

bulletin

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

March 2013 | www.rcslt.org

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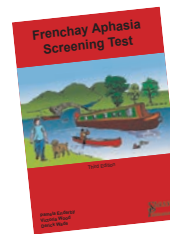
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- ▶ Changing rate
- ▶ Voluntary stuttering
- ▶ Holding/tolerating moment of stuttering
- ▶ Pullouts
- ▶ Cancellations
- ▶ Making change durable
- ▶ Transfer
- ▶ Disclosure

From Michael Palin Centre for Stammering Children, London: **Frances Cook**, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); **Willie Botterill**, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; **Ali Biggart**, 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, Carmel, CA, provided additional footage.

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Steven Harulow



bulletin

EDITORIAL

It's time to put the patient first

It is unlikely that you have managed to read all three volumes of the Francis Report into the appalling systemic failings at the Mid Staffordshire NHS Foundation Trust. The executive summary alone runs to 120 pages and its 290 recommendations are detailed.

However, echoing what Chief Health Professions Officer for England Karen Middleton says, every clinician must read at least some part of this important document. Although the report tends to focus on nurses and doctors, the issues identified apply to all healthcare professionals. Its ramifications will have far-reaching effects – from the selection processes used to recruit undergraduates, to the accountability of professionals for their actions and the onus on individuals to disclose matters of public concern.

The Francis Report talks primarily about developing a common and

sustainable NHS culture of putting the patient first.

In this month's Bulletin we have an excellent example of how this is already happening at the University of Greenwich and Canterbury Christ Church University. On pages 12–14, Stewart Kitching, Sophie MacKenzie and colleagues look at the benefits of involving 'real people' in the speech and language therapy programme. From participating in prospective student interviews to facilitating discussion around living with an acquired communication difficulty, the involvement of speech and language therapy services users is evidently beneficial to all concerned and must surely be a model for the patient-first future.

Steven Harulow
Bulletin editor
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“Every clinician must read at least some part of this important document”



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Your VIEW

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)



Tweet Talk

Emma Blades@Emmaaaar

Very good that the @RCSLT have introduced an 'Unemployed NQP' fee. I could have done with that two years ago!

Scot SpeechTherapist@skotovstoy

@RCSLT:
@skotovstoy
@LordStorey Thanks for your interest We're concerned people are missing out on vital services Will email you" #slpeeps

Bryony Rust@saltbythesea

This month's @RCSLT Bulletin article on campaigning using video has got me thinking. A few short clips = 1000 words? Must get involved!

Lydia Dobie@lydiadobie

Very proud and excited to be attending another board meeting @RCSLT in London today, and inspecting their shiny new head offices! #SLPeeps

Can you host a Swedish visit?

I am the managing director of a privately-owned company of SLTs in the health care sector in Stockholm, Sweden. We are contractors to the public health care sector. We work primarily with children, for example with speech and language disorder, dyslexia, dyscalculia, stammering and selective mutism.

Between 31 May and 2 June we (18 SLTs) are planning to go to London for our annual internal conference. We would like to do a visit and learn more about how SLTs work in UK with diagnoses and treatment, particularly dyslexia, dyscalculia and selective mutism.

Could any hospital, private or public institution host a visit on 31 May? We are flexible in going to different places in smaller groups if necessary. Our only restriction is that it must be in London due to travel distances.

Dag Ernholt

Managing Director, Röstkonsulten Carina Engström AB

Visit: www.roestkonsulten.com, email: dag@roestkonsulten.com

Looking for Pamela Clayton

I was a patient of Miss Pamela Clayton from 1950 to 1953 when she worked in the Harrow and Wealdstone area. I have carried a considerable debt of gratitude ever since for all the tremendous amount that she did for me and I am now very anxious to trace her so that I can express my thanks to her in person.

I am very conscious that I have let far too many years go by before embarking on this search but I remain hopeful that one of your readers may know of Miss Clayton (who might have subsequently married, of course) or even that she may read this herself. If so, I would be delighted and hugely grateful to hear from anyone with information.

Graham Westmore

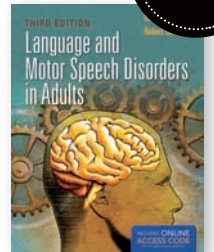
Tel: 01205 750912, email: gwestmoretiscali@tiscali.co.uk

The RCSLT prize draw

Bulletin readers can win a copy of 'Language and motor speech disorders in adults'. Email your name, address

and membership number to prizedraw@rcslt.org and put 'March draw' in the subject line.

Entries close 15 March. *January's winner was Gillian Rudd from Birmingham.*



RCSLT Web Poll
Have your say...



Do you work for a good speech and language therapy leader?

66% say yes



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Mid-Staffordshire: a lesson for us all

RCSLT says all health professionals must have the confidence to raise concerns

The NHS must foster a common culture of putting the patient first. This is the essential message from the Francis Report into the serious failings at the Mid Staffordshire NHS Foundation Trust, released on 6 February.

In his report, Robert Francis QC identifies the routine neglect of patients, “by a trust that was preoccupied with cost cutting, targets and processes, and which lost sight of its fundamental responsibility to provide safe care”. He makes 290 far-reaching recommendations that the prime minister has promised to address as a matter of urgency.

According to Chief Health Professions Officer for England Karen Middleton, the fact that the report does not mention allied health professionals (AHPs) explicitly does not mean they will not be affected by its recommendations. “Every clinician must read this document,” she says.

The RCSLT has responded to the report by pledging to empower its members with the confidence to react to unprofessional behaviour.

RCSLT Chair Bryony Simpson says: “AHPs, like other healthcare staff, are also patients and the relatives of patients. We share the deep concern regarding what occurred in Mid Staffordshire, for which there can be no excuses.

“Our worry is that other staff felt unable to report the unprofessional behaviour that occurred. This is especially alarming when considering vulnerable clients who are not able to communicate their



IMAGE GettyImages

concerns about the poor quality of care they receive.

“The RCSLT’s role is to provide leadership and support to our members, enabling them to make the right decisions. We have been communicating through webinars, seminars, journal articles and social media to get our members talking, raising questions and sharing experiences.”

The RCSLT has also joined a working group set up by Karen Middleton to focus on this topic among AHPs. Group members include representatives from

allied health professional bodies, the Council of Deans, frontline clinical staff, NHS Employers and patients.

The Big Conversation live

The RCSLT used its second webinar, on 29 January, to discuss issues around professionalism.

RCSLT CEO Kamini Gadhok chaired the session and contributions came from England Chief Health Professions Officer Karen Middleton, Health and Care Professions Council Chair Anna van der Gaag and College of Occupational

Therapists CEO Julia Scott.

Anna highlighted the rise in complaints against all healthcare professionals – and the fact the majority of complaints are concerned with conduct (for example, failures in communication with service users and their families).

Julia defined professionalism as, “the capacity to make judgements with integrity under conditions of technical and/or ethical uncertainty”. She suggested that professionalism should be included on every team meeting agenda.

Karen outlined the ‘Big Conversation’ initiative, which aims to get allied health professionals talking about the issue. She was keen to stress that the Big Conversation is not an end in itself – there has to be action at all levels to tackle unprofessional behaviour.

📌 **Read the Francis Report executive summary today:**

<http://tinyurl.com/b8om2w8>

📌 **Tell us your views.**

Email: bulletin@rcslt.org

📌 **Watch the webinar online at:** www.rcslt.org/news/webinars/rcslt_webinars

📌 **Share the link and start your own ‘Big Conversation’ with your multidisciplinary colleagues. Use the hashtag #bigSLTtalk to take part on Twitter:** <https://twitter.com/RCSLT>

or visit our Facebook pages: www.facebook.com/RCSLT

Francis report: essential recommendations

The NHS must:

- Foster a common culture of putting the patient first.
- Develop a set of fundamental standards – easily understood and accepted by patients, the public and healthcare staff – the breach of which must not be tolerated.
- Provide professionally-endorsed and evidence-based means of compliance with these standards, which NHS staff can understand and adopt.
- Ensure openness, transparency and candour throughout the system about matters of concern.
- Make all those who provide care for patients properly accountable for what they do and ensure the public is protected from those not fit to provide such a service.
- Provide for a proper degree of accountability for senior managers and leaders.
- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare.

Are you ready for the next HCPC audit?

Health and Care Professions Council audit of SLTs begins July 2013: is your CPD up to date?

The Health and Care Professions Council (HCPC) will begin its next audit of SLTs in July 2013. Organised to take place along with the renewal of your biennial HCPC registration, the audit will examine your continuing professional development (CPD) since your last registration period, from 2011.

As with the 2011 audit, the HCPC will examine a sample of SLTs during this year's registration renewal process to check registrants are meeting its CPD standards.

The HCPC will send out renewal notices and notification of audit selection at the beginning of July; the deadline for both will be the end of September.

The HCPC will ask those it selects for audit to complete a profile that summarises their CPD activities from 1 October 2011 to 30 September 2013.

You can use the information you have recorded in your online RCSLT CPD diary to

put in your profile by copying and pasting the details from your diary to the HCPC pro forma. There are examples of CPD profiles in the CPD toolkit (chapter 8) available from the RCSLT website: www.rcslt.org/members/cpd/toolkit and at: www.hpc-uk.org/registrants/cpd/sampleprofiles

For more information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile, visit: www.hpc-uk.org/registrants/cpd

From there you can also download the HCPC brochure, 'Your guide to our standards for continuing professional development', which features information about the audit process.

The HCPC has also launched an online CPD presentation that can assist registrants with their understanding of the HCPC requirements for CPD and prepare for the CPD audits.

Visit: www.hpc-uk.tv/flash.html to find out more.

Your HCPC audit resources:

- CPD profiles in the CPD toolkit (chapter 8) available from the RCSLT website: www.rcslt.org/members/cpd/toolkit and: www.hpc-uk.org/registrants/cpd/sampleprofiles
- Information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile: www.hpc-uk.org/registrants/cpd
- Understanding the HCPC requirements for CPD and preparing for your CPD audit: www.hpc-uk.tv/flash.html

QIPP is on the move

Although the Quality, Innovation, Productivity and Prevention (QIPP) workstreams will end in March 2013, the project will continue under the auspices of NHS Right Care and will remain a key goal for the new NHS commissioning architecture. The Right Care team will assist and advise on the development of future programmes of work to commence from April 2013. The Atlases of Variation, Right Care Casebooks, tools, health investment packs and other publications will remain accessible from the Right Care website.

☉ Visit: www.rightcare.nhs.uk

6 March: Celebrate speech and language therapy

Specific language impairment is the theme of this year's European Day of Speech and Language Therapy on 6 March 2013. Organised by the Comité Permanent de Liaison des Orthophonistes/Logopèdes de l'Union Européenne (CPLOL), the day aims to increase public awareness about communication disorders, the rights of individuals who have communication difficulties and ways they can be helped.

☉ Visit: www.cplol.eu/eng/EU%20day.htm

Auditing dementia services

The RCSLT is preparing for the launch of its 2013 dementia campaign and is keen to find out more details about the number of speech and language therapy services to people with dementia across the UK. We want to record where speech and language therapy does and does not provide a service, as we are aware that some services exclude people with dementia.

☉ If you provide a service to people with dementia, please email: claire.moser@rcslt.org

Get your book discounts

Class Publishing and Jones and Bartlett Learning are delighted to offer all RCSLT members an exclusive 20% membership discount off all their speech therapy titles. Visit: www.classprofessional.co.uk/books/speechtherapy to view the full list of titles and use the discount code: **RCSLT2013** at the checkout. Lecturers may be entitled to free inspection copies.

☉ For any further queries on the range of titles, email: sarah.burne@class.co.uk

Improving diagnosis of language delays

Lancaster University researchers are keen to hear from parents with children under 18 months of age to take part in a study to improve the diagnosis of language delays. They are particularly interested in hearing from English dialect speakers and from parents who left school early. They plan to develop the first standardised UK speech and language development tool that will be able to establish language development norms for UK children aged eight to 18 months. The two-and-a-half year project, funded by the Economic and Social Research Council, will also look into the impact of family income and education on UK children's language development.

☉ To take part, email: uk-cdi@lancaster.ac.uk

Moor House SLTs win IJLCD article prize

Congratulations go to the SLTs at Moor House School for their success in winning the 2012 International Journal of Language and Communication Disorders (IJLCD) research article prize. Their article (Ebbels et al, 2012) documents the randomised-controlled trial the team set up in 2007 to investigate the impact of semantic intervention on word retrieval.

Dr Susan Ebbels led on carrying out the literature review, design and analysis, and the Moor House SLTs carried out the intervention. Volunteer



Left to right: Hannah Leniston, Hilary Nicoll, Susan Ebbels, Gail Turner, Susan Pope, Becky Clark. **With thanks to co-authors:** Beth Eachus, Karen Blundell, Mary Jennings, Kate Montgomery and Liz Nimmo

SLT students carried out blind testing and scoring to ensure unbiased results.

The students showed that

post-therapy there were improvements in more generalised word retrieval, with significant gains on the Test

of Adolescent Word Finding (German, 1990). The IJLCD editors said the involvement of academic and clinical authors, “resulted in high-quality and clinically relevant research worthy of the article prize.”

References:

Ebbels SH, et al. Effectiveness of semantic therapy for word-finding difficulties in pupils with persistent language impairments: a randomised-controlled trial. *International Journal of Language and Communication Disorders* 2012; 47:1, 35-51. Available online: <http://tinyurl.com/bh2evb5>
German DJ. *Test of adolescent/adult word finding*. Austin, TX: DLM Teaching Resources, 1990.

Professionalism: it's down to you



In February, Robert Francis QC launched his second report into the serious failings at the Mid Staffordshire NHS Foundation Trust. If you have not had a chance to read any of this document, I recommend that you at least look at the detailed executive summary. It makes harrowing reading and makes you realise why the media attention on the findings has been so strong.

The chief health professional officer for England, Karen Middleton, says it is important to appreciate the bigger picture of what is described and how

fundamentally the delivery of healthcare must change to prevent something like Mid Staffordshire from happening again.

“I believe this Francis Report could and should have the most significant impact across the whole NHS,” Karen says.

The issue of professionalism comes down to each individual and how we choose to behave and practise our profession. With this renewed focus on individual responsibility, not just that of clinicians but also of managers, it is critical that you understand the implications for you as individual practitioners

and as service providers.

I am aware that many of you will also be getting emails from within your own organisations and we would welcome feedback on how they are considering the implications of the inquiry at a strategic level. It is important not to wait until you are asked to consider the serious issue of professionalism and, particularly, unprofessional behaviour.

Over the past year, the RCSLT has been working with the Karen to engage members in the ‘Big Conversation’ initiative. By embedding this in your work routines, and by continuing to discuss and debate real scenarios with your multidisciplinary peers you can develop the confidence

to challenge unprofessional behaviour.

