

bulletin

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

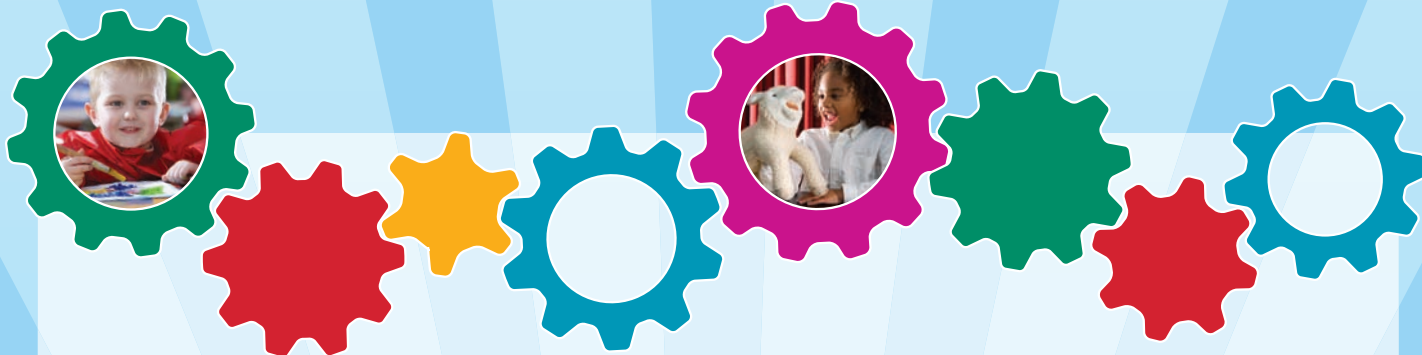
August 2014 | www.rcslt.org

The development of the NetQues project

Swallowing Matters, an online community for dysphagia peer support



Distance is no longer an object: Remote Assessment Providing Intervention for Dysphagia (RAPID)



tes special educational needs show

10-11 October 2014, Business Design Centre, London

The UK's largest special educational needs show is back this autumn with more advice, inspiration and information for school leaders, teachers, speech and language therapists, parents and carers with an interest in SEN.

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CPD seminar highlights

Friday 10 October

11.00 to 12.00

Understanding and supporting pupils with dyspraxia and sensory-integration dysfunction
Code: SL02

Social, mental and emotional health, the new Code and some practical support strategies
Code: SL03

12.30 to 13.30

Technology and the modern classroom and its benefits for SEN
Code: SL07

Maths difficulties, dyscalculia and multi-sensory remediation
Code: SL11

14.00 to 15.00

Raising standards in literacy with support from technology
Code: SL13

Creating a communication and learning friendly environment
Code: SL18

15.30 to 16.30

Words don't always count... How body language can be effectively used to manage behaviour in the classroom
Code: SL19

The new SEN Framework in a nutshell
Code: SL22

Saturday 11 October

A personal journey into the world of the brain
Code: SL25

Asperger's from a person not just a textbook
Code: SL26

Get out of my face, it's not my fault and it's not fair
Code: SL29

0-25 Managing transitions effectively from early years to preparing for adulthood
Code: SL32

Improving learning outcomes for children with fetal alcohol spectrum disorders
Code: SL33

Hypnotherapy In Schools Programme (HISP)
Code: SL38

SEND – the changing landscape for schools
Code: SL39

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The curious case of ADHD and ASD
Code: SL45

OMG! Why won't that child behave?
Code: SL47

Who loves communication and language groups?
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Steven Harulow

EDITORIAL



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



SEND reforms coming soon

Changes to the way children with special educational needs and disabilities (SEND) receive support come into effect on 1 September 2014. If you work with children and haven't been following the passage of the Children and Families Act 2014 – the legislation responsible for the reforms – there is still time to get to grips with the basics before the new rules come into force.

To help you prepare for the changes, RCSLT Project Coordinator Caroline Wright has put together some useful online guidance. On page five of this issue, we outline the main changes to the SEND landscape and provide details of the online resources available to help you find your way around the new terrain.

On page seven, RCSLT Chair Bryony Simpson and CEO Kamini Gadhok discuss how the RCSLT influenced the progress of the SEND legislation and how, after our efforts, the public health agenda in the UK is now starting to prioritise children's communication development.

Places on the RCSLT 2014 Conference in Leeds on 17–18 September are going fast. Visit: <http://tinyurl.com/k3ub7cp> for more details about how you can book yours.

Steven Harulow

Bulletin editor

bulletin@rcslt.org

Hubs: not just for the NHS

Acknowledging changing work patterns in the profession, Janet Harrison, lead for the East Midlands RCSLT Hub recently met with ASLTIP SLTs in independent and third sector practice in specialist further education settings. Therapists working in non-NHS sectors can often find it difficult to find or afford the time to attend meetings at distant venues, so Janet kindly travelled to Lincolnshire to meet with this group and discuss a variety of issues relating to changes impacting RCSLT members.

The RCSLT's census information revealed a significant percentage of SLTs are now working in very diverse aspects of the profession, increasingly in two or three different roles, and a growing number outside of NHS services. This meeting was an effective way of actively engaging this wider membership group in the work of the hubs.

Janet discussed the history of hubs, and changes now impacting on the profession. The subjects debated included theory of change, outcome measures, research, seven-day services, RCSLT strategic priorities and the benefits of Twitter.

We were pleasantly surprised at how much we felt able to contribute to the current agenda. The meeting was informal but very beneficial, resulting in new ideas generated for Janet to take back to the RCSLT Management Board. We are grateful to Janet for taking the time to engage and inform in this inclusive way and we hope that other hubs may follow this example.

Elizabeth Geldard and Michelle Baynham, Independent SLTs

I CAN seeks project evaluators

I am writing to ask if any Bulletin readers would like to help us with the evaluation of two new projects we are working on. We are developing two interventions for language-delayed children – one for children aged three to four years and one for seven to 10 year olds. They will follow the model of the very successful Talk Boost intervention for YR and KS1 pupils, with a manual for trained staff to deliver the intervention and supporting materials for parents. We will trial the new interventions in settings and schools so we can evaluate their impact on children and gain valuable input from staff and parents.

We are seeking SLTs and/or SLT students to help us with the preliminary baseline measures and the post intervention measures. You would need to be available in September/October 2014 and/or March/April 2015. Some travel will be required and you may need to arrange to borrow some tests from university libraries or SLT departments. Scoring sheets will be provided. The pilot areas for Early Talk Boost are in London, Harlow, St Helens and Sunderland. The pilot areas for Talk Boost KS2 are Leeds, Knowsley, Bath and North East Somerset. We can reimburse reasonable travel expenses at 35p per mile and pay £60 per day.

For further information, please email: lreeves@ican.org.uk

Louisa Reeves Communication Adviser, I CAN

Your RCSLT

Rebecca Veazey



I am an interim policy officer for England. I specialise in policy activity relating to children and young people, and workforce planning. My responsibilities include developing policy statements, writing consultation responses and horizon scanning – identifying new policy trends that may impact on the speech and language therapy profession. I produce the RCSLT's monitoring bulletin, a newsletter that keeps members up to date

with relevant news and policy developments. I also develop fact sheets and resources for external audiences that explain the importance of speech and language therapy.

Email: rebecca.veazey@rcslt.org to sign up to the newsletter.

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

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





Children and Families
Act 2014 reforms
come into effect



RCSLT
conference
begins in Leeds



Closing date for 2015
Winston Churchill
Fellowship application

RCSLT produces online SEND reforms guidance for SLTs

Are you ready for the new SEND landscape in September? Could you act as a designated clinical officer?

The passage of the Children and Families Bill into law in March 2014 heralds a significant shake up in the way children and young people with special educational needs and disabilities (SEND) receive support. These changes will apply from 1 September 2014.

In June 2014, Parliament approved the 'Special Educational Needs and Disability Code of Practice: 0 to 25 years', published by the Departments of Health and Education. This provides statutory guidance to all organisations who work with children and young people with SEND.

There is a now greater focus on providing support that enables children and young people with SEND to succeed in their education and make a successful transition to adulthood. The new code covers children and young people from birth until 25 years of age, and includes disabled children as well as those with SEN.

It emphasises the importance of involving children, young people and parents in the decision-making process and has a stronger focus on improving outcomes for children and young



people. After compulsory school age (the end of the year in which children turn 16) the right to make requests and decisions under the Children and Families Act 2014 applies to young people directly, rather than to their parents.

The code also includes guidance on the joint planning and commissioning of services to ensure closer cooperation between education, health and social care. A coordinated assessment process and a

new 0-25 education, health and care (EHC) plan will replace statements of special educational needs and learning difficulty assessments (LDAs).

As a direct result of input by RCSLT Deputy Chair Maria Luscombe, we have also secured the option for the 'designated medical officer' role to be open to 'designated clinical officers' – other health professionals, including SLTs.

RCSLT Project Coordinator Caroline Wright is working on new online guidance and resources for members on the implementation of the SEND reforms. This will involve updating the existing position paper, 'Sharing Best Practice in the SEND Process'. We aim to recruit a lead guidance developer and establish both a core guidance development group and a wider reference group to involve all stakeholders from the profession.

🔗 **Visit:** <http://tinyurl.com/pvz5kno> to find out more about the SEND reforms, including information on how to write an EHC plan, profession-specific resources and how to apply for the RCSLT lead guidance developer role

NEWS IN BRIEF

Aphasia United has launched an international competition to develop and adopt a symbol that can help raise awareness of aphasia, which international surveys have identified as an impediment to improving services. Aphasia United represents the collective voices of organisations for people living with aphasia, service providers and researchers.

🔗 **Visit:** www.aphasiaunited.org/Home.aspx

A new app from the National Institute for Health and Clinical Excellence (NICE) will allow users to access NICE guidance. The app contains public health guidance and all of NICE's clinical guidelines, including those on stroke, head injury, depression and autism. It also contains all of NICE's technology appraisals, interventional procedures guidance, medical technology and diagnostics guidance.

🔗 **Visit:** <http://tinyurl.com/mabmzal>

The RCSLT, as part of its drive to increase the availability of peer-reviewed publications, has secured a great new deal with Wiley online that will give members unlimited online access to the British Journal of Learning Disabilities. Read details on how you can register and use this interesting publication.

🔗 **Visit:** <http://tinyurl.com/pscfczgw>

The July-August edition of the RCSLT Research Newsletter is now available online. Find out more about the latest research resources and this summer's research-related events. It also features links to consultations and surveys, and the latest clinical academic opportunities. This is essential reading for anyone with an interest in speech and language therapy research.

🔗 **Visit:** <http://tinyurl.com/ah76awl>



Lauren Nicole Jones @Lauren_SLT
Great Webinar on Dementia and the role of the SLT, thanks @RCSLT #slpeeps #slp2b it'll be available on RCSLT website.

Jennie @jennietweetwood
@JacquelineGale has thrown down a challenge: explain how what you do as an SLT is important, in less than 140 characters! @RCSLT #slpeeps

Join the IJLCD debate on SLI

International journal special issue focuses on specific language impairment

Following the Bulletin specific language impairment (SLI) series in 2013, the latest issue of the International Journal of Language and Communication Disorders is entitled 'The SLI debate: Diagnostic criteria and terminology'.

The special issue includes two lead articles – from Professor Dorothy Bishop ('Ten questions about terminology for children with unexplained language problems') and Professor Sheena Reilly and colleagues ('Specific language impairment: a convenient label for whom?').

There are also 10 commentaries from a range of experts, including academics, SLTs, educational psychologists and special educational needs lawyers.

A response article by Reilly, Bishop and Professor Bruce Tomblin, 'Terminological debate over language impairment in children: Forward movement and



sticking points' follows.

