alongside my day job at University College London. On a day-to-day level, the role comprises two activities. The first is editing itself. Each week authors from around the world (we received 220 submissions from more than 30 countries in 2018) submit their work for consideration. Each submission has already been screened in our editorial office to ensure it is broadly relevant to the journal. I then read the ‘acquired’ papers and decide whether they



are suitable for peer review. Rejections are never easy, knowing how much work has gone into writing a paper in the first place. If a submission looks viable then I approach two peer reviewers. Finding suitable reviewers can be a challenge – particularly if the paper’s topic is unusual – but we always get there in the end. Once the reviews have been returned I make a decision as to whether to reject, accept or revise. This depends on the reviews but also my own judgement as to what will be a good paper. Once a paper is accepted it gets sent off for production. The publishers deal with the proofing and type-setting to ensure the work is ready for printing. It really is a joy to see papers in their final polished state.

The second activity is managing the

journal itself. Cristina and I have a wonderful team of associate editors: Paul Conroy, Sarah Spencer and Natalie Munro. We liaise regularly to problem solve and support each other. The *IJLCD* works so well largely due to the commitment and skill of the team. In addition there are two key organisations we work with: the RCSLT and Wiley publishers. *IJLCD* is the official journal of the RCSLT and we have regular contact with Amit Kulkarni, RCSLT research manager, to ensure the journal continues to evolve in line with broader professional issues. In addition, I should also mention the *IJLCD* Annual Lecture (see write-up on p7) – an event that takes a reasonable amount of organisation but is just such a great experience. Pam Enderby was just perfect as keynote speaker this year.

How on earth did I end up editing the *IJLCD*? Some luck, tenacity and the ability to prioritise, but also the fact that I recognise the value of peer-reviewed research. After nine years at the *IJLCD* I’ll soon be standing down as editor-in-chief. I shall miss the team so much, but I’m secure in the knowledge that the journal will continue to represent the values and standards our profession is so proud of. It has been such a pleasure and honour to hold this role. ■

.....  
@steven\_bloch and @ijlcd

## QUICK LOOK DATES

### Various dates

#### Treating Dysphagia with Ampcare's Effective Swallowing Protocol

Venue: St George's Hospital London, Saturday 14 September; Oulton Hall, Leeds, Monday 16 September.  
Cost: £150, Training plus kit £774.  
Email: agm@kapitex.com;  
tel: 01937 580211.

### Various dates, Worcestershire

#### ARCOS

ARCOS (Association for Rehabilitation of Communication & Oral Skills). One-day courses, £130: FOTT Study Day, 14 September; Moves to Swallow, 18 November; Making the most of Mealtimes, 9 December. Five-day two-part course, £625; (part 1) 18-20 May 2020; (part 2) 6-7 July 2020; (part 1) 14-16 September 2020; (part 2) 16-17 November 2020.  
Email: admin@arcos.org.uk;  
tel: 01684 576795.

### Various dates

#### Elklan Total Training Package for 11-16s

18-19 November 2019, RCSLT, London; 4-5 March 2020, Holiday Inn Media City, Salford; 10-11 June 2020, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495.  
Tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### Various dates

#### Elklan Total Training Package for 3-5s

With optional TTP for 0-3s. 20-21 November 2019 RCSLT, London (3-5s); 22 November (0-3s); 4-5 March 2020 Holiday Inn Media City; Salford (3-5s) 6 March; (0-3s) 10-11 June 2020 RCSLT, London; (3-5s) 12 June (0-3s) Equipping SLTs and EY advisors to provide accredited training to Early Years staff. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices excluding VAT. Tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### Various dates

#### Elklan Let's Talk with Under 5s Training Pack

22 November 2019, RCSLT London; 3 March 2020, Holiday Inn Media City, Salford. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT.  
Tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### Various dates

#### Elklan Total Training Package for Verbal Pupils with ASD

2-3 March 2020, Holiday Inn Media City, Salford; 8-9 June 2020, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs. Cost: £495 excluding VAT. Tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### Various dates

#### Elklan Total Training Package for 5-11s

18-19 November 2019 RCSLT, London; 7-8 January 2020 RCSLT, London 2-3 March 2020 Holiday Inn Media City, Salford; 8-9 June 2020 RCSLT, London. Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

### Various dates

#### Elklan Let's Talk with 5-11s Training Pack

22 November 2019, RCSLT London; 3 March 2020, Holiday Inn Media City, Salford. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### 19 September