Robert Francis puts effective clinical leadership very much at the heart of the issue and says this is an essential element to prevent another Mid Staffordshire from happening again.

You can demonstrate your own leadership, both as individuals and as services, by informing your managers about your Big Conversation activities and involving them in what you are doing to enable you to tackle unprofessional conduct.

I was pleased to chair a webinar on the subject of professionalism on 29 January. This featured Karen Middleton, College of Occupational Therapists CEO Julia Scott, and Health and Care Professions Council Chair Anna van der Gaag. We had an interesting and lively discussion that illustrated the complexity of the issues around professionalism. You can watch the webinar online at www.rcslt.org/news/webinars/rcslt_webinars ■

“It is critical that you understand the implications of Francis for you as individual practitioners and as service providers”

Kamini Gadhok MBE, RCSLT CEO
Email: kamini.gadhok@rcslt.org

RCSLT COUNCIL VACANCIES



The RCSLT is seeking nominations for the following RCSLT Council posts, as the present post holders are coming to the end of their terms of office.

COUNCILLOR FOR IRELAND COUNCILLOR FOR WALES

This is a great opportunity for two dynamic members to stand up and make a difference in their countries of employment. Country councillor's responsibilities include:

- Representing RCSLT members resident in their countries at Council;
- Attending Council meetings four times per year, usually in London, and other meetings as required;

- Acting as an RCSLT ambassador with members;
- Promoting the interests of the profession and its clients to the general public and other key decisions makers.

Country councillors are elected by RCSLT members in their country of representation.

All the above are two-year terms of office from the AGM in 2013. For more details about any of these positions, email jo.offen@rcslt.org, or tel: 020 7378 3007. The closing date for applications/nominations is 8 April 2013.

www.rcslt.org

An event for retired members or those approaching retirement

Fifty Shades of Grey: A different perspective

Wednesday, 5 June 2013

RCSLT, 2 White Hart Yard, London SE1 1NX

Jointly hosted by the British Association of Occupational Therapists, Chartered Society of Physiotherapy and the Royal College of Speech and Language Therapists, this event is for retired members and members approaching retirement.

With a combination of presentations and interactive sessions, the aims of the day are to:

- Receive ideas on creating a new lifestyle in retirement
- Find out the latest money management issues affecting retired members and members approaching retirement
- Hear about opportunities to learn new skills and how to use current skills in retirement
- Provide a multi-professional networking opportunity

Places are limited. Please book early to avoid disappointment.

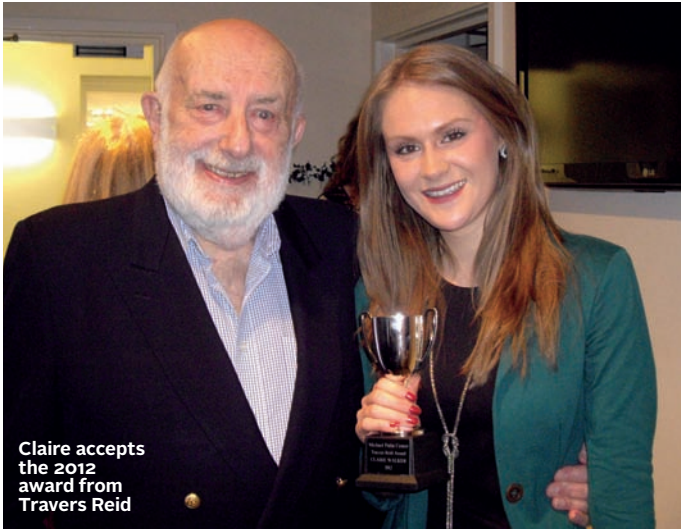
www.rcslt.org

Delegate fee: members £36 (£30 + VAT); non-members £48 (£40 + VAT)

Includes lunch, refreshments and materials. For more details and to book your place, visit: www.rcslt.org/news/events/

Enquiries: please contact Karen Buckley, 020 7378 3025 or email: karen.buckley@rcslt.org





Claire accepts the 2012 award from Travers Reid

Self-help group study wins stammering award

Congratulations go to University of Sheffield Speech Science graduate Claire Walker, who won the 2012 Travers Reid Award.

The annual £300 award is in honour of Travers Reid, the co-founder and life president of Action for Stammering Children, the charity which jointly funds The Michael Palin Centre for Stammering Children. It is open to any speech and language therapy student whose research project (written within the last three years) is on the subject of stammering.

Claire's dissertation explored the impact of self-help groups for people who stammer. She highlighted the importance of self-help groups in the management of an individual's stammer and the potential benefits of having a collaborative relationship between SLTs and such groups. Her work also emphasised the importance of evaluating different therapy approaches and the role of qualitative research in such explorations.

According to the judges, "Claire was conscientious in her approach to completing her dissertation, was resourceful in engaging participants and interpreted her results thoughtfully and objectively."

The charity will announce details of the 2013 award later in the year.

NEWS
IN BRIEF

Autism resources: The National Autistic Society (NAS) has produced two new online resources. 'After diagnosis' tells parents more about the support and benefits they may be entitled to and sources of local support. 'What next' is for adults who think they may be on the autism spectrum and may be considering getting a diagnosis.
 Visit: <http://tinyurl.com/bmdyoum> and <http://tinyurl.com/af9n4ux>

BSL app: A group of young deaf people in South Tyneside has created a charitable app to support friends and family in learning British Sign Language (BSL). The local sensory team, South Tyneside Hearing Impaired Service, provided support and all profits will be used to purchase equipment and technology for deaf children in the area.
 Visit: <http://tinyurl.com/aj3euof>

New tool targets phonetic transcription

Drs Sally Bates (UCPMarjon) and Jocelynn Watson (Queen Margaret University Edinburgh) have designed a new tool to chart and analyse phonetic transcription data.

The Phonetic and Phonological Systems Analysis (PPSA) tool aims to provide an easily interpretable, at-a-glance profile of a speaker's sound system.

According to Sally and Jocelynn, the tool organises consonants in linguistically meaningful groupings to facilitate identification of segmental and structural error patterns at each position in word structure. The tool also includes a separate sheet for vowels.

"Where sufficient data is available, variability within the consonant or vowel system is immediately apparent, so guiding further investigation," the authors say.

"The PPSA can be used with data from any client group or from any phonetically transcribed data sample. This means that data collected within the same timeframe from, for example, a screening tool and follow-up probing, can be charted together to provide a richer profile.

"Profiles from data taken at different time points can also be compared to establish where progress towards the adult target system has been made.

Alternatively, charting data from different sampling conditions separately can highlight distinctions that might be diagnostically significant. For example, a comparison can be made between a speaker's ability to pronounce sounds in real versus non-words or in isolated single words versus spontaneous speech production."

The authors also provide a comprehensive user guide, which includes an interpretation of completed PPSAs for two children with speech difficulties.

These, they say, illustrate how charting an appropriate data sample can give a clinician real confidence that they have a proper understanding of the child's system at a particular point in development and a solid evidence base for principled clinical decision-making.

Download the free PPSA and user guide: <http://www.qmu.ac.uk/ppsa>

Brain injury: The Children's Trust will host an event for 14- to 19-year-olds who have a brain injury. 'Where's your head at?' on 28 April at the Holiday Inn at Chessington World of Adventures will provide young people and their families the opportunity to meet others in similar situations to them and hear from inspirational figures and young people about their views on brain injury.
 Visit www.thechildrenstrust.org.uk/headat

Professionalism debate: Watch the professionalism webinar online at: www.rcslt.org/news/webinars/rcslt_webinars. Share the link and start your own 'Big Conversation' with your multidisciplinary colleagues. Use the hashtag #bigSLTalk to take part on Twitter (<https://twitter.com/RCSLT>) or visit our Facebook pages (www.facebook.com/RCSLT)

A time of change in Wales

Devolution means we can do things differently in Wales and since 1999 the NHS has trodden a different path to the rest of the UK. In 2009, the Welsh Government scrapped the commissioner/provider split and combined the 22 commissioning local health boards with acute and community provider trusts to form seven health boards. These boards now run the majority of the NHS in Wales – being responsible for everything from planning, providing hospital care and community nursing to contracting GPs and arranging specialist treatment.

The NHS in Wales is gearing up to make some of the biggest changes in its history as the process of reconfiguring health

services begins in earnest. Health Minister Lesley Griffiths says plans to modernise NHS services are vital to put in place safe and sustainable services for the long term, and to develop specialist centres of excellence. There are more challenges ahead as the NHS in Wales has to find £220m in savings while demand for key services is increasing.

In terms of speech and language therapy, the RCSLT has responded to a consultation on proposed new legislation on special educational needs. We are anxious a new system designed for children with a more complex set of problems does not disadvantage children with speech, language and communication needs (SLCN).

Although the number of SLTs



IMAGE Alamy

employed in Wales has remained fairly stable in the past three years, there has been an increase in speech and language therapy waiting times. Despite the difficult financial climate, we know the health minister values the role played by SLTs. In a recent published article she committed the Welsh Government to starting a project to define an approach to

SLCN in the youth justice system. She also announced funding of £82m for training places in the next financial year, which includes an additional seven places for speech therapy students – a step in the right direction after cuts in places in 2012.

.....
Dr Alison Stroud, Wales Policy Officer
 Email: alison.stroud@rcslt.org

Now, more than ever



Since the turn of the year, rarely a day has passed without a speech and language therapy service contacting us here at head office to give us bad news.

It may be a proposal to cut or downgrade posts, or to limit the service available to those needing speech and language therapy. For you it means uncertainty, insecurity and the possibility that your

service users will be disadvantaged.

It is no surprise that cuts have started to bite: they have been written into government spending plans for several years. Indeed, it was partly in anticipation of this that we conceived the Giving Voice campaign in the first place. Alongside the actions we detailed in last month's Bulletin ("Facing cuts? Keep calm and start negotiating", pages 12-15), and the direct intervention we

can make from here if needed, don't forget that the Giving Voice brand and its activities are part of the toolkit you can use.

And if you're not facing pain this year – please don't wait. Awareness raised and relationships built now can only stand you in good stead for the future. No one is suggesting that a Giving Voice mug and a campaign event will hold back global austerity, but you are stronger with them than without them.

Meanwhile, the Government has now published the Children and Families Bill, and it has

passed its second reading in the House of Commons. This means MPs have agreed to the principle of the proposals, and a smaller committee of MPs will debate amendments.

Our main concern remains that children with speech, language and communication needs, who do not currently have statements, may not have the new proposed education health and care (EHC) plans.

We are also focusing on the content of what will be called the 'Local Offer' of services, and how effectively health provision integrates with this. We believe the government should set out a basic framework for what the offer should contain and make sure the offer covers the needs of children without EHC plans. ■

“Awareness raised and relationships built now can only stand you in good stead for the future”

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



Steven Bloch

Opinion

Steven Bloch reflects on his experiences in team and agency collaboration

Developing best practice guidelines for clinicians



ILLUSTRATION Trina Dalziel

Clinical guidelines for health and social care professionals aim to provide a clear and contemporaneous framework for decision-making. Typically based on explicit research evidence, they are intended to enable professionals to draw on the evidence base within clinical practice. Within a number of speech and language therapy areas, clinical guidelines have yet to be formally developed,

usually due to a lack of evidence on which recommendations can be based. However, the development of best practice guidelines is still possible, particularly in specialist areas where there is much collective wisdom among the clinicians involved.

In late 2010, I decided to produce a set of guidelines for professionals working with people with motor neurone disease (MND) who require

augmentative and alternative communication (AAC) intervention. The first task was to ensure the guidelines could present a realistic level of UK service delivery (rather than an idealised text-book representation). We achieved this by bringing together a team of 10 professionals with a wide range of experiences of AAC and MND across health, social and third sector care settings. Each member brought a different but complementary perspective to the task, particularly enthusiasm to ensure the work was delivered within a reasonable time period.

Project partners

It was not difficult to choose the Motor Neurone Disease Association (MNDA) as a partner to ensure the work reached the right UK and international audience. The first outline proposal, made via email in December 2010, stressed the low cost/low risk opportunity on offer. The MNDA was happy to give credence to the project and to ensure the work was made available via its website – deemed critical to the eventual outcome.

The project team only met in person once, for a half-day planning session (Spring 2011). Prior to this meeting I contacted each person individually to offer ideas for existing evidence, content and design. This process aimed to increase group ownership of the project as well as to produce ideas for how the final product would look. The team brainstormed ideas around content and design and came to the conclusion that the guidelines needed to be simple enough for a non-specialist to understand, accessible for online reading and meaningful in terms of everyday clinical issues, such as managing expectations, when to introduce AAC, and how to assess etc.

The content and design went through numerous drafts with team members asked to keep

to strict deadlines to enable the work to progress within a 12-month time frame. The completed draft was sent to a wider group of clinicians, AAC suppliers and people with MND. Many returned useful comments that contributed to a final draft. With the invaluable help from the MNDA web team the guidelines were signed off in May 2012, uploaded to the MNDA website in September 2012 and launched officially at the international Amyotrophic Lateral Sclerosis conference in Chicago in December.

A rewarding process

Augmentative and alternative communication aside, this has been a very rewarding process in terms of identifying an area of clinical interest, bringing together a committed team of stakeholders and developing a simple resource within a realistic timescale. This has not involved funding, simply the goodwill and enthusiasm of all those involved.

Given the ongoing changes in AAC technology we plan to review these guidelines annually and update them as required. Work is now underway to conduct a more formal scoping review of AAC-MND literature with colleagues in the US and discussions are taking place with other organisations to explore whether a 'best practice guidelines for professionals in...' format and process might be suitable for a range of areas including communication and swallowing but potentially extending to other clinical areas. For further details please contact me by email. ■

Steven Bloch, Lecturer, Division of Psychology and Language Sciences, University College London. Email: s.bloch@ucl.ac.uk

☉ Visit: <http://tinyurl.com/aw6fgp3> to find out more about the guidelines, including details of everyone involved

The postgraduate diploma programme in speech and language therapy, run jointly by the University of Greenwich and Canterbury Christ Church University,

began in 2007. Since its inception, individuals who have used the services of an SLT have played an integral role, reflecting the client-centred approach at the heart of both the programme and the profession.

Service users are involved on the programme in a variety of ways, including interviewing prospective students, creating teaching and learning materials, and providing training. Ten individuals are currently involved in the programme and present with a variety of communication difficulties, including dysfluency, aphasia, laryngectomy and dysarthria associated with cerebral palsy. With an age range of between 20 and 70, and multifarious backgrounds and experiences, they make for a fascinating, heterogeneous group with much to offer.