The articles and commentaries raise many important issues. Most agree that the use of most exclusionary criteria is probably not justified for deciding who should receive intervention. All agree that requiring a gap between non-verbal IQ and language abilities ('cognitive



referencing') should be dropped. However, there is disagreement about whether there should be some minimal level of non-verbal ability.

In terms of labels, the authors have mixed views. However, the response article rules out three potential labels: 'Language Delay', 'Primary Language Impairment' and 'Language Disorder'. Half of the commentators are in favour of

dropping the term SLI to reflect the relaxation of exclusionary criteria. Others prefer to keep SLI, but revise the meaning of the term 'specific' to mean 'idiopathic' ('of unknown origin').

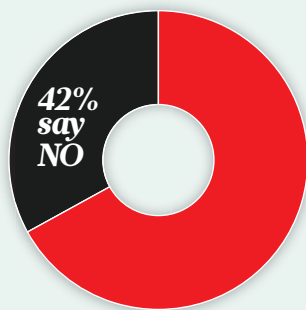
Of the remaining possible terms, 'Language Learning Impairment' was viewed favourably by most, but the fewest objections were raised to 'Developmental Language Disorder', where disorder refers to conditions without obvious aetiology, not to whether the child's language profile is 'spiky' or 'flat' – a distinction that the response article states, "has no validity as an indicator of either aetiology or prognosis".

Please join the debate and visit the discussion forum: <http://tinyurl.com/lee3za2>

Dr Susan Ebbels, Associate Editor, IJLCD

RCSLT Web Poll
Have your say...

Does your manager appreciate what your role involves?



VISIT: WWW.RCSLT.ORG

Reading students show commitment by becoming Dementia Friends

University of Reading students on speech and language therapy and neuroscience of language programmes became Dementia Friends in July as part of the Alzheimer's Society initiative.

Final year speech and language therapy students Dara Brown and Louise Evans led several Dementia Friends information sessions, enabling more than 80 students and staff members to take part. The Department of Clinical Language Sciences aims to become dementia friendly following the opening of the new Berkshire Memory and Cognition Research Centre at the university in January.

"Every person who attended an information session has committed to a dementia-friendly action which will positively impact society's view of dementia," says Dara, who along with



Louise, is a Dementia Friends champion.

"The commitment of students and staff to creating a dementia-friendly department has been fantastic and we hope to see this enthusiasm continue," says Louise.

Visit: <https://www.dementiafriends.org.uk>

Leigh Andrews @LeighSkylark
@RCSLT Have read "The Box" evaluation. Valuable lessons for us in #homelessness. Hope to develop this further in future #WatchThisSpace

Linda Hindle @HindleLinda
Energising blog from @KGadhok on how AHPs can make a difference <http://bit.ly/1yTETRq> #PHPWeek @RCSLT



BRYONY SIMPSON & KAMINI GADHOK

Royal approval for ICP2014 pledge



The Countess of Wessex signs the ICP2014 pledge, watched by RCSLT President Sir George Cox, Deputy Chair Maria Luscombe, CEO Kamini Gadhok and staff members

HRH The Countess of Wessex lent her support to the International Communication Project (ICP2014) when she signed the ICP2014 pledge at the RCSLT headquarters on 23 June. The RCSLT patron took time to discuss international communication disability issues when she met with RCSLT President Sir George Cox, Director of Policy and Public

Affairs Derek Munn, Manchester Metropolitan University Senior Research Fellow and Senior Lecturer Dr Julie Marshall, and Mel Adams, chair of Communication Therapy International. Have you signed the ICP2014 pledge yet?

📍 **Visit: www.communication2014.com**

Give children the Flying Start they deserve in Wales

All local authorities should employ SLTs as part of their core Flying Start teams, with a particular focus on early language delay, according to research commissioned by the Welsh Government. Arad Research, in partnership with the University of Reading's National Centre for Language and Literacy, reviewed current practice in relation to early language delay within Flying Start settings in Wales.

The RCSLT is campaigning to increase the number of SLTs working in Flying Start settings. Although there are nearly 200 settings in Wales, supporting more than 23,500 children in 2012-2013, a survey of service managers revealed there were only 13

(full-time equivalents) SLTs working in Flying Start in 2013.

The report recommends that all Flying Start staff should receive a minimum level of training, overseen by an SLT, relating to early language delay and good-practice in adult-child interaction; that Flying Start childcare staff and those who deliver early language provision directly to children should undertake more detailed early language development training; and that all staff using screening and assessment tools should receive training on the implementation of those tools.

📍 **Visit: <http://tinyurl.com/l6zcr6>**

SUPPORT REFORM IMPLEMENTATION

There is a lot of activity underway to support the implementation of reforms across the UK. We would like to take this opportunity to highlight the Children and Families Act in England and the new Code of Practice for children with special educational needs and disabilities (SEND). We have successfully influenced during the SEND reforms process. For example, section 21 of the Children and Families Act 2014 (p159: Responsibility for provision) states:

"Decisions about whether health care provision or social care provision should be treated as special educational provision must be made on an individual basis. Speech and language therapy and other therapy provision can be regarded as either education or health care provision, or both. It could therefore be included in an EHC plan as either educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so." Visit: <http://tinyurl.com/ouuho2j> for more information.

As a direct result of input by RCSLT Deputy Chair Maria Luscombe, we have also secured the option for the 'designated medical officer' role to be open to 'designated clinical officers' – other health professionals, including SLTs.

We know there is confusion and different interpretation around the reforms locally, so are keen to work with you to support their implementation. We are building online information (<http://tinyurl.com/pvz5kno>), developing new profession-specific guidance and supporting members through our events. For example, we have secured a government speaker for the RCSLT Yorkshire and Humber Hub meeting on 9 September and hope to record and disseminate this online. We will also feature articles in the Bulletin and on our website to highlight examples of good practice.

We are pleased that the understanding of the role of SLTs in improving children's outcomes, as part of the public health agenda, is growing across the UK. The Flying Start article opposite is a good example. During months of discussion with Public Health England (PHE) we have provided data and examples to show the impact of speech and language therapy. We are very pleased to be able to say that PHE has now announced that improving children's communication development is one of its key priority areas. ■

Bryony Simpson, RCSLT Chair; Kamini Gadhok, MBE, RCSLT Chief Executive. Email: kamini.gadhok@rcslt.org

Celebrating 20 years at Tanglewood

On 19 June, I attended the twentieth anniversary of the Speech and Language Centre (SLC) at Tanglewood Nursery School, Chelmsford, as part of the Giving Voice campaign. Opened in September 1993, Tanglewood was the first nursery SLC in Essex and only the fourth nationwide.

It was a wonderful opportunity to meet parents and carers of children who currently attend, as well as current and previous SLTs, nursery staff, previous pupils and their families, and senior representatives from Provide Community Interest Company.

According to Lauren Woodhead (highly-specialist SLT at Tanglewood), the centre was originally set up with funding from children's charity I CAN and in its first year provided eight



Celebrating 20 years at Tanglewood

places for pre-school children with severe and specific speech and language impairment. After the first year, the demand was so high, the number of places increased to 16.

"All of the staff involved in setting up the centre believed strongly in the ethos of integration. Therefore, the SLC was set up from the beginning as an integrated part

of the mainstream nursery at Tanglewood," Lauren says.

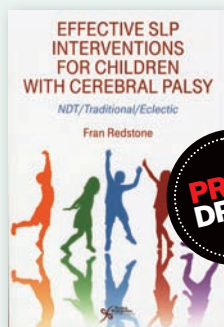
Two years after the SLC opened, funding transferred to local authorities in Essex. The local education authority funded a full-time learning support assistant post and the local health authority funded a full-time SLT.

"Little has changed over the past 20 years, testament to the principles the centre was set up with originally. The centre still provides 16 places for pre-school children with severe and specific speech and language impairment, and continues to run as an integrated part of the mainstream nursery class," Lauren adds.

"The demand for places remains high and it is ever more challenging in times of financial difficulties, but it remains an excellent provision and both staff and families feel incredibly privileged to be part of such a special place."

Vicky Harris, RCSLT Learning Development Manager

The RCSLT prize draw Win a book...



Bulletin readers can win a copy of 'Effective SLP interventions for children with cerebral palsy'. Email your name, address and membership number to prizedraw@rslt.org and put 'August draw' in the subject line. **Entries close 15 August.**

10th birthday party for Commtap looks forward to next decade

Phoenix School in Tower Hamlets, London, was the venue for Commtap's tenth anniversary celebrations on 16 June.

Commtap began with a therapy plan that got chewed up in a photocopier. As the therapist and a specialist teacher retrieved its mangled remains, both realised how much overlap there was in what they did. This led to a collection of shared therapy plans and educational targets based on the P levels and the National Curriculum. Another therapist rescued these shared therapy plans from the muddle of a filing cabinet drawer in 2004 and put them online by building a website.

Greenwich University Senior Lecturer Jane Stokes began the anniversary event by reflecting on 'Speech and language therapy: Art or science'. Website contributor Neil Thompson also introduced new developments on the site - a new section to search for or advertise related training courses and events.

The ethos of www.commtap.org is important. It is a not-for-profit collaborative venture. There is no copyright and resources are free to download. We encourage sharing SLT/educational targets and activities in the 'Create' section. There are now nearly 400 developmentally categorised targets with approximately 1,000 matched activities. This bank of free resources continues to grow as professionals upload what they have found useful in their practice.

Jane Stokes said, "Commtap is becoming a resource base for the profession - it has made a huge difference to children with communication difficulties as well as being a time saver for over-stretched teachers and therapists."

Lorna Lloyd

☛ **Visit: www.commtap.org/community and help the site become even more successful over the next 10 years.**

10

expert commentaries
in the SLI special issue
of IJLCD

4,000

EU contributors
involved in the NetQues
project



Derek
Munn

COLUMN

Medals confirm Churchill Fellowship success for SLTs



Dame Mary Peters DBE and Claire Bunce



Claire Bolton

After successfully completing their Winston Churchill Travelling Fellowships, SLTs Claire Bolton and Claire Bunce have now received their Churchill medallions.

Dame Mary Peters DBE, Olympic gold medal winning pentathlete and a 1972 Churchill Fellow herself, presented 113 fellows with their medallions at a ceremony in London in May.

As part of her fellowship, Claire Bolton travelled to Canada and America in 2012 to investigate the use of music and singing within

speech and language therapy to improve clients' communication skills. Claire Bunce travelled to the two countries in 2013 to explore the use of neuro linguistic programming in voice disorders.

To mark its 50th anniversary in 2015, the Winston Churchill Memorial Trust will invest £1.2 million and award a record number of 150 travelling fellowships.

© To apply, visit: www.wcmt.org.uk. Closing date 23 September 2014

England appoints new top AHP

NHS England announced the appointment of Suzanne Rastrick as chief allied health professions officer on 27 June.

Suzanne will take up the pivotal role in September. She will take the lead in developing the vital contribution from the 12 allied health professions to further improve the commissioning of and services provided by allied health professionals (AHPs) to achieve better outcomes for patients after illness and injury.

She will work as the senior adviser to the Department of Health on AHP matters, as well as representing England's health professionals on the

international stage.

Suzanne qualified as an occupational therapist in 1986 and began her career in the acute hospital sector. She was one of the first AHPs to hold a substantive director of nursing post. She has also been chief executive of a primary care trust cluster, has a non-executive portfolio in the commercial and not-for-profit housing sector, and sits on a number of national groups. Since 2013, she has played a prominent role in clinical commissioning, as interim chief executive of NHS Dorset Clinical Commissioning Group during its shadow form, followed by a role as director of quality.

WORKING FOR THE FUTURE

The RCSLT has been reflecting more than ever lately on the future of the speech and language therapy workforce. This has been inspired by a recent consultation by Health Education England (HEE) regarding workforce planning and the publication of their strategic framework for 2014-2029.

