

bulletin

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

December 2014 | www.rcslt.org

Improving the management of patients 'feeding at risk'

—
Dementia placement experience

—
Helping clinicians become better evidence-based practitioners



What Works: The origins and development of the What Works database



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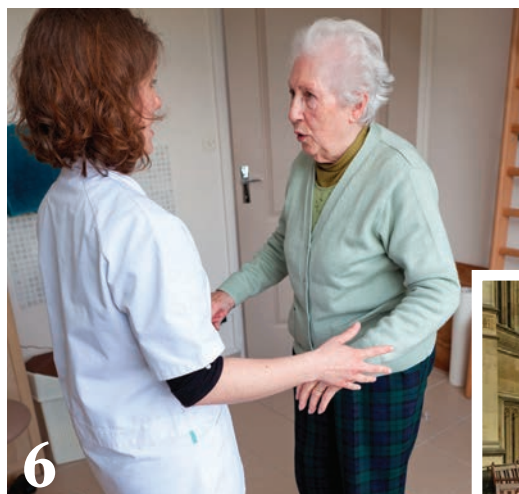
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Contents

ISSUE 752



4 Letters

5 News

11 Opinion: Maintaining quality of life with Huntington's disease

12 Shona Crichton: The origins and development of the What Works database

15 Reviews

16 Judith Anderson and colleagues: The management of patients 'feeding at risk'

18 Laura Cheeseman, Lucy Davies, Charly Harris: Dementia placement experience

20 Heather G-H-Cater: The National Star College Christmas Door challenge

21 Joanna Fraser, Kimberly Gorrell: Better evidence-based practitioners

22 In the Journals

23 Sam Bowman, Katrina Clarkson: Volunteers

24 Judy Clegg: Yorkshire and Humber RCSLT Hub update

26 Obituaries

29 Clinical Excellence Networks

30 Your speech and language therapy job adverts

34 My Working Life: Laura Lennox

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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)



Improving our lines of communication

As we sprint towards Christmas 2014, I would like to take the opportunity to say a big thank you to all of you who completed our online member survey. I am very pleased to say we had more than 3,000 respondents, so we now have a good representative sample of your views on the RCSLT and the products and services we provide. The analysis of your responses is well underway and we will be reporting the findings in early 2015.

In line with other professional associations, we are looking at ways to support the more effective use of our resources. Our email campaign to promote the online survey has shown us that this is a great way to convey key messages. Going forward, we aim to make email and other electronic means the default method we use to communicate our formal notices to you, for example our annual general meeting papers and membership renewal information.

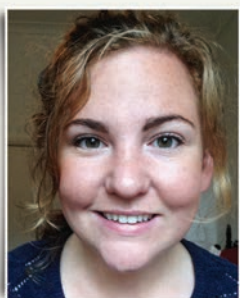
You can, of course, still receive official RCSLT communications in hard copy by writing to the RCSLT Company Secretary. If you have already informed us of your wish to receive hard copy notices, you don't need to tell us again.

I wish you all the best over the festive period and look forward to catching up with you again in 2015

Steven Harulow
Bulletin editor
 bulletin@rcslt.org

My RCSLT

Louise Emerson



I am an SLT working for Hackney and the City integrated children's services. I work in a special needs school for children with profound and multiple learning difficulties. The RCSLT enables me to keep up to date with developments within my specialist clinical areas, such as augmentative and alternative communication (AAC), learning difficulties and dysphagia. Access to a range of current research through

the online journal library facility is really useful. RCSLT Bulletins contain valuable information about national key changes, including special educational needs and disabilities reforms, and AAC provision funding. It is essential that we stay informed about the current climate of economic and social change.

Remembering Hannah Witheridge

It is with great sadness that I write to report the loss of one of the RCSLT's younger members. Hannah Witheridge was cruelly taken from us while travelling around Thailand this September. She was just about to start her final year of the MSc course at Essex University.

She was an excellent student and had really enjoyed her paediatric placements, particularly at Treetops School in Grays, where she was made to feel, "like a real speech therapist". She was particularly passionate about working with families to improve the lives of children with autism. She also worked alongside a stammering specialist in an NHS trust and took great delight in 'clicking' our conversations at home to practise her new skills in calculating stuttering percentages.

Hannah was loved and valued by staff and students alike at Essex. She made an impact on everyone, including our colleagues from the wider health therapies and nursing programmes, and members of the equestrian team she rode with. Her ever-present smile and infectious laugh are sorely missed and we hope to incorporate her enthusiasm and positivity into our future work within speech and language therapy.

Hannah's friends at the University of Essex have chosen to donate to Afasic in her memory, because she was a passionate supporter of the charity and had been training to participate in a cycling event in order to raise donations for them.

Lucy Dunkley, Hannah's friend and housemate

Searching for Life After Stroke stars

Baroness Brady, politician, businesswoman and star of *The Apprentice*, is launching a nation-wide search for inspiring stroke survivors, professionals, carers and volunteers to take part in the Stroke Association's 2015 Life After Stroke Awards.

Sponsored by the Toni & Guy Charitable Foundation, the Life After Stroke Awards celebrate the courage of the 1.2 million stroke survivors living in the UK, and the dedication of thousands of carers and volunteers who support them. It is a cause that is particularly important to Baroness Brady after she survived a brain aneurysm in 2006, which could have led to a stroke.

Nominations opened on 5 November. If you know an inspiring stroke survivor, carer, volunteer or professional then nominate them today and give them the chance to be part of a fabulous celebration.

There are several award categories and the closing date for nominations is 30 January 2015. Winners are invited to attend a star-studded award ceremony at London's Rosewood Hotel on 25 June 2015. Details of how to make your nomination are available at: www.stroke.org.uk/lasa

Angela MacLeod, Communications Manager, The Stroke Association

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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





International Day
of Persons with
Disabilities



RCSLT webinar
clinical business
skills



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Minister praises positive impact of NI SLTs



Northern Ireland's Health Minister Jim Wells praised allied health professionals (AHPs) for the significant contribution they make to the lives of people in Northern Ireland, during his opening address at the Northern Ireland Advancing Healthcare Awards on 23 October, part of a two-day event for AHPs called, 'Taking charge of change'.

Southern Health and Social Care Trust SLTs Fiona Patterson (pictured left) and Wendy Taggart won the award for innovation and creativity – enabling AHPs to deliver safe and effective

practice and care – for
'Telerehabilitation:
the use of



videoconferencing for provision of speech and language therapy post-stroke'. Belfast Health and Social Care Trust SLT Angela Crocker and service user John Toal were finalists in this category with their 'Help stop choking' video resource.

One of the rising star awards went to Western Health and Social Care Trust SLT Sheryl Jenkins (pictured right).

Addressing an audience of senior health and social care staff, AHP representatives from across the UK and clinicians from the 12 AHP groups, Minister Wells said, "These awards recognise the importance and diversity of AHPs. The finalists are excellent examples of the positive impact their practice has in improving outcomes for patients, clients and carers."

Your rcslt.org: dysphagia resources

The RCSLT has produced a series of web pages, specifically focusing on dysphagia. Produced in collaboration with the RCSLT Dysphagia Reference Group, the pages include a comprehensive list of dysphagia resources, such as systematic reviews, RCSLT and external publications, and external online resources.

They also detail competencies and training for SLTs, including the RCSLT Dysphagia Training and Competency Framework, other external competency frameworks and competency resources for non-SLTs.

A section on the policy context of dysphagia looks at the UK national government policies that relate to dysphagia. These include the Francis Inquiry Report in England, care standards in Northern Ireland and Scotland, and regulations and national minimum standards in Wales.

The pages also link to RCSLT information on the use of electrical stimulation interventions (see page 10 of this issue for details of the new online guidance on novel interventions).

Join the RCSLT Dysphagia Reference Group. Members receive email notifications inviting them to get involved in current and upcoming RCSLT work relating to dysphagia. This includes consultations to inform the development of guidance and training, building the RCSLT network of advisers and the development of outcome measures for dysphagia. Email: caroline.wright@rcslt.org

● Visit: www.rcslt.org/members/clinical_areas/dysphagia

NEWS IN BRIEF

Kathy Cann is offering copies of her 'Talk About' books as the prize draw this month (see page 8). Covering aphasia, language and aphasia, goals and stroke they support communication access through use of short sentence structures, high-frequency words and clear graphics. Kathy also runs a free online resource library, where SLTs can upload and download resources.

● Visit: <http://www.aphasiafriendly.co>

'Palate examination:

Identification of cleft palate in the newborn' is new guidance from the Royal College of Paediatrics and Child Health designed to support paediatricians, midwives and GPs in detecting whether a newborn baby has a cleft palate. Figures show 12% of babies with cleft palate are detected more than a week after birth, 7% by three months of age and 2% after a child's first birthday.

● Visit: <http://tinyurl.com/ovx6ca7>

Read the November-December edition of the online RCSLT Research Newsletter. This latest issue is packed with research-related news, research resources, events, funding opportunities and tips on disseminating your research. This is essential reading for anyone with an interest in speech and language therapy research.

● Visit: <http://tinyurl.com/ah76awl>

Clarification: Sue Swan would like to point out that rather than start the service at the Middlesex Hospital ('Lifetime Achievement Award', Bulletin, November 2014, page 16), her first role at the hospital was as holiday relief to Amy Swallow. Joyce Cook would like to remind readers that she worked at the Royal National Throat, Nose and Ear Hospital.



Elaine Hirst @TheElaineHirst

@EdwynFilm @EdwynCollins

@GraceMaxwell Great to see

Possibilities Are Endless review in
@RCSLT Bulletin - must-see for all SLTs

Katherine Soper @KatBeddus

Exciting to see @kay_gillett in this month's RCSLT Bulletin for winning The Sternberg Award for her work in Lambeth Youth Offending Service!

Integrated electronic records: a new way of working by 2018

Using electronic records will increase awareness of SLTs' contributions

By 2018, the NHS in England aims to be using integrated electronic records, so that practitioners, whether they are working in a hospital or in the community, can read or add information to their clients' records.

Structuring and recording information in a standardised way will further increase the benefits. Recording presenting symptoms, diagnoses, procedures undertaken and medication using content from a single national vocabulary will organise information that we can use in a variety of ways. It will also be possible to make colleagues more aware of SLTs' contributions to client care.

The single national clinical vocabulary, SNOMED CT, features organisation of



and linkages between the different clinical concepts. For example, there are links between all disorders related to communication and swallowing. We can search for

all clients in a cohort that have a particular condition and identify clients who have a combination of conditions (such as 'acquired aphasia with epilepsy').

SNOMED is an international language, providing the ability to ask questions over a wider sample of patients and SNOMED terminology is being incorporated into computer systems familiar to you in your NHS trusts.

The RCSLT is working with the UK Terminology Centre within the Health and Social Care Information Centre to provide the clinical terms SLTs will use in record keeping. You can view our first set of clinical terms – a subset of all the speech and language therapy-related symptoms, findings and diagnoses – at <http://tinyurl.com/k26hprp>.

com/khhkcpb. We aim to add assessments and interventions over the next few months.

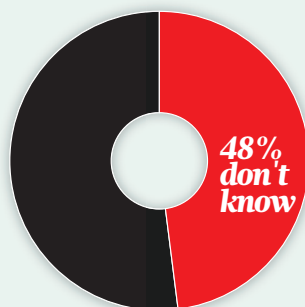
Email: caroline.wright@rcslt.org to find out more, suggest additional clinical terms or join the expert reference group to support the review and development of the clinical vocabulary for our profession. We also need to know what systems you are using in order to provide the right support, so complete our two-minute survey: <http://tinyurl.com/k26hprp>

Professor Pam Enderby, RCSLT Clinical Lead for SNOMED; Denise Downs, Implementation and Education Lead, Health and Social Care Information Centre; Emma Pagnamenta, RCSLT Research Manager

RCSLT Web Poll
Have your say...

Are you a dementia friend?

48% say they don't know what a dementia friend is



VISIT: WWW.RCSLT.ORG

Dysarthria after stroke: a survey

Do you ever assess or treat people with dysarthria after stroke? Do you see people with aphasia, apraxia of speech or dysphagia who also have dysarthria? Then we want to hear from you.

It doesn't matter whether you have seen one or 100 people with dysarthria; whether it's in a hospital, the community or any other setting; whether it's every day or once a year; whether the dysarthria is undetectable by listeners, through to causing major intelligibility issues; whether it's soon after stroke or years later.

We are conducting a national survey of speech



and language therapy provision and practices for people with dysarthria.

It will give us key information for planning a major multidisciplinary and multicentre study to address vital issues in the assessment and treatment of dysarthria. Please fill in the survey (<http://tinyurl.com/qx3psbt>), which will only take a short time to complete.

We are also conducting a parallel survey for people with dysarthria (<http://tinyurl.com/pl76ope>). Please encourage people with dysarthria whom you know to join in too.