Some service users contact the university directly, having heard about the programme and wanting to get involved in some way. Others come via forward-thinking SLTs, who predict a benefit to their client through involvement in the programme, often as a step on from discharge from the SLT service. Reintegration into society and reacquisition of a social role can often be long-term goals for people with acquired communication impairments.

We believe the involvement of service users on the SLT programme benefits the students, the teaching team and the service users themselves. In module and programme evaluations, students have always commented on the usefulness of gaining insight and understanding into living with a communication impairment through their interaction with service users.

Stewart's story

Stewart, 56, had a stroke three years ago, which left him with aphasia, described at the time as 'moderate'. He speaks eloquently of how the stroke and his aphasia had a profound effect not only on him but also on his partner, who subsequently developed voice problems associated with stress. Stewart's language skills have changed and improved since his initial diagnosis. Eighteen months after the stroke, at the instigation of a Stroke Association coordinator, he contacted

Finding Stewart's cold oven

Stewart Kitching, Sophie MacKenzie and colleagues on the value of involving 'real people' in a speech and language therapy programme

ILLUSTRATIONS Sam Falconer

us to determine how he might be able to contribute to our programme. He is a man previously used to training and speaking to groups. He is still highly communicative, despite his aphasia, and has much to offer. In his words, "my brain was quite clever from before and still is."

Stewart has become an integral member of the programme team, involved in interviewing prospective students, being filmed undergoing assessments for teaching purposes, participating in the service user forum, lecturing, being a conversation partner scheme trainer and attending the biannual Programme Management Committee (PMC). He views his involvement as the "next step" in his therapy journey.

Stewart received speech and language therapy as an inpatient and as an outpatient once discharged home. He progressed to attending a Stroke Association communication group and then to becoming a group volunteer. He then felt ready to, "take a step, compared to what I had before". Stewart has spoken about how talking in a group has been problematic for him and how taking part in group discussions in





workshops and on the PMC has helped. We have discussed aphasia in relation to the cognitive neuropsychological model of language processing and he enjoys learning more about aphasia in general and his difficulties in particular.

Stewart brings his own personal experiences of aphasia and speech and language therapy to the students' learning. He describes himself as being "on the same road" of discovery as the students and recognises that, "if they haven't got people like us, how are they going to get experience?" The fact that students have access to people with real communication difficulties is of paramount importance to Stewart. He refers to service users in conversation as "the real people".

In his previous work, Stewart was very familiar with the Health and Safety Executive's guidance (www.hse.gov.uk). This states that, "a competent person is someone who has sufficient training and experience or knowledge and other qualities that allow them to assist you properly." He maps this onto SLT training, by explaining that while knowledge is gained via university teaching, experience and training can be accrued via clinical placements and also via the insight afforded by the expert voices of service users.

Conveying frustrations

Stewart has developed many strategies to facilitate his functional communication and is generous in sharing his knowledge. He offers his expertise and time, recognising that the students will become better therapists as a result. "You can't go and buy experience," he points out.

In 2012, Stewart ran a two-hour session with our second-year SLT students, in »

“Students view service users as the experts in their own condition”

order to convey to them the frustrations of living with an acquired communication difficulty and to suggest practical strategies that helped him. The students had a lot of fun, carrying out the activities Stewart suggested, such as the 'Kitching Kitchen' exercise, where students had to guess the name of the kitchen item when given the label once used by Stewart – for example, 'cold oven' = fridge.

Because Stewart is involved in several areas of the programme, he sees students at different points in the curriculum. He views this as a positive part of his involvement, watching the students develop from interviewee to emerging practitioner and knowing he has played a significant role in that development. Indeed, this idea of "feeling useful" is a recurring leitmotif when you talk to Stewart, as is the concept of "feeling normal".

Participation of service users on the speech and language therapy programme gives them a much-needed mouthpiece. Throughout his involvement, Stewart has had the opportunity to speak to many people – from prospective students to senior members of university staff and the strategic health authority – and is therefore able to raise the profile of people with communication impairment in a number of contexts.

Perceived benefits

Stewart recently facilitated a group discussion with five second-year students and sought to explore what benefit they felt they derived from service user involvement on the programme. A number of themes evolved from this discussion, including the idea that service users provide much-needed support that students cannot necessarily derive from their tutors.

One student described how, at interview, she felt encouraged by the service user on the panel. "That's what got me through the



interview," she said, "I think... she got me through... she helped me calm down."

Others admitted to feeling apprehension, or a "spike of tension" when faced with a service user presenting with a condition that is unfamiliar to them. As one student commented, "I didn't know how I was going to react to somebody who didn't have a larynx". Yet, it was the service user himself who put the student at ease; the nervousness was, "washed away as soon as he started to speak".

The students discussed how sessions with service users enable them to link theory with practice; they said that sessions felt at times like a mini-placement experience. They view service users as the experts in their own condition and in what it means to live with that condition. According to the students, the service users are able to convey the implications of communication impairment, in a way that is far more powerful than reading a book or listening to a lecturer. As one student put it, "I got something wrong

up here and the service user – the expert – told me what he was actually doing and you cannot get better teaching than that."

Understanding what the service users had gone through was a common theme, with students expressing admiration for the courage they show in talking about their communication difficulties. They also referred to the "privilege" of being trusted with very personal and moving stories and said they gained huge insight into what it means to live with communication impairment.

According to one of the students, "When you say to us 'I find that difficult' it has much more weight, much more truth behind it... to hear someone say 'that is embarrassing... when I was young it was difficult, I avoided situations'... to hear someone actually say that, you remember it a lot more."

Meeting service users in a variety of contexts also enriched the students' learning. For example, during a Saturday morning photography workshop for people with aphasia, they were able to forge relationships and share information and experiences on a much more informal basis.

Overwhelmingly positive

The students were overwhelmingly positive about the impact of service user involvement on the programme. Any negative comments related to the small number of some client groups represented – such as, for example, people who stutter – so that their experience is limited to one person with that condition. In terms of developing service user involvement, they felt that a broader range both of aetiologies and of people involved would be beneficial. Involving service users in future research projects was also an area for development, as was including carers and families of people with communication impairment on the programme.

Service users and their experience are at the very kernel of the PGDip SLT programme at the Universities at Medway. By involving service users and integrating their stories, experience and insight into the curriculum from day one, we believe our students become client-focused and empathic practitioners. As Stewart puts it, "your students aren't going to be robots". ■

“Stewart brings his own personal experiences of aphasia and speech and language therapy to the students' learning”

Stewart Kitching (Service user adviser) and **Sophie MacKenzie** (Senior Lecturer in Speech and Language Therapy) University of Greenwich/ Canterbury Christ Church University. Email: S.R.Mackenzie@greenwich.ac.uk

With **Stephen Cohen**, **Vera De Michele**, **Rachel Dines**, **Anna Petrou** and **Cathal Phelan**

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

Reviews

Supporting quiet children: Exciting ideas and activities to help 'reluctant talkers' become 'confident talkers'

AUTHOR: Maggie Johnson and Michael Jones

PUBLISHER: Lawrence Educational

PRICE: £13

REVIEWER: Jenna Braddick, SLT Specialist Learning Disabilities Service, Community Assessment and Treatment Service (East and North Hertfordshire)

RATING OVERALL ●●●●●

The authors have produced a clearly written book to support the reader's knowledge and understanding of working with children who are reluctant talkers. Using their expertise in speech and language therapy and education, they have developed this useful guide in how to help children who are shy, sensitive and anxious about speaking to become confident communicators.

The book contains 42 simple, well-explained activities to build confidence in communicating. It also includes activities to encourage building friendships, developing social skills and building positive links with families. The authors explain the rationale behind why these activities will help and ideas to make the activities more or less challenging.

Designed mainly for use by teachers and school staff, it includes some good tips on how to modify school-based activities to help a quiet child feel more comfortable when communicating.

60 social situations and discussion starters

AUTHOR: Lisa A Timms

PUBLISHER: Jessica Kingsley Publishers

PRICE: £14.99

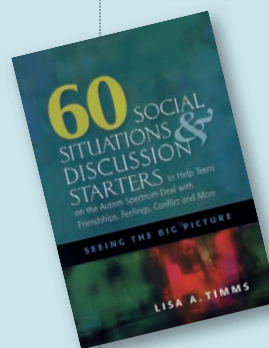
REVIEWER: Gina Davies, Specialist SLT, Attention Autism

RATING OVERALL ●○○○○

Written for the American market, this book is aimed at the articulate teenager with high functioning autism or Asperger syndrome. Although written in simple language with a good range of scenarios that identify areas where problems arise, the use of American vocabulary and colloquialisms would be confusing to most UK teens.

The guidance on using the book is brief and it suggests that both adult and child should read a scenario and then consider the suggested questions either in discussion or written format. This is predicated on the author's belief that discussion following description of the problem is an effective intervention format; whereas my reading of the research in this area field suggests it has limited efficacy.

Parent homework is outlined following each scenario/discussion and the information provided is helpful in building understanding of the young person's perspective. Some practical advice is given but the guidance is thin and examples of actual discussions would be helpful.



Peter and the Cat app

DEVELOPER: Black Sheep Press Ltd

PRICE: £28

REVIEWER: Shelina Mitha, Highly-specialist SLT and Clinical Lead for Speech and Language Therapy in Special Schools in Wandsworth

RATING OVERALL ●●●●○

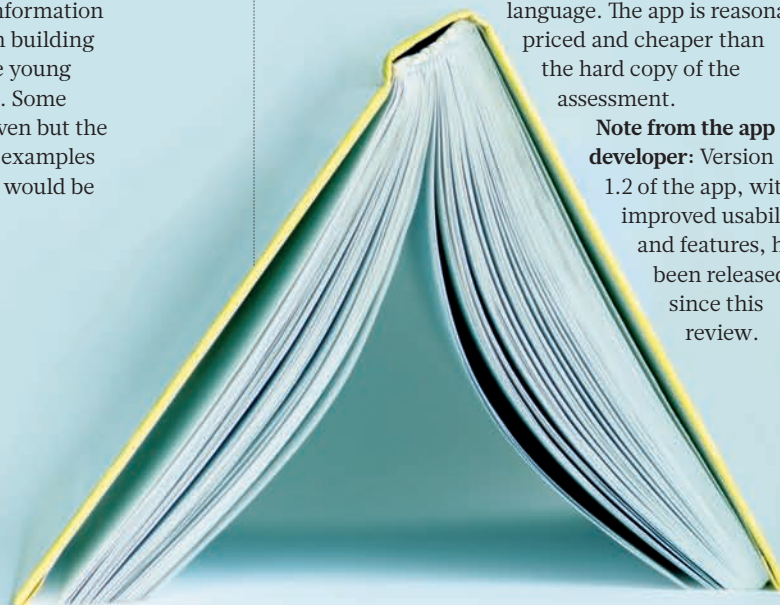
This app has several advantages over traditional assessment of narratives. It is able to store audio-recording of the child's story on an iPad for the therapist to transcribe, is able to obtain a measure of vocabulary, connectors, adverbials, referencing and story register, and can analyse each segment of the narrative-introduction, problem and sequence of events and resolution. It can also produce a report for each child, which can be emailed or printed, although the report does not indicate stages or relative developmental level of the child's abilities in using narratives. I think it is a very user-friendly resource and SLTs or students could use the resource for children aged two years+ who have some language. The app is reasonably priced and cheaper than the hard copy of the assessment.

Note from the app developer: Version 1.2 of the app, with improved usability and features, has been released since this review.

amazon.co.uk

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

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





Emma Barnes



Emma Barnes says Giving Voice can help you in the face of cuts to your services

Beyond awareness raising



ILLUSTRATION Duncan Beedie

We're back on the road again. 'Team GV' is working with RCSLT CEO Kamini Gadhok to support speech and language therapy services whose responses to our November cuts survey indicated they would benefit from an injection of RCSLT advice and campaigner training. If you didn't fill in the survey or have not heard from us yet but would like support, please get in touch and request a visit. In response to the increasing pressures on your time and

freedom to campaign we are also working on our first Giving Voice briefing for service users,

“Many of the teams that embraced the Giving Voice campaign early are weathering the storm of cuts and reorganisation”

which we will soon be sharing with service user groups and RCSLT members.

As we showed in last month's Bulletin ("Facing cuts? Keep calm and start negotiating", pages 12-15) there are significant changes affecting the provision of speech and language therapy. In these times of change Giving Voice is a key way you can show the value of your service, even if you are not facing change now. Many of the teams that embraced the Giving Voice campaign early are weathering the storm of cuts and reorganisation, having built their profile and established a reputation for offering solutions.

At the time of writing, we are in the final throes of planning for the first meeting of the Giving Voice Working Group. Fifteen RCSLT members are due to meet at the end of February for an intense 24-hour of team building, campaign training and planning. The group will come from a range of services, settings and locations around the UK to help plan the future of the Giving Voice campaign. We are anticipating a productive two days that will generate lots of exciting ideas. You will be able to read more about the outcomes of the event in a report written by the group members in the April Bulletin.

Student success

Every year the RCSLT visits final year speech and language therapy students to promote our services and encourage their active engagement. This year is shaping up to be the busiest campaigning year yet for our student members.

Events already planned to help spread the Giving Voice message include a formal dinner and an 'I love Giving Voice' night in a student union bar. The lecturers and students at De Montfort University, Leicester, have teamed up

with local therapists to put on their own Giving Voice awards, 'Strictly Come Talking'. If you live or work close to a university, why not contact their speech and language therapy department and work together with the enthusiastic SLT students on your own Giving Voice activities.

Vote speech and language therapy

To most people, the general election of May 2015 probably sounds a long way off. However, work on political party manifestoes begins early. That is why the RCSLT is gearing up to ask you what your number one speech and language therapy 'ask' would be that you would like to see included in the plans of parties seeking your vote. With more than two years to go, we are giving you the opportunity to help us decide what our priority should be when we meet party representatives and seek their support for the profession. In the April Bulletin, we will explain exactly how you can have your say and outline the campaigning we have planned in the run up to May 2015.

This is just one example of how Giving Voice links with the work of our colleagues in the RCSLT Policy and Public Affairs Team to keep speech and language therapy on the agenda of policy makers at a national level. Giving Voice is just one piece in a puzzle, along with the RCSLT's work to develop regional hubs, professional development opportunities for all members to become influencers, not to mention our PR efforts and influencing governments at a national level. It is never too late to get involved in Giving Voice.

Emma Barnes, Giving Voice Coordinator, email: emma.barnes@rcslt.org

Challenges to effective international working

Mel Adams and Clare Barker examine the issues around working in low-income countries

The NHS and Department of Health recognise the reciprocal rewards from UK health professionals working with colleagues in low-income countries. Although the interests of the developing country are paramount, the NHS can benefit too from ‘a better return on investment in training’, ‘enhanced leadership and professional skills’, and ‘improved patient experience’ (NHS and DH, 2010).