To help inform HEE's call for evidence, the RCSLT has identified key drivers that may influence future service demand for speech and language therapy and workforce models. One of the key factors we have identified is demographic change. Predictions of population growth, accompanied by rising birth rates and an increase in the number of babies born prematurely, will increase the number of children with speech, language and communication needs, and swallowing difficulties. Furthermore, the projected rise in the ageing population and the number of people living with dementia will lead to an increase in demand for speech and language therapy services.

Beyond demographic trends, the work of SLTs will also be affected by broader policy developments and medical advancements. While

in some areas, developments in new technology have reduced the need for prolonged support by SLTs, in others demand has grown. For example, improved medical care has resulted in extended life for adults with complex health conditions.

As always, the issue of workforce planning is nuanced and complex. For example, analysis of responses to the RCSLT's member census in December 2013 shows that in response to service cuts the SLT workforce is becoming more entrepreneurial. A growing number of SLTs are working in non-NHS settings and pursuing mixed employment patterns and portfolio careers.

Later this year we will be working with members to explore workforce issues in further detail. While it is difficult to predict the future, we look forward to shaping the path of our profession ahead. ■

“As always, the issue of workforce planning is nuanced and complex”

Derek Munn, RCSLT Director of Policy and Public Affairs. Email: derek.munn@rcslt.org

GIVING VOICE UPDATE

Special senses to the fore at Colchester Zoo



symbolised information, feely boxes and crafts. Inclusive Communication Essex also provided augmentative and alternative communication to demonstrate the technology that people with speech, language and communication needs might be able to use.

On 21 June, the University of Essex Speech and Language Therapy Society helped at the 'Special Senses' day at Colchester Zoo. We aimed to increase accessibility of information at the zoo for all levels of ability and to raise awareness of speech and language therapy to the public as part of the Giving Voice campaign.

More than 30 speech and language therapy and several occupational therapy students joined forces with the zoo staff to provide activities, such as

We had an incredible response from people at the zoo. One person signed to a volunteer that seeing the stand in the zoo made him very happy. Many people learned more about how speech therapy can help people with communication needs and the children loved the activities. Due to its success, we plan to take part again next year and build upon their achievements to make it even better.

Gemma Robson, Press and Publicity Officer, University of Essex Speech and Language Therapy Society

Communicating Quality Live project update

The RCSLT is updating its professional standards document (formerly known as Communicating Quality 3) in consultation with RCSLT members and external stakeholders. This project is called Communicating Quality Live (CQ Live).

When complete, CQ Live will provide members with an online e-book containing updated RCSLT standards and web links to supporting resources; a downloadable summary of the standards; and an audit tool to enable individuals and services to benchmark themselves against the standards.

CQ Live will replace Communicating Quality 3 and Quality Self-evaluation Tool, and will be updated on a regular basis. We will set up an online reference group to ensure any RCSLT members who express an interest can be involved in the development of CQ Live by email. We will contact this reference group directly by email in March 2015. Group members have the opportunity to provide feedback on the second draft of the CQ Live standards and audit tool. To join this group please contact Project Manager Karen Visser, email: karen.visser@rcslt.org before 31 August.

Understanding the new NHS

NHS England has produced a guide for all those working and training within the NHS. 'Understanding the new NHS' aims to provide an accessible, understandable and informative description of the structures of the NHS, and practitioners' places within them. "With understanding comes the confidence to engage with and challenge the system, helping to improve our NHS for patients and staff, now and in future generations."

Visit: <http://tinyurl.com/plcb9gk>

Queen's Birthday recognition

Congratulations go to Sharon Lacey on the award of her British Empire Medal in the 2014 Queen's Birthday Honours. Sharon is the professional lead for adult speech and language therapy services in Aneurin Bevan University Health Board, with a career in the NHS spanning 30 years. She received the award for her outstanding contribution to the management of head and neck cancer both locally and across Wales. Meanwhile, Diana Thomas has written to inform readers that Jane Passy (of 'Cued Articulation' fame) has received the Medal of the Order of Australia (OAM) for her services to the speech pathology profession.

Jerilyn Logemann 1942-2014

We are sorry to report the death of Professor Jeri Logemann, one of the profession's true pioneers. Her work spanned 60 years of international research, teaching and dissemination. Although her work began in articulation testing and therapy, her greatest achievement was in swallowing rehabilitation. Jeri created the field of swallowing assessment and therapy for people with dysphagia, and was one of the most prolific authors and presenters on the subject. According to RCSLT Chair Bryony Simpson, "The profession has lost a true leader in her field. I heard her speak many times and she was always inspirational." A tribute will appear in the Bulletin later in the year.

On the right trach?

Tracheostomy insertion should be recorded and coded as an operative procedure, according to 'On the Right Trach?', a major review of the care received by patients who underwent a tracheostomy insertion. Carried out by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), the review recommends that data collection in all locations should be as robust as that for a theatre environment, to facilitate better care planning, and allow for national and local review and audit. The NCEPOD review also recommends that all trusts should have a protocol and mandatory training for tracheostomy care, including guidance on humidification, cuff pressure, monitoring and cleaning of the inner cannula and resuscitation.

Visit: <http://tinyurl.com/lz78ucz>





Dominic Pittman

Opinion

Dominic Pittman responds to Derek Munn's February Bulletin article and says it's time to raise the profile of speech and language therapy among men

It's not raining men

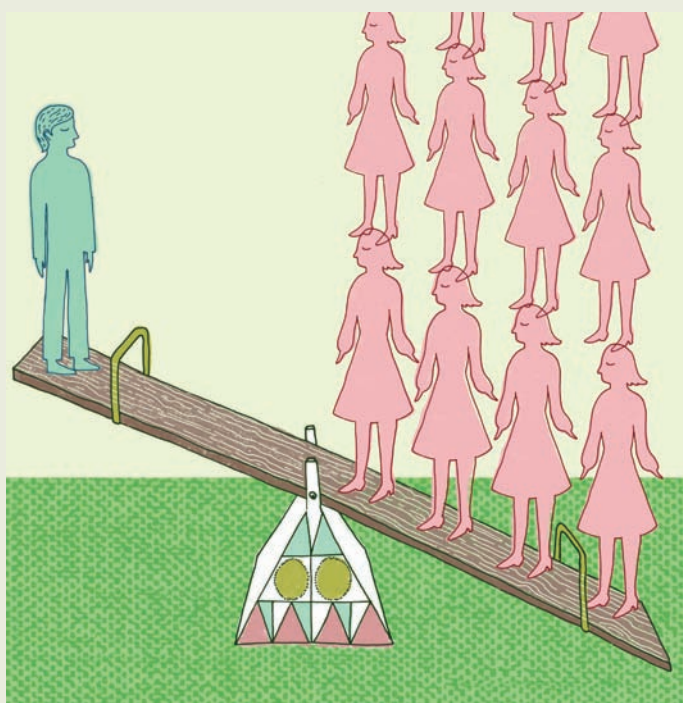


ILLUSTRATION Trina Dalziel

I am an SLT student, currently battling through the final year of an MSc at University College London. I learned about speech and language therapy through a friend just when I was looking for a new direction and a profession.

I would like to acknowledge personally that I am a rarity. Just the other day one of my clients expressed surprise that he had a male SLT. However, I'd like to offer reassurance that I have not had any difficulties due to my gender. I have faced

“Having more men would only improve what is already an excellent and exactingly-trained profession”

difficulties. I have worked, and been worked, just as hard as everyone else on the course. We have all done the same exams,

the same coursework, the same long, long stints of revision, and the same all-nighters to meet deadlines.

Industry-wide, speech and language therapy comprises 2.5% men in the UK (Litosseliti and Leadbeater, 2013), an incredibly low figure. Roughly two in 50 (4%) SLT students are male (based on my course, an admittedly tiny sample), suggesting there is no discrimination to get a job. Approximately 5% of interviewees for a place on the course are men (based on my interview session, again a very small sample), suggesting no discrimination to get a place. I have no figures on gender and applications because gender is removed from the process. So, it would seem that speech and language therapy has a problem with a lack of applications from men.

The problem would seem to lie with people's perception of the role. Litosseliti and Leadbeater (2013) suggest people view therapy roles as 'women's work'. It is interesting that physiotherapy is gradually improving the gender imbalance (Schofield and Fletcher, 2007). A further problem lies in the 'speech and language' part of the profession. Again, perceptions see communication as 'a female thing' (Litosseliti and Leadbeater, 2013), although as we all know, men do communicate. Also, the role is not merely 'helping people to talk better' – there is so much more to it than that.

Speech and language therapy is a very difficult profession to get into. We see the best and brightest applicants on the courses. Only those aware of how rigorous the training is and who have shown their commitment, dedication and passion to the profession make it through. However, we are not seeing applications from half the population. Having more male

applicants would only improve what is already an excellent, hard-working and exactly trained profession.

Now, as to whether the profession has a problem with men, Litosseliti and Leadbeater (2013) suggest being in the minority, men may feel pressure to move to more 'male-appropriate' areas, or they may feel pressure to work towards career progression – the 'glass escalator' effect. Boyd and Hewitt (2001) also highlight issues around male SLTs working with children.

Is this lack of men a concern for the profession? Some clients may prefer an SLT of a particular gender, others may not mind. My own experience is that all three options have been taken up by clients of both genders. Best practice should involve providing choice.

I am certain the RCSLT would love to see more applications from men. I would like to invite you to join me in raising awareness of the role among people who may not have considered speech and language therapy as a career; people who may not have ever heard of speech and language therapy. ■

Dominic Pittman, Student SLT, University College London.

Email: d.pittman.12@ucl.ac.uk



References & resources

- Boyd S, Hewlett N. The gender imbalance among speech and language therapists and students. *International Journal of Language and Communication Disorders* 2001; 36:1, 167-172.
- Litosseliti L, Leadbeater C. Speech and language therapy/pathology: Perspectives on a gendered profession. *International Journal of Language and Communication Disorders* 2013; 48:1, 90-101.
- Schofield DJ, Fletcher SL. The physiotherapy workforce is ageing, becoming more masculinised and is working longer hours: A demographic study. *Australian Journal of Physiotherapy* 2007; 53, 121-126.

Distance is no longer an object

Elizabeth Boaden, Veronica Southern, Linda House and Sarah Nickson discuss the development of RAPID – Remote Assessment Providing Intervention for Dysphagia

ILLUSTRATION BY Adam Pointer

The use of telemedicine in the assessment and management of individuals with communication disorders is emerging as a useful tool in the way SLTs deliver services. Although the remote assessment and management of dysphagia via telemedicine (teleswallowing) is used internationally (Hill and Miller, 2012) it is not an approach used routinely in the UK.

Remote assessment

Blackpool Teaching Hospitals NHS Foundation Trust comprises three hospitals and the provision of adult community services to a large geographical area. The preponderance of an older population within this area is associated with the high number of speech and language therapy referrals for domiciliary assessment of swallowing difficulties.

After securing funding from North West IT Innovations Programme, we developed teleswallowing to augment our existing service delivery programme, commensurate with the National Institute for Health and Care Excellence's Quality, Innovation, Productivity and Prevention Programme (QIPP).



Teleswallowing

Blackpool Teaching Hospitals NHS Foundation Trust piloted a teleswallowing scheme with three nursing homes

Pilot involved 12 patients referred with dysphagia-related problems

Teleswallowing and clinical SLTs achieved high levels of agreement in their recommendations

Further funding will extend teleswallowing service to more local nursing homes

Teleswallowing requires telemedicine equipment (such as a desktop computer with camera and a tablet device) to allow the SLT to remotely assess and manage swallowing difficulties by directing healthcare professionals who are with the patient to undertake specific tasks.

Pilot study

Between August 2013 and March 2014, we undertook a pilot scheme with three nursing homes with the highest referral rates to our service. The study included 12 patients who were referred in line with the current departmental criteria.

