

bulletin

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

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The Aphasia Research Collaboration: Stroke survivors and SLT students get involved in research

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Contents

ISSUE 767

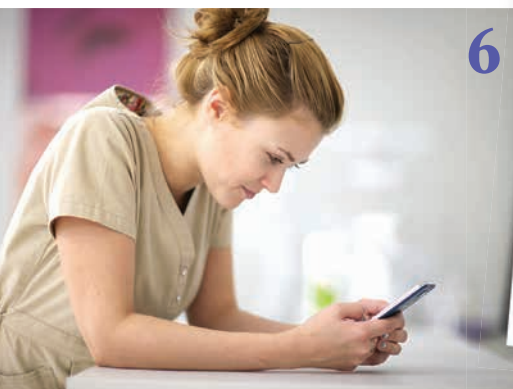
25



39



6



27



16



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4 Letters

5 News

11 Opinion: The media's impact on perceptions of stammering

12 Simon Horton and colleagues: The Aphasia Research Collaboration

16 Amy Schiwitz, Anita Smith: The transition to a gum-based drink thickener

18 Alys Mathers: Remote delivery of speech and language therapy service to mainstream schools

20 Victoria Harris, Neil Coull: New guidance for practice educators

21 Maria Luscombe, Morag Dorward: Play your part on the RCSLT's governing body

22 The Research and Development Forum

25 In the Journals

27 Obituaries

28 Clinical Excellence Networks

31 Your speech and language therapy job adverts

39 My Working Life: Craig Loftus

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Steven Harulow

EDITORIAL



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



Come on board

At the heart of every effective membership organisation is a group of elected or appointed volunteers who oversee the activities of that organisation.

In the case of the RCSLT, the governing body is the Board of Trustees – currently 12 individuals who meet throughout the year to make strategic decisions about the RCSLT. Board membership is limited to specific terms of office, so every few years we have a number of vacancies.

This year, we have positions coming up for a new deputy chair, a trustee for research and development, and a trustee for England. We also have two new general trustee posts.

The RCSLT's trustees are members like you. On page 21, the current chair, Maria Luscombe, and deputy chair, Morag Dorward, talk about the activities of the RCSLT board and how you can play your part on the RCSLT's governing body. They also outline the skills and experience the RCSLT is looking for from potential board members. Some of the current trustees talk about what board membership has meant to them from their own personal and professional perspectives.

Think about applying for one of the board roles on offer. Your skills and experience could be just what we are looking for. What matters most is a passion to see better lives for people with communication and swallowing needs by supporting the speech and language therapy profession.

Steven Harulow

Bulletin editor

bulletin@rcslt.org

[@rcslt_bulletin](https://twitter.com/rcslt_bulletin)

My RCSLT

Katie Holt



I am an SLT working for Airedale NHS Foundation Trust covering inpatient, outpatient and community settings to support people with speech, language, communication and swallowing needs. The RCSLT has supported me to develop my evidence-based practice by publishing new research and developments. This has allowed

the service to investigate and develop alternative therapy techniques, such as group therapy. The RCSLT offers a sense of community and provides opportunities to liaise with other SLTs to enable sharing of information, ideas and experience. It has given voice to our profession, which often seems to be overlooked, and has maintained a source of positivity and support at a time when uncertainty surrounds the NHS.

Progressive aphasia survey

Last summer I received a National Institute for Health Research Doctoral Research Fellowship to complete a PhD at University College London. My research will focus on refining and piloting a conversation training programme for people with primary progressive aphasia (PPA) and their families.

Primary progressive aphasia (a type of dementia) is often diagnosed when people are in their 50s and 60s. People with PPA present with a history of slowly worsening communication, while struggling to manage family life, work and social relationships. They are often more isolated from services, such as speech and language therapy, than individuals with other dementia types, despite experiencing considerable frustration and distress around communication.

The services provided to this group are variable and, anecdotally, SLTs report using many different approaches. The first stage of my research is to survey current UK speech and language therapy practices. If you work with adults with neurological conditions and have seen someone with PPA in the past two years please complete my survey at: <https://opinio.ucl.ac.uk/s?s=42060>. Follow the project on Twitter @volkmer_anna or online at: <http://tinyurl.com/ze7dka3>

Anna Volkmer, NIHR Doctoral Research Fellow, UCL.

Email: a.volkmer.15@ucl.ac.uk

Definitely time to revisit equal pay

I would like to respond to points made in the replies to Pam Enderby's letter 'Time to revisit equal pay?' (Bulletin, November 2015, page 4).

In the first (Bulletin, December 2015, page 4) doubt is cast on whether our union (namely Unite) would fight another equal pay case. Having won once before, with a judgement agreed in the European Court of Justice, I cannot share this doubt. Moreover, as members of a union, we comprise the union and it is up to us to ask our union to defend this case. Consequently I have spoken to my regional Unite officer, who has agreed to add this item to the agenda of an imminent Unite health sector meeting.

In the second response (Bulletin, January 2016, page 4) differences in SLT training and qualification compared with clinical psychology and pharmacy were given as justification not to pursue the equal pay case. The equal pay case, however, was not based on level of qualification but on nature of job: speech and language therapy was deemed to be a 'job of equal value'.

The equal pay case achieved for speech and language therapy a raising of the pay ceiling in recognition of high standards of clinical professionalism. Yet, despite these standards having been maintained and even advanced, the pay ceiling for SLTs has come crashing down with the significant reduction in Band 8 posts.

I would therefore assert it is critical that we defend our equal pay claim and the standards of our profession in order that we continue to provide quality services for our service users.

Alex Marks, SLT. Email: aydashem@gmail.com

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European Day of
Speech and Language
Therapy



NW RCSLT
Hub study
day



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journal
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RCSLT challenges HEE student commission decision

Demand for speech and language therapy does not support reduction in student commissions in 2016-2017

The RCSLT is continuing to challenge Health Education England's (HEE) decision to decrease the number of speech and language therapy student commissions for 2016-2017 and workforce planning figures published in its 'Commissioning and investment plan' covering the same period.

Health Education England proposes a reduction in speech and language therapy commissions of 6%. This is disappointing given our detailed submission of evidence showing growing current and future demand for speech and language therapy, and workforce studies advising action to the contrary. The Centre for Workforce

Intelligence
(CfWI)
Speech
and



Language Therapy Stocktake, commissioned by HEE in 2014, recommended that speech and language therapy training commissions be held at 2013-2014 levels.

We are also challenging the calculations that underpin HEE's decision more widely.

Health Education England has forecast a 54.6% increase in the number of SLTs available to the NHS between 2015 and 2020. However, we neither recognise nor accept this figure. Again, we believe there is a discrepancy between HEE's figures and the workforce intelligence

that we currently hold, as well as inconsistencies between HEE's forecasts and the figures included in the CfWI's study.

We have been working with other members of the Allied Health Professions Federation to challenge the calculations that informed HEE's commissioning and investment plan. We have also written to ministers and senior civil servants about this topic and, working in partnership with supportive peers and MPs, we have tabled parliamentary questions and prompted political discussion on this issue.

We are now engaged in dialogue with the HEE chief executive regarding the calculations that informed their workforce modelling. We hope to work together to improve workforce planning in the future and strengthen their data collection process to help capture and consider both NHS and non-NHS data.

📍 **Rebecca Veazey, RCSLT Policy Officer**

SHUTTERSTOCK



Dyspraxia is the theme of this year's European Day of Speech and Language Therapy on 6 March. The day is the perfect opportunity to refresh your local Giving Voice messages and activities. So, take this opportunity to spread the message about the importance of speech and language therapy
📍 **Visit:** <http://tinyurl.com/jwqm45a>

Communication Choices: Hearing Link has joined forces with BT to create a new booklet to support people with hearing loss. 'Communication Choices: your hearing, your life' aims to support people through their hearing loss journey. It includes information about the types of assistive communications equipment and services available, including amplified phones, hearing loops and 'Next Generation Text' provided by BT.
📍 **Visit:** <http://tinyurl.com/j4lt5mh>

The Stroke Association has appointed a new chief executive to replace Jon Barrick who announced in July 2015 that he was stepping down after 12 years in the role. Juliet Bouverie will take up her new role on 20 June 2016. Juliet was formerly executive director of services and influencing at Macmillan Cancer Support and also worked for the British Red Cross.

Disability Matters is collecting evidence and case studies from young disabled people, parent carers and those who work or volunteer with disabled people to highlight the positive ways people are working with disabled children and young people; enabling inclusion; and making services accessible. Closes 11 March.
📍 **Visit:** <http://tinyurl.com/h4jycfh> or <http://tinyurl.com/hnk8fgz> (easy read version)



HCPC @The_HCPC

Download @The_HCPC's revised Standards of conduct, performance & ethics here <http://bit.ly/1PhEWiZ> #my_standards

Dawn Smith @Dawnmignon

Know your #value #rehabimprovers: 'acute services would fall down without the services of #rehab' @WeAHPs

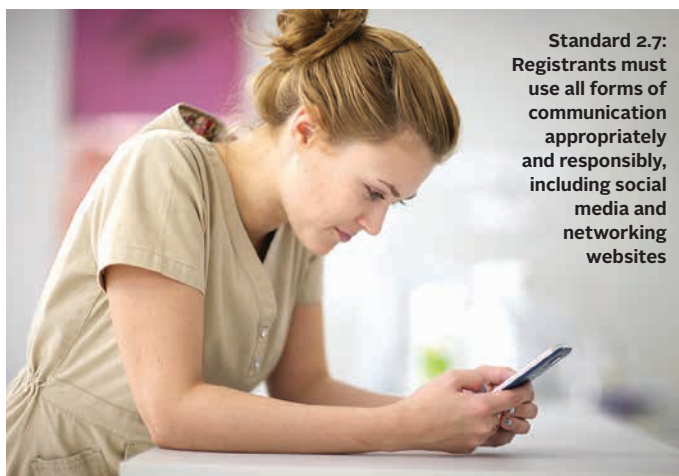
New HCPC standards of conduct, performance and ethics for SLTs

The Health and Care Professions Council (HCPC) published its revised standards of conduct, performance and ethics on 26 January.