Nick Miller, Newcastle, Steven Bloch, UCL London, on behalf of the Stroke Research Network Dysarthria Writing Group

Stephen Parsons @WordAware

Great article in @RCSLT bulletin by Gina Davies. Children with #asd need skilled intervention. Consultative model leads to disillusionment

MMU Speech Soc @MMUSpeechSoc

Great hearing Joan Whalley MP (@UKLabour, Stoke) ask about stroke patient service provision at #PMQs. @StrokeAssocNW @RCSLT #givingvoiceuk



MARIA LUSCOMBE & KAMINI GADHOK

Jack joins MP as part of parliamentary prize



Monica Smith, Mark Garnier MP and Rosalind Pow, with Jack Jarrett from Redditch (second child from left) and his fellow winners

Jack Jarrett, from Tenacres First School in Redditch, was one of four children from Worcestershire who won the chance to visit the Houses of Parliament on 21 October. The prize was part of the Worcestershire ‘Question Time’ competition, organised by Worcestershire Health and Care NHS Trust’s Children’s Speech and Language Therapy Team earlier in the year, as part of their Giving Voice activities.

The competition was open to all schools in Worcestershire and asked children to think of an original, appropriate and well-formed question to ask their local MP. Eight-year-old Jack was the overall

winner with his question, “How do the Government collect census information from the homeless and travelling communities?”

As part of their prize, the winners went with SLTs Monica Smith and Rosalind Pow to meet Mark Garnier, MP for Kidderminster, and watch a debate from the public galleries.

Emma Jordan, service manager, told the local press, “The competition aimed to encourage school-age children to develop their spoken communication skills. The ability to ask questions is a key ingredient for good communication skills, which in turn dramatically improves a child’s life chances.”

New Scotland standards for food, fluid and nutritional care

Healthcare Improvement Scotland has published its revised food, fluid and nutritional care standards.

The new standards aim to reinforce national consistency and drive improvement in food, fluid and nutritional care across Scotland, and replace the previous ‘Clinical standards for food, fluid and nutritional care in hospitals’, published by NHS Quality Improvement Scotland in 2003.

They specify a minimum set of performance criteria for food, fluid and nutritional care, and apply to

all paediatric and adult patients in community and hospital health care in Scotland – whether directly provided by an NHS board or secured on behalf of a board.

The standards have gone through three rounds of consensus with the National Nutritional Care Advisory Board (NNCAB), two rounds of comments by the Scottish Executive Nurse Directors and public consultation – including focus groups with patients and representatives of the British Dietetic Association.

● Visit: <http://tinyurl.com/m3yvaqt>

TIME TO SHOW YOUR IMPACT

In order to influence manifestos and policy thinking ahead of the general elections next May, the RCSLT is working in partnership with the Allied Health Professions Federation and colleagues in the third sector, particularly The Communication Trust, to set up and attend meetings with ministers and opposition party MPs to raise our ‘manifesto asks’.

It is at this time that we realise the importance of having case studies to hand to illustrate the impact of speech and language therapy services.

This requires services to have gathered data to show the impact of their activities. With austerity still high on the agenda, a key piece of information is the cost savings or efficiencies that services make.

While it may not be easy to quantify impact, RCSLT members are beginning to do so. This information is also essential for you at a local level in making a business case. If you have not yet started, it is not too late and we would encourage you to look at information available on the website to support you (<http://tinyurl.com/kyrxy5q>)

Over the next few months, we will continue to collect case studies, using some of the best practice examples from the conference this year, as well as approaching members and services directly.

We would, of course, be delighted to hear from services across the UK.

So, if you think your service demonstrates the value of speech and language therapy through improved patient outcomes (see the October and November Bulletins for articles on outcome measures) linked to local and national priorities, and shows robust economic data, please email: peter.just@rcslt.org

This work is also crucial at a UK-wide level, because the chief allied health professions officers for the four countries have agreed it is helpful to share examples of best practice.

As a first step, the RCSLT ran a two-day workshop in Northern Ireland in November on pre-school public health (Sure Start) services. More on this in the next Bulletin. ■

“This requires services to have gathered data to show the impact of their activities”

Maria Luscombe, RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive.
Email: kamini.gadhok@rcslt.org

GETTY IMAGES/SHUTTERSTOCK

Get on board the Communication Station

Wiltshire Paediatric Speech and Language Therapy Team creates online video resource bank

These fun and user-friendly videos (on YouTube at: www.youtube.com/GreatWesternHospital) cover a variety of topics including 'Saying simple sentences', 'Let's get moving with Action Words' and 'Exploring speech sounds'. The short videos last between three and 10 minutes, and show simple strategies and everyday activities to encourage communication skills.

Speech and Language Therapist Jenny Ferguson had the initial idea of using social media and video when working with a family in a community clinic. She was keen to share



advice on what would help but there were communication obstacles in the way – the distraction of an active child meant this wasn't the ideal time to explain something new and take home written advice was not suitable for the mother who had literacy difficulties.

The head of service quickly saw the potential of the videos and gave her full support to a pilot project. A few months later, a team of therapists planned, filmed and edited the first pilot video and showed this to the Wiltshire Health Visiting Team. Initial feedback convinced us we

had a good idea and we made four more. Our only problem was the videos took a lot of time to make and even though we were budding film producers, we were hardly experts.

When we first heard about the opportunity to present our project to the Great Western Hospitals Dragons Den in March 2013, we leapt at the chance. We put together a pitch and the Dragons decided to invest in our project. With this investment, we started production on our 10 new professional videos.

It was an exciting journey, writing the scripts, filming parents and therapists getting messy, and having fun with children at homes and children's centres across Wiltshire.

These videos are a great addition to our service. Find out more, visit: www.getwiltshiretalking.org

Sarah Hanlon (née Walker), SLT, Great Western Hospitals NHS Foundation Trust

The RCSLT prize draw Win a book...



Bulletin readers can win a copies of 'Talk About' books': aphasia, language and aphasia, goals and stroke. Email your name, address and membership number to prizedraw@rcslt.org and put 'December draw' in the subject line. **Entries close 14 December.**

Award recognises Michaela's work in autism

Autism NI presented Belfast Trust SLT Michaela Reavey with the 2014 Laura Millen Memorial Award at the All Party Group on Autism lecture on 30 September at Stormont.

The award celebrates the life and work of SLT Laura Millen and acknowledges and honours the exceptional work of SLTs. Laura was a member of Autism NI Board of Directors and a valued and committed member of the Northern Ireland TEACCH Training Study Group.

According to Autism NI, Michaela's work as an SLT and her involvement with individuals has made her a worthy winner of the award.

"As a senior specialist therapist working with preschool children with autism, Michaela leads the way through the high standards she sets. She approaches her therapy with each new family she meets with an open-mind, positivity and passion, and strives to ensure children with whom she works receive individualised intervention that is needed.

"Over her 18 years of dedicated and diligent



practice Michaela has made a significant contribution to the development of speech and language services for young children with autism. She is truly an asset to the Belfast Trust and her continuous efforts contribute to the delivery of a high-quality service."

Read more about Michaela's achievements and the award, visit: <http://tinyurl.com/n3qhdkk>

360

patients feeding at risk annually across Surrey

2018

date the NHS in England aims to be using integrated electronic records



Derek Munn

COLUMN

RCSLT webinar: business skills for children's services

Join chair RCSLT CEO Kamini Gadhok MBE, with speakers RCSLT Chair Maria Luscombe, and Healthcare HR Management Consultant David Amos, on 8 December between 1 - 1.45 pm, as they look at clinical business skills for SLTs working in children's services.

This webinar will feature case studies from the speakers and provide you with a framework and tools to apply, whatever clinical area you work in.

After this webinar, participants will be familiar with the language of clinical business; know about key data sources and how to apply these when planning their service; have an understanding of job planning; know how to evaluate the skill mix; appreciate the need to link aims to the required outcomes; and be aware



of the importance of marketing for their service.

Participants have the opportunity to submit questions on this topic to our speakers before and during the webinar. Visit: <http://tinyurl.com/clinical-biz> to register your place and submit a question. Please note, places are limited. Unfortunately, you cannot currently view webinar content on mobile devices.

Seeking agreement on aphasia best practices

Aphasia United, an international organisation designed to unite the global aphasia community, has produced 10 'best practice recommendations' (BPRs) for aphasia to promote appropriate aphasia services.

The BPRs were synthesised from a variety of international published recommendations and guidelines, and represent many cycles of editing and revising by the Aphasia United working group.

Please note that we have attempted to retain wording or meanings that are not too far from the original sources in order to reasonably represent the evidence base, while at the same time create a relatively short list of internationally relevant recommendations.

We are now beginning a process to obtain wider international consensus

on the BPRs. We are inviting people associated with various professional organisations or databases that relate to aphasia or speech-language pathology to complete a short survey to rating their level of support for each recommendation.

Our hope is to gain agreement on aphasia best practices from interested parties around the world. Please help us with this important consensus process.

Aphasia United Best Practices Working Group: Nina Simmons-Mackie, Pam Enderby, Tami Howe, Anu Klippi, Julie Morris, Laura Murray, Ilias Papathanasiou, Stacie Raymer, Miranda Rose and Gloriajean Wallace

◎ Visit: <https://www.surveymonkey.com/r/Z8BLGH9>

MAKING FRIENDS AND INFLUENCING PEOPLE

My columns in the months ahead are likely to focus more and more on the impending general election, as our efforts to put the case for speech and language therapy accelerate. As much of our energy will concentrate on private meetings with ministers and others, it is only right that you as members hear what we are up to.

The last month has seen meetings with 10 Downing Street policy advisers, with Dr Dan Poulter, the health minister responsible for allied health professions (AHPs), and with Parliamentary Under Secretary of State for Children and Families Edward Timpson. These meetings have been in pursuit of our goals to, on the one hand, show how AHPs can help achieve desirable outcomes for service users, and on the other to improve the system for children with speech, language and communication needs. We demonstrate how we can help with the challenges that politicians face – for example, the current priority for government is preparing for forthcoming winter pressures and we can make a difference.

“Thanks to those members who have already contacted their general election candidates”

Thanks to those members who have already contacted their general election candidates – please keep it up and let us know what you hear from them.

Of course, some things won't wait for the outcome of the election and we are continuing to work hard on influencing the future shape of the workforce – how many student places get commissioned, the shape of training through your career, the nature and amount of money spent on training each SLT and the system to make this happen. In the last month, we have submitted evidence to the House of Commons Health Select Committee in pursuit of this, as well as meeting with partner organisations.

Lastly, our thanks go to our friends at the Motor Neurone Disease Association who – following consultation with service users and their carers – are focusing their own general election asks on the need for more and faster access to speech and language therapy. More on this in a later Bulletin. ■

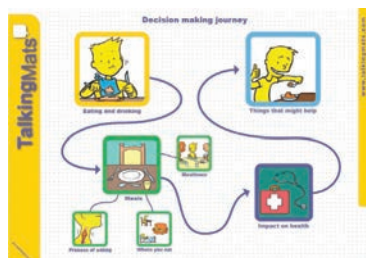
Derek Munn, RCSLT Director of Policy and Public Affairs.
Email: derek.munn@rcslt.org

New Talking Mats eating and drinking resource

Difficulty with eating and drinking can be distressing for all concerned and can have serious implications for a person's health and wellbeing. People who have dysphagia may also have difficulties with communication and problems thinking through the complexities of the issues involved.

When discussing possible options for safe eating and drinking, it is essential people receive information in a way they can understand. They should also have time to consider different options and express their views about them. Using our new Talking Mats resource helps the person consider all the issues around their eating and health, and results in a clearer picture of a person's views that can be shared with others, such as family members, carers and the multidisciplinary team.

Talking Mats enables people to consider and express their views on a range of strategies recommended to them. When discussing eating and drinking, there are many issues to consider. We have provided symbols under three main topics to help



present ideas in a structured way that reduces the likelihood that an individual will be influenced.

Discussing these topics separately means people can consider how they feel about different meal times, where they eat and types of food, and then think about the impact that their eating and drinking has on their health. It also allows people to have a conversation about some of the suggested strategies and how acceptable these are.

.....
**Dr Joan Murphy, Co-Director
Talking Mats**

.....
📍 **For further information about
the resource and specialist training,
visit: www.talkingmats.com**

Care aims clarification

We would like to clarify the description of Care Aims in the October Bulletin ('Outcomes and outcome measures: Phase 1', pages 18-19) in case of any misunderstanding.

Care Aims provides a framework for clear clinical reasoning and evidence-based decision-making, focused on person-centred outcomes that support wellbeing. The Care Aim is a representation of the reasoning and formulation around the intended or predicted outcome of that episode of care, not of the intended package or approach to be taken.

It allows for predicted

effectiveness, and acknowledging that symptom-based measures cannot capture the impact of intervention on people's lives or wellbeing, draws on a number of different outcome measures depending on what is predicted to change. It has been shown to reduce variability of outcome by promoting transparency, continual evaluation and a common language for communicating clinical reasoning.