#### Speech & Language Profiles of Children with Neurodevelopmental Conditions: Autism, Epilepsy and Co-morbidities

New study day by neurodisability SLTs at Great Ormond Street Hospital. For SLTs working with children in early years, mainstream and specialist settings. 9.30am-5pm.  
Email: Juliet.leigh@gosh.nhs.uk

### 2 October, RCSLT London

#### ASLTIP: setting up in independent practice

ASLTIP highlights what to consider when setting up your own independent practice including your business offer, business model and obligations. Opportunity to network and learn from established independent practitioners.  
Cost: £150; £30 reduction in initial membership fee for ASLTIP.  
Email: office@helpwithtalking.com

### 2-4 October, Birmingham

#### 1, 2 or 3 Day Masterclass: Selective Mutism for Professionals and Parents/Carers

With Maggie Johnson. Suitable for teachers, therapist and parents.  
Cost: £195-£499;  
visit: oursebeetle.co.uk/selective-mutism-oct-2019-birmingham/;  
email: info@coursebeetle.co.uk

### 2-3 October

#### 2 Day Course Executive Functions

This course will unpick the various cognitive processes that make up our executive functions, what we need to plan a task and implement the plan.  
Cost: £100, bring a colleague for £50.  
Email: susanna@earfoundation.org.uk

### 8-9 October, RCSLT London

#### Total Training Package for Pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings.  
Cost: £495 excluding VAT;  
tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### 10 October, RCSLT London

#### Elklan Training Package – Supporting Children and Adults Using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids.  
Cost: £235 excluding VAT;  
tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### 10-11 October, RCSLT London

#### Elklan Total Training Package for Vulnerable Young People (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495 excluding VAT.  
tel: 01208 841450;  
email: henrietta@elklan.co.uk;  
visit: www.elklan.co.uk

### 11 October, Birmingham

#### Introduction to working with children and young people with SEMH needs

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215. Visit: coursebeetle.co.uk/semh-slc-oct-2019-birmingham/contact;  
email: info@coursebeetle.co.uk

### 14 October, Midlands

#### Assistant Dysphagia Practitioner Training

Increase your understanding of dysphagia, decrease the risk of choking/aspiration. Learn to prepare food/drink accurately to new IDDSI guidelines. Suitable for people who care for adults and children. Cost: £84;  
visit: www.eg-training.co.uk;  
tel: 01530 274747;  
email: info@eg-training.co.uk

### 16-18 October, London

#### QD City Lit: Effective counselling skills

A practical, skills-based workshop designed for SLTs working with any client group. Topics include developing the therapeutic relationship, boundaries, ways of responding, paraphrasing, reflecting, questioning, immediacy, self-disclosure and loss.  
Cost: £369. Email: corinne.moffatt@santos@citylit.ac.uk;  
tel: 020 7492 2578.

### 17 October, Birmingham

#### The current evidence base for speech interventions: Translating research into practice.

Best practice recommendations for transcription and analysis will be included. Presented by Dr Anne Hesketh formerly of Manchester University. Cost: £215;  
visit: coursebeetle.co.uk/speech-interventions-oct-2019-birmingham/;  
email: info@coursebeetle.co.uk

### October 21-23, RCSLT London

#### PROMPT LEVEL 1: Introduction to Technique

This three day intensive workshop focus on teaching the Technique of PROMPT (PROMPTs for Restructuring Oral Muscular Phonetic Targets). This workshop teaches a system for assessing and treating language and speech disorders from a perspective of speech-motor control and learning. The course teaches the 'Technique of PROMPT' and trains SLTs to provide tactile-kinesthetic input to support the development of speech movement. Using a holistic framework participants will learn how to embed speech goals within functional communication, thus developing social interaction and language. Instructor: Justine Rhind. This is the link to register onto this course: www.promptinstitute.com/event/10421; visit: www.promptinstitute.com; email: justine@rhindspeechtherapy.co.uk; tel: 07533 081818.