The standards apply to the 16 professions that the HCPC regulates, including speech and language therapy, and set out in broad terms the behaviour that the HCPC expects. According to the HCPC, they reflect both the public's expectations of professionals and the high standards that professionals expect of each other.

The HCPC has made a number of revisions to the standards, including:

- A standard about reporting and escalating concerns about the safety and wellbeing of service users (standard 7).
- A standard about being open and honest when things go wrong (standard 8). Individuals are expected to tell service users and



carers when they become aware that something has gone wrong with the care, treatment or other services they provide and to take action to put matters right wherever possible. They are also required to consider making an apology and to make sure the service user receives an explanation

of what happened.

- Changes to the structure to improve their accessibility. According to the HCPC, the concise layout of the standards will ensure ease of understanding, particularly for service users and carers. Elaine Buckley, council chair of the HCPC, said, "We have produced revised standards

of conduct, performance and ethics to ensure they continue to be fit for purpose and up to date.

"We developed the revised standards through a broad range of activities with employers, partners, registrants and service users and carers, along with the formation of a Professional Liaison Group (PLG) and a public consultation."

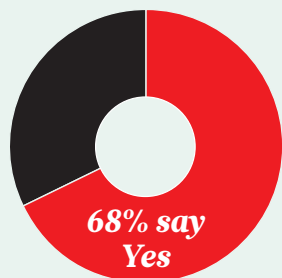
At the time of writing, the HCPC was planning to post copies of the new standards to all registrants.

📍 Visit: <http://tinyurl.com/jwaje6u>

The RCSLT will respond to publication of the revised HCPC standards by launching Communication Quality (CQ) Live in Spring 2016. This set of online guidance and resources will support SLTs to deliver high-quality services that integrate the HCPC standards.

RCSLT Web Poll
Have your say...

Are you using an outcome measures tool to show the effects of your interventions?



VISIT: WWW.RCSLT.ORG

NW Hub talks resilience

Clinical excellence and resilience for SLTs are the topics for discussion at the North West RCSLT Hub event that will take place on 16 March at the University of Manchester (UoM).

Aimed at practitioners, including SLTAs, the event will build on the RCSLT goal of strengthening the resilience and responsiveness of the speech and language therapy workforce.

During the first session, NW Mainstream Schools CEN Chair Louisa Reeves, UoM's Dr Sean Pert, and Cumbria and Lancashire's Allied Health Professions Research Network Chair Dr Hazel Roddam will look at 'How to build and maintain professional networks for clinical excellence and collaboration'.

Leicestershire Partnership NHS Trust's Head of

Communities Mark Roberts and Janet Harrison, RCSLT England hub representative and service group manager, Leicestershire Partnership NHS Trust, will discuss 'Entrepreneurial leadership and community'.

Julie Hickton, principal of Natures Coaching, will also focus on 'Strategies to adopt an individualised, proactive and sustainable approach to managing your resilience'.

Before the event, consider how the clinical excellence network(s) (CEN) you belong to could assist you in your continuing professional development, how you currently engage with the CEN and how you would like to be able to engage with the CEN. To gain insight into your personal resilience and how different situations at work impact on your resilience, complete a free online resilience questionnaire: www.robertsoncooper.com/iresilience

📍 Book your place online: <http://tinyurl.com/z2fv72a>

Follow: @NWestRCSLTHub #SLTValueNW

Kathryn Stinton @kathrynstinton2

Thanks to @RCSLT for a great venue for my 3 day @ElklanTraining + to my 15 participants for your dedication and enthusiasm.

Giving Voice Choir @givingvoicelds

Thanks for the feature in this month's rcslt bulletin! @RCSLT @GivingVoiceUK @lch_engage @LCHNHSTrust



John Bercow (centre) with members of Roberta's family

New centre honours Roberta Williams

The Rt Hon John Bercow MP, speaker of the House of Commons and RCSLT vice president, paid tribute to the life and work of Professor Roberta Williams when he opened a new clinic named in her honour on 19 January.

Roberta died in 2015, having worked as an SLT at City University London for more than 30 years. The new Roberta Williams Speech and Language Therapy Centre will provide a comprehensive range of services and educational resources in

language sciences.

The centre offers a range of innovative intervention services. Current work is involving people with aphasia, Parkinson disease and stammering. There is also a specialist assessment service for deaf people with language impairments and the centre aims to be active in research and provide quality supervision and training for speech and language therapy students. See page 27 to read Roberta's obituary

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

Kathryn joins the Outcomes Project Team

The RCSLT would like to welcome Kathryn Moyle as our new outcomes project officer. Kathryn will contribute to the work on outcomes already underway, which is focusing on how the profession can



demonstrate the long-term positive impacts of speech and language therapy on the lives of people with speech, language, communication and swallowing needs.

The RCSLT Outcomes Project Team is currently in the process of piloting a web-based tool for collecting and collating outcome data using the validated outcome measure: Therapy Outcome Measures – Core

Scale (TOMs).

Kathryn says, "Getting involved with the outcomes work at the RCSLT is a really exciting opportunity and I'm looking forward to working with our members across the UK as part

of the Outcomes Project. Achieving consistency with how we measure outcomes as a profession will be critical in capturing the impact speech and language therapy has on people's lives."

📍 **Find out more about the RCSLT's work on outcomes. Email:** kathryn.moyle@rcslt.org **or visit:** www.rcslt.org/members/outcomes/outcomes



MARIA LUSCOMBE & KAMINI GADHOK

GET TO KNOW YOUR RCSLT WEBSITE

Have you taken time to look at the RCSLT website lately? As we pointed out in last month's Bulletin ('Game-changing resources', pages 12-14), while we are in the process of developing our new website, the RCSLT is creating new, and refining existing, online information and resources to help promote excellence and support the speech and language therapy profession.

From your responses to the RCSLT membership survey in 2014 and subsequent conversations we have had with individual members, we are very much aware that we need to continue to highlight what is already available on our website and flag up new content as it arrives.

This is particularly the case in the context of members who need to respond to cuts in services or service redesign (www.rcslt.org/members/support_for_services). It is also important for those seeking the latest evidence of what works to inform models of service delivery and identify evidence-based interventions (www.rcslt.org/clinical_resources/Topic_areas).

In this age of rapidly-developing communication technology, and the ability to update information and keep things 'live' and responsive, we will continue to invest in the RCSLT website as our primary 'go to' source of information and support.

While we recognise that many members are often busy reacting to inevitable workplace pressures, we would encourage you all to check the RCSLT website regularly and familiarise yourselves with the wealth of information that is available there. In this way you will be better able to be proactive and you will also have vital information at hand when you need it.

Remember, the Bulletin also carries regular updates on upcoming online resources and each issue features hyperlinks to take you directly to the appropriate section of the RCSLT website. If you are unable to find what you are looking for, please email: info@rcslt.org and we will be very happy to help. ■

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

SLTs shine at NI Advancing Healthcare Awards

Outstanding speech and language therapy projects pocket coveted AHP honours

The 2016 Northern Ireland Advancing Healthcare Awards have recognised the achievements of three outstanding speech and language therapy-focused initiatives.

Instigated by the Department of Health, Social Services and Public Safety (DHSSPSNI) in 2014, the awards – exclusively for allied health professionals (AHPs) and those who work with them in support roles – aim to encourage innovation, team working, new ways of delivering care and the highest standards of practice.

Lorraine Coulter, speech and language therapy clinical coordinator for education, and Anne McKeever, lead SLT at South Eastern Health and Social Care Trust, won the DHSSPSNI award for ‘new approaches to health and wellbeing, working with communities’. They created a schools-

based service that has helped primary-age children access the help they need without delay. The judges were impressed by the impact of setting the service within schools to speed up access to urgently needed help, especially for hard-to-reach children.

Belfast Health and Social Care Trust (BHSCT) Coordinator of Multidisciplinary Services Felicity Dickson and Clinical Lead SLT Anita Harron won the Public Health Agency award for contributions to public health. Together, they have developed an accredited training course to upskill classroom assistants so they can provide early support for children who are struggling at school. The judges liked the way the project showed great partnership working across professions and sectors, with huge potential to extend it to other schools.



Lorraine Coulter (left) and Anne McKeever collect the award for ‘new approaches to health and wellbeing, working with communities’

Angela Crocker and Suzanne Smith, SLTs at BHSCT, were winners of the Health and Social Care Board award for ‘inspiring the next generation of AHPs’. The pair developed an interactive e-learning programme to raise awareness of the risks associated with swallowing difficulties. The judges were impressed by the way this innovative e-learning package has been able to equip staff in this crucial area of helping patients with swallowing difficulties.

📍 Visit: <http://advancinghealthcareni.co.uk/index>

RCSLT online resource of the month

Policy bulletins

The RCSLT’s weekly monitoring bulletins are now available online. The bulletins keep members up to date with the latest developments relating to speech and language therapy. They provide weekly monitoring updates, policy summaries and associated papers.

📍 Visit: www.rcslt.org/governments/policy_bulletin



Take part in audit of intermediate care

The National Audit of Intermediate Care (NAIC) 2016 is now open for registration and all commissioners and providers of intermediate care services within the UK can participate.

Launched in November 2011, the NAIC is a partnership that includes the College of Occupational Therapists, the Royal College of Physicians, the Royal College of Nursing and the Benchmarking Network. The RCSLT became a partner in 2013. The partnership aims to understand how best to support older people at vulnerable times, particularly when

they are at risk of hospital admission or being discharged from hospital.

According to the NAIC, “The role of intermediate care services that support older people with dementia, multi-morbidity, and/or frailty cannot be overstated. They are vital to improve or maintain the independence of these groups of older people and to avoid unnecessary hospital admissions and/or provide effective support for people leaving hospital.”

Now in its fifth year, the NAIC aims to take a whole system view of the effectiveness of

intermediate care, to develop quality standards and patient outcome measures and to assess local performance against the agreed, national standards. Identification of potential productivity gains in intermediate care and linked potential cost savings in secondary care are key outputs of the project. The Department of Health and NHS England welcomed the 2012 and 2013 reports as important contributions to the understanding of how intermediate care services have developed nationally.