.....
**Dr Gaye Powell, RCSLT Outcome
Measures Project Manager;
Dominique Lowenthal, RCSLT Head
of Professional Development.**
Email: gaye.powell@rcslt.org

New additions to your RCSLT website

The RCSLT Professional Development Team is pleased to announce the release of a number of new webpages for RCSLT members. The use of novel interventions section (<http://tinyurl.com/nl4gjta>) discusses the issues to consider and reiterates that while the RCSLT does not endorse any intervention or medical device it does support the use of novel interventions, provided clinicians using them work within national and local governance frameworks and policies. The 'Evidence-based clinical decision-making tool' (<http://tinyurl.com/o3add4n>) provides a guide to the clinical decision-making process, taking you from assessment through to the selection and evaluation of interventions for individual clients. Electrical Stimulation (<http://tinyurl.com/o7ujau2>) links to the 2014 National Institute of Health and Care Excellence guidelines on transcutaneous neuromuscular electrical stimulation for oropharyngeal dysphagia.

App for stroke rehabilitation

Claire Mitchell, clinical education lead for speech and language therapy at The University of Manchester, has won a prestigious National Institute for Health Research (NIHR) Doctoral Research Fellowship to trial a web-based app for stroke rehabilitation patients. Claire, who is also an SLT at Manchester Royal Infirmary, will pilot an app called ReaDySpeech that she developed with funding from Central Manchester University Hospitals NHS Foundation Trust. The app aims to provide patients with more personalised therapy, because it creates a tailored programme that adapts, based on patient feedback on how easy or hard they find tasks as they work through the programme.

Vision for Literacy 2025

Improved early language outcomes must be the key outcome for all political parties' childcare policies. This is the call from the 18 members and supporters (including the RCSLT) of the National Literacy Forum – which has released its 'Vision for Literacy 2025' in the run up to the 2015 general election. According to Vision for Literacy, providers must work in partnership with parents to support early language and literacy skills and offer communication-rich environments. Early years professionals must have strong language and literacy skills themselves and be equipped to support early literacy development.

📍 **Visit: www.literacytrust.org.uk/policy/forum**

Survey on long-term conditions

NHS England is seeking to understand the views and approaches of clinicians in relation to patients' roles in self-managing their long-term conditions. Its survey will help NHS England's strategic planning on patient participation and self-management, and identify how it can best support clinicians. The survey closes on 12 December. All responses are anonymous.

📍 **Visit: <http://tinyurl.com/l9flap>**

Jane
Duffy

Opinion

Jane Duffy says speech and language therapy is helping her to maintain quality of life with Huntington's disease

Getting back on the 'black run'



ILLUSTRATION Trina Dalziel

My name is Jane Duffy. I qualified as an occupational therapist in 1988, initially working with adults with profound learning and physical disabilities, before moving to Scotland to begin my career in social services. I married and had my daughter in 1989, and was a senior social work manager for about 10 years.

In January 2012, I discovered my aunt had been diagnosed with Huntington's disease (HD),

despite there being no history in the family. This news, along with my mum's health issues (leading to her suicide) led me to seek predictive genetic testing in June 2012. The result was positive and it was like being hit with a cricket bat.

Huntington's disease is a neurodegenerative illness, caused by a faulty gene that leads to the atrophy and death of neurons; initially in the basal ganglia and later all regions of the brain. These organic

changes lead to cognitive, motor and psychiatric changes that have a devastating impact on the individual and, because of the 50% inheritance risk, an equally severe impact on the wider family. There is no cure for HD and its progress cannot be reversed or slowed.

My result means that my daughter has a 50/50 chance of having HD, and she has to make decisions about testing and having children, which none of us should ever have to make.

In April 2013, I hit a brick wall and had to go 'off sick' from my job. Difficulties with my speech, cooking, driving and problems concentrating and functioning at work had been attributed to stress; however, following a cognitive assessment and magnetic resonance imaging scan, I was confirmed HD symptomatic on 5 August 2013.

I stopped work on 30 September 2013, and as fellow allied health professionals, you will understand this hugely difficult process. The decision to leave my career was an immense one for me – who would I be if I didn't have my career to define me?

I began to have difficulty swallowing early in 2014. I muddled along as best I could, gradually avoiding certain foods. Eventually, I was concentrating solely on the act of swallowing rather than the pleasure of food. This, combined with a complete lack of appetite and inability to cook, had a significant impact on my overall wellbeing and I started losing weight.

When my speech started to deteriorate (I was slurring/stammering, couldn't breathe properly or remember specific words) I was referred to the speech and language therapy service at the local neuro-rehab unit. By this time, I had become insular and withdrawn, wouldn't go out socially or be involved in group situations. I had completely lost my spark and had zero self-confidence. As an

experienced AHP, I never realised the impact of these issues on an individual with HD.

I was facing the stark realisation that I was losing my ability to speak and swallow, with the possibility of developing a fatal chest infection. I had already stated in my advanced care plan that I did not want a percutaneous endoscopic gastrostomy, but I didn't feel ready to die.

Huntington's disease is like skiing uphill during an avalanche. It is difficult enough not to be subsumed by the enormity of the disease, but with each deterioration, the avalanche pushes me back down the mountain. The only way I can get back on the 'black run' is with help from my multidisciplinary team – who I trust and rely on, who are knowledgeable and experienced about this disease and who recognise me as an individual person with my own priorities, and not as just another patient or Community Health Index number.*

I'm very fortunate to have the support of an SLT with those qualities. We have been working together on my speech and swallowing and things are progressing positively for me, even though I have to eat squidgy food from here on in. The intervention has made a real difference to me emotionally, confirming I can have a quality of life and have HD. ■

***The Community Health Index is a register of all patients in NHS Scotland**

Find out more about Huntington's disease:

- www.hdscotland.org
- <http://hda.org.uk>
- <http://www.nhs.uk/conditions/Huntingtons-disease/Pages/Introduction.aspx>
- <http://en.hdbuzz.net/>



What Works: building the evidence base

Shona Crichton looks at the origins and development of the What Works database

ILLUSTRATION BY **Spencer Wilson**

In July 2008, the then Department for Children, Schools and Families published the Bercow Review of provision for children and young people with speech, language and communication needs (SLCN). A recommendation from this report called for better research, “to enhance the evidence base and inform delivery of better outcomes for children and young people”. One outcome of the Bercow Review was the commissioning of the Better Communication Research Programme (BCRP), which included the report ‘What Works: Interventions for children and young people with SLCN’ (2012). In 2013, the BCRP team translated the information included in this report into the ‘What Works’ online database, hosted by The Communication Trust.

What is What Works?

What Works is a moderated virtual library of evidenced interventions to support children’s speech, language and communication. It provides the opportunity to find the most appropriate interventions for the children and young people you are working with by

selecting particular criteria relating to the child, the intervention and the practitioners who will be delivering it (figure one).

Once you have chosen your criteria, a list of matching interventions is presented. Each includes a brief description of the aims and objectives of the intervention, information about how it is delivered, the evidence rating for the intervention, in practice examples, and further relevant information and references.

Each intervention listed on What Works has an associated evidence rating – either ‘strong’, ‘moderate’ or ‘indicative’ – as determined by the What Works Moderating Group. The group meets four times a year and consists of some of the original authors of the What Works report, as well as representatives from The Communication Trust and the RCSLT. Interventions rated as ‘strong’ are based on robust research, such as systematic reviews; a moderate rating is given for randomised controlled trials or quasi experimental studies; while indicative ratings are given to interventions where there is less robust research evidence, such as before and after studies.

What Works: what it isn’t

It isn’t perfect. At The Communication Trust we are continually looking to improve What Works, not only in terms of the content and the interventions listed, but also the look and feel of the website, so that it’s as accessible as possible to everyone who uses it. Based on feedback, we have made some significant changes to the look of the website and are planning further improvements.

It isn’t a tool to determine your clinical decision-making. When looking at what works for children with SLCN, of course each is an individual with their own strengths, weaknesses, interests, motivations and other variables that research cannot always account for. We recommend using What Works as a way to support your clinical decision-making to ensure the best outcomes for the children and young people you are working with, alongside your own clinical expertise, experience and understanding about what might be best for them.

It isn’t complete yet. There are many interventions and programmes we have not included, because we don’t know about them yet. We welcome any additional information or evidence we could include for current interventions, as well as information about any new interventions you would like to see featured.

What Works: in practice

What Works has nearly 8,000 current users, and we have collated information from them to show the impact that What Works is having on their practice, and how they are using the database and the evidence to inform their activities.

Although the majority of practitioners feel that using What Works is having an impact on their practice (77.9% of respondents say the tool impacts ‘very much’ or ‘somewhat’), we are working hard to ensure that it becomes a more useable, interactive and live database.

We have also been asking for feedback from practitioners over the past few months about how they are using the database in practice. Figure two shows responses from delegates who attended our workshops at the 2014 RCSLT Conference in Leeds.

Looking to the future

More interventions

For What Works to reach its aim of being an accessible, interactive and useful database for our profession and other practitioners working with children and young people with SLCN, we need to be aware of what’s out there. Around half of the practitioners we asked would like to or would consider submitting an intervention. We would »



Figure one: Search criteria relating to the child, intervention and practitioners

Step 1	Step 2	Step 3	Step 4	Step 5
Target group	Age range	Focus of intervention	Delivered by	Format
<input type="checkbox"/> Speech	<input type="checkbox"/> Pre-school	<input type="checkbox"/> Universal	<input type="checkbox"/> Specialist	<input type="checkbox"/> Manual
<input type="checkbox"/> Language	<input type="checkbox"/> Primary	<input type="checkbox"/> Targeted	<input type="checkbox"/> Teacher	<input type="checkbox"/> Approach
<input type="checkbox"/> Communication	<input type="checkbox"/> Secondary	<input type="checkbox"/> Specialist	<input type="checkbox"/> Assistant	<input type="checkbox"/> Technique
<input type="checkbox"/> Complex needs			<input type="checkbox"/> Other	

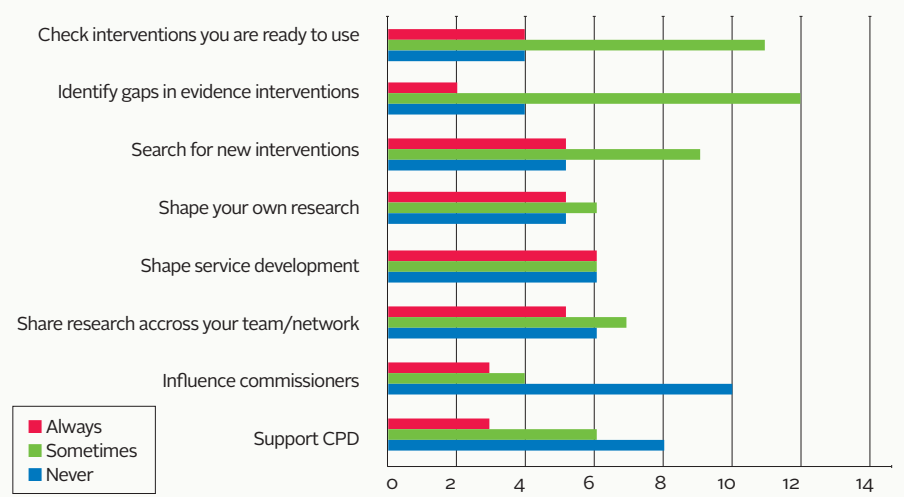
SEARCH

Or if you know the name of the intervention, search alphabetically below:

A B C D E F G H I J K L M N O P Q R S T U V X Y Z

SEARCH

**Figure two: Responses from delegates at the 2014 RCSLT Conference
What Works workshops: how they use What Works**



be happy to speak to anyone about any research they have been involved in or are looking to develop. We are also looking to expand the database to include a training section, with evidenced speech, language and communication training packages.

More feedback and interaction

Feedback from practitioners who are using the database and the listed interventions is essential to the success of What Works. The Communication Trust is already acting on feedback that we hope will encourage more users to draw on the database as part of their practice and help to embed evidence in all that we do.

The ‘In Practice’ section of the website is an area we know requires more work and information in order for it to be useable and useful. We hope to expand this part of the site as we encourage more users to note their own experiences of What Works as a whole or of using the specific interventions within it. We are also encouraging practitioners to use this

section to share case studies, either based on interventions that are already listed, or novel interventions that will benefit from an evidence base built from practitioner-led research.

More focus on outcomes

Historically, What Works has placed its focus on evidence levels as opposed to outcomes for children and young people. Following feedback from practitioners, we decided to include examples of interventions where the research design is robust, but the outcomes for the children and young people are not positive.

As we all know, strong evidence does not necessarily equate to strong outcomes, but practitioners felt it was important to know about those interventions where the outcomes for children were not particularly positive. As practitioners, we need to know, not only whether an intervention has evidence to show it works, but also how well it works, in what circumstances and to what degree for what children – a challenge

considering the hugely heterogeneous nature of the children we work with. However, we are planning a piece of work to determine how well we can capture and compare outcomes of the different interventions.