Initially, concerns centred on the use and reliability of the technology, as well as safeguarding information governance. Information governance was safeguarded by the firewall embedded into the system by the IT department. Initial technical issues were resolved within this pilot.

Diagnostic accuracy

In order to address SLT concerns regarding diagnostic accuracy, we sought to compare the assessment outcomes of the teleswallowing SLT, who directed the nursing staff to undertake the dysphagia assessment remotely via telemedicine, and the clinical SLT who had direct contact with patients.

Three experienced SLTs who had worked together for many years and had similar management approaches were involved in the project. Their compatible management approach allowed us to suggest that differences in recommendations would be assigned to technology rather than differences in SLT opinion.

In order to reduce bias, the role of teleswallowing SLT and clinical SLT was randomly allocated. Twelve patients received contiguous but independent swallow assessments, once by the remote SLT via teleswallowing and once by the clinical SLT who undertook a face-to-face assessment. In order to minimise the effects of swallow fatigue, the order of the assessments was randomised. The SLTs were blind to each others' assessments and recommendations. An independent consultant dysphagia practitioner undertook the project design and training. The evaluation was undertaken from comparisons of written assessment outcomes and recommendations.

Achieving agreement

The 12 patients had an age range from 46 to 94 years old and presented with a range of conditions: dementia, head injury, stroke and non-specific deterioration in elderly swallow function. Patient referrals identified requests for assessment for a variety of reasons, including signs of aspiration, swallow improvement, swallow deterioration and weight loss.

The teleswallowing and clinical SLTs were able to achieve agreement in their recommendations in patients with not only

“Teleswallowing can offer diagnostic clarity through high-quality visual and audio links”

‘good’ cognitive ability but also those who were rated to have ‘poor’ and ‘moderate’ cognitive ability and cooperative skills.

The levels of agreement were:

- 100% agreement between the teleswallowing and clinically-based SLTs for a requirement of modified oral intake.
- 100% agreement on the recommended diet consistency options (choice of five options: normal, soft, blended, no food orally and other).
- 75% agreement on the recommended modified fluid consistency (a choice of six options: normal, syrup, custard, pudding, no fluids orally and other). The 25% discrepancy on the recommended modified fluid consistency amounted to the difference between custard and pudding consistency, ie 0.5 scoop of thickener per 100mls of fluid for three patients.
- We also achieved high levels of agreement on strategies and management advice.

Qualitative questionnaires showed that the six nurses, three SLTs and one patient able to express an opinion all reported benefits to using the system. Contrary to previously expressed concerns, no one reported a loss of personal contact using the remote teleswallowing assessment.

Teleswallowing benefits

There was an increase in collaboration and continuity of care between nursing homes and the speech and language therapy department. The nurse and SLT post-intervention questionnaires reported that targeted education and training (four hours theory and simulated practice surrounding the SLT teleswallowing assessment proforma) increased local providers’ competence and confidence in assessment. As part of the qualitative analysis of the pilot, the nursing staff felt the training was fit for purpose and required no modification in terms of the content or time taken.

The average time for speech and language therapy assessment was significantly reduced, with a bedside assessment of patients in the acute setting taking an average of 60 minutes, a domiciliary visit taking 90 minutes and a teleswallowing assessment, 30 minutes. The difference in time taken was due to the nursing home staff preparing the patient, assessment tools, consistencies, utensils that may be required and documentation prior to the contact with the SLT. This allows the SLT to focus on the clinical assessment. The fact that nursing staff share documentation with SLTs also



makes for streamlined case history taking and reporting.

There are potential cost efficiencies from teleswallowing – a potential improvement in patient health by rapid response to referrals, reduction in incidence of admission or readmission to the acute care setting, reduction in domiciliary visits and an increase in capacity and productivity for SLTs.

Next steps

We have secured further funding to extend teleswallowing service delivery to more nursing homes within the locality. We will use the training and documentation package developed as part of this pilot phase to implement teleswallowing in other nursing and residential homes. To ensure sustainability, teleswallowing training may become part of a rolling programme to address the turnover of staff within the nursing homes or may become the basis for a ‘train the trainers’ scheme.

Teleswallowing has the potential to provide rapid advice, support and collaboration between the SLT and the residential home setting and, as such, further developments may consider supporting patients with swallowing difficulties in the community as part of the preferred placement of care at end of life pathway.

Our pilot suggests that teleswallowing

can offer diagnostic clarity through high-quality visual and audio links. It enables the provision of a rapid response without compromising care, which may potentially reduce costly hospital admissions and time-consuming domiciliary visits by clinicians.

Telehealth requires clinical leadership to engage, motivate and provide focus for the interdisciplinary team because it is essential to have someone who is able to resolve difficulties and maintain close liaison between IT, primary and secondary care while establishing this augmentative service delivery model. ■

Dr Elizabeth Boaden, Highly Specialist SLT; Veronica Southern, Extended Scope Practitioner, Principal SLT; Linda House, Highly Specialist SLT; Sarah Nickson, Highly Specialist SLT. Blackpool Teaching Hospitals NHS Foundation Trust. Email: veronica.southern@bfwhospitals.nhs.uk



References & resources

Hill AJ, Miller LE. A survey of the clinical use of telehealth in speech-language pathology across Australia. *Journal of Clinical Practise in Speech-Language Pathology* 2012; 14:3,110-117.

National Institute for Health and Care Excellence. *Quality, Innovation, Productivity and Prevention (QIPP)*. <https://www.evidence.nhs.uk/qipp>

This month's resources reviewed and rated by Bulletin's reviewers

Reviews

BOOK

Joshy finds his voice: A story about speech and silence

AUTHOR: Cynthia Pelman
PUBLISHER: Grosvenor House Publishing Limited
PRICE: £7.99 (Amazon)
REVIEWER: Sarah Lambert, SLT
RATING Book ●●●●○

This book tells the fictional story of a child with speech and language impairment, his mother and his SLT, through the voices of all three. It is unlikely to appeal to a wide audience, but could provide an accessible introduction to childhood speech and language difficulties and intervention for prospective students, teachers, other professionals, and even inquisitive family members and friends.

The simple explanations of grammatical difficulties, speech sound errors, and target selection and therapy approaches would be particularly helpful to parents keen to understand more about their child's needs and therapy. For SLTs, there is something satisfying in reading the therapist's thoughts and recognising the skills in building relationships, making decisions and designing therapy, that we can take for granted in our own clinical work.

The passages from both the mother's and child's points of view remind us how crucial it is to try to understand the perspectives of the families we work with and see each child's needs within their wider story.

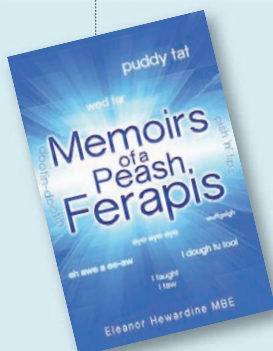
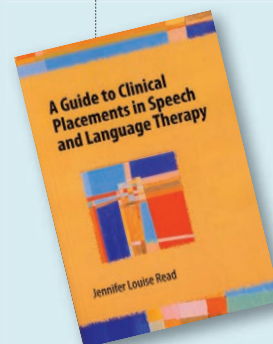
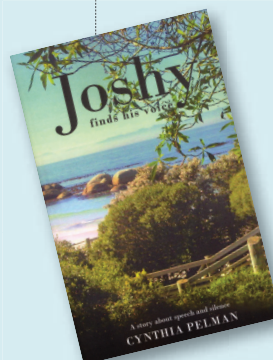
BOOK

A guide to clinical placements in speech and language therapy

AUTHOR: Jennifer Louise Read
PUBLISHER: J & R Press Ltd
PRICE: £19.99
REVIEWER: Abigail Levin, Senior Lecturer, Director of Professional Education
 City University, London
RATING Book ●●●●●

This excellent book should be subtitled 'everything you want to know about placements but never dared ask'. Based on interviews with 44 final-year students, it provides an overview of speech and language therapy education and addresses transferable skills essential for clinical learning. The following nine chapters focus on client groups across paediatric and adult caseloads. Each chapter starts with a short theory section and then outlines the caseload, assessments and intervention the students carried out, with sections on emotional impact, including the anxieties of working with clients, families, carers etc.

The book's strength comes from the quotes from the students themselves as they discuss and reflect on their placement experience, how their skills have developed over time and their honesty about the emotional impact and anxieties. Other highlights are the highly practical top tips at the end of each chapter. This book will be a must-have for all higher education institutions and will be a very useful resource for students in demystifying placements when they feel they are going into the unknown.



BOOK

Memoirs of a peash ferapis

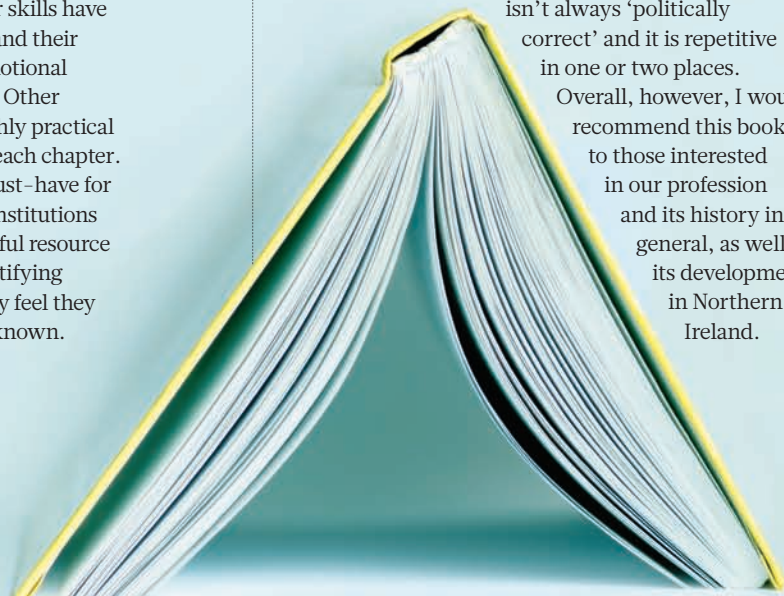
AUTHOR: Eleanor Hewardine
PUBLISHER: Vanguard Press
PRICE: £7.99
REVIEWER: Dr Linda Armstrong, Research Officer, Action on Hearing Loss Scotland for the Lipreading Strategy Group
RATING Book ●●●●○

Eleanor's memoirs are aimed at the general market, rather than SLTs specifically. However, SLTs of all ages will find them interesting, funny (at times poignant) and will be able to relate to them. They give a roughly chronological description of her personal and professional life in Northern Ireland.

I particularly enjoyed reading about Eleanor's 1950s speech and language therapy course. Views on thumb-sucking have changed and speech and language therapy students no longer have routine fingernail inspections. Her belief in the benefit of intensive speech and language therapy for many client groups and her holistic approach to her clients and their families permeates the whole book.

The book has an easy conversational style. Its language isn't always 'politically correct' and it is repetitive in one or two places.

Overall, however, I would recommend this book to those interested in our profession and its history in general, as well as its development in Northern Ireland.



amazon.co.uk

Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: www.rcslt.org

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.

Have you ever dreamt of leaving the grey skies of the UK to practise speech and language therapy in sunnier climes? The Network for Tuning Standards and Quality of Education programmes in Speech and Language Therapy across Europe (NetQues) is an EU-funded project representing the current state of speech and language therapy education across Europe. It may help to bring that dream just a little bit closer.

The project was the brainchild of members of CPLOL¹, of which the RCSLT was a founder member 25 years ago. This has been a major initiative in speech and language therapy education, undertaken with support from the European Union with co-funding by the European Commission's ERASMUS Lifelong Learning Programme through the Education Audiovisual and Culture Executive Agency (EACEA).