📍 Data collection will take place between May and July 2016 with reporting in November 2016. Visit: <http://tinyurl.com/zs76k6x>

160

girl guides took part in the University of Manchester's Giving Voice workshops

81%

of stroke patients assessed by SLTs within 72 hours in Wales



Derek Munn

COLUMN

RCSLT at the heart of Scotland legislation decisions

The Scottish Parliament has backed legislation changes that will give the people of Scotland the right to access voice equipment on the NHS.

Holyrood's health committee supported the government's amendment to the Health Bill on 26 January. Introducing the amendment, Public Health Minister Maureen Watt said the government was undertaking 'operational improvement work' with the RCSLT and would fund the Euan MacDonald Centre for Motor Neurone Disease (MND) Research to pilot voice banking at three NHS sites from April.

RCSLT Head of Scotland Office Kim Hartley Kean said, "The RCSLT welcomes the legislation as it creates a legal duty on agencies to provide both communication equipment and the support – such as speech and language therapy – that people need to use that equipment. This is great progress for Scotland, but we will need to ensure the resources are available to make it 'real'.

"The RCSLT and the augmentative and alternative communication (AAC) collaborative we are campaigning with, including Gordon Aikman and MND Scotland, asked for more in the legislation. We already have early talks planned with government to ensure they get the directions establishing quality AAC services right and to get these implemented as soon as possible.

"Look out for more information on the national AAC operational improvement lead post in the next few months."

Meanwhile, RCSLT amendments linking socio-economic disadvantage, speech, language and communication, and

development and inequality of outcomes were the focus of the stage three debate on the Education (Scotland) Bill on 2 February.

Parliamentary Liaison Officer George Adam MSP (SNP) tabled and spoke to the amendments, which gained cross party support (Labour, Liberal Democrat and Conservative).

After watching from the public gallery Kim said, "What I heard from the cabinet secretary for children and young people, Angela Constance MSP, was that she was grateful for the sensitive presentation of issues, understood the concerns raised and knew that many children living in poverty may need communication support."

Kim added that the cabinet secretary said that in this context she 'would expect ministers and local authorities to consider SLC when seeking to meet their duties', that statutory guidance will reflect the points raised and that she will engage the RCSLT in opportunities to inform that guidance.

The cabinet secretary also committed to a communication summit to get partners together to build on what is happening.

Kim said, "I think this is really good progress in the right direction for the children and young people with very high risk of needs that the bill is about."

She added that she will wait for the verbatim report then arrange to start work with the government on statutory guidance and the communication summit, working closely with the RCSLT SLT Leaders Network.

Visit: www.rcslt.org/governments/scotland to read more about the RCSLT's campaigning work in Scotland

ON THE RECORD: COMMUNICATION

We have had a good month getting communication on the record across the UK. You can read on this page and elsewhere in the Bulletin about progress in Scotland on two fronts: recognising speech language and communication in the guidance to the Children and Young People (Scotland) Act; and legal support for augmentative and alternative communication as part of a Bill going through the Scottish Parliament.

Meanwhile, as we went to press news came from Northern Ireland that the Department of Health, Social Services and Public Safety had accepted the need for the Mental Capacity Bill, currently in passage, to more clearly state the requirement for help and support to communicate.

The bill will be amended, in the Northern Ireland Government's words, 'to make clear on the face of the Bill that help and support must be given to enable the person to communicate his or her decision' and elsewhere 'to bring out the point that help and support must be given to enable the person to communicate his or her decision'. The RCSLT's written and oral evidence had focused on ensuring that a person is not wrongly judged to lack mental capacity because their communication needs are not recognised and met.

A longstanding parliamentary friend of the RCSLT, Lord Quirk (he was RCSLT president from 1987-1991) raised in the House of Lords the reduction in speech and language therapy student places in England next year. He obtained a ministerial statement of the value of speech and language therapy in stroke care – on the record.

We are pleased to see an £80m boost for the implementation of the special educational needs and disability reforms in England. However, we will continue to gather evidence where children with speech language and communication needs are being disadvantaged. ■

"Lord Quirk obtained a ministerial statement of the value of speech and language therapy in stroke care"

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

Guides reflect on Giving Voice

In October and November 2015, teams of University of Manchester speech and language therapy students, led by myself, held communication awareness workshops in nine Girlguiding units in Bolton, in support of the RCSLT's Giving Voice campaign and children's communication charity, I CAN.

More than 160 girls, aged between 5-14 years, participated in the workshops at which they engaged in various activities and games that required them to communicate without talking. We encouraged the girls to use various alternative means to get their messages across, including using gesture, facial expression and drawing.

These activities led to discussions on what it might be like and how it might feel to have difficulties using language on a daily basis. Girls of all ages commented on how frustrating, confusing and upsetting it might be to have a communication impairment; reflecting on how this might impact on sharing information and expressing emotions, as well as forming relationships with family and friends.

Speech and language therapy students involved in the project felt participation not only gave them an opportunity to learn more about the Giving Voice



campaign, but also to develop skills working with children, delivering workshops about communication difficulties, as well as various interpersonal and professional skills crucial in the workplace.

We aim to continue to support I CAN and Giving Voice throughout the year at fundraising and awareness-raising events, including our annual ball in June.

Lusanda Donnelly, Project Leader and 4th Year SLT Student

Award for Durham duo

Speech and Language Therapist Susan Stewart and Practice Improvement Officer Sarah Caden have won a Butler Trust Award in recognition of their work at the County Durham Youth Offending Service (CDYOS) supporting the speech, language and communication needs of young people who offend and young victims of youth crime.

First launched in 1985, the Butler Trust annual awards celebrate outstanding dedication, skill and creativity by people working in prisons, probation and youth justice settings across the UK.

According to CDYOS Strategic

Manager Gill Eshelby, "The catalyst for the work was national research which suggests that 60-90% of young people in the youth justice system have speech, language and communication needs."

The CDYOS's countywide manager Dave Summers added, "Together they [Susan and Sarah] have brought leadership, energy, creativity, innovation and teamwork [and] transformed how we, as a service, work with young people who offend and young victims of youth crime."

© Visit: www.butlertrust.org.uk

NI law changes SEN provision

The Northern Ireland Assembly passed new legislation in January, which promises to put the views of children at the centre of special educational needs (SEN) provision. The Special Educational Needs and Disability (SEND) Bill, when enacted, will ensure the views of the child are considered as part of the discussion about their needs; that every child with SEN will have a personal learning plan; and that there will be increased cooperation between education and health in identifying, assessing and providing services to children with SEN. When enacted, the legislation will make it a duty of the education authority to consider the views of the child when making decisions about their special educational needs.

© Visit: <http://tinyurl.com/ht4gr2m>

Stroke survival increases in Wales

More people in Wales are surviving and fewer are dying from stroke, according to the third all-Wales annual report for stroke. The report shows that, based on a three-year average, Wales has seen a fall of more than 1,000 deaths per year between 2003-2005 and 2012-2014. The number of patients admitted to a stroke ward within 24 hours has also continued to improve – from 50.1% in April 2014 to 75.4% in March 2015. Since 2013-2014, the percentage of patients assessed by SLTs within 72 hours has increased from 71% to 81%. The report highlights areas where there needs to be continued improvements. These include the ongoing development of early supported discharge services and community rehabilitation, and increasing the number of stroke patients assessed within six months of discharge.

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Think Autism progress

The Department of Health has published the progress report on 'Think Autism' – the updated strategy for adults with autism in England. Think Autism updated the 2010 Cross Government Autism Strategy in April 2014. The progress report sets out what has been achieved since then and details 31 new actions to continue to help local areas implement the autism strategy. It sets out how people with autism are being helped to live as full and independent lives as possible, including reforms to the special educational needs and disability system; support with employment opportunities; better awareness of autism within the criminal justice system; and the use of information and data by local authorities and their partners.

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Roz Tomes

Opinion

Roz Tomes looks at the impact of the media on perceptions of stammering

Stereotypes in stammering



ILLUSTRATION Trina Dalziel

The negative stereotyping of people who stammer (PWS) has been well documented since the 1970s. Yairi and Williams (1970) noted that SLTs often classified dysfluent children as nervous, anxious and withdrawn, and subsequent research has found these traits to be a common perception held by the general public (Flynn and St Louis, 2011; Kirsch, 2006). This suggests a widespread stereotype of PWS (Mackinnon, 2007).

When researching how these perceptions are formed, many articles focus on the effects of personal experiences. However, Mackie et al (1996, p21) suggest that alongside peers and family

members, the media is the 'most powerful transmitter of cultural stereotypes' in Western society.

The media frequently portrays PWS as weak, mocked and even villainous (Kuster, 2011). Johnson (2008; p259) coins this phenomenon 'a visual shorthand for weakness', allowing producers an easy way to evoke insecurity, nervousness or weakness, without spending time developing these traits. Broadcast media portrayals may, therefore, be fundamental in forming perceptions of stammering.

I conducted a qualitative study to explore participants' perceptions of PWS, elicit common themes within these perceptions and compare

these themes to how the media has typically (negatively) characterised a person who stammers. I recruited 15 participants (including friends and family) who were over 16 years of age and did not have a history of stammering. I first showed them a short clip from the film 'My Cousin Vinny'. This features a lawyer who is unable to defend his client due to a severely exaggerated stammer. In the clip, the jury and client consequently exhibit negative reactions to the lawyer's speech. This exposed the study participants to a negative representation of stammering. I then gave them a questionnaire exploring their own perceptions.

Once completed, participants viewed a clip from the 'King's Speech', which displays a more 'positive' portrayal of stammering (in an attempt to counteract any negative influencing caused). Participants then reviewed their original answers to ensure they had recorded their opinions accurately. Finally, I examined the responses using thematic analysis (Braun and Clarke, 2006), creating three main titles: 'Perceptions of stammering', 'Responses to stammering' and 'Media representations'.

'Perceptions of stammering' revealed that many participants have negative perceptions of PWS – ranging from imposed internal traits (eg, being nervous/self-conscious) to exterior aesthetics (being unattractive). Participants seemed to accept the negative portrayal shown within the initial media clip and applied this across both fictional and non-fictional boundaries.