Meanwhile, we recommend close reading of the information associated with each intervention. There is enough detail in each to judge the types of outcomes you might expect, when combined with your knowledge of the child and your own professional judgement. In this way, you can ensure the interventions you are using to support children and young people’s speech, language and communication skills are based on both research and positive outcomes. We hope practitioners see What Works as a useful tool to support professional decision-making, not determine it, and that it encourages us all to embed more of the research evidence into our practice and to build the evidence base with the innovative work SLTs are known for. ■

Shona Crichton, Professional Adviser, The Communication Trust, email: SCrichton@thecomunicationtrust.org.uk



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Get involved with What Works

- Visit: www.thecomunicationtrust.org.uk/whatworks
- Email: scrichton@thecomunicationtrust.org.uk to submit an intervention, tell the team about any evidenced training packages, or help with the ‘In Practice’ section
- Email: enquiries@thecomunicationtrust.org.uk with your general enquiries or feedback

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

Reviews

BOOK

Improving the vocabulary and oral language skills of bilingual latino preschoolers

PUBLISHER: Plural Publishing

PRICE: £56

REVIEWER: Charlotte Colesby, SLT, Brierley Hill Health and Social Care Centre

RATING Book ●○○○○

While encouraging to see a new book dedicated to bilingualism and speech and language therapy from America, it was disappointing to see it added little to the body of knowledge we already have in the UK. Following the introduction, the second chapter is dedicated to making the case for providing bilingual intervention, a case I feel is made in Communicating Quality 3 and in far more detail in the Bilingualism Significant Interest Group good practice document.

Chapters three to six explain the methodology of the nine-week programme for Spanish-English bilingual preschoolers, with input by the SLT at least four times each week. Crucially, the authors state, "We are... assuming the SLT is bilingual". Although they do offer options for monolingual SLTs, these do not appear to be central. Chapter seven details lesson plans, and chapter eight briefly discusses how the SLT might train others to deliver the programme.

The programme is highly prescriptive and would be very difficult to adapt for use with languages more commonly spoken by bilingual children in the UK.

BOOK

Say it Like a Snake

PUBLISHER: tia publishing

PRICE: £5.99

REVIEWER: Peter Berrill, Specialist SLT

RATING Book ●●●●●

This wonderfully-illustrated, 32-page children's storybook is about Sue, a young girl who can't say her 's' sound. The book is primarily aimed at parents, but very useful as a therapy supplement in schools and clinics alike (for listening and production purposes). The story takes you on Sue's journey, from being corrected by mum at breakfast time: "It's a spoon Sue" to introducing herself as "Pue" at school (poor Sue!). She becomes so upset that she refuses to talk, until her parents try cheering her up with a trip to the zoo. In this genius setting, Sue receives therapy from a talking snake. He gives her an 's' strategy and Sue finds herself being able to name the 's' animals and other items of interest in the zoo, eg, "sss... eal". Sue comes out a changed girl, requesting and naming many beloved 's' items. This storybook also has a brief note from the authors explaining the impact of a speech difficulty, how the story might motivate a child to overcome their difficulty, and how to produce an 's' sound. Overall, a great therapy supplement for a specific 's' difficulty or for any speech difficulty a child may have to motivate them and inspire confidence.

BOOK

Let's Talk about Maths!

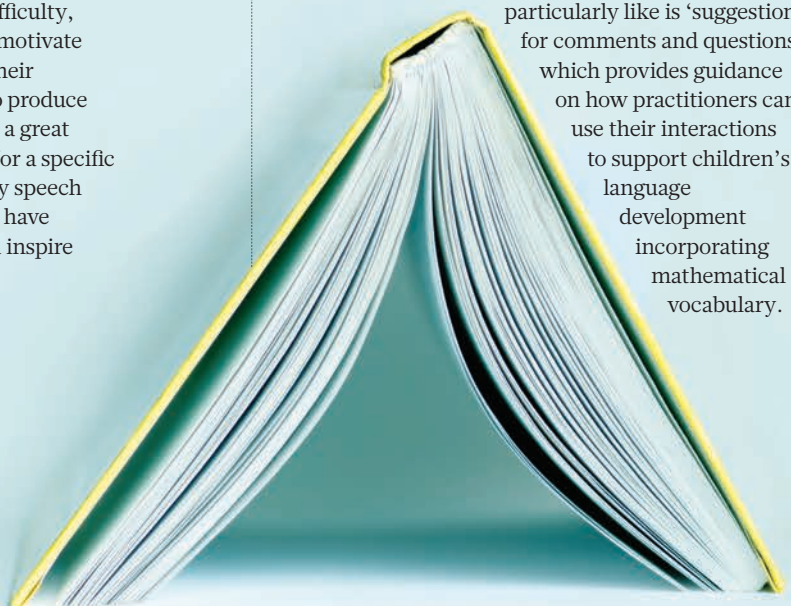
PUBLISHER: Lawrence Educational

PRICE: £13.50

REVIEWERS: Helen Markey, ECAT SLT; Becky Hussey, ECAT Teacher, Portsmouth City Council

RATING Book ●●●●○

This book will appeal to anyone interested in developing children's early language skills and promoting understanding of early mathematical concepts. It is aimed at those working with children younger than five or older children with additional needs. The first pages explain how nurturing children's curiosity through meaningful conversations can help to introduce mathematical ideas and vocabulary naturally. The focus is on developing understanding of maths through playing and exploring, trial and error, and through conversations with adults who model language in a natural way. It also advocates the use of signing when talking about maths ideas, providing real objects and toys and stories, and singing to support learning. The part we particularly like is 'suggestions for comments and questions', which provides guidance on how practitioners can use their interactions to support children's language development incorporating mathematical vocabulary.



amazon.co.uk

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

Feeding at risk: targeting areas of improvement

Judith Anderson and colleagues discuss the use of audit and collaborative working to improve the management of patients who are ‘feeding at risk’

ILLUSTRATION BY Martyna Wójcik-Śmierska



Adult speech and language therapy services in Surrey have an established dysphagia forum that shares initiatives and clinical information. This collaboration between acute sites – Frimley Park, The Royal Surrey County, and Ashford and St Peter’s Hospitals – and community services – Virgin Healthcare – creates opportunities for joint working on projects, such as outcome measurements. It was at this forum that representatives from the acute sites raised concerns regarding the pathway for patients who are ‘feeding at risk’ (FAR). We subsequently developed a working group to explore this further with the aim of improving the service.

Risk feeding

Risk feeding is a common management strategy for patients when non-oral feeding is considered inappropriate (RCP, 2010). The decision to feed at risk is likely to have significant medical implications (Altman, et al, 2010) as well as being an emotive issue for patients and their families. It is vital that treatment decisions are clearly communicated and documented (GMC, 2010), and that information reaches

community services on discharge so that decisions can be made regarding readmission in the case of further chest sepsis.

The speech and language therapy team at Frimley Park Hospital had previously carried out a 12-month readmission audit, which provided data on 14 known patients with dysphagia re-admitted within 30 days with further chest sepsis:

- Readmissions represented only 2% of all patients with dysphagia managed by the department.
- The majority were patients who were FAR.
- Half of the discharge summaries (written

by the medical team) did not contain accurate information about the dysphagia.

- The average period of readmission was 12 days (range, six to 53 days).
- The average period before readmission was nine days.
- 10 patients died within one year (some during the second admission). Three were referred to palliative care.
- FAR patients are 11 times more likely to be readmitted than patients referred to community for follow up of dysphagia that can be managed through texture modification (Cocks and Ferreira, 2013).

Table one: Surrey-wide audit information

How many known risk feeders were admitted to hospital?	17	Equates to 360 patients feeding at risk annually
How many new risk feeders were identified in hospital?	73	
How was the decision made to feed at risk following SLT assessment?	62%	Discussion with medical team/patient/carer
	19%	Discussion with wider multidisciplinary team/patient/carer
	16%	Medical decision
	3%	Patient decided against advice
Where was the decision documented?	67%	Medical notes only
	33%	Medical notes and discharge summary (variable detail)



- No organised plan for when to refer to palliative care services.
- Patients readmitted and dying in hospital with further chest sepsis, when hospital may not have been their preferred place of death.

Improving practice

Although other SLT departments, nationally, have addressed this issue (Hansjee, 2013), the working group felt the priority was to engage with medical colleagues to establish a clear pathway and consistent documentation for use across sites in Surrey. The group agreed that a legal document, as developed by Hansjee, had certain benefits, but implementation might be time consuming, ultimately impacting on the timely introduction of the protocol. Instead, we developed the following tools:

- A decision-making flowchart to prompt timely discussion regarding risk feeding, including the necessity for formal capacity assessment and carer/family/patient engagement.
- A speech and language therapy discharge proforma to be sent to discharge destination, summarising current recommendations, likely associated symptoms and the future management plan.
- Suggested wording for medical entries into notes and discharge summaries to comply with the Mental Capacity Act. For example: *“Speech and language therapy assessment indicates a high risk of aspiration and additional associated complications. XX has been assessed by the medical team and found not to have capacity, therefore a best interest decision has been made on their behalf regarding management of his/her swallowing difficulties. Whilst acknowledging the risks, the opinion of the team/family/carers of the patient is that they should continue to eat and drink.”*

Awareness raising

Raising awareness of this work to the wider medical teams was challenging. We found identifying the most appropriate forum to deliver the message to the widest medical audience difficult. Once we had delivered the message, it was also hard keeping up momentum with new junior doctors. Therapists distributed written information on the wards about the risk pathway and where to get more information on the intranet. The persistence has now started to create tangible change. We have presented paperwork to various medical colleagues

and subsequently trialled it formally within two of the acute trusts involved. Feedback has been positive and examples of changes implemented include:

- An updated hospital discharge policy to define roles and responsibilities when a patient is discharged with dysphagia.
- Use of a sticker/flowchart in medical notes to alert when a patient should be considered for risk feeding, including suggested wording for notes/discharge summaries.
- Regular input to junior doctor training within the medical directorate.
- Increased awareness of risk feeding issues and SLT involvement, for example by the end of life steering group/admission prevention team.
- Engagement with clinical commissioning groups who are considering adopting the paperwork within advanced care plans.

We will repeat the audits in a year to compare outcomes and evaluate the success of the trial. We hope that sharing our process may help other departments who are experiencing similar problems and provide some practical ideas on how to address these issues. ■

Judith Anderson, SLT Manager (email: Judith.anderson@fph-tr.nhs.uk); Clare Coles, Specialist SLT, Frimley Park Hospital; Becky Green, Specialist SLT; Jo Medicott, Senior SLT, Royal Surrey County Hospital



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Acknowledgements:

SLT teams at St Peter's Hospital and medical colleagues across trusts

Areas of concern

The working group designed a three-month audit to identify the number of patients across hospital sites who were known to be FAR, examine management and documentation practices, and develop and implement improvement initiatives (table one).

The audits confirmed a Surrey-wide trend with specific areas of concern to target for improvement:

- Poor documentation supporting clinical decision-making to feed at risk.
- Non-compliance with practices in the Mental Capacity Act (2005) for documentation of best interest decisions.
- Patients (who might be nearing end of life), not eating/drinking their preferred intake (at risk), due to capacity assessments not being carried out/documentated (National End of Life Care Programme, 2010).
- Accurate information about FAR status not routinely included in medical discharge paperwork. Poor medical liaison on this topic between acute and community providers.
- No organised plan for readmission in the event of further chest sepsis.
- Speech and language therapy departments not being alerted about patient discharge; therefore, unable to make timely contact with discharge destinations.

We are recent graduates of the City University London postgraduate speech and language therapy programme. We were eager to begin one of our final clinical placements, paired together in a unit for patients with dementia and challenging behaviours within the South London and Maudsley NHS Foundation Trust Mental Health of Older Adults Service. We spent one day a week on the placement for seven months. While our course empowered us with a wide range of clinical skills, the thought of working with mental illness and dementia, coupled with challenging behaviour, left us feeling quite nervous and uncertain of our role as student SLTs.

Initial thoughts

Walking into the unit for the first time, we felt overwhelmed by the loud and startling environment, and the complex needs of the client population. Neither of us had had adult experience and we were both thankful to be on a paired placement. We met our clinical educator and our initial goal was to understand the role of the SLT in dementia care.

Initially, we did not see how we could implement our goal-setting and therapy methods, especially when we found it so challenging to interact with some of the clients. However, over the coming months we learned how the SLT works directly and indirectly with the client to stimulate and maintain their functional communication skills, encourage social communication, and maintain and improve quality of life.

Our clinical work

We had the opportunity to assess clients using modified subtests of the Barnes Language Assessment (2001), extensive observation checklists to assess the interaction between the client and their environment, and dysphagia swallow assessments during mealtimes (Kindell, 2002). We found informal interactions, like chatting with clients or looking at 'Pictures to Share' books together, to be centrally important in constructing a holistic picture of their strengths, areas of need and personal characteristics. We also used Talking Mats (Murphy et al, 2010) with several clients to facilitate non-verbal expression of their views on specific activities, like watching television or dancing, and to obtain their opinions and

Dementia-focused placements have much to offer

Laura Cheeseman and Lucy Davies reflect on their dementia placement experience, while **Charly Harris** gives a clinician's perspective

ILLUSTRATION BY **Brittany Molineux**

perspectives on therapy.