In April 2012, more than 90 SLTs, physiotherapists and occupational therapists came together to share a common interest in clinical practice and teaching in low-income countries. This study day was sponsored by NHS North West, NHS Yorkshire and the Humber, and the Faculty of Health and Life Sciences at York St Joç University. Representatives from a range of development agencies were also present.

Four speakers made short, provocative presentations to stimulate the debate. Physiotherapist Philomena Commons delivered the keynote speech, ‘Developing clinicians who are fit for practice in their own context’. In this, she discussed the implications of the international shift

away from understanding disability as a health issue towards understanding it as an economic and political issue of development and human rights (United Nations, 2006; World Health Organisation, 2010).

SLT Julie Marshall followed with ‘Establishing a professional training programme overseas’. Julie explained the steps involved and the many issues – including employment prospects – that individuals need to consider when asked to help set up a course overseas to train the first practitioners for a discipline.

In ‘West is Best? Common issues and dilemmas associated with training and development’, occupational therapist Sheila Eden and physio

Each of the three professions in the UK has an active group of members with an interest in contributing towards development in low and middle-income countries:

- Speech and Language Therapy: Communication Therapy International (CTI): <http://comtherapint.wordpress.com>
- Physiotherapy: ADAP <http://adapt.csp.org.uk>
- Occupational Therapy: OT Frontiers: www.otfrontiers.com

Lesley Dawson considered a broader range of training approaches and clinician roles, asking if low-income countries require unidisciplinary specialists or cross-disciplinary generalists.

Delegates spent the afternoon discussing the issues and formulating recommendations. In the plenary, four overriding themes emerged with relevance to international working, of course, and also to practice here at home:

- The strength of the day was its multidisciplinary nature. We should go back to our respective professional bodies to say that we can and want to work together.
- Work in low-income countries involves ongoing tensions between training therapists to full professional level and providing widely accessible, quality rehabilitation services. In order to be effective, partners need to understand the specific local issues and the impact on people’s lives.
- Our overseas work is important, with exciting reciprocal gains.
- There are barriers to volunteering internationally:
 - Therapists and sending agencies can struggle to find each other.
 - Managers may need support to appreciate the value of overseas experience.
 - There is a need for more readily available training and preparation for the demands of international work.

The day was characterised by optimistic enthusiasm and this time we hope to keep the momentum going. Delegates are already taking some ideas forward. A detailed report is available to members of Communication Therapy International, ADAPT and OT Frontiers. Please see our websites for further information. ■

Mel Adams and Clare Barker (Communication Therapy International). With Claire Brundle, Mary Ann Waddell, Angela Wilson (OT Frontiers) and Tina Everett (ADAPT)



References & resources

NHS and Department of Health. *The Framework for NHS Involvement in International Development*. 2010. Available at <http://tinyurl.com/bkge86g>

United Nations. *Convention on the rights of persons with disabilities*. 2006. Available at <http://tinyurl.com/3lt552>

World Health Organisation. *Community-based rehabilitation CBR guidelines*. Geneva: WHO, 2010. Available at <http://tinyurl.com/abh4bdp>

Emma Pagnamenta looks at the latest in published research

In the journals

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

Helping classroom listening for children with dyslexia

Assistive listening devices (classroom FM systems) can help develop phonological awareness and literacy skills in children with developmental dyslexia, American research suggests.

Northwestern University researchers say this benefit may result from enhanced 'arousal, orientation and selection of attention by the students'. Nineteen children with dyslexia, aged eight to 14, received personal FM devices – which make a teacher's voice clearer in the background noise of the classroom – to wear through the school day for one academic year.

In comparison to a control group of peers with dyslexia who did not use devices, the children made significant gains in phonological awareness and reading, which were not explained by pre-intervention test scores. The researchers investigated the basis of this gain in performance by recording neural activity in response to speech sounds both before and after the intervention.

The children who wore the FM devices showed more consistent responses to speech and the change in this measure correlated with gains made in phonological awareness. The authors say personal FM devices may be helpful for children with developmental dyslexia, particularly in academic environments, by providing, "enhanced signal quality and greater interactions with the meaningful speech of teachers".

Reviewed by **Victoria Knowland**,
(Research Fellow, City University
London)



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Hornickel J, et al. Assistive listening devices drive neuroplasticity in children with dyslexia. *Proceedings of the National Academy of Sciences* 2012; 109:41, 16731-16736. Visit: <http://tinyurl.com/d7gl8ec>

Evidence-based clinical voice evaluation required

A systematic review by an American Speech-Language-Hearing Association working group has found a pressing need for further research to develop an evidence-based clinical voice evaluation. The review looked at studies that investigated the use of one or more voice assessment method (for example, case history, auditory-perceptual judgements, aerodynamic/functional/acoustic/image processing measures, physical exams and electroglottography) to assess the absence or presence, aetiology and/or severity of voice disorders.

The reviewers only included papers that included a reference standard of laryngeal imaging and were judged as having adequate 'evidence-based quality' (as determined by a modified Critical Appraisal of Diagnostic Evidence framework) – 17 in total. They found some evidence for the use of acoustic, laryngeal-imaging, auditory-perceptual, functional and aerodynamic measures in clinical voice assessment. However, all require higher-quality clinical research.

The authors conclude, "The current evidence supports the continued use of both subjective and objective measures as supplemental diagnostic procedures that are used as part of a comprehensive, integrated evaluation to more fully document vocal function and enhance the quality of diagnosis and treatment."



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Roy N, et al. Evidence-based clinical voice assessment: a systematic review. *American Journal of Speech-Language Pathology* 2012; DOI 10.1044/1058-0360(2012)12-0014. Visit: <http://tinyurl.com/cmlo3lk>

AAC service providers must step up to the plate

Organisations that represent the augmentative and alternative communication field must become more involved at local, national and international levels if people with complex communication needs (CCN) are to take advantage of human rights and accessibility legislation.

This is the conclusion of an online Canadian survey of 61 adults with CCN (with diagnoses of cerebral palsy, autism, aphasia, multiple sclerosis and amyotrophic lateral sclerosis) and 135 service providers. Completed over a four-month period, the survey identified a range of 'important' communication strategies, including allowing extra time, providing an environment free from distractions, using plain language and providing alternative modes of communication. Almost all of the respondents with CCN highlighted the importance of communication assistants during face-to-face and telephone interactions with unfamiliar people.

The authors suggest that service providers can play a role in ensuring people with CCN know their rights to access businesses and organisations, have support in telling others how they communicate and the strategies they need from their communication partners. The paper includes plain language summaries of human rights legislation, communication access tips and a link to e-learning modules on communication with people with CCN. ■



References

Collier B, Blackstone SW, Taylor A. Communication access to businesses and organizations for people with complex communication needs. *Augmentative and Alternative Communication* 2012; 28:4, 205-218. Visit: <http://tinyurl.com/aq7px9e>

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.

For some time, it has been clear that work is needed to update the RCSLT 1999 Guidelines on dysphagia. In addition, as dysphagia advisers we regularly receive queries that indicate the need for clear and up-to-date guidance for the profession. After consideration by the RCSLT Professional Development and Standards Board, a working party held its first meeting, in Manchester, on 8 November 2012.

The group has two leads, myself from a clinical perspective and Sophie MacKenzie from a higher education institution (HEI) perspective. The RCSLT's interim head of professional development, Dominique Lowenthal, will provide an RCSLT perspective for the group. We have tried to ensure group members represent cross-client groups and all sectors.

Our vision is that we will develop a framework for dysphagia, which will examine dysphagia skills and competencies across the career span of an SLT, from student to advanced practitioner, and which will also include the skills and contributions of our assistant practitioners. This vision requires contribution from clinicians, managers and HEIs to ensure we are all working within the same frameworks, and that the baseline training that SLT students receive is similar. The

A new framework for dysphagia

Hannah Crawford reports on the activities of the RCSLT's Eating, Drinking and Swallowing Working Group

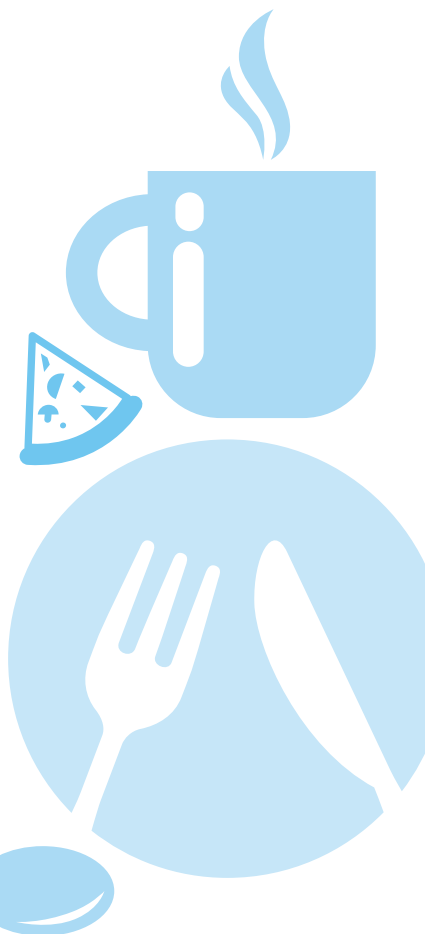
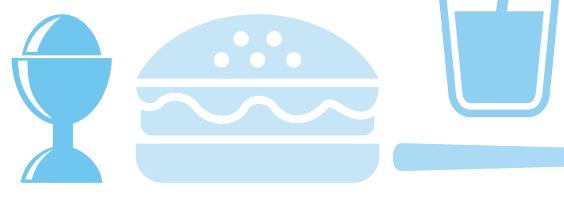


table below shows the group's strands.

The RCSLT is currently undergoing a process that means that in the future its documents will receive National Institute

for Health and Clinical Excellence (NICE) accreditation. This process is fairly lengthy, but in the meantime the guidance laid down by NICE about producing robust documents includes the requirement that the document is clear about its scope and purpose, involves stakeholders, is rigorous in the methods it uses to arrive at recommendations, and has the required levels of clarity and presentation

The working group aims to produce the final document in accordance with the NICE guidelines and there will be a full consultation with the profession before we finalise the document. The group plans to meet again in March 2013 to progress the work, and we aim to complete the document by autumn 2013. We anticipate that consultation with members and stakeholders will take place in late spring and early summer 2013. Watch out for information about the consultation in Bulletin and online. ■

☉ **Meanwhile, if you would like to contact the leads for the project please do not hesitate to do so. Email: hannahcrawford@nhs.net s.r.mackenzie@gre.ac.uk dominique.lowenthal@rcslt.org**

The Eating, Drinking and Swallowing Working Group strands

Policy strand

This strand will develop a document highlighting the scope and purpose of the framework, the UK and international context and drivers, safety considerations, consistency and sustainability of services. Will also discuss the need to identify and work with key stakeholders and the strategies for communication. Will include discussion of issues, such as the need to begin developing dysphagia skills and experience at student placement level, and the issue of which skills are transferrable across settings.

An HEI group

Will address issues of curriculum content from HEIs, aiming for consistency of content across all institutions. Will ensure all students graduate with a similar eating, drinking and swallowing knowledge base.

A matrix strand

This strand will develop a competency framework matrix for the profession. The aim is that use of the matrix will be universally agreed across HEIs and clinical settings. Students will use the matrix to map knowledge and skills from the outset of their training. They will carry over the matrix once qualified, so managers and supervisors can see the skills NQPs bring to the workplace and tailor future development appropriately.

A tools strand

This strand will look at what learning tools exist to support continuous development in dysphagia. Will include HEI content but also post-basic training, 'one-off' training, advanced training, e-learning tools and in-house competency development models.

Cutting the costs of chest infections

Judith Anderson and Clare Coles look at outcomes for inpatients with dysphagia managed by a speech and language therapy service

Frimley Park Hospital in Surrey is a large general hospital including medical, surgical and intensive care beds and a stroke unit. We see approximately 1,000 dysphagia referrals per year. Between January and April 2012, the speech and language therapy department carried out an audit to investigate the outcomes of patients referred with dysphagia. The aim was to measure the contribution our service makes as part of a multidisciplinary team, both in terms of the quality of life of the patients treated and the cost savings in treating these patients effectively.

Measuring outcomes

We used the Royal Brisbane Hospital Outcome Measure for Swallowing (RBHOMS) (Ward, 1999), a validated tool that measures functional outcomes in swallowing for patients with dysphagia. This consists of four stages and 10 levels that describe a patient's ability to manage oral intake. These range from 'nil by mouth' (NBM) and an inability to manage secretions, to the ability to meet all nutritional needs orally with a swallow

function that is better than the pre-admission level.

We receive referrals into the service with a variety of diagnoses and sometimes without a clear diagnosis. In all cases, there are concerns about the safety of a patient's swallowing following observations at the ward level. Since a key role of the department is the prevention of avoidable aspiration pneumonia through appropriate dysphagia management, we asked an additional audit question that is not part of the standard RBHOMS. Specifically, we asked whether referred patients had a chest infection related to the current admission prior to or at the point of referral and whether they had developed a new chest infection after the speech and language therapy team had been involved in the management of their dysphagia.

Chest complications

We included 135 patients in the audit (and excluded those where we provided one-off advice only). Thirty-nine patients unfortunately died, deteriorated or became palliative. In the remaining group of 96 patients, 20 were eating and drinking (with some on modified consistencies) on referral and 76 were NBM or not meeting their nutritional needs. After initial assessment, speech and language therapy involvement enabled a further 26 of the referred group to stop enteral feeding or avoid the need for enteral feeding altogether.

Half of the patients either had a chest infection on referral or had received treatment for chest infection during their current admission prior to referral. Following SLT involvement, only three patients developed a new chest infection

– in all these cases they had received inappropriate food/fluid consistencies. It is likely that these 47 patients (or potentially 141 per year) were at high risk of developing a further chest infection without appropriate dysphagia management.

Therefore, the involvement of speech and language therapy is likely to have contributed to the avoidance of approximately 141 preventable hospital chest infections per year. Since the patients who had not had a chest infection prior to referral had also been identified as having dysphagia and requiring SLT management, we could also argue that a percentage of them would also have been at high risk of developing a new aspiration pneumonia.

Table one shows the potential cost savings for the 141 high-risk patients. If we also included those at risk of developing a chest infection had it not been for dietary modifications recommended by SLTs, the number of patients would increase to 228, with additional cost savings.

Nutritional progression

Speech and language therapy involvement in the management of patients with dysphagia at Frimley enables approximately 162 patients per year to progress from enteral feeding to being able to meet their nutritional needs orally while avoiding the risk of aspiration pneumonia.