However, 'Responses to stammering' varied across participants, forming two groups – those who felt the clip displayed unrealistic responses and those who felt it accurately mirrored how listeners would react in real life situations. However, the majority agreed that regardless of how (un)realistic responses were, they were inappropriate

in today's society. 'Media representations' suggested they were also aware that PWS are often cast in minor roles displaying dramatic representations of the speech impairment. This revealed an understanding that fictional characters may not represent PWS in real life, leading to an expressed desire for change in how society responds to these individuals.

This brief research proposes a correlation between perceptions of PWS and negative media influencing. I also noted scope for amendments in the way an audience responds to stammering. This suggests a need for further investigation to measure the extent of media influencing upon perceptions, and if 'positive' portrayals could potentially alter current (negative) perceptions for the better. If the latter is true, broadcast media could become an invaluable tool for SLTs to use when educating communication partners for PWS. ■



References & resources

- Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006; 3:2, 77-101.
- Flynn T, St Louis K. Changing adolescent attitudes toward stuttering. *Journal of Fluency Disorders* 2011; 36, 110-121.
- Johnson J. Visualisation of the twisted tongue: Portrayals of stuttering in film, television and comic books. *The Journal of Popular Culture* 2008; 41:2, 245-259.
- Kirsch D. *Adolescent perceptions of their peers who stutter*. Dissertation, University of Oregon, 2006.
- Kuster JM. At long last, a positive media portrayal of stuttering. 2011. <http://tinyurl.com/juqfryv>
- Mackie DM, et al. Social psychological foundations of stereotype formation. In: Macrae CN, Stangor C, Hewstone M. (Eds.) *Stereotypes and stereotyping*. New York: The Guilford Press, 1996.
- MacKinnon SP, Hall S, Macintyre PD. Origins of the stuttering stereotype: Stereotype formation through anchoring adjustment. *Journal of Fluency Disorders* 2007; 32:4, 297-309.
- Yairi E, Williams DE. Speech clinicians' stereotypes of elementary-school boys who stutter. *Journal of Communication Disorders* 1970; 3, 161-170.



The Aphasia Research Collaboration

Simon Horton and colleagues describe how stroke survivors and speech and language therapy students collaborate on research at the University of East Anglia

ILLUSTRATION BY Andrew Gibbs/Sodavekt

Speech and language therapy students need to learn about research in ways that enable them to gain knowledge of research principles. They also need to develop an understanding of the role of research in everyday practice and have practical opportunities to develop research skills (RCSLT, 2010). We have learned in recent years how the involvement of experts by experience – Patient and Public Involvement (PPI) – can improve the quality and impact of research at all stages (INVOLVE, 2014).

The School of Health Sciences at the University of East Anglia (UEA) has developed a thriving service user involvement programme over the past 10 years. People with aphasia (Norfolk Conversation Partner trainers), who initially focused on student conversation partner training (Swart and Horton, 2015), have become involved in research (eg Horton, Bell and Watson, 2013) and wider involvement activities in the school. This aligns with the requirements of the new Health and Care Professions Council (HCPC) standard for education and training (SET) on the involvement of service users.

We saw an opportunity to work in collaboration with members of this group to enable students to gain practical experience of PPI in research during their third-year

SLT undergraduate dissertation projects. We invited members of the group to join students in a research collaboration, with the aim of providing students with hands-on learning about PPI, and opportunities for conversation partner trainers to become involved in research.

The Aphasia Research Collaboration (ARC)

Four students took part and formed a research team with seven people with aphasia as co-investigators, led by myself as principle investigator (PI). We invited Amander Wellings, an experienced PPI representative and INVOLVE member, to act as PPI mentor and consultant.

Before the start of the academic year 2013–2014 we gave members with aphasia three topics to consider – aphasia and information technology, public awareness of aphasia, and

aphasia therapy/aphasia self-help.

At the first meeting members divided into two teams, each of which had chosen a topic to study and discuss. In subsequent meetings, the teams developed a more specific focus for each project: aphasia and internet access (ARCADIA) and awareness of aphasia in schools (ACCESS). Each team developed research questions, protocols and applications for ethical permission, and finally carried out the research. The Faculty Research Ethics Committee granted ethical permission for each project, as well as for the study of the ARC initiative as a whole.

We used an ethnographic approach (Hammersley and Atkinson, 1995) to study PPI and stakeholder experience. Methods included participant observation of the six all-member group meetings over the course of the ARC; use of individual notes and records of group work and meetings; six one-to-one semi-structured interviews with group members; and an end of project group interview. We also used a PPI involvement tool, developed by Amander – Amander’s Levels of Patient and Public Involvement Significance (Wellings, 2014) – on three occasions to reflect on our involvement.

Thematic analysis

We brought together these sources of data, using thematic analysis (Attride-Stirling, 2001) worked up into four main themes (table one).

Over the course of the project all participants were able to appreciate the importance of strong, balanced relationships and how these can impact on the success of collaboration. Those with severe communication difficulties needed others to be respectful of the facts they required time and appropriate support to ensure they could contribute. In the early stages, while all members were adjusting to their roles there was evidence of frustration among some members.

With time, all participants began to truly »

“Getting the most out of reflective practice was challenging, particularly for those new to the process”

» understand the need for collaboration. Members with aphasia were able to use their personal experiences to contribute constructively to identifying areas for research.

However, all participants reflected that a successful team needs members to combine strengths with limitations, addressing barriers and finding ways of sharing contributions for positive outcomes. For example, an experienced researcher supported two of the service users in conducting face-to-face interviews in the ARCADIA study, taking notes and becoming involved to clarify and explain when called on.

Producing a successful collaboration of inexperienced researchers and service users with aphasia took careful planning. Mentoring was seen as an asset, supporting the development of individuals and teams. Leadership style aimed to balance non-directive discovery-based learning with awareness of the need for efficient project management.

We had to ensure we adhered to research protocols and that all processes were completed in a timely way, inevitably leading to some less-than-inclusive practices, such as the use of email, where not all members had access.

It was evident that all involved wanted to do something to make a difference. Members felt they had undertaken a journey, with the two groups delivering ‘results’ through co-produced research, capitalising on strengths (eg, service users’ existing trusted relationships with community groups); but also voicing disappointment that, for example, there was a poor response from participant groups in the ACCESS project.

ARC learning

Service users as collaborators in research – especially those with particular involvement needs – must be supported through adequate time and resources (Steel, 2005). Time, in particular, was a scarce resource. This was often observed as a barrier to complete and integrated collaboration. In the early stages, especially, when members were strangers to each other, relationships and mutual trust needed more time to develop. Meaningful involvement took courage and tenacity on the part of all members.

Those new to an active role in research found the scope of their projects was limited by the resources available. They learned about the need to find a small, well-defined focus, rather than trying to ‘change the world’.

Taking time as a group to reflect on the collaborative process helped to serve as a guide for future action. Reflective practice was introduced to the team, but getting the most out of reflective practice was challenging, particularly for those new to the process. Time for reflection should be built into collaborative research projects such as these.

There was a unanimous view that next time the ARC should focus on one topic or project for the whole group. We reconvened the ARC for 2015–2016 with many of the now experienced members and a new cohort of students. We are now using a participatory action research approach to develop a new focus on asset-based approaches to living with aphasia. ■

Simon Horton, Speech and Language Therapy Lecturer, School of Health Sciences, University of East Anglia. Norfolk Conversation Partners – Colin Bell, Sue Knox, Michael Lovelock, David Orr, Jackie Poynton, Linda Watson, Doreen Yourglivch. SLT students – Nicola Crow, Elaine Duffy, Lucy Holden, Sarah Ward. Amander Wellings, PPI consultant

See page 28 for references

Table one: Descriptive comments on the data obtained

Main themes	Commentary	Illustrative quotes (participant initials)
Enabling opportunities for inclusion	<ul style="list-style-type: none"> • Positive partnerships created through valued contributions. • Enabling everyone to contribute was challenging but helped identify strengths in the group. • Supporting communication in the team or in data collection vital. • Relationships and trust needed time to develop. • Collaboration was a positive learning experience for students and PWA alike. 	<ul style="list-style-type: none"> • “I found it uplifting to work with people with aphasia as equals” (NC) • “Working together strengthens quality” (LW) • “One member seemed to be aware of another’s tendency to keep on speaking and has struggled to be involved” (notes) • “Having our voice heard can provide everyone involved with a learning experience” (DO)
Developing and growing	<ul style="list-style-type: none"> • Hearing seldom-heard voices provided opportunity for ideas to be developed and investigated. • Equality and collaboration achieved through opportunities to contribute. • Team working and clear rules essential for data collection. • More time was needed to practise data collection methods. 	<ul style="list-style-type: none"> • “When you are like us you worry that other people don’t care or want to hear what you have to say” (DO) • “PWA highlighted clear areas ... which they felt warranted further research” (NC) • “This was the first time I’ve interviewed with PWA” (ALPS)
Support systems for involvement	<ul style="list-style-type: none"> • A mentor was able to provide perspective and make ideas achievable. • Equitable communication and inclusion were challenging – time was a significant factor. • Keeping it simple is good practice. • Not enough time to make notes or reflect on the process of co-production. 	<ul style="list-style-type: none"> • “We need to be attentive... enabling involvement and not letting collaboration drift” (SH) • “External mentoring has been extremely helpful” (LH) • “Problems with email as an inclusive strategy” (ALPS) • “The most capable get heard” (notes) • “Inadequate minutes and reporting back to the group” (ALPS)
Making a difference	<ul style="list-style-type: none"> • Group members reflected on benefits and challenges of collaborative research. • ARC collaboration provided insights into the negative and positive realities of research. • Members took part in a collective journey which gave valuable personal insights. 	<ul style="list-style-type: none"> • “We have collected valuable data and can make a difference” (ED) • “Actually, I feel I can help these young people achieve their objective” (DO) • “I’ve been reined in... I want to change the world – need to start off with bite-sized chunks” (LW)

NUTRICIA Nutilis Clear



Which one would you choose?

- Transparent results
- Simple to use
- Thickens rapidly and does not continue to thicken¹
- Now available in sachets

MAINTAINS ORIGINAL APPEARANCE OF DRINKS

Although gum-based thickeners (GBT) have many benefits over traditional starch-based thickeners (SBT) – including superior appearance, texture, and palatability (Mills, 2008) – managing a trust-wide transition to a new thickening agent can be daunting to a speech and language therapy service. The changeover can present safety issues, because fluids thickened with GBT behave differently to those thickened with SBT. We would like to share our experience of managing such a transition.