We wrote communication prescriptions, which detailed individuals' expressive and receptive language abilities, and outlined the most effective communication strategies. Gathering information for these developed our skills in communicating with people with differing levels of dementia, and showed us how small changes in communication make a difference to individuals' behaviour and happiness. We also created and updated communication books with photographs, images and words as functional and personal supports for social interaction.

We each had our own caseload of clients to manage and we also ran a weekly group therapy session. Our 'Friday Group' targeted social interaction and language maintenance using multi-sensory activities. The group comprised four clients with similar communication needs, in an effort

to promote scaffolding, joint attention and cooperation. We modeled the intervention on Cognitive Stimulation Therapy (Spector et al, 2006), but modified specific activities to fit the needs and interests of the group.

We targeted stimulation of language, rather than improvement, because the use of functional communication is a realistic, achievable and practical goal (Goldsmith, 2002). We also used reminiscence activities, like looking at photographs and real household objects, to facilitate group members to express their feelings and thoughts in a supportive setting. After several weeks, group members were addressing each other by name and participated in each of the activities in a way that was best for them.

Learning points

Throughout our assessment and intervention interactions with our clients, we also





ability to embrace and learn from these feelings helped us to act professionally and maintain a client-centered approach to therapy.

As we became familiar faces to the clients over time, and continued to work with them directly and indirectly, we feel we established a caring environment of trust and respect. To us, these ‘clients with dementia’ swiftly became inspirational individuals with complex needs and extraordinary strengths, who we feel very privileged to have known. We also had the opportunity to work with loving and knowledgeable friends and family members who helped us gain a better understanding of our clients, and the chance to work alongside an extremely dedicated and professional multidisciplinary team.

Our placement in mental health and dementia care has been pivotal in our growth as SLTs. We would strongly encourage students to seek out opportunities to work with this client group, and for potential practice educators in this field to accept students. Our clinical educator constantly supported us throughout our placement, and we have come away with not only an understanding of speech and language therapy in mental health and dementia, but also with an extensive set of clinical skills we will carry with us and continue to develop.

The clinician’s perspective

In the eight or so years in which I have been working exclusively with people who have dementia or mental health difficulties, I have offered placements to students from various universities. Often this is a paired placement, as it was for Laura and Lucy, because I feel it is helpful for students to have some on-site peer support, particularly with a client group that can be challenging.

developed our use of counselling skills. The experience emphasised the personal component of therapy. There were times when we had to face our own emotions in sad or upsetting situations. Developing the

“These ‘clients with dementia’ swiftly became inspirational individuals with complex needs and extraordinary strengths”

I usually notice signs of trepidation and uncertainty on their first day and can see students looking around dementia care settings wondering how on earth they will work with the clients.

I ask them to spend some time reading and thinking about the philosophy of person-centred dementia care, directing them to authors like Tom Kitwood (1997) and sharing relevant papers. During the placement they will develop their informal assessment and observation skills, and will also be exposed to the need to work collaboratively and sensitively with carers (paid and family/friends). However, they also have opportunities to use more formal assessments and to think about how to set appropriate, person-centred intervention goals.

On this basis, dementia-focused placements have much to offer students. Without exception, I have seen my students end their placements feeling more confident in their transferrable skills and in their abilities to engage with widely varying levels of communication impairment. As someone who is passionate about improving the recognition of and value for the role of SLTs in the care of people with dementia, it is hugely fulfilling to feel I am introducing new generations of therapists to this area of work. ■

Laura Cheeseman and Lucy Davies (Newly-qualified SLTs); Charly Harris (Highly Specialist SLT). Email: charlyharrislt@gmail.com



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When the National Star College launched a challenge to decorate a door for Christmas, the speech and language department sprang into action to welcome the venture, combining it with themes we had championed in line with the Giving Voice campaign.

Built around an octagon with two walkways, our department presented six doors for decoration, allowing us to embrace the following themes:



Door 1 – Communication Wish List Door. We asked students what would make it easier for them to communicate with others. Many surprised us with their suggestions:

“Listening to me”; “Getting my communication book out for me”; “Making sure I have my communication book”; “Offering me choices”; “Not finishing my sentences” and “Checking to make sure I’ve got it right. It was encouraging to see the student’s insight developing. Where they expressed negative comments, such as “Making sure the communicator is charged properly” we followed up the comments and, through discussion, placed new checks on the care profile to resolve issues in the future.



Door 2 – Interactive AAC Door. We wanted to make this door accessible to all our students to celebrate all methods of communication. The door sported Widget symbols and Makaton signs of

selected Christmas words. Two students donated a copy of their bespoke Christmas page created for their augmentative and alternative communication devices to be placed on the door. We recorded a Christmas message onto a big point for students to activate and enjoy. Finally, we connected a set of multi-coloured lights to



Opening doors to communication

Heather G-H-Cater talks about the positive effects of the National Star College Christmas Door challenge

a buddy button and latch box so students could operate the switch to reinforce their cause and effect work.



Door 3 – Sensory Door. The students worked together to make individual bricks for the chimney. They decorated their brick with a metallic fingerprint and their initials. We filled Santa with crackly stuffing

and encouraged the students to explore the various textures before they were fixed to the door.



Door 4 – Advent Calendar Choosing Door. We asked the students to choose what props they wanted to be photographed with, the orientation of their photo, the colour surround they wanted

for their door and where they wanted the picture to go on the door. These choices were impressive as many of the students involved in making them are non-verbal and choices were made via closed questions using gesture, body language and facial expression. To be able to direct another to produce a piece of art was both satisfying and empowering for the group.



Door 5 – Grammatical Door. ‘How to write a letter’ – An annotated letter to Santa. We asked more able students to think about important parts of writing a letter. We identified and annotated these items on a pretend letter.



Door 6 – Sulp Group Door. Based loosely on a Christmas card theme, members of three social use of language programme (Sulp) groups suggested things we could include in the design. The door was interactive, including

photographs of students signing and student voices saying ‘Happy Christmas’ on talk time cards, drawings and decorations.

An unexpected benefit from the exercise was the uplifting experience of hearing students and staff saying how lovely the department looked as they passed through. This gave us the opportunity to explain the doors to many students who had not been involved in making them and helped to spread our message that successful communication really matters. ■

.....
Heather G-H-Cater, SLT, National Star College Gloucestershire. Email: hcater@natstar.ac.uk

Strengthening the culture of evidence-based practice

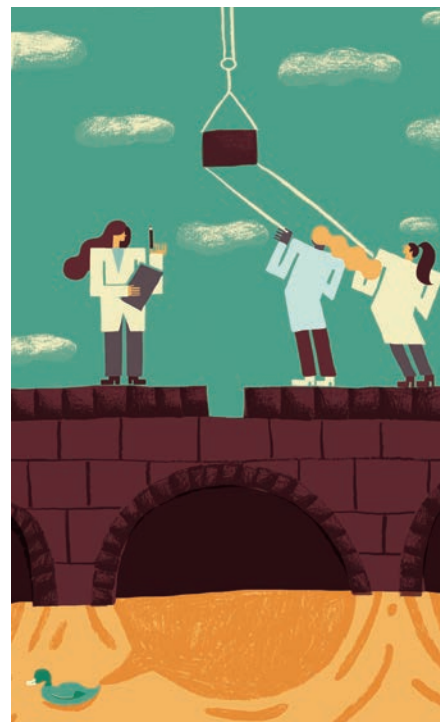
Joanna Fraser and Kimberly Gorrell discuss their approach to helping clinicians become better evidence-based practitioners

ILLUSTRATION BY **Bethany Walrond**

The series of articles in the Bulletin has highlighted the importance of culture change so clinicians can feel more empowered to develop skills in evidence-based practice (EBP). Joffe and Pagnamenta (2013) refer to, “a greater awareness of the initial steps to becoming an evidence-based practitioner” being important for the clinician.

In October 2013, we wanted to trial an initiative with Band 5/6 therapists in order to support their continuing professional development (CPD), while strengthening the culture of EBP. All Band 5/6 therapists in Angus potentially work with a mixed diagnosis and mixed complexity caseload. They are able to seek support and supervision from advanced practitioners and specialist colleagues in the wider Tayside area, but are required to expand their knowledge of a wide variety of clinical areas. We recognised the need to promote a culture of CPD even in the busy clinical workplace.

We discussed this project initiative with therapists at our team meetings because we recognised the need to ensure our team was committed to the process. Senior and specialist staff identified clinical areas for study – communication difficulties associated with complex needs, dyspraxia, autism spectrum disorder, augmentative



and alternative communication, specific language impairment and dysfluency. Each topic had learning outcomes relevant to the clinical area.

We allocated therapists randomly to a topic for study. The topics allowed the individual therapist to develop skills in producing written evidence, presentation, project and time management, and enhanced clinical knowledge.

We agreed a six-month timeframe for

completion of a written essay of 1,000 words. The essay format mirrored the type of work undertaken in more formal postgraduate study. Joffe refers to stepping into the ‘research arena’ and describes the importance of promoting, valuing all levels of research. “Projects that collect levels of evidence lower down the hierarchy must also be just as carefully designed and structured” (Joffe, 2013). After completing the essay, individuals had the chance to present their work to the whole team, where they could share the more practical aspects of the work.

Overwhelmingly the therapists who have undertaken the projects rated the experience positively. They reported that the process provided opportunities to obtain support from senior staff to develop skills in learning more about putting theory into practice, researching specific clinical areas, developing writing and presentation skills, and sharing their learning with others in the team.

Examples of their comments include, “It really helped me to identify where I am using theory into practice”, “Good to have time to research a topic in more detail” and “Good to have written evidence for the Knowledge and Skills Framework and CPD”.

As might be expected, participants mentioned time for study and completion of the work as a key challenge. For this reason, the projects are not compulsory, but allow formal CPD time and support.

We aim to run a cycle of projects each year, which will also closely link to the service objectives for our area. We hope to maintain a focus on EBP, linking the work produced to the real day-to-day clinical questions faced by therapists.

“The absence of high-quality evidence does not make evidence-based decision making impossible; in this situation, what is required is the best evidence available” (Muir Gray, 2001). ■

Joanna Fraser, Advanced Practitioner Complex Needs; Kimberly Gorrell, Team Leader, NHS Tayside. Email: joannafraser@nhs.net.



References & resources

Joffe V, Pagnamenta E. Looking and moving forward. *RCSLT Bulletin* 2013; January 729; 22-23
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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

Down syndrome and dysphagia

Japanese researchers have found evidence that a short narrow palate in people with Down syndrome leads to poor tongue control with a limited amount of space for the tongue to move during swallowing.

The research team looked at nine men with Down syndrome and 10 controls (mean age 26 years). All had teeth and were on a normal diet. A sensor sheet behind the front teeth and along the hard palate recorded the time of onset of swallow, peak of onset, time of offset and duration of the whole swallow.

The researchers also recorded maximum magnitude and values of tongue pressure. Plaster palate casts and 3D images calculated palatal length, depth, width and curvature.

The authors conclude that impaired tongue activity, poor tongue control and constrained tongue motion due to a short narrow palate contribute to swallowing difficulties in individuals with Down syndrome.

Reviewed by **Judi Hibberd**,
Dysphagia Clinical Lead Coventry



Reference

Hashimoto M, et al. Tongue pressure during swallowing in adults with Down syndrome and its relationship with palatal morphology. *Dysphagia* 2014; 29:4, 509-518. <http://tinyurl.com/odtdgge>

Prematurity and language outcomes

Children born before 32 weeks gestation or very low birth weight babies (< 1.5kg) have discourse language skills similar to matched full-term children at seven, eight and 10 years, according to American research.

Researchers compared 57 children born before 32 weeks or of very low birth weight with 57 children born at full term, matched for age, gender, race, and parental education. They collected 15-minute conversational language samples at seven and eight years, completed the Test of Narrative Language at 10 years and analysed language samples at all three ages for semantic and syntactic complexity.

At all ages, the language measures did not show statistically significant group differences, “they showed a consistent trend toward lower language outcomes in the premature group”.

At age 10, the children’s standardised scores showed a significant difference between the groups. The authors suggest the standardised test may tap skills that are more vulnerable in children born prematurely; eg. focused attention difficulties that are prevalent in this population.

Reviewed by **Abigail Levin**, Senior Lecturer, City University London



Reference

Smith J, et al. Impact of prematurity on language skills at school age. *Journal of Speech Language and Hearing Research* 2014; 57, 901-916. <http://tinyurl.com/qjzh8sm>

Practice versus knowledge

In this lead article in a clinical forum, the author provokes important discussion through highlighting the gaps between clinical practice and the current state of knowledge relating to learning and language development.

After starting with a user-friendly true-false quiz, Kamhi proceeds to address systematically a range of commonly held misconceptions in the profession of speech and language therapy. Maxims such as ‘More therapy is always better’, ‘the more feedback the better’ and ‘sequencing is an important skill for narrative competence’ are scrutinised and questioned in the light of current research on memory and learning. He reviews topics, such as generalisation and goal prioritisation.