Gaining funding (almost half-a-million euros) of this sort is a long and convoluted process. The application itself was several hundred pages long, so a submission was somewhat daunting but fortunately successful. It was graded as top of the eight selected in its category. Altogether, the project ran from September 2010 to September 2013, with the final report submitted to the EACEA in May 2014.

Many languages

The story of the tower of Babel suggests that at some time the world had one language. It describes an edifice, which was abandoned when the people building it were no longer able to understand each other's languages. With 24 languages, 65 partners from 31 countries and more than 4,000 contributors across the EU involved, the NetQues project was ambitious to say the least: definitely a challenge to the EU motto 'United in Diversity'. Would it be possible to maintain the impetus to build consensus? Well, perhaps surprisingly, the answer is yes.

At the beginning of the project, despite high levels of informal agreement amongst SLTs across the EU about what a new graduate should be expected to know and do, the reality showed considerable differences in education qualifications in the different EU countries. There were no cross-EU agreed minimum standards of education or clinical competencies for newly-qualified SLTs. In summary, the project aim was to produce benchmark educational standards in order to

guide harmonisation of speech and language therapy education in Europe.

Common vocabulary

The major objectives were to establish a common vocabulary (no mean feat when considering translations); to enable sharing and comparison of education programmes across EU countries; develop best practice in speech and language therapy education; and increase opportunities for student and professionals' ability to work around the EU. Most importantly, the project aimed to enhance the quality of care provided for people with speech, language, communication and swallowing needs.

Project partners have already had the opportunity to travel. While most meetings have been by Skype and materials have been shared largely using Dropbox, email communication and the project intranet, Paris, Berlin, Riga and Ghent have all hosted the annual meetings for the project. Smaller work package meetings have also taken place in Bratislava, Lisbon, Lund, Vienna, and Manchester. Hopefully, the project outcomes will enable many more EU speech and language therapy students and professionals to cross borders to study and work.

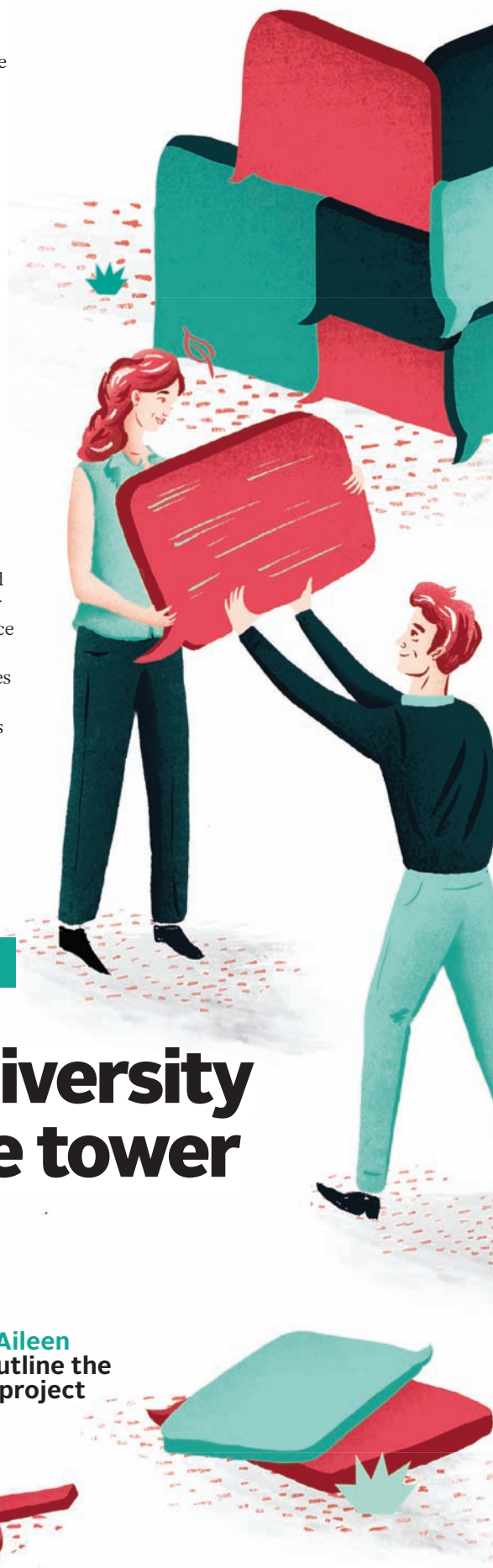
Working groups

Partners formed six working groups to share the different elements of the project.

United in diversity beyond the tower of Babel?

Jois Stansfield, Alison Fuller, Aileen Patterson and Sarah James outline the development of the NetQues project

ILLUSTRATION BY Luke Brookes





NetQues at a glance:

Project represents the current state of speech and language therapy education across Europe

Involved 24 languages, 65 partners from 31 countries and more than 4,000 EU contributors

Ran from 2010 to 2013, with final report submitted in May 2014

Outcomes form the basis for cross-European collaboration for many years to come

The project used a range of approaches for data collection and analysis, with a modified Delphi exercise leading to surveys of new graduates, employers and establishments offering common vocabulary education. Translation into the 24 necessary EU languages was key to these surveys and was carried out and back-translated by SLTs and colleagues to ensure meaning was not lost in transit.

With such a large number of partners, effective organisation was crucial. Occasionally, discussions could become heated, not least when nuances of vocabulary were at stake. However, the outcomes of the project have been achieved without any blood being spilt and largely amicably. Fortunately, SLTs across Europe, regardless of national differences, usually express their views and also any differences of opinion sensitively, and to a man (or more accurately woman, as the ratio is similar in most countries) they tend to be respectful of others, and passionate about the profession and the importance of high standards of professional practice.

The result has been success in achieving the aims and objectives of the project. The project website (www.netques.eu) houses the full details of the project. The most important 'products' (an EU term) are:

- A glossary of key terms in all partner languages.



▲ EU partners at the final NetQues congress in Ghent, September 2013

- Educational benchmarks in all partner languages.
- Good practice examples.
- A state-of-the-art snapshot profile of SLT numbers and other details from each EU country.
- A comprehensive report giving the detail of the project with the key sections in each language.

As an international project, outcomes will continue to be disseminated across the EU and globally through the NetQues website, CPOLOL and the International Association of Logopedics and Phoniatrics. It has also attracted keen interest from the American Speech-Hearing Association.

United aspirations

This major project in speech and language

therapy education was always going to be ambitious. Sixty-five partners from 31 countries using 24 languages was only the start, as the 'babel' at the initial partner meeting demonstrated. We should confess that as most of our European partners can communicate – and often very competently – in English, most meetings were conducted mainly in English, making our lives much easier.

Add the huge diversity in scopes of economic and political situations, not to mention the inevitable differences in personalities and agendas, and the challenges become clear. Nevertheless, the NetQues project did reveal that, across Europe, the SLT profession is united in its aspirations for new entrants to the profession to be competent, caring individuals with relevant, up-to-date knowledge and skills as they embark on their professional careers. The outcomes form the basis for cross-European collaboration for many years to come. ■

.....
Jois Stansfield, Manchester Metropolitan University (Partner 30 and UK country lead); **Alison Fuller**, RCSLT (Partner 32); **Aileen Patterson**, CPOLOL (Partner 1 and project coordinator); **Sarah James**, Leeds Metropolitan University (Partner 31)

Notes

1 CPOLOL (Comité Permanent De Liaison Des Orthophonistes-Logopèdes De L'union Européenne) is the professional organisation representing SLTs across Europe. Visit: www.cplol.eu



ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

NOTICE OF 2013/2014 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 **Tuesday 16 September 2014, at 6.00 pm at University House, University of Leeds, LS2 9JT**

All members are welcome to attend the AGM.

The AGM agenda, minutes of the 2013 meeting, background notes, booking form and proxy voting form will be available to download from www.rcslt.org/about/howweare/council after 22 August 2014.

This calling notice will be repeated in the September Bulletin.

Please note that some important changes to the RCSLT's constitution are going to be proposed to members at the AGM as a result of the ongoing governance review.

The AGM papers will therefore include a background message from the Chair of RCSLT, following on from her message in the May 2014 Bulletin.

Papers for those members who have requested formal notices to be sent to them in hard copy will be posted no later than 22 August.



Dysphagia is a relatively common problem, associated with long-term and life-limiting conditions. Swallowing difficulties can have a profound impact on the physical and mental health of sufferers. In August 2013 we launched Swallowing Matters (www.swallowingmatters.co.uk), one of the first peer support fora for people affected by, or with an interest in, dysphagia.

The name communicates our aims: we wanted to show that swallowing really does matter and to provide a forum where people with common interests gather virtually, to share experiences, ask questions or provide emotional support and self-help.

Development process

Swallowing Matters is a social marketing-based health intervention designed to support self-management. Social marketing targets a specific group, attempting to influence behaviour to improve a particular aspect of health (Evans, 2006). A review by Eysenbach and colleagues (2014) anticipated the value of online support groups. This potential has been realised by large communities such as TalkHealth (www.talkhealthpartnership.com) and Cancer Chat (<http://cancerchat.cancerresearchuk.org>).

George created the website and Twitter account as a practice-based project for his MSc Science Communication dissertation. He did this work as part of a programme about dysphagia, undertaken by the Translating Knowledge into Action theme of the National Institute for Health (NIHR) Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (CLAHRC SY). For further information, see <http://tinyurl.com/paute8u>. The development process lasted from April to August 2013 and comprised several aspects, including:

- A literature review about dysphagia, self-management and peer-led online support groups.
- Consultation with key informants, including health professionals, people responsible for online forums run by charities and potential patients and carers.
- Use of Google's 'trends' tool to investigate whether people are currently using the internet to search for information about dysphagia.
- Website design to make the site accessible

Swallowing Matters: a new resource to support self-management

George London, Irene Ilott and Sabrina Eltringham describe the development of Swallowing Matters, an online community for dysphagia peer support

and appealing to the target audiences, such as individuals with aphasia and older people. Considerable thought was given to the risks of misinformation. There is a clear disclaimer about the importance of seeking specialist advice and conversations are monitored so that potentially inappropriate content is removed quickly.

- Obtaining feedback on a pilot website from two focus groups with 11 younger people (average age 22) and eight older people (average age 63).

As part of the launch strategy, George established the Twitter account (<https://twitter.com/DysphagiaSY>) to alert people to the forthcoming website and its subsequent development. Statistics collected using Google Analytics in the first fortnight show that Swallowing Matters was viewed by 531 individual visitors, who spent an average three minutes on the website. People have raised their concerns and shared their experiences. The Twitter account now has more than 500 followers from all over the world.

Play your part

We want Swallowing Matters to become a significant patient community resource and archive with first-hand knowledge about dysphagia. This will obviously take time. You can help by:

- Joining the community at: www.swallowingmatters.co.uk

- Promoting the forum to patients, their families/carers, multidisciplinary colleagues and students.
- Contacting us if your organisation is interested in becoming a friend. ■

George London, Social Media Executive at NHS Choices (part of the Health and Social Care Information Centre); Dr Irene Ilott, formerly Knowledge Translation Project Lead CLAHRC SY; Sabrina Eltringham, SLT Sheffield Teaching Hospitals NHS Foundation Trust.



References & resources

- Evans WD. How social marketing works in health care. *British Medical Journal* 2006; 332, 7551, 1207.
- Eysenbach G, et al. Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions. *British Medical Journal* 2004; 328; 7449, 1166.

Acknowledgements

This report presents independent research supported by the NIHR CLAHRC for Yorkshire and Humber (NIHR CLAHRC YH). The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health. CLAHRC YH would also like to acknowledge the participation and resources of our partner organisations. Further details can be found at: <http://tinyurl.com/nuvdcw5>. The dysphagia studies were funded by the NIHR CLAHRC YH and Sheffield Hospitals Charity (Registered Charity No.1059043) via NIHR CLAHRC YH.