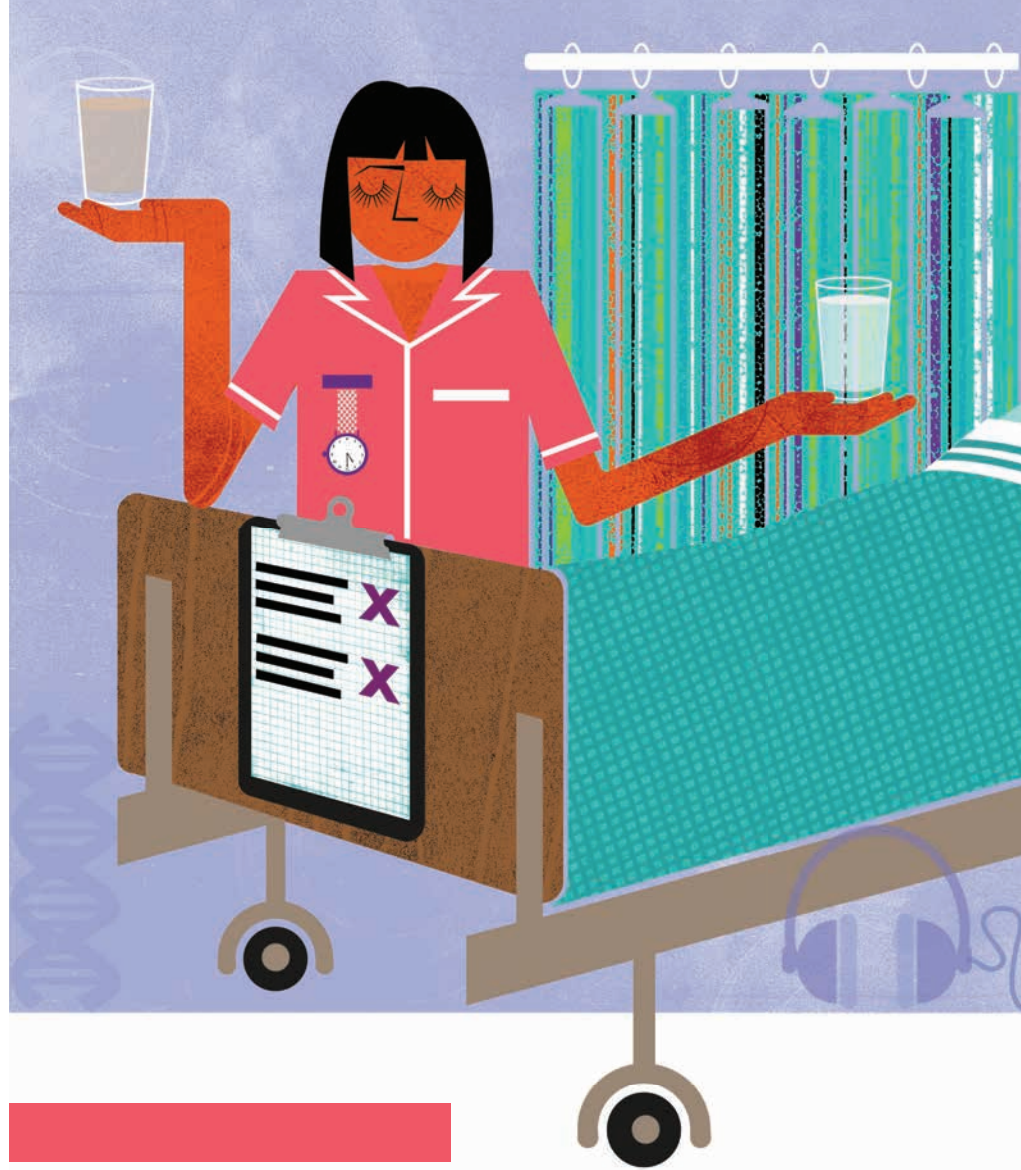
Improving hydration

Thickened fluids are a widespread recommendation for dysphagia management (Castellanos et al, 2004). However, many SLTs note that their patients dislike thickened fluids, especially in thicker consistencies (Garcia et al, 2005). This not only reduces quality of life, but places individuals at higher risk of dehydration and its consequences, due to reduced fluid intake (Whelan, 2001). Developing ways to make thickened fluids more acceptable to patients, therefore, has the potential to improve overall health outcomes by improving hydration.

GBT benefits

Drinks prepared with GBTs look and taste better than those prepared with SBTs (Mills 2008; Lotong et al, 2003). Additionally, GBTs have been shown to maintain their texture more effectively than SBTs over time, across temperatures and types of drink (Garcia et al, 2005), and even when mixed with saliva, because of its higher resistance to salivary amylase (Vallons et al, 2014). Superior maintenance of texture, appearance and taste ought to increase both patient satisfaction and safety aspects.

In March 2015, we moved from an SBT to a GBT product throughout the East Sussex Healthcare Trust. We were concerned that the transition could pose a risk because the recommended method of mixing the GBT was different to the previous thickener, which hospital staff were accustomed to. There was a risk that staff familiar with preparing drinks using a SBT might use the incorrect amount of powder or method of mixing, resulting in a drink that was too thick or lumpy and which compromised patient compliance and safety.



Shaken and stirred

Amy Schiwitz and Anita Smith talk about their trust's transition to a gum-based drink thickener

ILLUSTRATION BY **Rose Lloyd**

We were also concerned that the method recommended on the packaging of the new thickener was impractical for our local situation. The instructions recommend to first add the powder to the cup, then to pour the drink over the powder while stirring. In our opinion, this method was not practical within our acute hospitals, because a housekeeper typically prepares the drinks and a nurse or healthcare assistant thickens them later.

To mitigate the risks associated with the transition, we decided to determine which methods of mixing with GBT were best suited for our hospital environments and provide training to ensure hospital staff were able to prepare thickened drinks using the thickener in a safe and effective way.

Texture and viscosity

The speech and language therapy team worked in collaboration with the GBT manufacturer to ensure agreement regarding the texture and viscosity of various drinks mixed with GBT with different techniques. We experimented collectively to determine which mixing methods were acceptable, practical and palatable for various types of drinks, and compared all methods to mixing with an SBT. We agreed that three methods resulted in a consistently smooth drink:

- Adding thickener first then fluid (the manufacturers' recommendation).
- Stirring while adding the thickener to the fluid.
- Using a shaker – however, stirring after adding thickener to the fluid resulted in a lumpy drink.



Water thickened with a starch-based thickener (left) appears cloudier than that thickened with a gum-based thickener

methods for mixing GBT (with emphasis on the differences in mixing techniques) and special instructions for specific drinks. We did not formally measure the effects of training due to time constraints of the ward environment.

Assessing staff opinion

In order to assess staff opinions of the new thickener and their views on patient compliance, we personally surveyed 96 nurses and healthcare assistants on 19 wards.

Overall, the responses were generally positive for the GBT versus the SBT. 79 respondents preferred the GBT for appearance and ease of mixing, and 60 reported that they felt their patients would consume more of the GBT-thickened drinks.

Our survey results highlighted some further areas for improvement. For example, 41 of survey respondents indicated they do not always have access to thickener when needed. We therefore plan to look at the appropriate use and availability of thickening agents within the hospitals. We also noticed respondents said they had not received our training, indicating it was not being cascaded as we had hoped. Given this

We judged the second method to be the most practical method for the hospital environment while still resulting in a smooth drink of an appropriate consistency. We found the GBT to thicken a variety of drinks to a comparable consistency. The team agreed the appearance and taste of all drinks mixed with the GBT were superior to that of the SBT.

Unfortunately, it was not practical to ask our patients about the taste and appearance of GBT-thickened drinks. Most would not have had experience with both GBTs and SBTs in order to make the comparison, and as an acute service it would not have been possible to prescribe them with two types of thickener within the scope of this project.

Staff training

We developed a short training package for nurses and healthcare assistants to increase their awareness of the transition, and to improve their knowledge and competence in preparing and using thickened fluids for dysphagia. We delivered the training to 17 hospital wards in 15-minute sessions, repeated two to four times per ward in order to make training available to as many staff members as possible. Between one and five staff members typically took part in each 15-minute session. Ward staff agreed to cascade the training to their colleagues. Each session covered the advantages of GBTs over SBTs, acceptable

we have considered alternative ideas for staff training, including providing visual signage in relevant areas of the hospital to reinforce our key messages; e-learning so trainees can complete the training in their own time; and ward staff organising their own study sessions.

This brief audit suggests patients with dysphagia will benefit from the use of a GBT for thickening fluids. We can expect a higher patient quality of life, increased hydration, and overall improved health, as well as higher staff compliance with recommendations because they perceive GBTs to be superior product to SBTs. ■

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References & resources

- Castellanos V, et al. Use of thickened liquids in skilled nursing facilities. *Journal of the American Dietetic Association* 2004; 104, 1222-1226.
- Garcia J, Chambers E, Molander M. Thickened liquids: practice patterns of speech-language pathologists. *American Journal of Speech-Language Pathology* 2005; 14, 4-13.
- Lotong V, et al. Texture and flavor characteristics of beverages containing commercial thickening agents for dysphagia diets. *Journal of Food Science* 2003; 68, 1537-1541.
- Manz F. Hydration and disease. *Journal of the American College of Nutrition* 2007; 26, 535-541.
- Mills R. Dysphagia management: Using thickened liquids. *The ASHA Leader* 2008; 13:14. DOI: 10.1044/leader.FTR3.13142008.12. <http://leader.pubs.asha.org/article.aspx?articleid=2289703>
- Vallons K, Helmens H, Oudhuis A. Effect of human saliva on the consistency of thickened drinks for individuals with dysphagia. *International Journal of Language and Communication Disorders* 2014; 50:2, 165-175.
- Whelan K. Inadequate fluid intakes in dysphagic acute stroke. *Clinical Nutrition* 2001; 20, 423-428.