### 25-26 October, London Gatwick

#### Understanding and Dealing with Behaviour Problems following brain injury Workshop

This two day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. Cost: £185.  
Email: enquiries@braintretraining.co.uk; tel: 01276 472 369;  
visit: www.braintretraining.co.uk

### 25-26 October, Birmingham

#### Communication System Introductory Training

Delivered by licenced trainer Natalie Fitzpatrick. Relevant to all practitioners supporting children communicating via visuals. Cost: £250; visit: coursebeetle.co.uk/podd-courses/; email: info@coursebeetle.co.uk

### 25 October, Surrey

#### Phonological Awareness Training

Join SLT and Senior Lecturer Helen Stringer to learn about the place of phonological awareness in speech and language development. Understand its role in literacy and how practitioners can assess and support children's phonological awareness.  
Cost: £55 Early Bird price (£65 after 13 September);  
email: meath@meath-ican.org.uk for bookings and information.

### 28 October-1 November, London

#### Adult Dysphagia Training – Theoretical Course

One week intensive course/tutorial aimed to provide participants/NQT with theoretical knowledge to assess and manage adults with acquired neurological dysphagia.  
Cost: £450; tel: 0207 288 5546;  
email: mark.livingstone2@nhs.net or lauren.harnett@nhs.net

### 6-7 November

#### TalkTools Level one

Learn the therapy tool techniques to the TalkTools tactile sensory approach to train/transition muscle movements for speech production and feeding. Suitable for SLTs, OTs, Physiotherapists, BCBA, Nurses, SEN. Cost: £438; visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

### 6 November, London

#### Learning to use the Therapy Outcome Measure (TOM)

One day training workshop with Prof Pam Enderby. Cost: £175 (check website for CTN member discount); visit: www.communitytherapy.org.uk

### 7-8 November, Nottingham

#### FEES TRAINING PROGRAMME with SVS Training

Practical skills workshop series. Five day training programme spread across a 6-month period commencing November 2019. The structure of the programme is aimed at progressing you through RCSLT competencies to perform FEES safely and effectively. Full five day skills workshop series; Cost: £900 early bird rate, £950 full price. Introductory level two day Course – £400 early bird rate, £450 full price; email: Jackie.ellis@btopenworld.com; visit: www.svsassociates.co.uk

### 8 November, Manchester

#### Bilingual Children with Speech and Language Difficulties

A day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University. Cost: £215 or £190 if two book together; visit: coursebeetle.co.uk/bilingualism-nov-2019-manchester; email: info@coursebeetle.co.uk

### 8-9 November, Midlands

#### TalkTools Level Two: Tactile sensory approach to improve speech/feeding

Level two develops specific therapeutic program plans to meet Oral Placement needs. Practical examples will be shown via video and live assessment sessions. Cost: £535; visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

### 11-12 November, Cheltenham

#### Johansen IAS Independent Learning

Equivalent of two attended days, plus two taught days. How to use specific and customised music recordings to organise and enhance. Listening & Auditory Processing, Supports spoken and written language for all ages. Individual and group programmes. Cost: £500 (early bird £450); email: cathy@johansenias.com; visit: www.johansenias.com

## QUICK LOOK DATES

### 14-15 November, RCSLT, London

#### smiLE Therapy Training Day 1 & 2

For SLTs & teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real settings. outcome measures & empowering parents integral. Visit: [www.smiletherapytraining.com](http://www.smiletherapytraining.com); email: [info@smiletherapytraining.com](mailto:info@smiletherapytraining.com)

### 15 November, Birmingham

#### Attachment difficulties and complex trauma

Impacts on SLCN Presented by Melanie Cross –lead author of the RCSLT clinical guidelines on SEMH. Cost: £215; visit: <http://bit.ly/coursebeetleattachmentdifficulties>; email: [info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)

### 18 November

#### Autobiographical Memory

Autobiographical memory impacts upon our children's long term future success academically and emotionally. The impact upon identity, people reading, inferring, predicting and social interactions will be drawn out. The potential to support and underpin academic progress in literacy will be discussed and applied. Cost: £100, bring a colleague for £50; email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

### 19 November, London

#### Outcome Framework and Goal Attainment Scaling (GAS)

Lecturer: Dr Sidney Chu. Learning outcomes: Define the outcome framework and provide examples of quantitative and qualitative measures which can be used at the organisation / service and families / children / clients levels; outline the processes of collaborative goal setting underpinned by the philosophy of family / child / client-centred care practice and team approaches; describe the structure of GAS; apply the Summary Score Conversion Key or the GAS Calculator to work out the standard scores before and after treatment in order to measure the effectiveness. Cost: £130; CPD: 5.5 hours; visit: [www.ncore.org.uk](http://www.ncore.org.uk); email: [dhft.ncore@nhs.net](mailto:dhft.ncore@nhs.net)