It is important to note that these figures include patients who could be expected to improve, such as those who have had a stroke, and also those who may have slowly deteriorating conditions, for example dementia, where the aim is to maintain them on the safest possible dietary consistencies. Table two shows the change

Table one: Summary of cost savings for 141 per year

| Activity costs* | Savings |
|---|-------------------------------|
| Bed day costs (prevention of one additional chest infection/patient referred) | £172,725 |
| Chest X-ray cost | £4,089 |
| Drug treatment costs | £8,710 |
| Enteral feed costs | £3,613 |
| Admission prevention savings (five day stay and treatment for chest infection with no tariff payable) | £93,216 |
| | Total savings £282,353 |

*Assumptions when working out costings

- An additional chest infection leads to further five-days of hospitalisation, chest X-rays and antibiotic treatment.
- Patients with previous chest infection at time of referral who are NBM/on modified food/fluid consistencies receive Regimen 1 (more expensive) intravenous antibiotics.
- Patients who are on modified food/fluid who developed a chest infection after referral receive Regimen 2 (less expensive) oral antibiotics
- Avoidance of enteral feeding is for five days per patient on average.



ILLUSTRATION Christina Hagerfors

in the patients' oral intake during their period of care.

Conclusions

Through a variety of therapy approaches, speech and language therapy management of dysphagia enabled the majority of patients audited to be able to meet their nutritional needs orally at discharge,

whether this was normal food/drink or modified consistencies (Speyer R et al, 2010; Wheeler K et al, 2009; Ashford J et al, 2009).

Patients at high risk of aspiration pneumonia, who had already presented with a chest infection, did not develop further chest infections after speech and language therapy involvement. Although it is not possible to attribute this solely to

speech and language therapy intervention, it is feasible to suggest that management of their dysphagia made a valuable contribution to preventing further chest infections.

Our findings would suggest that modifying dietary consistencies is an appropriate way of managing patients at risk of aspiration in the acute setting, as only those patients who did not receive the recommended consistencies went on to develop further chest infections - reported in the literature (Bisch et al, 1994).

Every year we discharge approximately 70 patients who are vulnerable to readmission due to ongoing dysphagia. Speech and language therapy liaison and onward referral plays a vital role in minimising the risk of this occurring.

Future developments

We have submitted a formal audit report to the hospital's audit department and presented a poster to the trust's clinical governance committee. We will repeat the audit in early 2013 and compare the results to analyse trends. Our aim is to separate patients into three groups - 'Stroke', 'other neuro' and 'other non-neuro' to enable us to look at outcomes for these separate groups. There are also plans for a larger study to include other acute hospitals in Surrey. ■

Judith Anderson and Clare Coles, SLTs,
Speech and Language Therapy Department,
Frimley Park Hospital



References & resources

Ward EC. Validity, reliability and responsivity of the Royal Brisbane Hospital Outcome Measure for Swallowing. *Asia Pacific Journal of Speech, Language and Hearing* 1999; 4, 109-129.

Speyer R et al. Effects of therapy in oropharyngeal dysphagia by speech and language therapists. A Systematic Review. *Dysphagia*; 2010, 25, 40-65.

Wheeler K et al. Evidence-based systematic review: oropharyngeal dysphagia behavioural treatments Part II - Impact of dysphagia treatment on normal swallow function. *Journal of Rehabilitation Research and Development* 2009; 46:2, 185-194.

Ashford J et al. Evidence-based systematic review: oropharyngeal dysphagia behavioural treatments Part III - Impact of dysphagia treatments on populations with neurological disorders. *Journal of Rehabilitation Research and Development* 2009; 46, 2, 195-204.

Bisch EM, et al Pharyngeal effects of bolus volume, viscosity, and temperature in patients with dysphagia resulting from neurological impairment and in normal subjects. *Journal of Speech and Hearing Research* 1994; 37:5, 1041-59.

Table two: Summary of outcome scores

| RBHOM score | Number of patients at each nutritional level on referral to speech and language therapy | | Number of patients on each nutritional level at discharge from speech and language therapy | |
|--|---|---|--|--|
| Level 1/2/3 Nil by mouth | 70 | 76 (79%) NBM/ needing enteral support | 10 | 22 (23%) NBM/ needing enteral support |
| Level 4/5 Commencing oral intake but still requiring enteral feeding in part. | 6 | | 12 | |
| Level 6/7 Modified food/fluid consistencies. At risk if recommendations not followed, but able to meet nutritional needs orally. | 6 | 20 (21%) meeting nutritional need orally | 26 | 74 (77%) meeting nutritional needs orally |
| Level 8/9/10 Meeting all nutritional needs orally. Function may be at optimum pre-morbid level or improved. | 14 | | 48 | |

Early intervention in Athens: 30 years on

Eirini Petraki, Ioanna Tsipra and Maria Vlassopoulos examine a long-term programme to address children's speech, language and motor difficulties

Early intervention in preschool children has been found to result in more positive outcomes in later life than intervention in school-age children and adolescents.

Untreated symptoms of developmental delays/disorders can cause difficulties in learning and socialisation that can last into adolescence and beyond (Wankoff, 2011).

Evidence also shows that there is high comorbidity and strong interrelationships between speech, language and motor difficulties in preschool children (Visscher et al, 2007) and that these disorders are frequently associated with attention deficit and hyperactivity disorders (ADHD) (Okuda et al, 2011).

Holistic and biopsychosocial

The interface between speech, language, motor, attention and hyperactivity disorders in preschool children, the importance of early intervention and the lack of public interdisciplinary services for children with specific speech and language difficulties (SSLD) and/or specific motor difficulties (SMD) led us to create the first early intervention service in Greece. Our aim was to address and treat these difficulties in a holistic and biopsychosocial framework.

The Early Intervention Programme (EIP) began in 1983 at the Child and Adolescent

Unit of the Community Mental Health Centre of Byron-Kaisariani: highly-populated, lower middle-class Athenian suburbs. The EIP includes a wide range of specialties in its interdisciplinary team: SLTs, occupational therapists, social workers and psychologists. When necessary, special educators or psychiatrists are involved in the programme.

Children's characteristics

The EIP serves children aged between 0–7 years with SSLD and/or SMD not resulting from learning difficulties, neuromuscular/neurological conditions, sensory problems, structural abnormalities, or environmental/emotional conditions (ICD 10; WHO, 1992). Children with SSLD may experience delayed/disordered speech and/or language in one, some or all linguistic modalities (phonology, semantics, syntax, pragmatics) in expression and/or comprehension.

Children with SMD may face motor coordination and/or visual perception difficulties. SSLD and SMD are distinct disorders that may co-occur in certain children and may be accompanied by ADHD. Furthermore, there are cognitive repercussions, which are a result of neurodevelopmental delay in specific areas. It has been proposed that these comorbidities are highly suggestive of cerebellar dysfunction, but given the heterogeneity of the particular disorders, the cerebellum is likely not the only neural correlate (Zwicker, Missiuna and Boyd, 2009).



Assessment and intervention

In the EIP, treatment addresses children individually or as part of a group. Parents are also an integral part of the therapy plan. The programme consists of two basic procedures: assessment and intervention. Assessment aims to define each child's difficulties and needs, and also forms the basis of therapy planning and implementation. The assessment phase contains case history and evaluation of psychological and psychometric, speech and language, gross and fine motor, visual perception, sensory (vision and hearing) and neurological elements.

Intervention focuses not only on the child, but also on the family and the school setting. Therapy sessions involve speech and language and occupational therapy, and may involve individuals or small groups of between four or five children, according to each child's needs. Sessions take place twice



Early intervention in Athens

Multidisciplinary Early Intervention Programme began in Athens in 1983

Targets children with specific speech and language and/or specific motor difficulties

Has positive outcomes, especially in the domains of behaviour and concentration

focused interventions or any combination of the above. Parent meetings target their understanding of their children's needs and difficulties, improving family communication, and training parents so that intervention goals can be generalised in the family's everyday life.

The final important element of the programme is the school. Professionals come into regular contact with each child's school setting. They try to inform teachers about each child's needs and help them incorporate and include the child in the peer group. After the child completes his/her therapy programme, he or she attends regular primary school and may receive further supportive therapy for a year at the EIP. We advise parents to attend regular reassessments at our centre until the child finishes primary schooling, and sometimes well into adolescence.

Long-term outcomes

Follow-up research (Vlassopoulos et al, 2010) has studied the long-term outcomes of children in adolescence who were treated at the EIP. This compared them with a similar group of adolescents who had been diagnosed at our service but had not been treated at the EIP or had not received therapy at any other service. Parents completed questionnaires regarding their children's school achievement, behaviour, concentration, communication, speech, language and social skills.

Results showed that children who had not received early intervention therapy exhibited more severe impairments in adolescence, particularly in the social and behavioural domains. On the other

hand, children who had received therapy at the EIP exhibited academic problems in adolescence, but their behaviour and concentration were better than their untreated peers.

The Greek context

An interdisciplinary approach to the treatment of SSLD and SMD seems to be a necessity, taking into account the comorbidity and interrelationship between them. Early intervention targeting SSLD and SMD appears to have positive outcomes, especially in the domains of behaviour and concentration.

The serious financial problems in Greece have not only increased the number of cases with SSLD and SMD referrals to our service but have also impacted on the complexity of the cases referred. The family system appears to disconnect, as has happened with the whole Greek society, due to unemployment and people's inability to cover basic living costs. More and more parents seem to face mental health issues due to the economic recession and these are likely to exacerbate the prevalence and severity of specific speech, language and motor difficulties. ■

Eirini Petraki, SLT, Ioanna Tsipra, OT, Maria Vlassopoulos, SLT Lecturer, Community Mental Health Centre of Byron-Kaisariani, University of Athens, School of Medicine. Email: marvlas@med.uoa.gr



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World Health Organisation. *ICD-10 Classifications of Mental and Behavioural Disorder: Clinical Descriptions and Diagnostic Guidelines*. Geneva. World Health Organisation. 1992.

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a week and the duration of the programme is for at least two years.

Core aims

The core aims of the programme are for the children to acquire or improve skills associated with speech and language, gross and fine motor development, visual perception, cognitive development, social and emotional development, self-help, attention and behaviour.

The programme requires parents to provide positive feedback to the child's tasks and to 'help' the therapists' goals by providing the type of home environment that will stimulate the child and provide a buffer for the change involved in therapy. The interdisciplinary team assesses parents' needs and tailors the family's programme to these needs. This means, practically, that parents may be required to attend individual counselling sessions, workshops, parent-

Your thoughts on your Bulletin magazine

Steven Harulow looks at the responses to the 2012 Bulletin reader survey

Many thanks to all those who replied to our reader survey in December. We received 264 detailed responses (approximately 1.5% of the readership), which is an acceptable sample of readers. Your answers will help us to identify the elements of the magazine you are happy with and those areas that we can improve. They will also provide us with very useful information we can employ to attract more advertising to meet your needs.

You and your Bulletin

It is great to see that 72% of respondents read the Bulletin every month. Two-thirds of you say you do not read the online version of the magazine, with many of you citing that you didn't know there was an electronic version. We will work on better ways to promote this and aim to develop versions you can download onto smart phones and tablet devices.

On average, most of you (70%) take between 15 and 45 minutes to: keep up to date with speech and language therapy news (98%); read about RCSLT news and activities (93%); maintain your professional development (89%); find out about new products and services (74%); seek courses and events (88%); look for a new job (49%).

I very pleased to say that most of you (91%) agree that the Bulletin design is clear and attractive and contains enough images and photography. Eighty per cent also agree

the Bulletin has attractive and striking covers.

The majority of replies (83%) indicate you agree that you cannot easily find the Bulletin's content elsewhere, although 10% say it is too heavy going.

You also told us about specific topics you wish to see in future issues. As with the 2008 survey, many of you would like to see more coverage of your own particular areas of clinical interest. In addition, you say you would like to see: a section for students; less policy and more clinical information; more campaigning news; more on the overall context of change in the NHS; more evidence-based content; more links to independent practice; and more on the use of technology.

You and your IJLCD

Three quarters of you say you usually or always read some or all of the International Journal of Language and Communication Disorders and most of you prefer to read a printed copy. However, 31% of you say you would prefer to have access to the online version in place of your paper copy.

Bulletin advertising

Forty-one per cent of you say you read the inserts and catalogues that accompany the Bulletin each month; 80% read the recruitment adverts; and 77.5% have attended courses or specific interest group events we have advertised.

About you

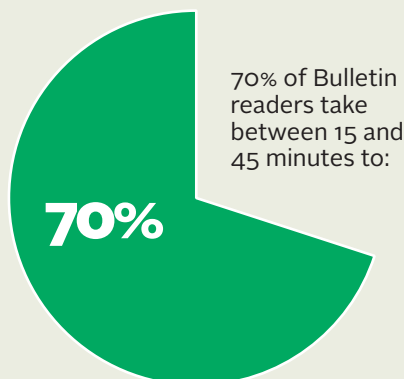
It is no surprise that the majority of Bulletin's readers are women (96.5%). Most of you (47.2%) are in the 25-34 age group, followed by 20.1% aged between 18 and 24; 17% between 45 and over 64; and 15.7% between 35 and 44. Just over 56% work over 30+ hours each week and 19% class yourselves as part time (less than 30 hours a week).

Twenty-three per cent of you earn under £20,000; 47% between £20,001 and £30,000; 17% between £30,001 and £40,000; 7% between £40,001 and £50,000; and 4.9% between £50,001 and over £70,000 per year.

As I said earlier, many thanks for taking part in this survey. We will look at your suggestions and adapt the Bulletin content where we can to meet your preferences and will endeavour to deliver a publication that continues to meets your diverse needs. ■

.....
Steven Harulow – Bulletin Editor
Email: bulletin@rcslt.org

Your Bulletin reading habits





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

Obituaries:

The end of an era in dysfluency



Peggy Dalton

1932 – 2012

Many in the speech and language therapy profession will know Peggy Dalton, either through personal contact or through the inspiration of her writing. Her influence on those of us who had the privilege to share her knowledge, wisdom, understanding and acceptance of other human beings is immeasurable.

Peggy graduated from Oxford with a degree in English and developed her interest in the theatre and her love of Shakespeare. She worked in repertory, travelling around England and in 1958 toured America with the Old Vic Repertory Company.

Her interest in speech and language,

combined with the uncertainty of theatrical life, prompted a career move and she qualified as an SLT in 1966. She had a particular interest in dysfluency and in working collaboratively with clients. This led, in 1977, to the founding of the self-help organisation, which became the British Stammering Association.

Through her contact with Fay Fransella, a psychologist with an interest in stammering, Peggy was drawn to personal construct psychology (PCP). Throughout her career she combined speech and language therapy with the theory and practice of PCP. As well as collaborating on understanding the psychological construction of speech and language difficulties, Peggy and Fay collaborated on the practitioners' guide, 'Personal Construct Counselling in Action'. In 1992, she followed this with, 'A Psychology for Living', the most accessible introduction to PCP, co-authored with Gavin Dunnett.