“Many SLTs note that their patients dislike thickened fluids, especially in thicker consistencies”

The Buckinghamshire remote therapy project

Alys Mathers evaluates the remote delivery of a speech and language therapy service to mainstream schools

ILLUSTRATION BY Alice Rebecca Potter

Demand for children's speech and language therapy services in Buckinghamshire is increasing, with approximately 4,000 service users seen by 50 whole-time equivalent therapists at any one time. Travel time and costs are high, and therapists often cannot schedule sessions at the most convenient times for children and schools. Children, parents and schools have all expressed that they would like a greater degree of flexibility in when and how we deliver therapy. Buckinghamshire County Council has provided funding to develop innovative solutions to address these issues. Since Spring 2013, the Bucks SLT Assistive Technology Team (including two SLTs and an SLT Assistant) has been working on two projects; a new website (www.oxfordhealth.nhs.uk/slt-bucks) and the remote therapy project.

Video-conferencing tools

Internationally, video-conferencing tools such as Skype are used to deliver speech and language therapy remotely (ASHA, 2015). Existing research into remote therapy has examined efficacy in delivering specific interventions (eg, targeting articulation disorders – see literature review by Edwards et al, 2012; Lidcombe program, O'Brian et al, 2014). Matthews et al (2012) investigated delivering therapy via Skype as part of a private speech and language therapy service. There is, however, a lack of evidence relating to delivering a mainstream

schools speech and language therapy service remotely (Edwards et al, 2012).

In Spring 2015, the Buckinghamshire Children's Speech and Language Therapy Service evaluated the use of Skype to deliver one-to-one therapy sessions in primary and secondary schools. We aimed to:

- Identify whether student progress towards their therapy targets was comparable to that with face-to-face therapy sessions (using therapist and student-rated goal-based outcome measures).
- Investigate potential time savings, through therapist records of time spent on activities, such as travel and preparation.
- Establish the acceptability of delivering therapy via Skype by collecting the views of children, school staff, families and therapists in focus groups before and after the Skype therapy sessions, and questionnaires at the end of the evaluation.

“Offering a Skype therapy option could lead to a more flexible service”



AB/BA study design

We invited 210 students to take part in the evaluation. To participate, they needed to be receiving almost weekly face-to-face therapy sessions. This enabled comparison of up to 10 therapy sessions over the evaluation period. It also meant the students had a wide range of significant communication needs. Consent forms for parents and schools included information about the project, and participants were free to withdraw from the evaluation at any time. Forty families agreed to take part, but the sample size was subsequently limited due to one school not agreeing to participate, and other schools' lack of equipment, space or staffing to supervise sessions.

Twenty-two students (13 boys, nine girls) in 17 different schools took part. Sixteen attended primary school, and six attended secondary school. Fourteen therapists were part of the study. We used an AB/BA study design – students received half a term of Skype therapy and half a term of face-to-face therapy, and were allocated to either Skype therapy first or face-to-face therapy first groups.

Students accessed their Skype sessions in school in the presence of a learning support assistant (LSA). Therapists carried out the sessions from an NHS base and delivered between two and five therapy sessions each half term. We gave the SLTs training in how to use the equipment before the project and they had a chance to deliver practice sessions to trial their therapy activities. Therapists and LSAs also received training about information governance procedures and the trust IT policy. They followed guidelines for using Skype for clinical purposes throughout the evaluation.



Goal-based outcomes

We collected goal-based outcome measures at the beginning and end of each half term (before and after the Skype and the face-to-face sessions). Therapists set the goal-based outcomes with the students, and both therapists and students rated the targets on a five-point scale from ‘very hard’ (=1) to ‘very easy’ (=5). Progress scores were the difference between these two ratings. Therapists used whichever intervention methods they felt appropriate, so as to replicate ‘therapy as usual’.

Due to the small sample size and the participants’ wide range of communication needs, the clinical conclusions we can draw from this evaluation are limited. However, a t-test comparing the amount of change in scores for Skype versus face-to-face therapy suggests there is no significant difference between progress made in one mode of therapy versus the other for therapists’ [t(124)=0.176 p=0.86] or for students’ [t(124)=0.089 p= 0.93] goal-based outcome ratings (table one).

Analysis of the therapists’ activity forms shows therapy sessions and administration tasks took a similar amount of time regardless of the mode of therapy. However, Skype therapy significantly reduced therapist travel time (from 22 minutes to eight minutes). Slightly

more time was spent on preparation for Skype (12 minutes) than face-to-face therapy sessions (seven minutes), because therapists were familiarising themselves with this new way of working. School staff commented that Skype sessions were well prepared and effective.

Before the Skype therapy sessions, focus group feedback showed participants had mixed views about trialling Skype. Participants acknowledged potential benefits, but many therapists and school staff were apprehensive.

Following the evaluation, participants across all groups were more enthusiastic and perceptions were more positive. Therapists commented on the benefits of having training and technical support during the evaluation.

Some LSAs felt more involved with the Skype sessions than with the face-to-face sessions (“Definitely it’s very interesting... I always took the view that when you used to come you were running the session and I shouldn’t talk too much, whereas it’s quite different.”) and therapists commented on the need for well-trained LSAs to support students during the Skype sessions.

Skype satisfaction

More than half of school staff were satisfied using Skype for therapy and would recommend it to colleagues. Technical

issues, such as distorted sound and picture quality, were the main reasons for not recommending Skype. Therapists and school staff also commented on Skype being less suitable for students with severe communication needs and for some specific interventions. There was also agreement that working on social communication targets was not appropriate.

Skype’s efficacy with those with attention and listening difficulties was mixed – some students were more focused during their Skype sessions than their face-to-face sessions. Further research into the use of Skype as part of a mainstream schools service for specific client groups and intervention methods is required.

School staff and therapists felt Skype therapy would be most effective when delivered as an option alongside face-to-face therapy. Therapists felt face-to-face sessions would be better for initial introductory sessions to build rapport, conduct assessments and introduce new targets and activities; whereas remote sessions would be appropriate for delivery and review of ongoing therapy.

This was an initial exploration of the use of Skype in a busy mainstream schools service. Offering a Skype therapy option could lead to a more flexible service if reliable IT equipment and support, for both the schools and NHS sites, is in place. Careful caseload management (eg Skyping all children on one day) would see significant effects on travel time. ■

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References & resources

American Speech-Language Hearing Association. *Telepractice: Overview*. 2015. <http://tinyurl.com/j4cdw5x>

Edwards M, Stredler-Brown A, Todd Houston K. Expanding use of telepractice in speech-language pathology and audiology. *The Volta Review* 2012; 112:3, 227-242.

Law D. *Goal based outcomes (GBOs): Some useful information*. Internal CORC publication 2006. www.corc.uk.net

Matthews RA, Woll B, Clarke M. Researching the acceptability of using Skype to provide speech and language therapy. *International Journal of Integrated Care*, 2012; 12 (Suppl 1).

O’Brian S, Smith K, Onslow M. Webcam delivery of the Lidcombe Program for early stuttering: A phase I clinical trial. *Journal of Speech, Language, and Hearing Research* 2014; 57:3, 825-830.

Table one: Therapists’ and students’ goal-based outcome ratings

	Therapists’ average scores			Students’ average scores		
	Pre-therapy	Post-therapy	Change	Pre-therapy	Post-therapy	Change
Face-to-face	2.76	3.55	0.79	3.17	3.64	0.45
Skype	2.64	3.45	0.81	3.27	3.73	0.47

Practice guidance makes perfect

Victoria Harris and Neil Coull look at new guidance for practice educators

The RCSLT has worked with other professions regulated by the Health and Care Professions Council (HCPC), the Council of Deans and the National Association of Educators

in Practice to develop guidance around what a good practice educator looks like.

The guidance is a set of 10 key principles for practice educators to follow to ensure they are providing a quality experience for those they are training and for themselves. It creates a baseline for what an effective practice educator looks like across the health and care professions, and aims to ensure that those attending placements experience high-quality education and that the practice educator role is valued and supported.

A baseline for the professions

The current approach to practice education is variable in its delivery. While some professional bodies have frameworks, others do not. This new guidance provides a foundation level for practice education quality across allied health professions. Many of the qualities outlined are already evident in some excellent and innovative work being carried out by therapists in this role. However, any steps towards highlighting the role of practice education more widely will enhance not only the quality of placements but the longer-term development of the profession.

Student benefits

The guidance goes some way to ensure learners attending a practice placement receive high-quality practice education, whatever the context or setting, and that training is delivered in line with

current local, national and, if appropriate, international policy.

Getting practice education right can make a big difference to the students involved. According to 2015 UEA Graduate Leanne Denmark, "It was really beneficial to get the opportunity to work more independently and think creatively about what to do next. My educator had lots of experience which meant I felt supported and learnt to work with a variety of different patients."

An Ulster University SLT student said, "I was given appropriate feedback throughout and pointed in the right direction for development. Areas where I could improve were identified without a feeling that I was being criticised. Where there was something I needed to change, I was often asked how I would go about doing that or what I could do next time and suggestions were offered by the practice educator."

Supporting practice educators

The guidance is flexible in nature in order to fit current profession-specific practice educator training programmes and other existing local practice guidance. It has the benefit of allowing the practice educator to formally document a practice education element of their continuing professional development (CPD) and can therefore be an integral element of their HCPC CPD portfolio – and used as evidence if selected for HCPC audit.

East Coast Community Healthcare CIC SLT Sarah Baillie says "As a clinical educator, I have found it invaluable working with students. They have inspired me to ensure my practice is up to date and evidence based and through discussions, they have introduced me to new areas of study and knowledge they are learning that I may not have considered.

"Working with students has been a two-way process and has been as beneficial to me as it has to them in their learning. I have developed my communication skills further through the reflective practice and problem solving approaches that I have encouraged them to use."

Use the guidance

We are urging practice leads, universities and services to adopt the guidance and to use this as a baseline for delivery.

All SLTs should have a role in supporting students on placement. Students need practice placements in a variety of settings – so anywhere an SLT works is potentially suitable for a practice placement. Within a placement a student needs a named practice educator to support and facilitate their learning.

If you are reading this and you do not currently participate in student practice placements, why not offer your support as a practice educator? This won't just benefit the students and the profession – it will also help your own development.