Vicky Joffe and Emma Pagnamenta look at the issue of funding for your research

Money: the means to make it happen

Over the past two years we have received many requests for advice on how to embed research into clinical practice and how to conduct clinical research. One of the most recurring questions is how to fund research.

We know a lack of funding is one of the greatest barriers healthcare professionals face in becoming research active. Pager et al (2012), in a study investigating the barriers to building research capacity experienced by allied health professionals (AHPs) in Queensland, found 45 out of 81 respondents cited 'lack of funds' as a barrier. Funding woes are not only experienced by AHPs; 30% of doctors and nurses identified funding as a barrier to taking part in research in a 2013 survey (AMRC).

Finding funding for research is a challenge, particularly in the current context of austerity, but it is important not to lose heart. There is increasing recognition of the need to fund projects that translate evidence and innovation

into practice and address the implementation of evidence-based treatment into clinical practice across healthcare. It is important to be flexible when considering how to fund a research project. It may not be possible to get all the money from one source. However, you could carve up the project into smaller projects and look for separate funding for each one, or for each stage of a larger project. In this way you can use a successful smaller pilot study as evidence to support the funding application for the next project. In fact, most funding sources now require you to have piloted or trialled the assessment, intervention or new service delivery model for which you are seeking funding.

Finding funding

The first place to look is the RCSLT. You may have read about, or even applied for one of our RCSLT Minor Grants (<http://tinyurl.com/nn488gu>). These offer up to £500 for members 'seeking to benefit the profession and to enhance their own professional development'. Activities

to support evidence-based practice (EBP) and research fall neatly into this category. Successful applications have included a project to evaluate the effectiveness of intervention and a grant to cover travel expenses for research participants with autism. There are many other possibilities, for example developing focus groups, interviews or surveys to evaluate your service, setting up new EBP initiatives that meet needs locally and carrying out small-scale pilot projects. Your application could very well be the next one we fund, so download the application form. The next closing date is 10 September 2014.

The Hub Activity Fund

There is also a new 'Hub Activity Fund', of up to £1,500 per year for each RCSLT hub (<http://tinyurl.com/pfcylpf>). This will support hubs to develop networks and form collaborations. Why not think about setting up small-scale research collaborations within your hub, for example, paying travel expenses for service users to attend a focus group or developing an evidence-based leaflet, poster or presentation for your teams. The London Hub, for example, has set up 'hubbubs' where a group of academics and clinicians are collaborating on a specific area of clinical research.

Big bucks

For larger amounts, you will need to look further, but with one of the smaller grants under your belt already, you will be much better armed. A range of different organisations provides funding opportunities (see box for examples). The nature of our work means we overlap with a wide range of research fields, so it is worth looking widely for different funders. There are always new initiatives

springing up. For example, a van der Lely trust is currently being established in memory of Professor Heather van der Lely, who died earlier this year. This will fund research into specific language impairment.

The RCSLT Research Newsletter, Bulletin and social media provide regular research funding updates. We also have a database of funding opportunities available to SLTs in the Research Centre (<http://tinyurl.com/mhbpzxl>). Please get involved and share your own discoveries because the list of potential funders is large and you may know of some that we not aware of.

It is worth looking at dedicated funding databases, for example RDinfo (www.rdinfo.org.uk), which focuses on healthcare. Many allow you to sign up for email alerts



Research and Development Forum



ILLUSTRATION BY Luciano Lozano

for grants in specific areas and you can subscribe to 'special editions', such as 'Allied health professionals and dementia'.

Networks are great

Networks can be a great way to find out about new funding opportunities. For example, the Contact, Help, Advice and Information Network (CHAIN) (<http://chain.ulcc.ac.uk/chain/index.htm>) is an online support network for people working in health and social care. Local networks may be invaluable in alerting you to new opportunities. The University College London-based Aphasia Research Group has just announced a seed fund to support small-scale projects. Join your local AHP Research Network, AHP group and, of course, your RCSLT Hub. Your hub will help you facilitate

collaborations with researchers from your regional universities. Many academics will be looking to clinicians to support their applications. Funders also look for collaborations between academic and clinicians and increasingly want to see the impact and value that their funding will have 'on the ground'.

It is well worth identifying someone in your team to sign up to mailing lists and keep up to date with funding opportunities on behalf of the team.

How to apply

Make sure that you gather a team around you that has the expertise you need and preferably some experience of applying for research funds. Many larger funders have online resources to help applicants submit good applications.

Examples of funders

Research councils, trusts, foundations and other organisations

- Medical Research Council (www.mrc.ac.uk)
- Economic and Social Research Council (www.esrc.ac.uk)
- Engineering and Physical Sciences Research Council (funds information and communication technologies) (www.epsrc.ac.uk)
- Arts and Humanities Research Council (www.ahrc.ac.uk)
- The Wellcome Trust (www.wellcome.ac.uk)
- The Nuffield Foundation (www.nuffieldfoundation.org)
- The Leverhulme Trust (www.leverhulme.ac.uk)
- Paul Hamlyn Foundation (www.phf.org.uk)
- The Health Foundation (www.health.org.uk)
- National Institute of Health Research (England) (www.ccf.nihr.ac.uk)
- Chief Scientist Office (Scotland) (www.cso.scot.nhs.uk)
- Health and Social Care Research and Development Division (NI) (<http://tinyurl.com/ownrttw>)
- National Institute for Social Care and Health Research (Wales) (<http://tinyurl.com/pem45ms>)
- The Nuffield Trust (www.nuffieldtrust.org.uk)
- The Big Lottery (www.biglotteryfund.org.uk)

Societies

- British Aphasiology Society (www.britishaphasiologysociety.org.uk)
- British Neuropathological Society (www.bns.org.uk)

Third sector organisations/charities

- The Stroke Association (www.stroke.org.uk)
- The Henry Smith Charity (www.henrysmithcharity.org.uk)
- The Sylvia Adams Charitable Trust (www.sylvia-adams.org.uk/index.php)

Read the guidelines carefully (McNulty, 2014) and find out what you are being asked to do, in order to give yourself the best possible chance to be successful. Other organisations provide further support. For example, INVOLVE has created resources on writing plain English summaries for research proposals (www.invo.org.uk/makeitclear) while the AHP Research Network hubs often host workshops or provide individual advice. University of Sheffield researcher Dr Rebecca Palmer has provided some useful top tips for SLTs looking for funding to carry out a research project (<http://tinyurl.com/np4gqos>).

As you can see, there are plenty of funding opportunities

out there. Applying for funding is like most things in life, it gets better and easier the more you do it. ■

Professor Victoria Joffe, RCSLT Councillor for Research and Development. Email: vjoffe@city.ac.uk. Dr Emma Pagnamenta, RCSLT Research Manager. Email: emma.pagnamenta@rcslt.org



References & resources

Association of Medical Research Charities. *Healthcare professionals recognise value of NHS supporting medical research*. May 2013. <http://tinyurl.com/q4twl5t>
McNulty C. *Advice on applying to funding schemes*. British Council 2014. <http://tinyurl.com/kox6auo>



Our monthly look at the latest in published research

In the Journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

Discourse after TBI

An Australian exploratory non-randomised control trial suggests the use of exchange structure analysis (ESA) and productivity analysis has extended the understanding of adult traumatic brain injury (TBI) discourse styles.

Fourteen TBI participants and their everyday communication partners (ECPs) underwent joint social communication training (10 weeks for 3.5 hours each week) aimed at achieving rewarding, productive conversations. A control group of 15 allowed comparison of trained and untrained ECPs and TBI clients. The data presented is a subset of data from a larger clinical trial.

Researchers assigned ESA codes to five-minute samples of video-recorded casual conversation, according to the speaker, context and function of each 'move' – for example K1 = information giving move. They also tallied the frequency of ESA moves and the total number of moves by each individual (for productivity analysis), and applied descriptive statistics.

The authors noted positive discourse changes following the training, including ECPs reducing 'test' questions and TBI clients tracking information more effectively and contributing more moves.

**Reviewed by Jacqueline Pogue
Clinical Lead Specialist SLT, Northern
Trust Brain Injury Service**



Reference

Sim P, Power E, Togher L. Describing conversations between individuals with traumatic brain injury (TBI) and communication partners following communication partner training: using exchange structure analysis. *Brain Injury* 2013; 27:6, 717-742.

Mobile technology and AAC

There are benefits and challenges when using mobile technology for augmentative and alternative communication (AAC), according to David McNaughton and Janice Light.

The authors evaluated the impact of tablets and mobile technology on the field of AAC using information from peer-reviewed papers and online sources. The benefits included the social acceptability and normality of iPads and increasing AAC awareness and use by both the AAC user and their communication partners. Additionally, wide availability and affordability of devices have increased the range of people accessing AAC solutions.

They also identify significant challenges. Devices may be purchased without careful consideration of a person's skills and needs, resulting in frustration and unmet communication goals. Tablets are not the one-fit solution for all AAC requirements, so appropriate assessment is essential.

The authors state, "There is an urgent need for effective collaboration among key stakeholders to support research and development activities, and to ensure the successful implementation of mobile technologies to enhance communication outcomes for individuals who require AAC and their families."

**Reviewed by Dr Tammy Davidson
Thompson, Principal SLT, Norfolk
Community Health and Care NHS
Trust**



Reference

McNaughton D, Light J. The iPad and mobile technology revolution: Benefits and challenges for individuals who require augmentative and alternative communication. *Augmentative and Alternative Communication* 2013; 29:2, 107-116. <http://tinyurl.com/qj6rj4d>

BSL storytelling

Deaf children whose dominant language is British Sign Language (BSL) with a specific language impairment (SLI) have similar difficulties with storytelling to hearing children with SLI, according to City University London research.

Researchers gave 34 BSL users, aged 5;0 to 14;8, a storytelling task. Although all had normal non-verbal development, teachers identified 17 as having a specific difficulty with learning language. The remaining 17 were typically developing (TD) controls matched for age, gender, hearing level, exposure to BSL, family hearing status and educational placement.

All the children watched a video of a series of events acted out without language. The researchers asked questions to check the children's understanding of the story and their inferencing skills. They then asked the children to retell the story.

The SLI group produced significantly simpler narratives than the TD group. Their scores were lower for responses to questions, content, narrative structure and BSL grammar. They were not able to exploit any potential overlap between gesture and sign to support their storytelling. Their difficulties with this task were similar to the difficulties shown by hearing children with SLI, in both linguistic structure and story grammar.

To quote the authors, "regardless of language modality, language impairments lead to a similar pattern of difficulties".

**Reviewed by Amanda Odell, SLT,
Nottingham Auditory Implant
Programme**



Reference

Herman R, et al. Deficits in narrative abilities in child British Sign Language users with specific language impairment. *International Journal of Language and Communication Disorders* 2014; 49:3, 343-353.


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

Any questions?

Paediatric voice disorders

Are there any paediatric voice specialists within the Liverpool area available to offer advice to therapists?


Elaine Devereux

 elaine.devereux@liverpoolch.nhs.uk

Unity software

Have you trialled LAMP-based SGDs with non-verbal individuals with autism (eg 'Unity' software)? If so, what are your experiences (positive or negative) and what eligibility criteria do you use?

Jodee Simpson

 j.simpson4262@student.leedsmet.ac.uk

Research assistants

I qualified as an SLT last summer and am currently working as a research assistant (RA) in the speech and brain research team at Oxford University. Are there any other NQPs out there who are also working as RAs?


Robyn Cary

 robyn.cary@psy.ox.ac.uk

Dysphagia cups

Do you know of any alternative dysphagia cups to the Provale that allow a person to have a measure amount of thickened fluid at any one time? The Provale is for thin fluids only.

Sarah Jackson

 sarah.e.jackson@srft.nhs.uk

Medication consistencies

How do SLTs make recommendations about medication consistencies for patients with dysphagia, particularly in acute settings? Do you have specific criteria, assessments or other tools that you use?