### 20-21 November, RCSLT, London

#### Elklan Total Training Package for 0-25s with Complex Needs

This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 20-22 November, London

#### It Takes Two to Talk® Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: [hanen.org/ittt-nov-20-2019-london](http://hanen.org/ittt-nov-20-2019-london)

### 21-22 November

#### Voice and Communication Therapy within the Trans and Gender Diverse Care Pathway

Essential knowledge and skills for SLTs. Venue: The Tavistock Centre; cost £375. This two day comprehensive, multidisciplinary course delivers competencies in gender dysphoria and experiential training in trans voice and communication therapy mapped on to the RCSLT Competency Framework. Visit: [tavistockandportman.nhs.uk/cpd96](http://tavistockandportman.nhs.uk/cpd96)

### 28-29 November, Kuala Lumpur

#### Total Training Package for 5-11s

British Int School, Kuala Lumpur Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. Cost: £550 VAT exempt; Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 3 December

#### Cough reflex testing Study Day

Includes an overview of cough, the evidence behind CRT, cough judgement, integrating CRT into clinical decision making, setting up a service, protocols and documentation. Cost: £130; venue: Northwick Park Hospital; email: [janine.ettinger@nhs.net](mailto:janine.ettinger@nhs.net)

### 5-6 December, Birmingham

#### Developing Foundation Skills in Dysphagia with Children Under One Year

Cost: £150. Aimed at SLTs who are keen to develop their knowledge and understanding in working with children with feeding difficulties under one year. Email: [inpatient-slt-team@nhs.net](mailto:inpatient-slt-team@nhs.net); visit: [bit.ly/developingfoundationskillseventbrite](http://bit.ly/developingfoundationskillseventbrite)

### 26 December

#### Imaginative Play

Children with hearing loss often have delayed development of symbolic and imaginative play in addition to language skills. Attend this workshop to learn about the normal development sequence and useful assessments. Cost: £100, bring a colleague for £50; email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

### 7-5 January, RCSLT, London

#### Communication Support for 0-25s with Complex Needs

Two-day course for practitioners with accreditation. Followed by Let's Talk with Special Children Tutor Pack on day three. Cost: £390 excluding VAT; tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 6-7 February

#### UK Swallowing Research Group Conference

This conference will be of interest to all healthcare professionals working in swallowing and feeding management, both in adults and in paediatrics. Visit: [www.ichevents.com](http://www.ichevents.com); email: [ich.events@ucl.ac.uk](mailto:ich.events@ucl.ac.uk); tel: 020 79052675

### 13 February, London

#### Cervical Auscultation

Lecturer: Dr Alison Stroud. Therapists will learn the theory of Cervical Auscultation and learn the 'How, What and Where' of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds. Cost: £130; CPD: 5.5 hours; visit: [www.ncore.org.uk](http://www.ncore.org.uk); email: [dhft.ncore@nhs.net](mailto:dhft.ncore@nhs.net)

### 24 April, RCSLT, London

#### smiLE Therapy Training Day 3 For SLTs & Teachers. Innovative 10-step therapy

Teaching functional communication and social skills in real settings. outcome measures & empowering parents integral. Visit: [www.smiletherapytraining.com](http://www.smiletherapytraining.com); email: [info@smiletherapytraining.com](mailto:info@smiletherapytraining.com)



Our therapy materials are developed by world renowned experts:

**Vivian Sisskin, M.S., CCC-SLP,**  
University of Maryland

[www.StutteringHelp.org/Store](http://www.StutteringHelp.org/Store)

#### Helping Children Change Thoughts & Feelings About Communication

2 hours, 55 minutes DVD 6335

#### Avoidance Reduction Therapy in a Group Setting

2 hours DVD 6740

#### Autism Spectrum Disorders and Stuttering

2 hours DVD 6730

#### A Fresh Look at Stuttering

24 minutes DVD 4083



THE STUTTERING FOUNDATION® 901-761-0343

A Nonprofit Organization Since 1947 — Helping Those Who Stutter

# Do you know about Voice Aid?



Ask about our TRIAL PACK DEAL

- ✓ Delivers a powerful 18 watts RMS and comes with headset mic and lapel mic.
- ✓ Special discounted NHS rates (£75) available to all speech therapists and associated professionals.
- ✓ Ask about our throat mic and unique adhesive pad throat mic kit.

See you at the RCSLT and Communication Matters Conferences in September!