Practice educators benefit from becoming a mentor and guide to the students: developing new and existing knowledge and skills, taking on new challenges and helping and supporting others (patients, carers, and other learners – such as your colleagues). For this reason becoming a practice educator counts towards your CPD. ■

.....
Neil Coull, Lecturer in Speech and Language Therapy, University of East Anglia, Chair HEI Placement Leads Group.
Victoria Harris, RCSLT Learning Development Manager

Visit: www.rcslt.org/members/pre_registration_education to read the guidance
Email: cpd@rcslt.org

"If you are reading this and you do not currently participate in student practice placements, why not offer your support as a practice educator?"

At the heart of every effective membership organisation is a group of elected or appointed volunteers who oversee the activities of that organisation. In the case of the RCSLT, the governing body is the Board of Trustees – currently 12 individuals who meet throughout the year to make strategic decisions about the RCSLT.

In 2016, a number of board members are coming to the end of their terms of office, so we are looking for new people to join the board as deputy chair, as trustee for research and development, as trustees for England and Wales respectively, and as two general trustees (see page 29 for details of how to apply).

These are important positions within the RCSLT in that trustees help to shape the future of the speech and language therapy profession and the RCSLT itself. In the table

below we have listed some of the skills and experience we are looking for to ensure that the board is equipped to meet its obligations.

It could be you

While the idea of board membership may seem daunting, we are keen to encourage applications from as many RCSLT members as possible. Success is not just a question of your grade or level of seniority; we are keen to see applications from people with rich professional experience, perhaps in areas outside of speech and language therapy.

We asked some of the current trustees for their views on how they have contributed to the board’s activities and what board membership has done for them as individuals.

According to RCSLT Honorary Treasurer Lorna Bailey, “You don’t have to be an SLT ‘big-wig’ to be good for the board. I wasn’t a highly experienced SLT with a whole load of research to my name. I am ‘just’ a clinician. My ‘useful’ skills have actually been gained

“We are keen to see applications from people with rich professional experience, perhaps in areas outside of speech and language therapy”

outside of the SLT world.

“The important thing to remember is that our role as board members is not to represent and be the voice of SLTs, but to provide good governance. So if you have lots of governance experience but only little SLT experience (perhaps because you joined the profession late), that is okay.”

Anne Gamble, trustee for Northern Ireland, adds “I have been able to share with the board the accomplishments achieved and events that have been influential in raising awareness of the role of RCSLT within the Northern Ireland perspective.

“From a personal point of view I have grown and developed with regard to my leadership skills. I have also developed my influencing skills with regard to the political agenda in Northern Ireland.”

General RCSLT Trustee Della Money says, “Being on the board is what you make it. The benefits for me have been a much broader perspective and understanding of the profession across the four nations, alongside the opportunity to work together with other trustees and the RCSLT senior management team to influence strategic direction and align this to practice on the frontline.”

Catherine Dunnet, trustee for Scotland, says, “I have found being on the board a great opportunity for professional development and have enjoyed working at a strategic level for the RCSLT and helping to shape the future of the profession.

“I have benefitted from the additional training sessions, such as strategic planning and finance, that have helped induct me into the role.”

Apply today

As you can see, membership of the RCSLT Board of Trustees offers great scope for personal development. If you would like to talk to either of us about the roles available, please email: jo.offen@rcslt.org

RCSLT Chair Maria Luscombe; RCSLT Deputy Chair Morag Dorward

Join the RCSLT Board of Trustees

Maria Luscombe and Morag Dorward on how you can play your part on the RCSLT’s governing body

Some of RCSLT trustees’ skills and attributes

- Demonstrable enthusiasm for and personal commitment to the RCSLT vision, values and behaviours
- Interest in and knowledge of the political implications of local, national and global government policy
- Interest, awareness or experience of influencing/lobbying or campaigning
- Understanding and awareness of the impact of economic and regulatory issues on the future operations of the RCSLT
- Commercial awareness/understanding external environment/entrepreneurial mind set
- Finance skills
- Demonstrable leadership skills that align with the values of the RCSLT
- Ability to think and plan ahead, to develop a clear vision and enthuse others
- Ability to articulate strategic and tactical aspects of the RCSLT to groups
- Ability to challenge the decision making process of the board in a constructive and developmental manner
- Ability to analyse and understand complex information and situations before reaching an independent, fair and objective conclusion
- Ability to lead discussions to an appropriate conclusion, enabling and encouraging all members to participate
- Ability to bring profession-specific knowledge/skills and experience
- Knowledge of service development and evidence-based practice; interest in developing professional guidance, standards or position papers



Victoria & Emma Joffe & Pagnamenta

Emma Pagnamenta and Victoria Joffe on the power of conversation

Let's talk evidence

At the time of writing it's the morning after the first #ResNetSLT Twitter journal club. It was inspiring to be part of such a wide-ranging discussion involving so many of you and our allied health professional (AHP) colleagues. The conversation covered themes including the challenges and barriers to evidence-based practice (EBP) and research, shared decision making in clinical practice, and implications for training and education. There was also a call for research based in clinical practice, including well-designed case studies, qualitative research as well as using consistent outcome measures to build evidence.

The exhilarating dialogue between tweetchat host Dr Joanne Fillingham – SLT, clinical fellow to the chief allied health professions officer and chair of the West Midlands RCSLT Hub – and tweetchat participants brought these issues alive (read the full transcript at <http://tinyurl.com/z4exub8>).

Being involved 'behind the scenes' and participating in the event gave us much food for thought and provided opportunities to reflect on the many ways therapists discuss the evidence (or lack of it) and how it shapes their clinical decision making.

Staff meetings, journal clubs, clinical excellence networks (CENs) and even brief discussions over lunch all provide valuable chances to share new research, innovative findings, successes or a lack of expected progress. On so many occasions, you will find a group of therapists sharing experiences about their clinical practice, and much of the conversation will centre around the evidence and our choice of intervention. Joining a virtual discussion has encouraged us to take a fresh look at how we can come together in different ways and have conversations about evidence.

Face to face

We know some of you have journal clubs or discussion groups about evidence as part of your team meetings. For others, particularly those who work autonomously or in independent

practice, opportunities for discussion are more limited and you need to look wider than your immediate workplace to find occasions to discuss evidence.

For members of the Association of SLTs in Independent Practice, local groups are a good place to critique and share the latest evidence and discuss what it may mean for your clinical practice. Many have links with local universities and RCSLT Hubs, helping to promote joint working across NHS, non-NHS and private settings. Clinical excellence networks present similar opportunities.

There are some great accounts of how groups have changed practice. For example, in their 2014 Bulletin article, Janet Walmsley and colleagues outline an innovative group approach to evaluating and changing practice in the light of the evidence base for aphasia therapy. They challenged the traditional view of a journal club with an article as the starting point, using a clinical question from their own practice to focus their search for evidence to discuss (Walmsley et al, 2014).

At an AHP level, Council for AHP Research hubs host events and workshops, many of which focus on EBP. One example comes from the Oxfordshire Hub, which holds an annual 'journal club' event. Each profession has a facilitator and chooses an article for discussion using Critical Appraisal Skills

“There is no better time than now to restate what we mean by EBP = best research evidence + clinical expertise + patient values and preferences”



Programme checklists (2014) as a framework. A cross-profession discussion feeds back on specific research studies and explores common themes.

Where's the evidence?

When a speaker describes a new study, intervention, assessment or a particular client group, ask yourself what the evidence base is for this new information. This is crucial because it will allow you to interpret it from your own perspective, given your knowledge, skills and experience.

Speakers usually welcome questions that explore the evidence base, because it allows them to give more background detail. It also allows for discussion if the evidence is more limited and can lead to a healthy and exciting debate about how the profession can fill this particular gap. Many a new project has its roots in such a context. It is important to remember that whatever your level of experience or expertise, questions on the underlying

Research and Development Forum

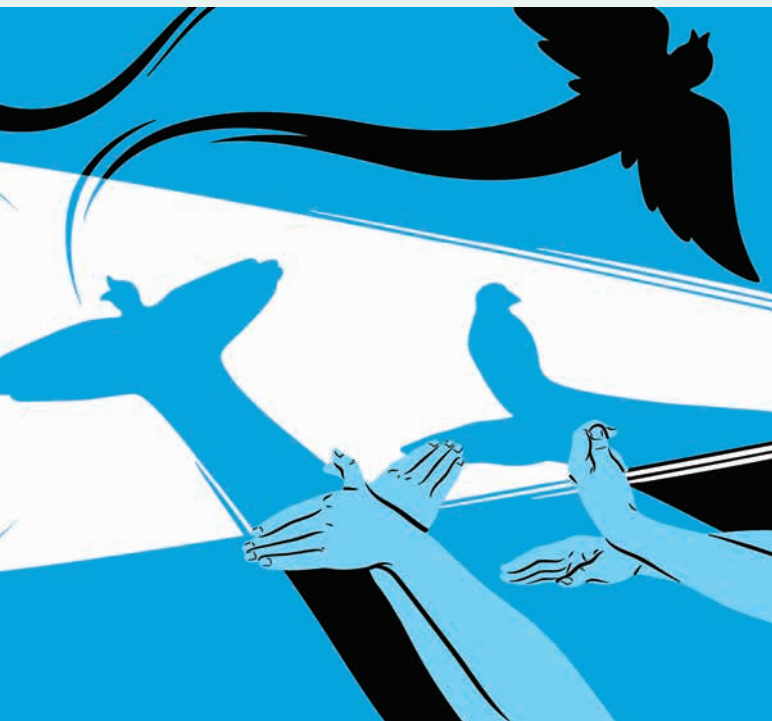


ILLUSTRATION BY Ben Mounsey

evidence and research are appropriate and perfectly acceptable.

Virtual conversations

We need look no further than #wespeechies to see that SLTs are used to the medium of Twitter to make contacts and host discussions. #medradclub, initially developed by radiographers, is also an initiative similar to #ResNetSLT.

Facebook groups and online discussion forums enable participants to contribute to conversations. Following the special issue on specific language impairment in the International Journal of Language and Communication Disorders (IJLCD) (2014), a subsequent discussion forum on RCSLTalk (<https://rsltalk.forums.net>) and Twitter exchanges formed the starting point for a larger Delphi exercise led by Professors Dorothy Bishop and Maggie Snowling, working towards consensus on terminology and criteria for language impairment in childhood.