Kamhi discusses the distinction between performance and learning, and considers the now outdated behavioural views of learning that continue to dominate much of SLT practice. As he says of the gaps between current knowledge about learning, language development and clinical practice, “these gaps often do not receive as much attention as the gaps in the body of literature that addresses the efficacy and effectiveness of language intervention practices and service delivery models”.

The lead commentary sets the scene for the articles that make up the rest of the volume. These could be useful starting points for discussion in journal clubs.

Reviewed by **Jane Stokes**, Senior Lecturer in Speech and Language Therapy, University of Greenwich



Reference

Kamhi AG. Clinical Forum: reflections on improving clinical practice. *Language Speech and Hearing Services in Schools* 2014; 45, 92-103. <http://lshs.pubs.asha.org>

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.

There are many mutual benefits to volunteer schemes, as highlighted in the August 2012 Bulletin (page 11). The Northwick Park Hospital Speech

and Language Therapy Department receives regular enquiries from students and newly-qualified therapists (NQPs) requesting speech and language therapy experience and opportunities. The team is aware of its responsibility towards the development of our profession through student education and support to NQPs, and in an attempt to support enriched clinical experiences we decided to develop a volunteer service across the trust. Our aim is to be beneficial to the volunteer, but also to the department, in light of increasing pressure on services.

Developing the service

The volunteer service developed in line with the RCSLT (2007) policy: 'Guidance for managers in supporting unemployed new graduates'. We were also extremely grateful to The Royal Hospital for Neuro-disability Voluntary Services Department for sharing their existing policy document with us. Subsequently, we developed our own local policy and volunteer agreement in liaison with human resources and our own Voluntary Services Department.

We undertake a robust recruitment process, including application form, references and Disclosure Barring Service (formally Criminal Records Bureau) clearance. Induction consists of mandatory e-learning training (for example, infection control and fire safety) and a thorough introduction to the service including shadowing opportunities.

A number of schemes operate across the trust on acute and rehabilitation wards, community and ENT services. The volunteers are primarily student/recently-qualified SLTs but also include undergraduate students on other courses that benefit from exposure to hospital environments. The hours of work are flexible, with volunteers generally providing one or two sessions a week.

Volunteer roles

The volunteer role varies according to the specific service area he/she supports. Common tasks include conversational support or delivering part of a programme of care following specific training. Other tasks

Working with volunteers: rewarding and exciting

Sam Bowman and Katrina Clarkson reflect on their experience of volunteers at Northwick Park Hospital

ILLUSTRATION BY Robin Boyden



include the production of therapy materials, carrying out service-related questionnaires, supporting audit, general admin or internal events.

Volunteers are complementary to the role of paid staff. They do not fill temporary vacant or discontinued positions, nor do they use the opportunity as a trial period for a permanent position. While we welcome volunteer applications for paid positions, the hospital cannot guarantee that a volunteer scheme will lead to a paid job in the organisation.

For NQPs, in line with their volunteering role, it is not appropriate to review the NQP framework. Instead, the department encourages volunteers to keep a reflective log of their experiences. The volunteer coordinator completes the recruitment, induction and coordination of volunteer schemes. A named supervisor meets with each volunteer at the beginning and end of each session and provides close supervision.

Benefits and challenges

Volunteers maintain their speech and language therapy knowledge, broaden their NHS experience and confidence in working in hospital environments, and develop skills in service development projects. They also experience the administrative processes required in a department. Most

importantly, we ask the volunteers to reflect on their experiences when they leave the department. Common themes that emerge relate to feeling a valued member of the team, the development of practical skills and knowledge of how services work, and how learning opportunities have been rewarding and valuable experiences.

The most overwhelming challenge we experience is the time it takes to recruit, induct and up-skill each volunteer. Therapists have also reported additional time pressures of delivering support and supervision. Despite these challenges, our team deems volunteers to be an invaluable asset to the service.

The volunteer scheme has run since 2011, with more than 50 volunteers given opportunities across the trust. It has been a rewarding and exciting development for the whole team. The volunteers have been an invaluable addition and we feel proud to have supported so many NQPs in maintaining and developing their clinical and professional skills while seeking employment. ■

Sam Bowman (née Condie), Independent SLT (previously Principal SLT, Acute Neurology); Katrina Clarkson, Principal SLT, Regional Rehabilitation Unit, Northwick Park Hospital

RCSLT Yorkshire and the Humber Hub focuses on SEND reforms

Judy Clegg and Billie Lowe reports on the special educational needs and disabilities reforms study day in Sheffield on 9 September

The RCSLT Yorkshire and the Humber Hub held a one-day conference at the University of Sheffield on the recently implemented Special Educational Needs and Disability (SEND) Reforms, part of the Children and Families Act 2014.

At the time of the conference, this new act had only been in place for nine days so it was extremely timely for speech and language therapy services across Yorkshire and the Humber to come together to discuss their implications.

The conference brought together speakers from the RCSLT, the Departments for Education (DfE) and Health (DH), and local perspectives from pathfinder areas in North Yorkshire and Bradford.

Helen Nix (DfE) and Gareth James (DH) emphasised the child/young person at the centre of the new reforms and the importance of joint commissioning and integrated working across services to improve outcomes for young people. Their key message: the child and family are central, with their aspirations as the focal point throughout the process. RCSLT CEO Kamini Gadhok highlighted the crucial role SLTs have in working and facilitating this process with the child/young person and their family/carers.

The speakers sparked lively discussion

around the increased face-to-face contact with families, carers and other professionals that will result from the reforms, and the impact this will have on speech and language therapy services. Effective collaboration across health, educational social services will be essential as we move forward.

The conference moved on from the national to the local perspective. This involved a showcase of the work of the pathfinder areas in Yorkshire and the Humber. Michael Cotton (North Yorkshire County Council) and Bill Turner (Bradford Metropolitan District Council) gave excellent presentations detailing the operational processes involved. They again emphasised that the focus on the child/young person is paramount and strategic collaboration

across services is essential.

Speech and Language Therapy Manager Mel Eltome (Airedale NHS Foundation Trust) and Specialist Lead for Speech, Language and Communication Needs Carol Ann Howe (North Yorkshire County Council) enabled a more detailed insight into the relevance of the code of practice for speech and language therapy services. They said the person-centred approach, combined with effective collaboration are central to each education, health and care (EHC) plan, “running through it like a stick of rock”.

All the speakers agreed the SEND reforms represent one of the most significant changes in special education in 30 years and an enormous opportunity for the speech and language therapy profession.

This is typical of feedback from the delegates: “An excellent event and a perfect example of the impact of RCSLT Hubs, bringing together DfE, DoH and practitioners with a shared goal to implement policy in the best way we can for the good of the child. Joint working was exemplified in the form and the content of the day.”

Our thanks go to all the speakers for inspiring Yorkshire and the Humber Hub members to move forward to embrace this change to improve the outcomes of children and young people with speech, language and communication needs. ■

Dr Judy Clegg, Senior Lecturer; Billie Lowe, University Teacher. Department of Human Communication Sciences, University of Sheffield. Email: j.clegg@sheffield.ac.uk

⊙ **A video of the conference is available on the RCSLT website**

⊙ **Find out more about the SEND reform and the implications for speech and language therapy services. Visit: <http://tinyurl.com/pvz5kno>**

“The SEND reforms represent one of the most significant changes in special education in 30 years”

Beef & Gravy

with mashed potato and peas

Blended at home for people with dysphagia



Made in a blender at home

Staying well-nourished can be a challenge for patients who have difficulty chewing or swallowing. Those on a puréed diet are faced with:

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Unsurprisingly, patients can often lose their desire to eat and may try to avoid mealtimes altogether.

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

Obituary

REMEMBERING

Rosanne Cooke

1958 – 2014

Rosanne started her working life at Williams and Glynn's Bank in Manchester. She then became a sugar buyer for the Co-op. When finances allowed, she started her training as a speech therapist at Manchester University, qualifying in the 1980s. She gained a distinction over the whole examination, which set the standard for the calibre of work she achieved over her career.

Initially Rosanne worked in a language unit in Bolton, where she developed her experience and great interest in language disorders. This remained her first love. She joined the speech and language therapy department in Macclesfield, Cheshire, in September 1988.

She remained with this team, through many name changes, for the following 25 years. During this time she worked very successfully with many colleagues, both therapists and teachers, and was highly respected and liked by all.

She joined the multidisciplinary team at Puss Bank School in Macclesfield,

which had a large assessment nursery and special classes running alongside the mainstream school. Rosanne developed a deep understanding of education and the vital role of language in allowing children to reach their potential. She was interested in the effectiveness of speech and language therapy in school settings and in linking therapy to the curriculum.

She gradually built up and managed a school-based speech and language therapy service in east Cheshire. This proved to be highly successful and was valued and respected by all those involved. Rosanne demonstrated the advantages of collaborative working and increased the understanding of both teachers and classroom assistants as to the nature of speech and language difficulties, and how to help and support the children.

Rosanne also worked as a part-time tutor at Manchester University. During her time there she jointly developed the Assessment of Comprehension and Expression (ACE)

language assessment.

Rosanne cared deeply about the children and families with whom she worked and gave a huge level of commitment well over and above her job description. She was a perfectionist and passed on her high standards by example but also by training many colleagues from speech and language therapy and education alike. She was also an excellent clinical supervisor and gained the best from her students by her exacting standards.

More recently, Rosanne was seconded to the Youth Offending Team where she helped to train the staff and magistrates in their understanding of speech and language difficulties and their effect on many of the young offenders.

On her assessments she found many to have very poor language skills, both receptive and expressive, often in conjunction with unidentified neurodevelopmental issues. She was also appointed to the youth offending panel, guiding and supporting young people into education or work.

Rosanne had many outside interests and liked to be active and fit. She always looked very elegant. She skied every winter with her family and was a keen horse rider, an interest she shared with her daughter, Ellie.

She is missed immensely by her colleagues in all areas of her work. She was a great friend and her advice and care, both in and out of work, are also greatly missed. Our great sympathy goes to her husband, John, daughter, Ellie, and all her family.

Clare Pollard

“Rosanne cared deeply about the children and families with whom she worked and gave a huge level of commitment well over and above her job description”



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Phil Rimmer, Head Chef

Professional Training for Healthcare Professionals



4 – 6 February, 2015

More than Words - Hanen Training

Suitable for experienced clinician or new graduate, this certification workshop will enrich the service offered to families of children with Autism Spectrum Disorder. Learn to involve parents in effective early intervention for young children on the autism spectrum.
Cost: £670 | Venue: London Road Community Hospital, Derby

18 February, 2015

Parkinson Study Day

This study day is aimed at all grades of Allied Health professionals who have contact with Patients with Parkinson's Disease in a non- specialist setting. The day looks at a multi-disciplinary approach to the management of patients. Each session will be led by a clinical specialist in the field of Parkinson's Disease. Cost: £130 | Venue: Royal Derby Hospital, Lecture Theatre.

28 – 30 April, 2015

The Michael Palin Centre for Stammering Children

This workshop aims to increase participants' understanding of the issues involved in working with secondary school students who stammer, confidence in assessing overt and covert aspects of stammering, and skills in integrating speech management, communication skills and cognitive therapy in packages of care which reflect individual need. The course will present work which can be adapted for individual or group therapy for teenagers aged 12 -18 years. Cost: £150 | Venue: Derby

21 – 22 May, 2015

Lidcombe Program of Early Stuttering Intervention

The Lidcombe Programme is a treatment for early stuttering. Children enjoy this programme, which makes it extremely effective. The treatment is implemented by parents during a period of close consultation with the clinician. Research and clinical trials have shown The Lidcombe Programme reduces stuttering quickly to very low levels, in the long and short term, when stuttering begins in the first few years of life. Obtain sufficient knowledge to implement in your own clinic.
Cost: £300 | Venue: Derby

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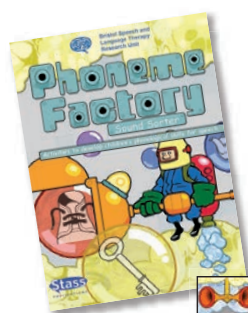
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- Changing rate
- Voluntary stammering
- Holding/ tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

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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DECEMBER CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 5 December for January, by 9 January for February, and by 6 February for March. 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

South-West Autism CEN

1 December, 10am – 4pm

Dr Luke Beardon: 'The myths of autism'. Other speaker TBC (adult with autism). Members free; non-members £15 for day. The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ. Email: lucy.french@nbt.nhs.uk

London Paediatric Dysphagia CEN

2 December, 9am – 4.30pm

'ENT and paediatric feeding in the community and acute setting' featuring a mixture of specialist presentations and opportunity for case discussion + AGM. Institute of Neurology, 33 Queen Square, London WC1N 3BG. Members £10; non-members £35. For bookings, visit: www.pdsig.org

Children and Adults with Down Syndrome CEN

4 December, 9.30am – 4pm

'Best practice for working with children with Down syndrome in the early years'. Serunnu Children's Centre, High Cross, Rogerstone, Newport NP10 9LY. £25, including lunch and refreshments. Booking essential. Email: barb@flook.org.uk