[www.voiceaid.net](http://www.voiceaid.net)

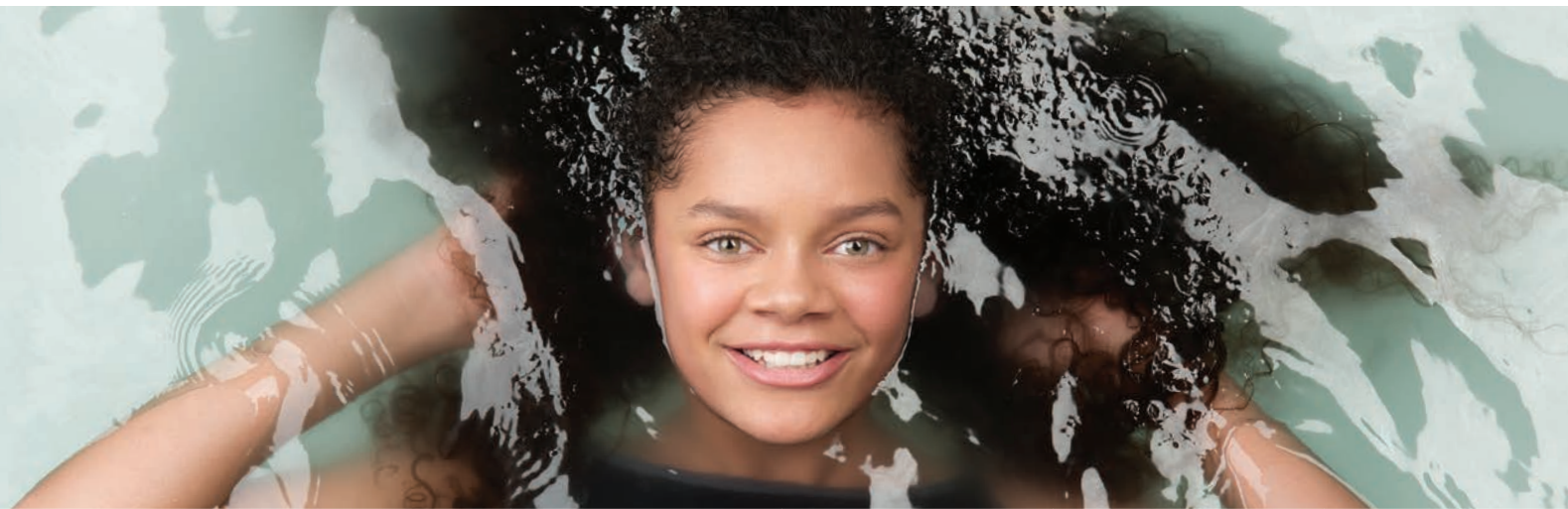
Voice Aid  
Unex Designs Ltd  
Woodland Business Park  
Torquay, Devon  
TQ2 7AT, UK  
t: 01803 612772  
e: [info@voiceaid.net](mailto:info@voiceaid.net)

To book your advert contact:

Tel: 020 7880 7668 or email: [bulletin@redactive.co.uk](mailto:bulletin@redactive.co.uk)

If undelivered please return to:  
RCSLT, 2 White Hart Yard,  
London SE1 1NX

The Delivery  
Group



# We know what you're made of

## Are your patients drinking enough?

We all know that water is essential for life.<sup>1</sup> Unfortunately, not everyone finds it easy to drink enough to stay hydrated.

Dysphagia sufferers, estimated at 8% of the population<sup>2</sup> often struggle to take in enough liquids, even developing a fear of swallowing.

## It's time to take hydration seriously

### Thick & Easy™ Clear

Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

#### Thick & Easy Clear:

- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks<sup>3</sup>
- Retains a consistent thickness over time



## Helping patients to stay hydrated



Join today, visit [www.whatwemadef.org](http://www.whatwemadef.org) to help hydrate the nation and make a dramatic difference to peoples' care.

## Find out more about dysphagia

For expert information, advice, case studies and the latest developments in clinical dysphagia research call Fresenius Kabi on **01928 533 516** or email [scientificaffairsUK@fresenius-kabi.com](mailto:scientificaffairsUK@fresenius-kabi.com)

#### References

1. Emma Derbyshire. The Essential Guide to Hydration. Available from: <https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf> Accessed 29th January 2018
2. <http://iddsi.org/> Date accessed: November 2017
3. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014.

Date of preparation: July 2019. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



caring for life