Ginni Brinkley

 Ginni.brinkley@nuh.nhs.uk

Word struggle

I work with a patient who has a learning disability, Alzheimer's and Parkinson's. He is very good with words, letters, and spelling, etc. Have been trialling on Lightwriter and using a spelling board. Struggling to get any words other than his own name out. Have you worked on a similar case? Do you have any suggestions?


Heather Edey

 heather.edey@nhs.net

Relevant vocabulary

How are SLTs in mainstream schools currently assessing relevant/up-to-date vocabulary as current formalised assessments don't seem to reflect vocabulary that children are using?

Suzi Proctor

 Suzanne.Proctor@oxfordhealth.nhs.uk

Want some answers, why not ask your colleagues?

Split caseload

Do you work in a special school (particularly ASD schools) where there is a full-time SLT employed by the school but also part-time NHS SLT input? I am keen to hear about how you are working together, including how you have split the caseload and how you are providing universal input throughout the school.


Izy Utley

 izyutley@nhs.net

Videofluoroscopy assessments

Does anyone use licensed pre-thickened contrast in videofluoroscopy assessments?

Rhiannon Venus

 Rhiannon.venus@addenbrookes.nhs.uk

Kent Assistants Network Group

We are a group of speech and language therapy assistants in Kent, working with adults and paediatrics. We meet twice a year to discuss resources, training, case studies, share ideas, network and have occasional guest speakers. Our next meeting will be in December when a member of The Stroke Association will present. Would you be interested in joining the group?


Toni Barker

 tonibarker@nhs.net

Experience questionnaire


Do you have any examples of an aphasia-friendly patient experience questionnaire?

Tania Watson

 Tania.watson@nhs.net



Email your brief question and any replies to anyquestions@rcslt.org.

 www.rcslt.org/discussion/forum



MIND THE GAP

Putting research into practice

17-18 SEPTEMBER 2014
UNIVERSITY OF LEEDS

Royal College of Speech
and Language Therapists
Conference 2014

Book your place today

This event more than all others in the RCSLT portfolio focuses on the challenges and opportunities facing the profession and will provide a platform for dissemination of new innovations for evidence-based practice.

'Mind the Gap: Putting research into practice' will give delegates the opportunity to come together to focus on how the profession can survive and thrive.

The economic reality has set the context for the conference. It is vital that the profession shows evidence of what works. Following on from the RCSLT Hub Summit 2013, Mind the Gap will look at the current drivers – translating research into practice to inform service delivery and design, outcomes for service users, outcome measures and the need to strengthen the business case for commissioning services.

The conference will feature two days of oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. Topics will cover a range of adult and children

specialisms. Mind the Gap promises to be a busy interactive event providing delegates with the opportunity to share:

- Clinical research
- Best practice and skills in clinical practice and clinical education
- Emerging innovations and collaborations
- Entrepreneurial approaches to service delivery
- New models of employment
- Leadership

| Fees | One day (£) | Two days (£) |
|--------------|-------------------|----------------------|
| RCSLT member | £180 (£150 + VAT) | £260 (£216.67 + VAT) |
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Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituaries

REMEMBERING



Hilary Marcia Jarvie (née Fleming)

1947–2013

As a schoolgirl, Hilary announced with determination that she wanted to train as a speech therapist, at a time when such a profession was relatively unknown. However, train she did, qualifying from the West End School in 1968. She began work in Hampshire community clinics, which became those of Dorset after the move of country boundaries in 1974.

Following her marriage to Ian, she continued to work both part and full time while their three children were growing up. She had a wide knowledge of school and community work, and later undertook sessions in the older people's service to increase the scope of her clinical experience.

In November 1985, the family moved to Saffron Walden. There, Hilary developed her interest in management, being employed by trusts in Cambridge and Suffolk. She completed the Diploma in Management Studies at Harlow College and a Masters in

Business Administration with the Open University.

In 1995, Hilary returned to Dorset as head of service to preside over a complete reorganisation of speech therapy. This involved the merger of the two existing teams into one and planning for a large new investment of resources, including setting up a body of assistants.

As a manager, Hilary was efficient, approachable, far-sighted and practical. She thought through the changes that needed to be made, and then made sure that they happened with the minimum of disruption to staff.

She had particular skills in negotiation, setting up external contracts with outside agencies and promoting inter-agency working. She was very pleased to work closely with her own profession again, after having been previously involved with general administration. She maintained

her clinical interest by participating in stammering therapy groups.

Hilary retired in 2007, but as might be expected of her she was as active as she had always been. She studied Spanish, regularly went to keep-fit, and very much enjoyed holidays abroad, as well as being involved with the family and grandchildren.

She used her skills in working as a volunteer advocate with Social Care in Action. This is an organisation described as, "helping and supporting vulnerable people in court, as tribunals, wherever they needed a voice." Her experience as both therapist and manager was invaluable, and clients often asked for her by name.

Hilary was diagnosed with an inoperable liver tumour in June 2013. She dealt with her illness and its treatment with the calm good sense and philosophical approach that was characteristic of her. She was able to live a quiet but active life until a few days before she died.

Her obituary movingly and truthfully speaks of her enduring her illness with stoicism and dignity. Her funeral in Bournemouth was a celebration of her full life, attended by family and many friends, and also by at least 25 speech and language therapists, both past and present members of staff.

What stood out about Hilary was her quality as a people person. Everyone's needs came before her own. She cared about and supported her family, friends, staff and patients. She had a great capacity for giving.

“What stood out about Hilary was her quality as a people person. Everyone's needs came before her own”

**Lynette Smith and Eunice Gibbs, RCSLT
Retirement Network**

AUGUST/CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 8 August for September, by 5 September for October, and by 3 October for November. Venue hire at the RCSLT – special rates for CENs (formerly SIGs). For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

Counselling and Therapeutic Skills CEN

19 September

'Introduction to counselling approaches that are relevant to and effective in SLT'. Sam Simpson (www.intandem.co.uk) will present 'Person-centred therapy touchstones'; Carolyn Cheasman and Rachel Everard (City Lit) will talk about 'Acceptance and commitment therapy'. RCSLT, 2 White Hart Yard, London SE1.

Email: ruth.phillips.sig@hotmail.co.uk

London Speech Disorders SIG

29 September

Caroline Bowen: one-day course. Developmental verbal dyspraxia. Friends House. Members £50; non-members £60. Agenda/timings to follow. Booking essential.

Email: frances.ridgway@uclh.nhs.uk

Head and Neck (South) CEN

2 October, 9.30am – 5pm

'Optimising swallow outcomes following chemoradiotherapy'. Evidence reviews regarding prophylactic exercises, tube feeding and minimising treatment toxicity. Also to include updates on clinical trials and DAHNO/ NICE. Institute of Cancer Research, Chester Beatty Laboratories, 237 Fulham Road, London, SW3 6JB. Members £10; non-members £40 (includes lunch).

Email for further info and to book, email: Lindsay.Lovell@stgeorges.nhs.uk

Psychiatry of Old Age (Southern) CEN

7 October, 9am – 4.30pm

Programme to include less common dementias – assessment, diagnosis and intervention; RCSLT update (theory of change); AGM; other items tbc. RCSLT, London. For further information and to book your place, email: SIGPOA@gmail.com

South East and London Stammering SIG

12 December, 9.30am – 4pm

Study day: Stammering therapy in the group setting. Explore the benefits of delivering therapy to groups of children, adolescents and adults. At a London venue. Email: helen.story@nhs.net

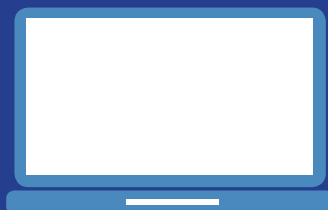
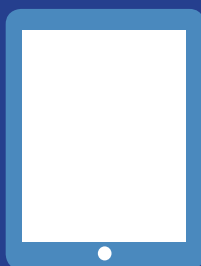
Trent Voice CEN

9 October, 9.30am – 4.30pm

'New to voice' day for recently-qualified therapists working in voice or those returning to the area of voice. This interactive study day covers aspects of assessment and therapy, including laryngeal image interpretation and case discussion. Rotherham. Members £30; non-members £45.

Email: annahanson80@hotmail.com

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Visit www.rcslt.org and follow the links.



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If you're looking for a resource to help parents of children with ASD make the most of their child's play to build communication skills, The Hanen Centre's new *Plan for People Play* booklet can help.

Plan for People Play offers:

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- "Game Plan" templates to help plan how parents will use the booklet's strategies in their next game.

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- Identification
- Explore stammering
- Explore change
- Tools for change
- Soft starts
- Changing rate
- Voluntary stammering
- Holding/tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

From Michael Palin Centre for Stammering Children, London: **Frances Cook**, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); **Willie Botterill**, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; **Ali Berquez**, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; **Alison Nicholas**, MSc, BA (Hons), Cert MRCSLT; **Jane Fry**, MSc (Psych. Couns.); **Barry Guitar**, Ph.D., University of Vermont; **Peter Ramig**, Ph.D., University of Colorado-Boulder; **Patricia Zebrowski**, Ph.D., University of Iowa; and **June Campbell**, M.A., private practice, provided additional footage.

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This is an excellent opportunity for professional development, and to take an active role in supporting the profession to establish an effective approach to measuring outcomes across the UK.

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Specific responsibilities in assisting the Project Manager include responding to day-to-day queries; ensuring regular communication with the membership about the project's progress; updating information on the website; signposting members to relevant resources; identifying and liaising with representatives for working groups; supporting meetings; online surveys; maintaining databases relating to UK projects and resources currently under development; research; and undertaking identified pieces of work.

YOU WILL HAVE:

- HCPC registration, RCSLT membership and have completed the RCSLT Competencies Framework or equivalent

- A good knowledge of outcome measures, their purpose and relevance to the profession in relation to the commissioning and procurement of services
- Excellent organisational and communication skills and ability to work effectively as a team member
- Strong analytical and problem solving skills

If you are interested in this role, please email: dilnaz.gorwala@rcslt.org to receive a full job description and application form. Closing date for applications is 25 August 2014. Interviews take place on 1 September.

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SPEECH AND LANGUAGE THERAPY POST CHILDREN'S SERVICES

(September 2014)

NORSACA offers a range of services in Nottingham supporting people affected by Autism: family services, specialist school, day, outreach and residential.

**Sutherland House School,
NORSACA
Band 6/7 Speech and
Language Therapists (Term
time/Annualised hours)
1.0 wte maternity cover**

The SLT children's team is an established and well respected service within the school. A valued small team, delivering high quality intervention and training in an educational context, working with a small caseload in collaboration with staff, other agencies and families/carers.

NORSACA has excellent opportunities for training, peer support and protected CPD as well as professional links/partnerships. We would welcome applicants

with a minimum 4 years relevant experience, knowledge and skills.

**For an informal discussion, contact Louise Pennington, SLT Team Leader
Tel: 0115 969 3373 or e-mail
louise.pennington@sutherlandhouse.org.uk**

For detailed information about the role/school, and to download an application form please visit our website www.norsaca.org.uk

Job Ref: SLT/SHS/Maternity

Closing date: 22nd Aug 2014

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The Role:

- We are seeking band 6 Therapist for 2 days a week
- You will be working in homes and schools
- The position will start at the beginning of September 2014

You must have:

- Experience in working in Primary and Secondary schools as well as with parents/ carers
- A car and a full driving license
- Membership with the HPC and RCSLT
- An up to date CRB/DBS check.

To Apply:

Send CV to Hannah@talkwithus.co.uk and Naomi@talkwithus.co.uk For an informal discussion, contact Hannah on 07769694120 or Naomi on 07956546413.