SLT in Children's Centre SIG

8 December

Workshop: 'Grab them when you can. Maximise your opportunities to engage with families via current initiatives.' Parkside Community Hall, Ampthill, Bedfordshire MK45 2HX. Members £20; non-members £30 (to include membership until 31 August). Pay on the day (cash/cheque). To book, email: Jayne.Blincoe@walsallhealthcare.nhs.uk

South East and London Stammering CEN (SEALS)

12 December, 9am for 9.30am – 4pm

Stammering therapy in the group setting. Explore the benefits of delivering therapy to groups of children, adolescents and adults. Michael Palin Centre, Pine Street, London. Fees for membership/attendance requested in advance of the day. Email: helen.story@nhs.net

Palliative and Supportive Care CEN

20 January, 9am – 5pm

Supporting communication difficulties towards the end of life. Topics to include AAC, dementia, progressive neuro, neuro-oncology and more. Plus AGM. Cost TBC. Location RCSLT HQ TBC. For information, email: samantha.cree@nhs.net

Auditory Verbal Therapy CEN

22 January, 10am – 3pm

'The magic of purposeful play', a presentation and interactive session on using play effectively in therapy with deaf children. Midlands Hearing Implant Programme (Children's Service), Optegra Building, Aston University, Birmingham, B4 7ET. Free, please bring lunch. To book, email: Abigail.Wain@bch.nhs.uk

Disorders of Fluency National CEN

11 February

Research findings and workshop: working with parents of dysfluent children/teenagers. Sarah Costello: online survey findings: Parental beliefs about stammering and attitudes towards the therapy process. Ali Berquez: findings of parents' expectations of therapy. Alison Nicholas and Ali Berquez workshop: working with parents of

children/teenagers who stammer. The Quaker Meeting House, Sheffield. Email: kate.williams@nhs.net or isabel.oleary@nhs.net

Trent Dysphagia CEN

24 February, 8:30am for 9:30am – 13:30pm

'Dysphagia management for patients with dementia'. Speakers include Consultant Physician Dr Rod Kersh and Highly-specialist SLTs Julie Baker and Mark Jayes. Presentations/case studies will explore decision-making in palliative/end-of-life care, including alternative hydration and nutrition. Plus introduction to practical multidisciplinary approach to personalising such needs in dementia. The Northern General Hospital Medical Education Centre, Sheffield S5 7AU. Members £5; non-members £10 (includes one-off membership fee). Pay on day (cheque/cash). Refreshments provided. To book, email: laurette.tahmassian-zarneh@sth.nhs.uk. Find us on RCSLT 'Basecamp'

Yorkshire Adult Dysphagia SIG

26 February, 9.30am – 4pm

Videofluoroscopy, review of dysphagia terminology and a chance to discuss complex cases. The Poppleton Centre, York, YO26 6JT. Members free; non-members: £10. Email: ellie.girdwood@york.nhs.uk or tel: 01904 725 768

West Midlands SLI CEN

2 March

Basic shape coding course led by Susan Ebbels. Members £50 (to include yearly membership); non-members £60. Includes lunch and refreshments. Grange Street Education Offices, Casey Lane, Burton-on-Trent DE14 2ER. Tel: 01283 239 083 or email: beth.madigan@staffordshire.gov.uk

Giving Voice needs **YOU** (and your clients)

The **RCSLT** is looking for inspirational media case studies to demonstrate the power of speech and language therapy.

We are looking for media case studies from all parts of the UK to show just how important speech and language therapy is, not just to those with communication and swallowing needs, but to society as a whole. If you have clients and families who have benefited from speech and language therapy and are willing to take part in Giving Voice media activity please get in touch.

For more information on what makes a great case study or to discuss any ideas, contact RCSLT PR Manager Robin Matheou. Email: robin.matheou@rcslt.org





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3 X Paediatric Speech Therapists
Mainstream Schools and private clients
1 X Adult Neuro Speech Therapist
Rehabilitation Units

We are looking for Band 5/6 therapists to join our practise that works with both adults and children. We have full time and part time roles. Salary is between £22-30K dependent upon experience with large budgets for training and CPD, regular supervision and opportunities for rotation.



To apply send your CV with a cover letter to Shermeena Rabbi at:
info@unlockinglanguage.co.uk
or call on 0207 473 3624.

www.unlockinglanguage.co.uk



Bwrdd Iechyd
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**Macmillan Speech & Language Therapist
Oncology & Palliative Care**
Band 7 (26.25 hours per week) Based in South Wales
Ref: 110-AHP072-0914

For further details and to submit your application please visit
www.jobs.nhs.uk and refer to the Jobs Section.

Closing date: 15th December 2014.



Speech and Language Therapy Associates


Speech Focus is a speech and language therapy practice working in adult neurology in south-east England. We are expanding and looking for enthusiastic speech and language therapists to join us as associates.

Becoming an associate is ideal if you currently work in the NHS and are looking to start some part-time private work or are already working independently and would like to increase your caseload.

The positions available include part time roles at neuro. rehabilitation units in Kent and Sussex (£300+ a day) as well as individual clients in East and West Sussex who are seen weekly at their homes

Regular supervision will be provided.

For more information please contact
Claire Ashurst on 07779 036239 or
claireashurst@yahoo.co.uk





CCL provides accommodation, care, support and education for c.90 young people with PMLD and other complex needs, including communication difficulties, ASD and behaviours that may challenge – many of the people we support are non-verbal. Our services are delivered in and around Shrewsbury.

LEAD SPEECH AND LANGUAGE THERAPIST
(Minimum of 3 days per week, salary dependent on experience)

Our current Lead Speech and Language Therapist is retiring having successfully lead our work in developing a "Total Communication Environment", with communication at the centre of all that we do. We are looking to appoint her successor to carry forward and develop this essential aspect of our work. This is a high profile post and the person appointed will be at the centre of the organisation with significant "hands on" work with the learners as well as coaching and mentoring care and support staff, education staff, and managing two SLTs. The Lead Speech and Language Therapist leads on undertaking assessments, plays a pivotal role in ensuring that all aspects of "communication" are provided for in our services and oversees the development of the "Learner Voice" Behaviour Management Plans.

We are looking for an experienced and qualified therapist to head the SLT team with extensive and varied experience in working successfully with people with learning difficulties in a variety of settings (preferably including an education setting). A resilient, enthusiastic, flexible team player is required, able to think "outside of the box" and able to thrive within a voluntary sector culture.



ROOKERY SCHOOL
RENEWED FOR EMPOWERING LEARNERS

Rookery School is a highly inclusive primary school requiring a confident Speech and language therapist to take on a permanent, full time (8.15am - 4.15pm) position. Term time only.

This SALT will work in our Autism resource base and the mainstream school. We are seeking a conscientious practitioner who can assess, plan and deliver direct interventions, whilst developing a collaborative approach to working with teaching staff.

A SALT who works at Rookery will benefit from a well-established referral system, a varied case load including children with autism and the opportunity to work in a well-established team. There will also be access to a senior SALT to support your professional development.

The closing date for receipt of applications (found on the schools website) will be Friday 12th December at 3.30pm. Shortlisting and interviews will take place W/B 15th December.

www.rookeryschool.co.uk

Salary range £18, 638 - £23, 945 Pro rota. Dependent on experience.

NEW or RECENTLY QUALIFIED SPEECH AND LANGUAGE THERAPIST (Salary and hours and negotiable)

We are looking for an additional supporting therapist. A huge amount of "hands on work" will be central to your work. You will assist in assessment and development of therapy programmes and in delivering training, mentoring and support for staff.

Both posts are subject to an enhanced DBS check. We offer excellent conditions of service, career prospects, and comprehensive training and CPD.

For an application pack contact Conover College Ltd, Longbow House, Harlescott Lane, Shrewsbury, SY1 3GZ or email conover.recruitment@btconnect.com
For an informal discussion, call Carolyn Page or Laura Conway on 01743 872250.

Closing Date for completed applications: 9 a.m. Monday 5th January 2015



Conover College Limited - an association registered under the Industrial and Provident Societies Act 1965. A charity exempt from registration. Register No. 29768R



SPEECH AND LANGUAGE THERAPIST

Part Time | Salary Negotiable subject to qualification and experience - Band 6 or above equivalent.

The Disabilities Trust provides an imaginative concept of personal care and specialist housing for people with severe physical disabilities, autism and learning difficulties and acquired brain injury.

We are looking for an experienced, enthusiastic speech and language therapist to support our services for adults with autism, learning disabilities, and complex challenging behaviour in the Haywards Heath area. The post holder will be responsible for providing a clinical service, assessments, and contribution to staff training.

Ideally the candidate will have postgraduate qualification and experience in dysphagia, and other specialist areas e.g. Makaton, PECS etc.

You will join a multidisciplinary team supporting person centred working and will receive a full induction, regular supervision and peer support. As an organization we have a commitment to CPD.

All positions are subject to the Disclosure and Barring Service under the Care Standards Act. The Disabilities Trust is an equal opportunities employer.

Anticipated interview date – week beginning 12th January 2015

For an application pack please contact our website, www.thedtgroup.org or contact Ruth Davies, Service Manager: 01444 4838833 | ruth.davies@thedtgroup.org

For an informal discussion please contact Stacey Parker, Clinical Lead, 07595653657.

Closing date 31st December 2014

Registered Charity No 800797



New Strategic Research Director

SI Network is the leading provider of post-graduate education in Ayres' Sensory Integration and related clinical practice within the UK and Ireland. To ensure Sensory Integration Network continues to grow and develop, and to influence health and social care policy and practice, the Board of Directors are delighted to advertise the vacancy for a Strategic Research Director.

This role will focus on developing and leading our ambitious long term research strategy including collaboration with leading Sensory Integration experts from abroad as part of our contribution to an international multi-site project. The role is suitable for an innovative and creative post-doctoral health professional with a passion and research interest in neuroscience and the application of sensory integration theory and practice; assessment, intervention and outcome measurement. The successful candidate will work alongside board colleagues to develop, deliver and embed an innovation strategy across the organisation.

If you are interested in this vacancy please visit www.sensoryintegration.org.uk/board-of-directors for a more detail including job description.

Closing date: 23 January 2015.



Lecturer / Senior Lecturer in Speech & Language Therapy 1.0 fte – Salary: Grade AC2 / AC3 - £31,342 - £45,954

We are seeking an enthusiastic SLT looking for a career as an academic, to join our dynamic team of experts. The successful candidate will hold a postgraduate qualification in a relevant area of study and will contribute to teaching across the curriculum and to the Department's research agenda.

If you would like an informal discussion please contact:

Maggie Cooper (01752 636756) or Julia Stewart (01752) 636700 Ext 5539

Closing date: 12 noon on Wednesday 17th December.

Further information and details on how to apply can be found at: www.marjon.ac.uk/about-marjon/employment-vacancies.

Speech and Language Therapist Band 5

Salary: £21,822 pa Hours: Full-time

The Holmewood School, London, is a school for international and local children with high functioning autism, Asperger's Syndrome, language, communication and social pragmatic difficulties and those associated with ADHD and specific learning difficulties.

We are offering an exciting opportunity to join our experienced multi-disciplinary team of therapists and teachers. Your post will include supporting children in our partner mainstream school, Dwight London International School (www.dwightlondon.org).

For further details about the post and/or to arrange an informal visit, please contact Viv Brown, SALT on: 07798712321 or vbrown@thsl.org.uk

Please see website: www.thsl.org.uk. Contact Anna Row on 02089200660 or arow@thsl.org.uk for an application pack and job description.

Closing date: 11th December 2014 Interview date: tbc



www.thsl.org.uk

ALDERWASLEY HALL SCHOOL

part of the SENAD Group

Alderwasley Hall School provides specialist education for children and young people with Aspergers, high functioning autism and speech and communication difficulties.

Speech and Language Therapist (Part time considered)

Salary dependent upon experience (Band 5 to Band 7)

This is an ideal opportunity for an SLT wishing to develop or further their interest in working with young people with Asperger's Syndrome. You will be responsible for managing a caseload of around 10-15 students, working closely with parents/carers, teaching and other specialist staff.

The successful candidate will join a large, established Therapies team and will be expected to show excellent collaborative practice. You will benefit from regular supervision, ongoing CPD and unique opportunities for developing or furthering specialist clinical skills.

For more information, please contact Emma Illingworth on 01629 822586 or email emma.illingworth@senadgroup.com

For an application form, please contact Sharon Harrison on 01629 821410 or email sharon.harrison@senadgroup.com

Visit www.senadgroup.com for more information on the work we do.

Closing Date: 15th December 2014.

Alderwasley Hall School, Alderwasley, Belper, Derbyshire DE56 2SR

The SENAD Group is committed to safeguarding the welfare of children and young people within its care, therefore an enhanced DBS application will be required upon appointment.