In 1983, Peggy's husband Bill experienced an illness

which led to permanent brain damage and severe

memory loss; a shocking and life-changing experience. Peggy refocused her professional life to work from home, providing speech and language therapy and constructivist intervention for people who stammered, as well as teaching, supervising and writing.

Peggy never fully retired and maintained a lively curiosity and affectionate interest in everything and everyone around her. Sadly, she lived with rheumatoid arthritis for many years and this had recently caused constriction of her daily life. She remained determinedly independent, resourceful and good-humoured but a sudden deterioration in her health led to her final brief hospital admission. She died on 8 November 2012.

.....
Adele Pile

Renée Byrne

1929 – 2011

Renée Byrne died on 4 December 2011 and the world of stammering therapy lost a great friend, therapist, lecturer and author.

Renée originally trained as an actor at the Royal Academy of Dramatic Arts. Later, as a widow in her mid-30s with two young children, she trained as an SLT. She was outstanding from the start, achieving the highest qualification mark in the country. She showed great determination and provided both inspiration and support to others, while loving so much of what life had to offer.

Renée worked at City Lit in the 1970s and 80s as a specialist in stammering therapy



and continued as an independent therapist after this. She started working as a lecturer in fluency disorders for the National Hospitals' School of Speech Sciences (NHCSS) in the 1970s and became

one of the coordinators of the NHCSS post-qualification programme. Renée was a caring

and sympathetic listener who was very popular with the students, particularly in relation to pastoral care. She continued to lecture in stammering to undergraduates and to new postgraduates when the University College London programme started in the 1990s.

Renée's first ground-breaking book, 'Let's Talk About Stammering', gave people who stammer access to reliable information about stammering for the first time. She

contributed chapters to other books and co-wrote, "Stammering: Advice for all ages" with Louise Wright in 2008.

Stammering clients have written tributes to Renée describing how she encouraged, cajoled and challenged them to step out of their comfort zones and 'feel the fear and do it anyway', long before the book of that title. Therapy was not always orthodox – sessions scheduled to last an hour rarely did, and tea and cake were often part of the process. Her kindness was enormous.

Renée enjoyed the arts and loved to travel with her second husband, actor Peter Byrne. Her work-life balance was an inspiration to her colleagues and friends. She shared her varied interests with her two children and was an enthusiastic grandmother to her four grandchildren.

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Carolyn Cheasman, Highly-specialist SLT, City Lit

Louise Wright, Highly-Specialist SLT in Stammering, Cornwall Partnership NHS Foundation Trust

Any questions?

Feedback from children

How do you gather feedback from your child clients on their therapy?

Anne Decker

 annedecker@nhs.net

Rapid response dysphagia service

Do you work in a rapid response service, assessing dysphagia in the community? How have you raised awareness of your role, trained others and generated referrals?


Nicky Hawker

 nicola.hawker@nhs.net

Employment and Asperger syndrome

Do you work on a specialist ASD team? What is your role and remit on the employment journey of individuals with Asperger syndrome? I am collecting data for doctoral research.


Carole Charters

 carole.charters@northumbria.ac.uk

Free BDAE exam booklets

Do you need 30 unused BDAE examination booklets? Donation to cover P&P please, otherwise free to a good home.

Gill Chapman

 g.chapman@nhs.net

Muscular dystrophy

Do you work with patients with muscular dystrophy, as part of a multidisciplinary team, as outpatients or in the community? Would you be interested in contributing studies in this area? I am researching this patient population, and would like to hear about your experiences.

Jodi Allen

 jodi.allen@heartofengland.nhs.uk

SEN statements

Do you use references to published research / evidence based practice to support recommendations made in speech and language therapy reports for SEN statements?

Helen Rose

 helen.rose@gloucestershire.gov.uk

Cough reflex testing

Have you set up a cough reflex testing assessment in your neuro rehab unit? Our pharmacists can buy in the citric acid powder but don't have the manufacturer

Want some answers, why not ask your colleagues?

licence to make it into liquid form. How have you resolved this?


Alison Smith

 alisonsmith15@nhs.net

Stroke information

Have you created an information template for stroke patients and their carers? How do you answer frequently asked questions such as "When will my partner start talking again?"


Catherine Killourhey

 Catherine.Killourhey@UH Bristol.nhs.uk

Behavioural feeding difficulties

Have you developed service provision for children with behavioural feeding issues? What pathways do you use and which other services are involved, eg psychology/OT?


Karen Stockman

 Karen.stockman@hchs.nhs.uk

Mobile working

Is your paediatric community service using electronic patient records and mobile working? How do you use and store published assessment forms and phonetic transcriptions? Our trust will be using iPads for the mobile working devices.

Charmayne Healey

 charmayne.healey@nhs.net

Malcomess' Care Aims

Are you successfully incorporating Kate Malcomess' Care Aims principles in your SLI resources?


Liz Pitts


 slt@highwood.wokingham.sch.uk


Communication champions

Have you trained non-SLT staff to be communication champions for those working with ALD within adult/day centres? What sort of roles did they take on? How was this managed?

Karen Bonar

 Karen.Bonar@northerntrust.hscni.net

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

 www.rcslt.org/discussion/forum

MARCH SIG NOTICES SPECIFIC INTEREST GROUPS

Send your SIG notice by email to: sig@rcslt.org by 4 March for April, by 3 April for May and by 6 May for June. Please note: The RCSLT office is closed for refurbishment. The meeting rooms will be unavailable until further notice pending completion of the work.

Oxford Voice SIG

7 March, 10am – 3pm (registration 9.30)

Propellor Software study day. Speaker: Dean Turnbull. Horton General Hospital, Oxford. £5. Email: esther.webb@gwh.nhs.uk

Emotional and Behavioural problems SIG

7 March, 9.30am – 4pm (please note date change)

AM: Dr Raja Mukherjee: consultant psychiatrist for people with LD. Overview of FASD, prenatal alcohol exposure on a foetus and its long-term consequences. PM: Top tips and case study session. Bring ideas and case studies. Education Centre, Room 7, Mile End Hospital, Burdett House, Bancroft Road, E1 4DG. Annual membership £25. Email: sylviasugarman@ntlworld.com or ruthl@blossomhouseschool.co.uk

North West Voice SIG

8 March, 9am – 4.30pm

Study day: assessment and treatment of spasmodic dysphonia. The Education Centre, Royal Bolton Hospital, Minerva Road, Bolton, BL4 0JR. Members £15; non-members £25. To reserve place or for information email: carmel.mcnamee@boltonft.nhs.uk

London SIG in ASD

11 March, 1pm – 4.30pm

Graham Firth (Intensive Interaction), Haylee Parfett (PODD Communication Books). Royal National Hotel, Russell Square. Members free; non-members £10 (£5 SLTA/SLT student). Space limited. To book, email Ruth Harris (Secretary): sig.autism@gmail.com

South Wales and South West Region SIG in Deafness

12 March, 10am – 3.30pm

Geoff Plant, topic tbc. Brunswick United Reform Church Hall, Wigton Crescent, Southmead, Bristol BS10 6DY. SIG member £10; non-members £15 (includes lunch). Contact Nicola Cole, tel: 07825 714 651, email: n.cole@soton.ac.uk

Counselling and Therapeutic Skills in SLT SIG

15 March, 9.30am reg, 10am – 4pm

'Is the use of Solution Focused Brief Therapy valid in speech and language therapy?' Main presentation: Emma Osei Mensah. Further presentations with opportunities for reflection and discussion. PM: workshop focus on aspects of evidence-based practice. Jury's Inn, Nottingham. Email: ruth.phillips.sig@hotmail.co.uk

Medico Legal SIG Spring Meeting and AGM

15 March, 1pm – 5pm

'Update on the SENDIST Tribunal Process' with SENDIST tribunal panel member John Parrott. Plus 'Marketing medico legal services' with Philip Knight, medical liaison manager, Medico Legal Marketing. Holiday Inn, Elstree, Hertfordshire. SIG members £20; non-members £25. Email: rebecca@speechsort.co.uk

Aphasia Therapy SIG

15 March, 9.30am (reg) – 4pm

'Counselling and speech and language therapy practice' (Rearranged from November 2012). Dr David Hiles (Dept of Psychology, De Montfort University). Addenbrookes Hospital, Cambridge. Members £20; non-members £30. Email: ruth.o'hora@swft.nhs.uk

Central region SIG in Hearing Impairment

20 March, 10am – 4pm

Focus on early intervention. Nottingham. £5. For details, email: heather.budden@bcpft.nhs.uk

SALTIBAD

22 March, 10am – 4pm

Language assessment and therapy planning for British Sign Language. SLTs and deaf colleagues welcome. BSL/English interpretation available. City University London. Includes 'Hands on' session of assessment tools developed by DCAL and City University. For information/to book place (£20) email: joanna.hoskin@nhs.net

London SLI SIG

25 March, 1pm – 4.30pm

SLI and autism. Topics to include: New DSM-V Autism diagnosis, Crossover interventions for SLI and ASD, eg 'Lego therapy', colourful symbols. Bring resources for show and tell. Members free; non-members £10. Whittington Education Centre, Archway, N19. Rsvp: londonslisig@yahoo.co.uk

Yorkshire and Humber Dysfluency SIG

25 March, 9.30am – 12.30pm

Anxiety tools (C. Rowland), writing up adult notes (please bring along some samples) and 'Bridges' (T Stewart). PM: Journal club. The Stammering Support Centre Leeds. Email: kathryn.bond@bdct.nhs.uk

Northern and Yorkshire Acquired Brain Injury SIG

26 March, 9.30am – 4pm

Review of assessments and outcome measures in ABI. Case discussions and peer support. Goal Attainment Scaling presentation. Goole and District Hospital, Woodland Ave, East Riding of Yorkshire, DN14 6RX. Members free; annual membership £15. Email: jessica.lister@nhs.net or tel: 01724 298 100 or lee.hughes@elhth.nhs.uk, tel: 01282 804 826

AAC SIG

26 March, 9.30am for 10 start – 4pm

AAC tools and strategies for ASD. Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7LD. Members free; non-members £15 (includes lunch). Email: julie.atkinson@bhamcommunity.nhs.uk or tel: 0121 627 8235

Central Paediatric Dysphagia SIG

17 April, 9am registration for 9.30 start – 4pm

AM: AGM and election of new SIG committee. Lunch provided by SMA. Other agenda items include feedback and way forward with TalkTools, respiratory physio and auscultation and review of the regional texture modification guidelines. Medical Education Centre, Sandwell General Hospital, B71 4HJ. Visit: www.cpd-sig.co.uk

Tracheostomy SIG

18 April, 9.30am – 4pm

Tricky traches - presenting evidence based practice through case studies (adults and paediatrics) Royal Hospital for Neuro-disability, Putney. £15 (lunch included). Email: sarah.adams@rmh.nhs.uk ASAP to book as numbers limited

Scottish SLT SIG Dysphagia

20 April, 9.30am – 3.30pm

Issues affecting texture modification in the management of dysphagia: a conference for dietitians and SLTs. Centre for Healthcare Education (Conference Centre), Perth Royal Infirmary, Taymount Terrace, Perth. Members £15; non-members £20. Register at: <http://texturemodificationconference.eventbrite.co.uk>

The West Midlands Dysfluency SIG

22 April, reg 9.30am for whole day

Trudy Stewart: practical working with school-age children who stammer. Birmingham City University, South Campus, Seacole West 1/019. £30. Places limited – deposit required to secure a place. Tea/coffee provided but not lunch. For email: debbie.middleton@covwarkpt.nhs.uk or tel: 02476 961 453

South West SIG in Autism

22 April, 9.30am – 4pm

Visual impairment and autism/practical strategies for home and school. The Vassall Centre, Gill Avenue, Fishponds, Bristol. BS16 2QQ. Membership renewal £20; non-members £15. Email: juliet.keighley@nbt.nhs.uk

Yorkshire Dysphagia SIG

24 April, 9.30am – 4.30pm

Review of current practice within dysphagia. Opportunity to share resources and discuss ways of working. Includes AGM. The Poppleton Centre, York, YO26 6JT. Members free; non-members £10. Email: helena.shaw@york.nhs.uk, tel: 01904 725 768

SLT in Children's Centre SIG

1 May, 9.30am – 3pm

Workshop "Doing more for less? – joined up working between SLTs in children's centres and traditional SLT service". Brownhills Children's Centre, Walsall. Members £5; non-members £15 (to include membership until 31 August 2013). Pay on the day (cash or cheque). Email: kate.powell@bcpft.nhs.uk to book (places limited).

Head Injury SIG

3 May, 9am – 4.30pm

Using technology to aid insight, memory and communication. Exploration of current apps and technologies to enhance SLT management of clients with brain injury. London. Email: headinjurysig@hotmail.com

Early Years SIG (Western)

10 May

A phonology study day with Dr Caroline Bowen. Exeter. For further details email: lucy.bomford@nhs.net

Essex SLI SIG

14 May, 9.15am – 4pm

Keema Cummins, Specialist SLT: 'Eye contact and trust, why video and belief in parent skill should be at the heart of speech and language therapy', and AGM. Training Room 1, The Lodge, Runwell Chase, Wickford SS11 7XX. Annual membership £22 to include autumn 2013 meeting. To book, email: k.farrow@nhs.net

Psychiatry of Old Age SIG

14 May, 9.30am – 4.30pm

RCSLT and dementia update special: talk by Penny Garner. Award-winning research. Therapy: approaches with apps. Dementia UK, 6 Camden High Street, London NW1 0JH. Members £15; non-members £25. Includes lunch and refreshments. To book, email: sigpoa@gmail.com

Trent Voice SIG

19 September, 9.30am – 5pm,

'New to Voice' study day. Royal Derby Hospital, ENT Department, Kings Treatment Centre, Derby DE22 3NE. Trent Voice SIG members £45; non-members £55 (includes membership to Trent Voice SIG). Enquires: madeline.atherden@dchs.nhs.uk. Applications: yvonne.hutsby-bird@dchs.nhs.uk



Victoria Joffe

This month Victoria Joffe discusses the importance of critical appraisal

Moving onwards and upwards

A very warm hello and welcome to you all to this month's forum. It has been almost a year since we started this Bulletin section and set challenges for ourselves to become more research aware and active. It is a good time then, perhaps, to stop and reflect on where we are now, identify the positive steps we have taken to become more evidence focused and consider how this has impacted on our role as SLTs and on the services we provide.