Closing Date: 12th August 2014

www.talkwithus.co.uk

Speech and Language Therapist required for one year, full time, term time only.

We are looking to recruit a Speech and Language Graduate Therapist as part of a pilot project aimed at raising the speech, language and communication skills of children attending our school.

Start date: **2nd September or ASAP after**
Salary S6: **FTE range: £20,124 to £ 23,135 (role is 85% of FTE working 36 hours per week and 39 weeks a year- range £17,105- £19,665)**
Surrey pay standard fixed term contract, holiday may not be taken during the school term.

Newly qualified therapists are welcome to apply.

Closing: 18th August
Interview: 28th August

For further information and job description, please contact info@englefield-green.surrey.sch.uk

www.englefield-green.surrey.sch.uk



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For enquiries and applications please contact Katie Pennycook

T: 020 7467 9520

E: katie.pennycook@londonchildrenspractice.com

Closing date for applications: 15th August 2014



Band 7 Speech and Language Therapist

Part time: 17 hours a week

Salary: £33,089 - £37,710 FTE



Integrated Neurological Services (INS) is a highly regarded charity, in west London, offering long term rehabilitation, education and emotional support to people with neurological conditions.

We are looking for an experienced, person-centred SALT who places the individual at the heart of their work. You will have a wide variety of neurological experience within different teams and be keen to be part of a dynamic and developing service.

You will work as part of an integrated team alongside OTs, PTs, social workers and rehab assistants. You will supervise band 5 SALTs helping to deliver support to our clients and their carers. A driving licence is essential.

Closing date: 1st September 2014 Interview: week of 8th September 2014

For application pack contact us on 020 8755 4000, email: admin@ins.org.uk

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bulletin

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Heidi Keeling

OCCUPATION: LEAD SPECIALIST SLT ON BEHALF OF THE NOTTINGHAMSHIRE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SPEECH AND LANGUAGE THERAPY TEAM

“The project has generated excitement in our multidisciplinary teams and departments across our trust”



The Nottinghamshire Healthcare NHS Speech and Language Therapy Service for adults with intellectual and developmental disabilities is now half way through its ‘2014 Year of Evaluation’.

In February this year, we announced the team’s resolution for our 22 SLTs and eight SLT assistants to each evaluate one piece of clinical work. We intend to create a body of functional and practical evidence for the work we do.

The evaluations reflect the diversity of the activities within our team, as well as the clinical interests of each of our colleagues. They range from ‘communicating bereavement for people with intellectual disabilities’ to ‘current trends in videofluoroscopy referrals’ and ‘the impact of staff language on patients’ experience of ward rounds’.

At a recent team meeting, we reflected on our experiences and the process of formally evaluating our practice so far. Being able to focus on a piece of clinical work of interest has been a motivating factor. Some colleagues reported they found training on how to use academic search engines valuable, because it helped them access up-to-date research papers.

As the evaluations were intended to be based on our clinical work, some individuals have had to adapt their research to fit in with the direction and needs of referrals. Generally, time constraints have been an issue for most colleagues because the evaluations are embedded into our regular working days. Hence, some people have scaled down their ideas to fit the demands of their working (and family) lives.

Overall, we feel our peers have been an invaluable source of support during the process of generating ideas, planning how to evaluate the work and continuing motivating each other. The project has generated excitement in our multidisciplinary teams



Heidi reads the latest self-evaluation report with colleagues

and departments across our trust. There has been general goodwill in terms of releasing care workers for interviews and multidisciplinary colleagues are awaiting the outcome to help inform their practice too.

In the June 2014 Bulletin, Joffe and Pagnamenta highlight the importance of clinical academia and the different levels of workforce involvement. In the context of the Health and Social Care Act (2012) this message is even more pertinent. The act provides a legal basis for research in the NHS and directs that commissioning should be evidence based.

We are not unique in Nottinghamshire in realising that the published evidence base does not always capture the complexity and diversity of the needs of our service users, and the contexts in which we work. Building up a functional evidence base across a range of services can help equip SLTs to continue to provide creative and relevant intervention for our service users.

The most exhilarating aspect of doing

the functional ground level research is the impact it has had on our conversations with multidisciplinary colleagues and a realisation that it is us (SLTs and assistants, collectively) who are the future of our clinical evidence base. By actively participating in research, we can help shape the direction of what we would like our profession and services to look like. Our project has given us opportunities to reflect on the work we do in particular at a point when services see increased demands on their time and an expectation to participate in and follow recent evidence-based research. ■

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References & resources

Health and Social Care Act (2012). <http://tinyurl.com/pj3j4v3>
Joffe V, Pagnamenta E. Combining clinical practice and research. *RCSLT Bulletin* 2014; 746, p20-21.

Picture Exchange Communication System (PECS)

Level 1 Workshops York, Aberdeen, London, Birmingham, Liverpool, Southampton, Cambridge, Cardiff, Newcastle and more. SoSAFE! Sexual/Social Safety Training – Cardiff, Liverpool, Newry, Newcastle and London. Language of Emotions with Andy Bondy PhD – London, Bristol and Sheffield. Visit: www.pecs-unitedkingdom.com tel: 01276 609 555

**Talking Mats Training
Explore the potential of this powerful communication framework**

Online, **24 September – 10 December**; Stirling, **7 October – 11 November**; London, **31 October**; Oldham, **4 November**; Dublin, **20 November**; Newcastle, **28 November**; Accredited **13-14 November**. For more information, visit: www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479 511

5-7 September, Leicester

Voice Care Network annual study meeting

Come to refresh skills at workshops and presentations delivered by Tom and Sara Harris, Cicely Berry (RSC), Anne-Marie Steed (RAM), Alison Ryan (ATL). For information and applications, tel: 01926 864 000 or email: info@voicecare.org.uk

16-17 September, Guildford

Transcutaneous neuromuscular electrical stimulation (NMES) for oropharyngeal dysphagia

First subsidised VitalStim Therapy course. NICE has produced guidance that recommends NMES (IPG490) should be used with special arrangements for clinical governance, consent, audit or research in May 2014. VitalStim Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Email: training@vitalstim.co.uk Visit: www.vitalstim.co.uk

24-25 September, Midlands

TalkTools Feeding Therapy: A sensory motor approach

Guided workshop. Watch Lori Overland's DVD course with expert supervision to address questions and facilitate activities. Fully accredited TalkTools course. £120. Eg (Training) Ltd, Derbyshire, DE12 7AH. Visit: www.egtraining.co.uk, tel: 01530 274 747, email: info@egtraining.co.uk

29-30 September and 2-3 March, Imperial College London

Starting out in research – an introductory course

Research is a core part of providing better healthcare yet it is complex to carry out and requires a wide range of skills. This course provides an excellent grounding of the critical underpinning skills required for performing high-quality research. For more information, visit: www.imperial.ac.uk/cpd/researchskills or contact Eva Moreno at the Centre for Continuing Professional Development, tel: 020 7594 6885, email: cpd@imperial.ac.uk

6-7 October

Swindon fluency packs training

Working with children who stammer aged six to 17 years. Includes group work, solution focused practice, working with parents, introducing strategies to children. CD of packs included. For information pack, contact Gaby Smith, email: gsmith@swindon.gov.uk

7-10, 14-17, 21-24 and 30-31 October; or 4-7, 11-14, 18-21, and 27-28 November

Practical basic dysphagia course

Are you a recently qualified SLT? Do you want to work with adult acquired dysphagia? Do you wish you knew the dysphagia theory? If you answered yes to these questions then this course is for you. Cost £2,050. Funding available for AHPs working for the NHS in the East Midlands. Royal Derby Hospital. Visit: www.ncore.org.uk, tel: 01332 254 679

15 October, Central London

Counselling skills for recently-qualified SLTs

Develop and practise a range of essential core counselling skills to help you work with emotional issues you'll encounter as SLT. Excellent addition to your CV. £60. Email: rachel.everard@citylit.ac.uk or tel: 020 7492 2579.

24 October, London

British Dyslexia Association Conference: speech/language impairment and dyslexia

Book now. Features eminent speakers including Professor Maggie Snowling, Anne Fox, Rita Fogarty and Dr Courtney Norbury. Prices from £110. For more information and booking: email: katrinac@bdadyslexia.org.uk or tel: 01344 381 569.

30-31 October, Greenwich, London

Swallowing rehabilitation and the use of surface EMG biofeedback

Maggie-Lee Huckabee PhD. Two-day course exploring the evidence and practical application of swallow-skill training using sEMG. £210. Limited places for last half-day practical workshop (£70). Email: helen.day@oxleas.nhs.uk

4-5 November

International Feeding Disorders Conference

The emphasis will be on research and clinical practice developments relating to developmental, systemic and bio-behavioural aspects of feeding and eating disturbances. Contact: ICH Events, tel 020 7905 2699, email: info@ichevents.com

5-6 November, RCSLT London

Elklan total training package for pupils with SLD

This new course uses innovative material to equip SLTs and teaching advisers to provide practical, accredited training to develop communication in children and young people with severe learning difficulties in all settings including mainstream. Teacher/therapist teams welcome. £435. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6-7 November, Manchester

LSVT LOUD training and certification workshop

Evidenced-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. Will discuss multiple sclerosis, cerebral palsy and stroke. Funding available for AHPs working for the NHS in the East Midlands. Full details and fees at: www.ncore.org.uk, email: dhft.ncore@nhs.net, tel: 01332 254 679

6-7 November, RCSLT London

CPD for SLTs and SLTAs from Elklan. Supporting Children and Adults using AAC

Andrea Kirton, highly-specialist

SLT, will develop your skills and knowledge about low- and high-tech AAC. Accredited at level 4, you will be supported to complete your portfolio of evidence. £325 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7 November

SPLD (Dyslexia) Conference

Dyslexia - An impairment of language learning, Prof Maggie Snowling; Putting the IT into ITeracy, Jenny Thomson, Senior Lecturer University of Sheffield; Apps that really make your life easier; LinkedIn – getting your message across. Exhibition and delicious lunch included, Institute of Materials, Carlton House Terrace, SW1Y 5AF. £90 including membership. Email: Spldsiglondon@gmail.com

10-11 November, RCSLT London; 5-6 March, Salford

Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. Price: £435 (£450 from 1 Jan 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10-11 November; 12-13 February (both London RCSLT); 2-3 March, Salford

Elklan total training package for 5-11s

This course equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. Price: £435 (£450 from 1 Jan 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10-13 November, Crawley Down, West Sussex (near Gatwick)

Specialist Development Programme - SLTs/SLTAs supporting people with Down syndrome

Comprehensive course examining Down syndrome, EBP, SLT interventions. Can be taken as modular course. Symbol are advisers to the DSA and work with leading DS organisations on extending best practice. More details/booking: barbara.flook@symboluk.co.uk or tel: 01622 859 216. Visit: www.symboluk.co.uk

13-14 November; 12-13 February (both RCSLT London); 5-6 March, Salford

Elklan total training package for under fives

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/Therapist teams welcome. Price: £435 (£450 from 1 Jan 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

13-14 November, RCSLT London

Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-2 December, Bracken Court Hotel, Balbriggan, Ireland

Elklan total training package for under fives

This course equips SLTs and teaching advisers to provide practical,

accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £435/€535 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-4 December, Manchester

ADOS-2 administration and coding course

ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism. Visit: ados2training.co.uk or tel: 015 7149 000

3-4 December, Bracken Court Hotel, Balbriggan, Ireland

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £435/€535 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 February, RCSLT London

Elklan total training package for vulnerable young people

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £450 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 February, RCSLT London; 2-3 March, Salford

Elklan total training package for verbal children with ASD

Equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. Price: £450. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk



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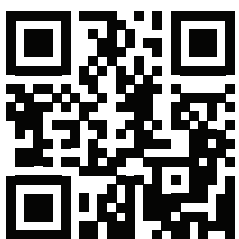


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