APPOINTMENTS

CALL GIORGIO ROMANO ON 020 7880 7556



West Kirby Residential School Specialist SEN College & National Support School

Meols Drive, West Kirby, Wirral, Merseyside CH48 5DH

WKRS is a non-maintained special school for pupils with complex education needs, many with communication problems. There are currently over 90 co-educational day and residential pupils on roll aged 6-18. The school has achieved outstanding reports from OFSTED 2013 and holds Silver Investors in People Status. We achieved Autism Accreditation in December 2013 and the report stated that 'communication is an area of strength'. Flexibility, humour and a willingness to go the extra mile are essential for all our staff to ensure a high standard of support for all our pupils.

Speech & Language Therapist

Equivalent to Band 5/6 | £20,638 - £29,759 (salary dependent on experience) | 37 hours per week (inclusive of paid school holidays)

We are seeking an experienced therapist to join the Speech and Language Therapy department as part of a multi-disciplinary team in this progressive school.

You will work alongside an experienced clinical lead therapist and a Band 6 therapist, managing a varied caseload of pupils with complex needs and comorbid diagnoses. A keen interest in developing a holistic approach to therapy with young people who have social, emotional and behavioural difficulties is essential. The majority of pupils have a diagnosis of ASD and communicate verbally. Speech and Language Therapy is a fully integrated part of the whole curriculum involving parents, teaching staff, care staff and other professionals. Therefore, duties will also include providing training, advice and strategies to staff and families.

We seek someone who can generate enthusiasm and develop the potential of

pupils who may have experienced frustration during the early years of their education. You will be willing to contribute to other curriculum areas and extra-curriculum activities outside the department.

In return, we offer excellent support from colleagues and staff; clinical supervision; commitment to CPD; access to internal and external training.

Application forms and further information can be downloaded from the school website: www.wkrs.co.uk or contact Mrs. J Mulla, HR Assistant at the school on 0151 632 3201.

For an informal discussion or to arrange a visit please contact Mrs. N Tolley, Head of Integrated Services.

Closing date: Friday, 19th December 2014. To start early 2015.

The School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful applicant will be subject to rigorous recruitment checks.

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KEEP IN TOUCH WITH YOUR RCSLT ONLINE ANYWAY YOU WANT.



Visit www.rcslt.org and follow the links.



INDEPENDENT SPEECH & LANGUAGE THERAPY IN SWANSEA, CARDIFF & ACROSS SOUTH WALES



Newly-Qualified Therapist | Salary from £21,478 pro rata.

The Speech Clinic is seeking a NQP keen to work within independent practice. You should have an interest in both adult and paediatric practice, including learning disabilities/ASD. This post offers a varied client group with sessions in clinic, homes, schools and colleges, predominantly based in Swansea. Sessions are timetabled throughout the week including evenings and weekends. You will engage in supervision sessions on a weekly basis and will work towards your NQ Competences.

We would also welcome interest from more experienced therapists.

Salary in accordance with experience and as per NHS banding.

Telephone **The Speech Clinic** on **01792 206784** or email **reception@thespeechclinic.co.uk** for further information or an application form.

Access to car essential; CRB clearance required.



Scan for link to application form

www.thespeechclinic.co.uk



Together We Overcome Barriers

Interested in a job overseas with a dynamic international paediatric therapy team? This is your chance!

Salary range equivalent to £25k- £40k (tax free) or AFC Grade 6 or 7 depending on experience.

Are you looking for a new experience and want to work overseas, tax free? We are a dynamic team of 24 therapists including clinical and educational psychologists, speech and language therapists, occupational therapists, ABA therapists and special educators. We work mainly with children from 2 to 11 years with mild to moderate language and learning difficulties. We work intensively in a multi disciplinary way, often seeing children up to 3 times a week. We are committed to CPD and have regular training and support sessions. We are based in the heart of Abu Dhabi, which is a happening multicultural city with a large English speaking community. It is one of the most liberal and welcoming of the Emirates, and has many excellent restaurants, shopping malls and activities including water parks; paddle boarding, desert camping and kayaking.

We are looking for experienced speech and language therapists of up to 2 years who have experience of working in a multi disciplinary environment with children with mild to moderate needs. It would also be desirable to have had experience working in mainstream schools and nurseries, or working as a team on Early intervention programmes. We provide accommodation, medical insurance and a good salary.

If interested please contact Sandy Abu Samha at sandy@starzuae.com for more information or send your CV.

NEW JOB?

The official recruitment site for the **RCSLT**, the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

Start your search today and visit www.speech-language-therapy-jobs.org



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LONDON

SYDNEY



Laura Lennox

OCCUPATION: SLT, NHS DUMFRIES AND GALLOWAY

“More than 600 people took the time to engage in our World Voice Day social media campaign in its first week”

We have all heard of social media sites, such as Facebook and Twitter, if we are not already using them. If you use Facebook you will definitely have heard of, or even participated in, the ‘bare face selfie’ craze that raised over £2 million for a UK cancer charity. With this positivity, our speech and language therapy team decided to create our own Facebook page and Twitter account.

“How hard could it be?” we thought. Several hours later (and many hair pulling moments) the job was done. Although it was slightly harder and more time consuming to set up than we initially thought, our reason for sharing this experience is because we could not have predicted how successful this venture has become.

Our first step was to check with our NHS board that this was allowed. After getting the go ahead, the next step was to sign up to Facebook and Twitter using our NHS email accounts. For Facebook, we followed their straightforward online instructions on creating a business page. The admin section allowed for each SLT with a Facebook account to be involved in managing the page and posting information. This was important to us because we all have our own particular areas of specialist interest. It meant we could search individually and post out information that was relevant in all professional areas. We then linked our Facebook page to our Twitter account meaning our Facebook posts would also be tweeted and vice versa – saving time.

Not only have we 116 followers on our Facebook page and counting, but we have also raised awareness of the specific speech, language, communication and swallowing needs our service users encounter, and how this impacts on their lives. We do this by sharing posts and retweeting from



The speech and language therapy team created its own Facebook page and Twitter account

the relevant larger organisations’ social media sites, such as the RCSLT, Parkinson’s UK, British Voice Association and The MS Society. We also post and tweet our own speech and language therapy adult service local and national promotions, such as our ‘communication and mealtimes dementia toolkit’ for NHS Dumfries and Galloway and beyond.

Using social media has even inspired us to get creative in our approach to health promotion. Our most recent project was for World Voice Day, 16 April 2014. As well as carrying out the standard campaign tactics, we created a social media blog and social media video, raising awareness of the importance of our voices for work and when and how to seek help. We uploaded the social media video on to YouTube and shared it and the blog with our followers on Facebook and Twitter.

The exciting part came when posting and tweeting to invite other relevant local, national and worldwide organisations (such as <http://world-voice-day.org>) to then like, share and retweet to their followers, who

could like, share and retweet with their followers, and so on. More than 600 people took the time to engage in our World Voice Day social media campaign in its first week and this number still continues to grow. It is difficult to think of any other more effective way to spread information to so many people in such a short space of time.

The Office of National Statistics suggests that eight out of 10 adults in the UK now use the internet on a regular basis. If you haven’t already used social media to raise the profile of your own speech and language therapy service, then we would highly recommend it. If you have done so already, then find us, like, share and retweet us, and hopefully we can repay the compliment. ■

FURTHER LINKS:

- 🔗 Facebook: <http://tinyurl.com/kpqchj3>
- 🔗 World Voice Day Social Media Video: <http://tinyurl.com/lvecf3q>
- 🔗 World Voice Day Blog: <http://tinyurl.com/knqvbf5>
- 🔗 Twitter: https://twitter.com/SLT_DG

Various dates and locations

Picture Exchange Communication System (PECS) Level 1 Workshops

Canterbury, Cardiff, Liverpool, London, Glasgow, Birmingham, Sheffield and more. SoSAFE! Sexual/Social Safety Training – Manchester and London. Teaching critical communication skills – Birmingham. A teachers' guide to organising and managing the classroom – Manchester. Visit: www.pecs-unitedkingdom.com tel: 01276 609 555

VitalStim

NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research. (<http://tinyurl.com/mf92t3q>). Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Contact: training@vitalstim.co.uk www.vitalstim.co.uk

9 January, London

Voice CEN with the British Voice Association

Best practices in auditory perceptual and acoustic evaluation of voice. Dr Nancy Solomon, renowned American speech-language pathologist, presents on overcoming the challenge of incorporating comprehensive voice assessment in a busy clinic setting, and shows how data can be used for simple audit and research. Email: administrator@britishvoiceassociation.org.uk

12-16 January, RCSLT London

'Working with deaf people'

Part 1: An introduction to all aspects of assessment and therapy with deaf children and adults. £420. Email: ruthmerritt@csdconsultants.com, tel: 01227 262 141, apply online now at: www.csdconsultants.com

22-23 January

Adult apraxia of speech

Professor Nick Miller leads practical workshop reviewing evidence-based therapy for AoS with video case studies. £230, Northwick Park Hospital, London. Email: shailesh.lathia@nhs.net; tel 020 8869 2808/2798

25 January

Collaborative working

Suitable for those working in the field of voice. Features a clinical psychologist, an SLT, a singing teacher and an Alexander Technique teacher showing how diverse fields of expertise can work together to help the voice. Visit: www.britishvoiceassociation.org.uk (Events and Courses). Email: administrator@britishvoiceassociation.org.uk

26-27 January, Manchester; 29-30 January, London

The Big Autism Play Day

Hirstwood Training invite you 'The big autism play day' sharing early intervention strategies, ideas, resources, techniques and evidence for using play to develop engagement and interaction. £450 + VAT. Email:

lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

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

Elklan total training package for verbal children with ASD

This course equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. £450. 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

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. £450. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 February, St George's Hospital, Tooting

The Wolfson Neurorehabilitation Centre approach to working with...

Cognitive communication disorder. Severe aphasia, 27 February. Using the 'Strands of speech and language therapy in neurorehabilitation' (James et al, 2010) to discuss practical management ideas. Tel: 020 8266 6549, email: Daniela.rianjongdee@stgeorges.nhs.uk

12-13 February, 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. £450. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

12-13 February, RCSLT London; 5-6 March, Salford

Elklan total training package for under fives

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in early years. Teacher/therapist teams welcome. £450. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

17 February, RCSLT London

TalkTools study day

New to TalkTools? Come along and find out more. Already using TalkTools? Update and expand your knowledge and skills. Only £45 per person. Visit: www.eg-training.co.uk, email: info@eg-training.co.uk, tel: 01530 274 747

23-27 February

Working with adults who stammer

Essential training for SLTs working in dysfluency – covers assessment, block modification, interiorised stammering, art therapy and acceptance and commitment therapy plus workshop with adults who stammer. £523. City Lit,

London. Email: rachel.everard@citylit.ac.uk, tel: 020 7492 2579

25 February, Manchester

ASLTIP working in independent practice

For new and established therapists in independent practice, who want to make an ethical, profitable, legal and effective independent speech and language therapy practice work for them. Further venues/dates available throughout 2015. Visit: www.helpwithtalking.com, email: asltip@eg-training.co.uk

5-6 March, Salford

Elklan total training package for 11-16s

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. £450. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March and 3 June

'Acquired apraxia of speech: clinical and theoretical perspectives'

A new, Masters-level, CPD module with Professor Nick Miller at Newcastle University. Take as a standalone module or build credits to a higher qualification. www.ncl.ac.uk/ecsls/study/postgrad/CPD

11-12 March and 7 May

'Effecting change in a multi-agency context: influence and leadership'

Develop your leadership skills with this standalone, Masters-level, CPD module at Newcastle University or build credits to a higher qualification <http://www.ncl.ac.uk/ecsls/study/postgrad/CPD/>

20 March, London; 15 May, Bristol

Word Aware: teaching vocabulary across the curriculum

Suitable for teachers and SLTs. Trainers: Stephen Parsons and Anna Branagan. Cost: £130 including book. Contact: Kevin Foster on 07989 279294 or www.thinkingtalking.co.uk

21-22 March, Radisson Heathrow

Listening and auditory processing problems auditory integration training conference

International speakers and academics present their research, observations and reports. Of interest to all therapists, professionals, teachers and parents of children with SEN, SpLN, ASD, CAPD. Registration £210 (Early Bird £180). For information, email: beradtributeconference@gmail.com

16 April, Birmingham

Cervical auscultation course run by Quest Training

A practical, skills-based course. £135. Further information from: www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: Jofrost29@gmail.com

20-23 April, Birmingham

Post-registration paediatric and ALD dysphagia course

This four-day taught course plus work based learning develops skills and competence in dysphagia assessment and management. £580. Jo Frost Quest Training, tel: 07904 981 462, visit: www.quest-training.com

21 April, London

ASLTIP developing your independent practice

For independent therapists considering expanding their practice. Learn how to analyse and develop your business model, employ staff and negotiate business contracts, avoiding costly or embarrassing mistakes. Further venues/dates available throughout 2015. Visit: www.helpwithtalking.com, email: asltip@eg-training.co.uk

22-23 April, RCSLT London

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. Visit: www.eg-training.co.uk, email: info@eg-training.co.uk, tel: 01530 274 747



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