It is also a good time to reflect on what we could still be doing more of; on the challenges or actions that perhaps we want to take but have not, for whatever reasons, got around to doing. No matter where we are on

this journey in becoming more evidence-based practitioners, there is always another step to take to enhance our practice, and I want to urge you all to keep taking those steps forward.

From what I read in your exciting emails, the impact of your activities are astounding and are making a real difference to you, your clients, your service and the profession at large.

You may have noticed an increased presence of all things research-related in the Bulletin and I hope you are enjoying our new 'In the Journals' feature. Having Emma Pagnamenta join us as research officer has given us great additional capacity in this area, and those of you who have already met her will agree she provides an

inspiring example of a practising therapist, whose work is not only fully embedded in the research evidence, but has also added to it. Please remember that both Emma and I would be delighted to hear from you by email. We can even meet with you and your teams to hear about your exciting developments and help support you in whatever way we can.

NIHR opportunities

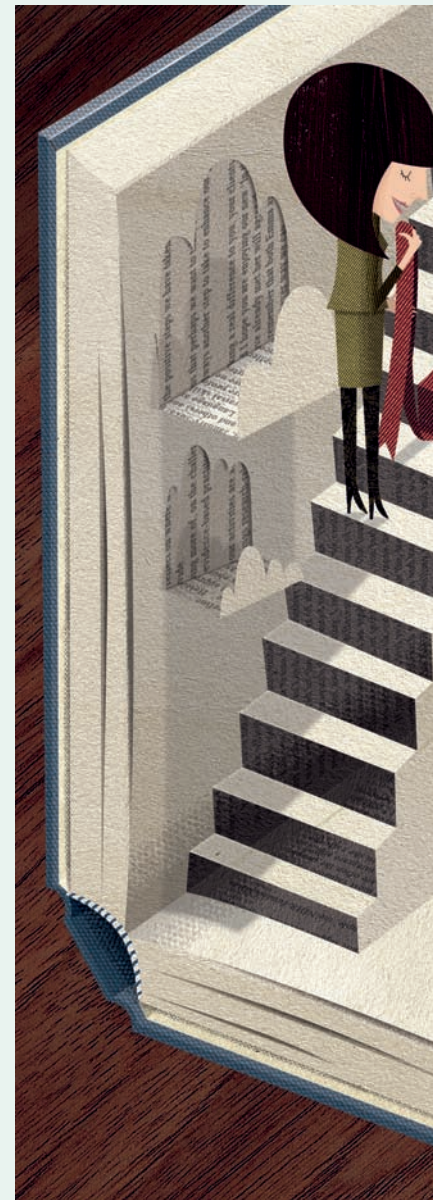
Last month saw me in Leeds for a number of days sitting on the recruitment panel interviewing for the National Institute for Health Research (NIHR) clinical doctorate research fellowships. I was very inspired by the number of allied health professionals, including SLTs, who came to share with us their curiosity, the research that has emanated directly from their own clinical work and the research they want to undertake. Their passion and determination to generate more evidence in their particular area of work and their commitment to becoming clinical researchers was awe-inspiring. I only wish we could have awarded them all a fellowship.

The applicants were no different to any one of you. They are dedicated professionals determined to offer the very best evidence-based practice. What they have done is take that additional plunge and submitted an application. The fourth round of the NIHR clinical doctorate fellowships closes on 30 April. This may be the opportunity you are looking for, so if you have an idea, a clinical question or problem that you feel needs

answering – and you have a strong clinical and academic support network – then why not take the plunge? Visit: www.nihrtcc.nhs.uk/cat/cdrf for more details.

If you don't feel ready to take the doctorate leap at this time there are other routes to support you. For example, the NIHR-funded MRes programme is an excellent grounding for building greater research awareness and knowledge – as we heard from

“We need to evaluate the strengths and weaknesses of the evidence available that supports and embeds our routine clinical practices”



Research and Development Forum



ILLUSTRATION Graham Longdin

Lorna Smart (Bulletin, January 2013, p23).

The NIHR is very willing to come and talk to people about writing grants (NIHR and others) and about becoming clinical researchers. Email Mal Palin: cat@nihrtcc.org.uk if this is of interest.

I have already booked them to come and talk to the National Specific Interest Group for Older Children and Young People with Speech, Language and Communication Needs in May.

Critical appraisal

Referring back to Lorna Smart's experiences; interestingly, she identified critical appraisal skills to be the most valuable element she learned on the programme. To end this month's forum I would like to discuss the role

of critical appraisal in our work as SLTs. As healthcare professionals, we are often the people who help our clients and their families understand the available evidence and make informed choices about their care. For us to be able to do this, we need to be able to integrate and critically evaluate the research evidence to assess its relevance and rigour and its relative impact on our clinical decision-making. I agree wholeheartedly with Lorna when she calls the ability to critically appraise the literature a skill, because it is exactly that – one that we need to learn and continually refine.

MMR example

In her book, 'Doing a literature review in health and social

care', Helen Aveyard has an excellent chapter on critical appraisal. She uses the measles, mumps, and rubella (MMR) vaccination controversy to illustrate how important it is to be able to critically appraise the research evidence. Most of you will have heard about the Lancet paper (Wakefield et al, 1998, now been retracted) which started the controversy and led to many parents choosing not to vaccinate their children. The authors wrote about 12 children with a history of normal development, who experienced a sudden onset of language loss, among other skills, as well as diarrhoea and abdominal pains.

Eight of the 12 parents reported an association between these symptoms and having the MMR vaccination. This evidence caused an uproar in the media and significant concern about the possible link between the vaccine, autism and bowel disease. The uptake of the MMR vaccination fell significantly thereafter, and even to this day, there are still people among the public anxious about this supposed link, even though many other more robust studies and a systematic review of all the literature have found no evidence to support the Lancet claims.

Looking back at the original study, it is clear that a more considered and critical appraisal of this work would have, in all likelihood, stopped the media frenzy and the subsequent impact on a crucial aspect of health provision. We need to learn from errors such as this and carefully consider and evaluate the strengths and weaknesses of the evidence available which supports and embeds our routine clinical practices.

Over to you

In the next Bulletin, we will focus on critical appraisal and provide you with a framework

to support this process. We will use an International Journal of Language and Communication Disorders paper as an example and apply a framework for its appraisal. The article we have chosen is an intervention paper on mental imagery (Joffe et al, 2007). Please have a go at carrying out your own critical appraisal. Remember, we are not looking for perfection, but need to identify the strengths and weaknesses in order to be able to judge the relative weight of the evidence and be able to determine its applicability and potential use for other clients. You could get together with colleagues, read the paper and critically evaluate it as a team. To assist you in this process, you might like to refer to the Critical Appraisal Skills Programme tool (www.casp-uk.net). It will be interesting to compare our conclusions next month. ■

Dr Victoria Joffe, RCSLT
Councillor for Research and Development
Email: Vicky.joffe@rslt.org



References & resources

Aveyard H. *Doing a literature review in health and social care. A practical guide*. 2nd Edition. Maidenhead: Open University Press, 2010.

Joffe VL, Cain K, Maric N. Comprehension problems in children with specific language impairment: does mental imagery training help? *International Journal of Language and Communication Disorders* 2007; 42, 6, 648-664.

Wakefield AJ, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; 351:9103, 637-41 (Retracted).

Resources:

The NIHR-funded Clinical Doctorate Fellowship Scheme: www.nihrtcc.nhs.uk/cat/cdrf

The NIHR-funded Masters in Clinical Research: www.nihrtcc.nhs.uk/cat/masters

Information on additional NIHR funding for clinical academic training: www.nihrtcc.nhs.uk/cat



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SPEECH and LANGUAGE THERAPIST

Full time during Term time only (Part time considered)

FTE salary range based on Agenda for Change Band 6 point 19 – 29
£24,768 - £35,805 pa

(inclusive of Fringe allowance and 5 weeks paid holiday)

Actual salary range for term time only plus In-Service training days
£21,263 - £30,737pa

(inclusive of Fringe allowance and 5 weeks paid holiday)

Standard Agenda for Change hours of 37½ per week

St Joseph's is a specialist, non-maintained, school providing day and residential places for learners (5-19) whose special educational needs may include autistic spectrum disorders, learning difficulties (moderate, severe and complex), language and communication disorders, ADHD and challenging behaviour.

Would you welcome the challenge of working with our more complex and challenging learners who need constant support and encouragement to develop their communication and social skills?

We are seeking an enthusiastic Speech and Language Therapist to work within the multi-disciplinary Therapy Team. Speech and Language Therapy is a fully integrated part of the whole curriculum involving parents, teaching staff, care staff and other professionals. Opportunities for specialist training and up-dating are regularly available. Knowledge of MAKATON would be an advantage, although in-house training is provided.

You will be expected to assess learners and devise, supervise and monitor programmes as well as providing appropriate interventions as necessary. Following our successful achievement of Specialist Status in Communication & Interaction, the successful candidate will be an integral contributor to the implementation of both our School and community plan.

You will be HCPC registered and belong to the RCSLT. Own transport essential due to rural location of School. Position to commence as soon as possible after interview.

Karen May, Head of Therapies, will host two tours of the School for prospective applicants on Thursday 7th March at 2pm and again on Tuesday 12th March at 11am. Should you wish to attend either of these or if you would like to the opportunity to discuss the role informally with Karen please contact her by email karenmay@st-josephscranleigh.surrey.sch.uk or telephone her on 01483 272449.

The school is committed to safeguarding and promoting the welfare of children and young people. This position requires an enhanced CRB disclosure.

For an application pack including job profile and person specification please contact Doug Brown, HR Administrator, by email dbrown@st-josephscranleigh.surrey.sch.uk. Alternatively, either telephone on 01483 272449 or visit the School web site www.st-josephscranleigh.surrey.sch.uk and follow the link to vacancies on the 'School' tab.

Closing date for applications
(which may be submitted electronically)
is 12 noon on Wednesday 13th March 2013
with interviews taking place on Monday 18th March 2013.



Royal Hospital for
Neuro-disability

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Are you interested in Neuro-rehabilitation?

The Royal Hospital for Neuro-disability (RHN) is a medical charity providing national, regional and local specialist assessment, rehabilitation treatment and care for adults with acquired brain injury, primary and progressive neurological disease.

The Speech and Language Therapy Service comprises a team of 9 Speech and Language Therapists (SLTs) and two SLT Technical Instructors working across a range of specialist services. As a team we offer high levels of professional support and supervision as well as weekly team meetings. The department is actively involved in research with on-going support from our research department. We are highly committed to continuing professional development with regular in-service training and a clinical supervision programme in place for all staff. The department runs a number of clinics including videofluoroscopy, FEES and Tracheostomy clinic and we work closely with the COMPASS Assistive Technology Service.

Two exciting opportunities have arisen for SLTs who wish to develop their knowledge and skills in this specialist field for adults with complex brain injury. There will be opportunity to develop/extend your clinical skills in a number of areas including instrumental swallowing assessments, complex dysphagia, tracheostomy, FOTT, AAC and assistive technology.

Advanced Specialist Speech & Language Therapist (equivalent Band 7)

Senior Rotation Post

£40,466 - £43,505 per annum

Full-time (35 hours per week)

As an Advanced Specialist Speech and Language Therapist, you will have specialist skills in the management of swallowing and communication disorders arising from acquired brain injury and/or neuro-degenerative conditions gained from an acute, community or rehabilitation environment. Independent skills in assessment and management of dysphagia are essential. Competency in performing videofluoroscopy/FEES and working with tracheostomised and ventilated patients is desirable but training can be provided. The post will rotate annually to cover:

Profound/complex brain injury rehabilitation and ventilated patients/
Neuro-palliative care including Huntington's disease/Transitional rehabilitation/
neuro-behavioural rehabilitation.

You will be expected to participate in the videofluoroscopy and FEES, tracheostomy clinic and meal clinic and be required to work with a range of AAC/assistive technology. You will be responsible for the clinical supervision of one member of SLT team. Excellent opportunities exist for clinical research, audit, course presentation and project management.

Specialist Speech & Language Therapist (equivalent Band 6)

Brain Injury Service with rotation to specialist units

£33,834 - £36,334 per annum

Full-time (35 hours per week)

You will work on the Brain Injury service and rotate to other specialist units including Transitional Rehabilitation Service and Huntington's disease unit.

This post is ideal if you wish to develop your experience in complex specialised neuro-rehabilitation and management of neuro-palliative conditions within a supportive environment. You will have experience of working with adults with acquired neurological disorders within an acute care facility, community or rehabilitation environment and be independent in managing non-complex dysphagia. Your caseload will range widely from individuals with severe brain injury including low awareness states and locked in syndrome to Huntington's disease and those with high level cognitive communication disorders returning to independent living in the community.

To arrange an informal visit please contact Sarah Haynes, Head of Speech and Language Therapy on 020 8780 4500 ext. 5230, or email shaynes@rhn.org.uk

To apply for these posts, please download an application pack from www.rhn.org.uk complete and send application to the Human Resources Department at RHN.

Application packs are also available from the Human Resources Department on telephone 020 8780 4500 ext 5003 or email: recruitment@rhn.org.uk

Closing date: 15th March 2013.

Interview dates: 26th and 27th March 2013.



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One of two lead clinicians, you'll be responsible for managing clinical staff, audit and quality initiatives, service evaluation, development, marketing and training within our speech therapy department, multidisciplinary rehabilitation unit and outpatient services. With extensive specialist experience in neurological rehabilitation, including acute and chronic acquired communication and swallowing disorders and tracheostomy, you'll be independent with instrumental swallowing, including Videofluoroscopy and FEES assessments, and able to train others in practice. **Ref: 001/5310/LST/2**

HPC and RCSLT registration is essential.

We offer the attractive rewards and benefits you'd expect from a member of the HCA Group, with competitive salaries, flexible working arrangements, private health insurance, critical illness cover, pension scheme and accommodation.

To apply, please visit our website www.hcarecruitment.com Closing date for both posts 17th March 2013. If you would like to discuss the post please contact Chetan Vyas Head of Speech and Language Therapy 020 74835253 or email chetanvyas@HCAhealthcare.co.uk

This post is exempt from the Rehabilitation of Offenders Act 1974 and the successful candidate will therefore be required to apply for a standard or enhanced disclosure.

SUPPORTED SPECIALIST SPEECH & LANGUAGE THERAPIST EQUIVALENT TO NHS BAND 6

An enthusiastic clinician, you'll be part of a multidisciplinary team providing high quality intensive rehabilitation service for inpatients. You'll have experience of delivering specialist services to adults with acquired neurological conditions and their associated communication/swallowing disorders. You'll also be expected to have completed basic dysphagia competency. Experience with videofluoroscopy (VFS) would be advantageous. There is opportunity to develop your skills in VFS, FEES and tracheostomy management. **Ref: 001/5310/SST/2.**



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Please see our website for application details.

Closing date: **15th March 2013**


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School based Speech and Language Therapist
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This is an exciting opportunity for a specialist therapist to further develop their expertise in supporting deaf pupils. As part of the school provision for deaf children you will be working alongside Teachers of the Deaf and special support assistants to meet the varying needs of our deaf children. The successful applicant will deliver programmes to pupils aged 3-11 in withdrawal 1:1 sessions, small groups or some in class or class liaison sessions.

We particularly welcome visits to our school. Please call 020 8504 3706 or e-mail admin.roding@redbridge.gov.uk to arrange a visit or to request an application pack.

The school is committed to safeguarding and promoting the welfare of our children and expects all staff to share this commitment; an enhanced CRB check is required for this post and references will be taken up before interview.

Closing date for applications: **Friday 22nd March**
Interview to be held after the Easter holiday

Picture Exchange Communication System (PECS) Training

PECS Basic Training: Peterborough, London, Dundee, Manchester, Glasgow, Nottingham, Darlington, York, Slough plus more. PECS Advanced Training: London, Glasgow. Guide to Managing Challenging Behaviour: Plymouth. For all training dates/information visit: www.pecs.com or tel: 01273 609 555

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. **4-5 March**, Salford; **3-4 June**, London. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

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. **4-5 March**, Salford; **6-7 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7-8 March, Salford. Elklan total training package for verbal children with ASD

Equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. Price: £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. **7-8 March**, Salford; **3-4 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

Talking Mats Training

13 March – 5 June, online; **18 April**, London; **25 April – 23 May**, Stirling. These trainings explore the potential of this communication framework in depth. Accredited training

9-10 May, Stirling. For course requirements contact Talking Mats. Visit: www.talkingmats.com, email: info@talkingmats.com or tel: 01786 479 511

18-20 March, London. NEW: Elklan total training package for post-16s

Equips SLTs and FE staff with a specific role in supporting SLC skills to provide practical, accredited training to staff working in post-16s settings. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

19-20 March, London. NEW: Elklan total training package for 0-3s

Meet the training needs of staff working with 0-3s with this exciting new course from Elklan. Equips SLTs and specialist early years practitioners to provide practical, accredited training to this sector. Teacher/therapist teams welcome. Therapist £425; EY practitioner £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

21 March, London. Elklan total training package – supporting users of AAC

Equips SLTs to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £220. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

21-22 March, London. NEW: Elklan total training package for vulnerable young people

Train to deliver this practical, accredited course to staff working with vulnerable young people in a variety of settings, eg PRUs, YOTs. Equips SLTs and specialist advisers to teach others. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

25 March, Conference of the Respiratory Disorders SIG

Girton College, Cambridge. The latest advances in the speech and language therapy management of respiratory disorders: the management for chronic cough, VCD in athletes, COPD, and other topics. 9.30am – 4.30pm. £50, including lunch. To book, email [\[papworth.nhs.uk\]\(http://papworth.nhs.uk\) for further details and registration](mailto:corinne.garvie@</p>
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28 March, 'I Am Special 2' – Peter Vermeulen

London. Peter Vermeulen of Autisme Centraal, Belgium, presents a one-day course on helping people with ASD gain a better understanding of themselves and their diagnosis. For information leaflet, email Beth at: iamspecial2london@virginmedia.com. To book, visit www.amiendo.com/iamspecial2

5-18 April and 12 June, Extending knowledge and skills in working with adults with acquired dysphagia

A post-registration course for SLTs. Christina Smith, Stefanie Bucher, and Kirsty Catling. £700. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk or visit: www.ucl.ac.uk/psychlangsci/students/professional/class

15 April 'Counselling skills and maintaining boundaries'

Highly-practical and friendly basic-level course offering workplace strategies and tools to therapists in this crucial aspect of our work. Central London venue tbc. Cost £70 (£60 for students). Contact Sally Newman of Therapy Skills Training Alliance. Email: newmansallyspeech@yahoo.co.uk or tel: 07821 250 312 for more information and booking

16 April, 'It's Child's Play'

@The Ear Foundation. Gain a detailed understanding of play levels and the practical ideas to support children and families to have more successful interactions. This is a hands-on day, so come prepared to play. Email: sam@earfoundation.org.uk

23-24 April, London. Occupational Voice Symposium

Topics include state-of-the-art research on remote monitoring of vocal load; voice care models; telehealth and behavioural models of self management, with contributions by international experts from the USA, Europe and the UK. Email: ovs.london@gmail.com

25-26 April, Spoiled for Choice and Sound Reasoning

Two-day workshop for SLTs with Dr Caroline Bowen.

Venue: Christopher Place, Chalton Street, London NW1 1JF. Email: info@speech-lang.org.uk or tel: 020 7383 3834

Picky eaters vs Problem Feeders: The SOS approach to feeding

25-27 April, Birmingham; **29 April – 1 May**, Dublin. Kay A Toomey, PhD and Erin Sundseth Ross PhD, CCC-SLP. The SOS Approach to Feeding is a transdisciplinary programme for assessing and treating children with feeding and weight/growth difficulties. It integrates sensory, motor, oral, behavioural/learning, medical and nutritional factors and approaches to comprehensively evaluate and manage children with feeding/growth problems. £360. £420. Visit: www.sensoryintegration.org.uk/sos-approach-feeding

27 April, NAPLIC Conference, Aston University, Birmingham

'SLI – What's in a name?' Keynotes: Gina Conti-Ramsden, Courtenay Frazier Norbury, Vicky Slonims. BCRP update. Practitioner presentations/exhibition. Member's booking held at 2010 price - £115. Further information: www.naplic.org.uk or carol.lingwood@btopenworld.com

30 April – 1 May, ICH/GOSH London. Paediatric tracheostomy for SLTs

For clinicians working in hospital and community settings. Includes lectures/workshops on communication, voice and feeding, ENT, respiratory and nursing management. £250 (until 15/3/13). Visit: www.ichevents.com or tel: 020 7905 2675

8 May, Caroline Bowen at Birmingham City University

'Sound Reasoning: Therapy targets and techniques for children with speech sound disorders'. Don't miss this one day event with Dr Bowen, exploring ways of optimising treatment outcomes; non-linear principles in intervention and practical therapy facts and tricks. Cost £50 (student discount available). Visit: <http://store.bcu.ac.uk/> to book a place/ further information

13-14 May, Kent. Integrated listening systems practitioner training

iLs combines auditory, visual and balance training to address language and

processing difficulties. Unique auditory/speech feedback device, interactive language programme, now available. Exciting ASD and auditory processing research on efficacy. Tunbridge Wells. See www.integratedlistening.com/the-slp/. Early booking £250 (by 20 February) standard rate £295. Inc lunch. Book by 13 March. Email: info@starjumpz.com or tel: 01892 510 257, visit: www.integratedlistening.com/the-slp

14 May and 13 September, Cognitive rehabilitation for adults with an acquired brain injury

Two-day workshop, with four months between each day, aimed at qualified professionals of any discipline wishing to develop a deeper knowledge and practical skills in working with people with cognitive deficits following an acquired brain injury. £250. Icanho Brain Rehabilitation Service, Chilton Way, Stowmarket, Suffolk IP14 1SZ. Tel: 01449 774161 For further information and application form, email: enquiries.icanho@livability.org.uk

15-16 May, Kent. Sensory processing disorder (SPD) clinical reasoning and intervention

Dr Lucy Miller (founder SPD Foundation, author Sensational Kids) seminar focusing on latest research, identifying SPD subtypes and implementing effective intervention. Early booking £350 (by 20 February) £395 standard. **17 May:** Conference Children with SPD, keynote speaker Dr Miller £35. Pioneering Children's Services Course Options for May: **13-16 May:** Dr Miller & iLS £560 (£660 after 20 February); **13-17 May:** All events £570 (£690 after 20 February). Cost includes lunch. Book before 14 March. Venue: CC University, Tunbridge Wells. Email: info@starjumpz.com or tel: 01892 510 257

16 May, Carrying out research in clinical practice

Practical course with Dr Susan Ebbels aiming for attendees to leave with a project plan. Fee includes two hours of follow-up support for your project. For more information, visit: www.moorhouseschool.co.uk/training-courses1 or tel: 01883 712 271

4 June, Auditory Verbal Therapy - principles into practice

@The Ear Foundation. A really practical day: the opportunity to observe, think

and practise key techniques and strategies that promote developing spoken language through listening. Lots of video examples. Email: sam@earfoundation.org.uk

6-7 June, London. ComFor training

This course covers the theoretical framework, administration, interpretation, and implementation of the ComFor assessment for augmenting our communication with children, young people and adults with autism and/or intellectual disability. £260. Discount for ASD SIG members. Email: comfor@virginmedia.com

6-7 June, London. Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11-12 June, Manchester. TalkTools: Feeding therapy a sensory motor approach

Learn sensory techniques to develop tolerance of touch, taste, texture and temperature. Learn oral-motor techniques to develop oral level feeding skills. A dysphagia qualification is not required for this course. Visit: www.eg-training.co.uk or tel: 01530 274 747

21 June, Talk Shop Conference, Daventry

A unique, inspiring event for SLTs and OTs. Visit interactive zones: sensory, tech, classroom and design; 'day-in-the-life' and feeding presentations; exhibition hall (equipment/books/toys) and excellent workshops: incl. apps and auditory processing. See: www.talk-shop.org to plan your day. Only £55

22-24 June, Midlands venue, PROMPT - Bridging Workshop

Workshop for SLTs who have already attended the PROMPT Technique Workshop. Develop and expand your skills and understanding of this technique. Email: courses@eg-training.co.uk, tel: 01530 274747 or visit: www.eg-training.co.uk

24-26 June, Effective counselling skills for SLTs

Highly relevant to work with any client group; practical and experiential. Topics include developing therapeutic relationship, boundaries, hearing the story, confronting, immediacy, self-disclosure and loss. City Lit, London. Contact Rachel Everard, tel: 020 7492 2579 or email: rachel.everard@citylit.ac.uk

24-28 June, Five-day paediatric eating, drinking and swallowing course

SLT Sheffield. RCSLT registered + follow-up day: March 2014. Fee: £500 inc lunches. Course details available from: tory.paxman@nhs.net or tel: 0114 271 7615. Please email where possible

26-27 June, London. Elklan Total Training Package for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited training to develop communication in children and young people with severe learning difficulties in all settings. Covers pre-intentional to early intentional communication skills. Teacher/therapist teams welcome. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

26-27 June, London. NEW CPD for SLTs and SLTAs from Elklan. Supporting Children and Adults using AAC

Do you want to develop your skills and knowledge about low and high tech AAC? Highly specialist SLT Andrea Kirton will share her expertise. The course is OCN accredited at Level 4 and Andrea will support you to complete your portfolio of evidence. Price £325 (includes book, accreditation fee and one phone tutorial). Tel: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

18-19 July, LSVT LOUD Training and Certification Workshop, London

Evidenced-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. To register, visit: www.lsvtglobal.com. For more information, email: info@lsvtglobal.com. 'Fantastic course that I would highly recommend!'

September - June (Friday/Saturday) Foundation Course in Group Analysis, Glasgow

Monthly weekend course for all disciplines interested in group work and group analysis. Combines experiential groups with theory seminars embedded within the learning community. Pre-requisite for Diploma in Groupwork Practice. Cost: £1,750. Email: glasgowenquiries@groupanalysis.org.uk, tel: 07876584097 or visit: www.groupanalysis.org.uk



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Jo Stobbart & Helen Newman

OCCUPATION: JO STOBART (SLT) AND HELEN NEWMAN (HIGHLY SPECIALIST SLT) PENNINE CARE NHS FOUNDATION TRUST

“Working in the team certainly helps because we are part of a ‘bigger picture’”

We are two of the three SLTs that work as an assessment and advisory service for children aged 0-5 years within the Child Development Service (CDS) in Oldham, Greater Manchester. We provide holistic and family-centred speech and language therapy as part of an integrated service for children and their families.

We work as part of a multi-agency team with good working relationships. One of the most successful aspects of the team is the equal value placed on each member’s contribution, and the discussions and communication between team members. We all learn from each other, have respect for each other’s viewpoints and are committed to a team approach. The family is part of this team.

On average we see six new referrals each week and the time between referral and assessment/intervention is less than four weeks. We have had to be flexible and open to service redesign but have managed to retain our effective model of service delivery.

The CDS receives referrals from health visitors, acute sector paediatricians and education colleagues who have concerns around two or more areas of a child’s development. The children have complex developmental difficulties and, at this early stage, their families are often feeling overwhelmed and anxious.

A fortnightly team meeting to triage the CDS referrals leads to the involvement of core team members – including the CDS coordinator, community paediatrician, physiotherapy, specialist nursery nurses, clinical psychologist and ourselves. There are two assessment pathways: the ‘Further Assessment’ and the ‘Autistic Spectrum Disorder (ASD)’ pathways. The team makes a decision on the appropriate allocation before the diagnostic assessment begins.

A standard day for us involves a number of visits. Our initial contact visit for a family will be in their home environment and we use this for information gathering



Helen (second from right) and Jo (centre) with other members of the Child Development Service

and sharing. We carry out observational assessments, many of which include our health and education colleagues, in the home and early years settings, and often need to use interpreters and consider accessible information needs. If appropriate, we may list a child for an ‘Autism Diagnostic Observation Schedule’, carried out by a member of our team and the CDS coordinator, paediatrician or clinical psychologist. We carry out assessments and therapy sessions in our sensory room with the families and specialist nursery nurses (and sometimes a physiotherapist) for children with multiple/sensory and complex needs. Our advice and intervention will then start and continue to feed into the assessment process as strategies are implemented and evaluated.

All those supporting the child receive verbal and written advice through joint SMART target setting in ‘Play Plans’ and individual education plan (IEP) meetings. These are family centred and include early years advisers and setting staff. We feel that the IEP meetings are an effective way for measuring our outcomes, encouraging reflective practice and for shared problem solving.

Regular follow-up visits allow us to review targets, model strategies and liaise with family and colleagues. We identify training issues and we provide rolling programmes of training, including ‘Parent ASD Awareness’, ‘Social Stories’, ‘Intensive Interaction’ and ‘Feeding and Swallowing Difficulties’. Training is open to the families and the staff in the early years settings. We consider that a large part of our role is to provide support and information to families. Awareness training focuses on empowering families with the language and strategies they will need as advocates for their children. We attend a monthly Assessment Forum Meeting, where all the services involved discuss the outcomes of their assessments and make a decision on diagnosis, before we share this with the families concerned.

At the end of the day, and often in times in between, we have time to reflect on our activities. We try very hard to ensure the families we work with continue to receive a good and timely service, despite the stresses and strains of work demands. Working in the team certainly helps because we are part of a ‘bigger picture’. ■

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