Researchers and research users

One of the most valuable experiences is the opportunity to be part of a dialogue between those conducting research and those working in practice. Conferences provide the usual forum for this, but it is becoming increasingly difficult for people to secure funding to attend these. It is important to be innovative and think of new ways of sharing a platform between clinicians, clinical researchers and researchers. Clinical excellence networks have a clear role to play here as an ideal interface between research and practice, and CEN organisers should approach university-based researchers to contribute to their events.

Journals are increasingly interested in facilitating dialogues between authors and their readership. For example, Child Language Teaching and Therapy, and other SAGE journals, host author podcasts. Similarly, the IJLCD publishes podcasts to accompany its

annual winter lecture and is looking to do this with a growing number of authors.

Although podcasts can do much to make research more accessible and inspire discussion they do not provide the means for a two-way flow of information and ideas. This is where social media has something to offer by facilitating conversation between researchers and practitioners around the implications of current research and the research needed to inform future practice.

Get involved

We leave you with a call to action to take a step further into the arena of EBP – whether that be asking questions about the underlying evidence of your chosen intervention or finding and integrating evidence from the literature using SpeechBITE, the RCSLT Research Centre or the ‘What Works?’ website as support.

You can also interpret the evidence using your clinical expertise and experience, explore your clients’ views and perspectives about an intervention or look for guidance from a more experienced clinical researcher on how to go about collecting new evidence in your specialist area.

Join an existing group, tweetchat or forum, set up

your own initiative or make discussion of research and EBP a regular feature of your team meetings.

Be bold and make contact directly with the authors of your favourite/least favourite papers. Ask questions about their research or invite them to present at an RCSLT Hub or CEN. You could even host an upcoming #ResNetSLT chat.

Let us know what you do, so we can increase awareness of the role and importance of evidence in our daily practice. ■

Professor Victoria Joffe,
RCSLT Trustee for Research and Development. Email: vjoffe@city.ac.uk; @vjoffe.
Dr Emma Pagnamenta, RCSLT Research Manager. Email: emma.pagnamenta@rslt.org; @emmapagnamenta; #rsltresearch



References & resources

Critical Appraisal Skills Programme, <http://www.casp-uk.net>

The SLI debate. International Journal of Language and Communication Disorders 2014; 49:4, 377-509.

Walsmsley et al (2014). Making time for your evidence. *RCSLT Bulletin* 2014; 744, 17.

More information about journal clubs can be found in the RCSLT Research Centre: <http://tinyurl.com/z2fhogw>

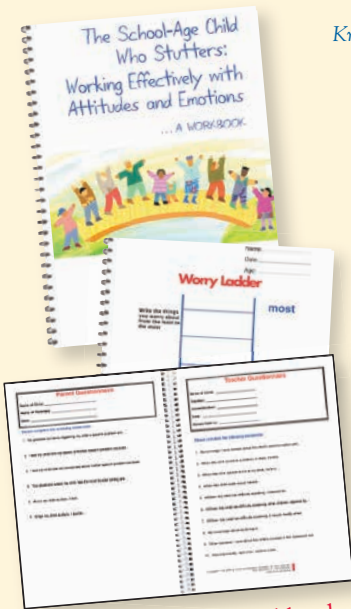
Find out more about ASLTIP local groups. Email: localgroups@helpwithtalking.com

Key facts about #ResNetSLT

- A new initiative by Dr Hazel Roddam, Dr Jo Fillingham and the RCSLT
- Monthly tweetchats on the last Wednesday of each month, 7.30-8.30pm
- Starts with a research article focusing on EBP, clinical decision making or how to add to our evidence base
- Each tweetchat has a host who scaffolds the conversation around five key questions
- The first tweet chat had 47 contributors, 361 tweets and a potential reach of 318,164
- Find out more about joining and hosting a #ResNetSLT journal tweetchat: <http://tinyurl.com/g55en78>

The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions ... A Workbook

Kristin Chmela, M.A.,
Nina Reardon, M.S.,
Lisa A. Scott, Ph.D.



Large 8½" x 11" workbook

- A powerful tool for stammering diagnostics and therapy.
- Strategies to help children make positive changes.
- Practical, concrete ideas and strategies to achieve change and document therapy outcomes.
- Reproducible, spiral bound, 192 full color pages.

Item No. 0005



To order item No. 0005
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click "professionals"

Susan Langmore FEES Course

2-day Foundation Course
23rd - 24th May 2016

1-day Advanced Course
25th May 2016

Three course lunch provided
All day refreshments available
Free parking

Foundation Course

Theory Course

Day 1 all day & Day 2 morning

- Suitable to those new to FEES
- Covers: normal physiology, indications, scoring, interpretation and treatment

Practical session

Day 2 afternoon

- Gain experience by passing the endoscope on each other
- Small groups with experienced clinicians facilitating
- Opportunity to try out different endoscopes
- **Limited availability**

Foundation Course prices: Theory £300, Theory + Practical £400

Advanced Course

Day 3 all day

- Suitable for those with experience in FEES
- Enhance your interpretation and scoring
- Explore current protocols and the latest research
- Bring along your cases to discuss

Advanced Course price: £200

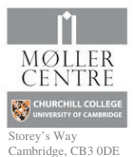
To book a place contact:

alison.elliott@addenbrookes.nhs.uk or sally.barfoot@addenbrookes.nhs.uk

For more information contact: andrie.schembri@addenbrookes.nhs.uk

Cambridge University Hospitals **NHS**
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Involve parents by using an evidence-based coaching framework

Attend an It Takes Two to Talk® Certification Workshop and gain a proven parent coaching framework from The Hanen Centre, an international leader in parent-implemented early language intervention.

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**Space is limited! Register today for these upcoming
It Takes Two to Talk workshops:**

London Apr 19-21, 2016

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www.hanen.org/ITTTworkshop

Transitioning from PECS to Speech Generating Devices 1 day workshop

27 January 2016 – London

3 February 2016 – Glasgow

28 June 2016 – Birmingham

28 September 2016 – Cardiff

**Interactive
workshop!**
Please bring an SGD
to the workshop



With the current influx of communication devices and apps to the market how do we ensure that basic functional communication skills are maintained and taught right from the beginning? The way we teach the use of SGDs needs to be specially tailored to the needs of each individual paying attention to devices capabilities vs. user capabilities. This full-day practical workshop will describe procedures for analyzing a learner's current PECS skills to determine candidacy for transitioning to a SGD, choosing a device, and teaching functional use of the device. It will also look at why we must teach the basic principles of communication to our learner first to ensure positive outcomes are achieved.

For more information, or to book:

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Our monthly look at the latest in published research

In the Journals

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

Aphasia reduces QoL

Aphasia significantly reduces quality of life (QoL) and causes a disruption in the sense of self. Narrative therapy uses life story-telling as a process of identity reconstruction, reintegrating disruptive events into the individual's biography. It plays a key role in QoL, by developing a sense of identity and meaning.

This German mixed-method study evaluated structured biographic-narrative intervention on the QoL of people with chronic aphasia. Twenty-seven participants were given five one-to-one indepth interviews and seven group sessions, over a 10-week period.

There was significant improvement for all participants on measures of health-related QoL (HRQL) and self-reported mood. Qualitative analysis revealed categories related to individual and group interventions, and four themes relating to identity development issues – agency, disease concept, doing things and control.

The authors suggest identity work in social interaction is crucial for adaptation to aphasia, asserting that 'improvements in HRQL and mood appear to be caused by processes of identity shaping rather than by functional gains'. While these results are promising, the researchers go on to suggest future avenues necessary to deepen understanding of the therapy involved, and how it can become integral to speech and language therapy intervention.

Reviewed by **Dr Rosemary Gravell**, Head SLT/Counsellor, Livability Icanho, Suffolk



Reference

Corsen S, et al. The participants' perspective: how biographic-narrative intervention influences identity renegotiation and quality of life in aphasia. *International Journal of Language and Communication Disorders* 2015; 50:6, 788-800.

Verbal contingencies in dysfluency therapy

The use of verbal contingencies is a key component of the Lidcombe Program, a behavioural intervention for dysfluent children under the age of six. Research in Australia challenges the efficacy of one of these contingencies, requests for self-correction.

In this clinical experiment, 34 parent-child dyads were randomly assigned to a control group receiving the standard Lidcombe Program or an experimental group receiving the same programme without the instruction to use requests for self-correction. The primary outcome measures were the number of clinic visits and weeks to a sustained 50% reduction in stammering severity, as measured by comparing average parental severity ratings recorded across a week before and during intervention. Researchers also calculated the percentage of syllables stammered before and during intervention to validate the 50% reduction in severity.

The researchers found no significant difference in the outcome measures for the two groups, a key finding given reported aversive responses to this verbal contingency, and reflect that further research is required to investigate the efficacy of other mechanisms of this intervention to identify drivers of change and enhance clinic-based problem solving.

Reviewed by **Kelly Moran**, SLT, Research Champion



Reference

Donaghy M, et al. An investigation of the role of parental request for self-correction of stuttering in the Lidcombe Program. *International Journal of Speech-Language Pathology* 2015; 17:5, 511-517.

Gastrostomy tube feeding impact

This systematic review of 13 studies explores the impact of gastrostomy tube feeding on families and children with complex needs after a tube has been inserted.

The inclusion criteria required that studies were qualitative, focusing on children with neurological impairment predominately, and on the lived experience of gastrostomy tube feeding.

The review process is clearly described. A thematic analysis determined three over-arching themes – the child, parents and family. Child impacts concerned physical outcomes, quality of life, and socialisation. Parents experienced changes in caregiving and stress, parent-child relationship, parent-medical system relationships and stigma. Family themes were context specific, eg financial implications.

There were positive and negative impacts of tube feeding for children, parents and families. It is important to note that different families viewed the same impact, such as weight gain, both positively and negatively.

These themes can be useful in providing information to families and children while deciding about tube placement, and ongoing support if/when a tube is placed. The reviewers suggest use of these themes in discussions with families and recommend the development of a formal 'decision aid'.

Reviewed by **Sally Morgan**, Lecturer in Speech and Language Therapy, City University London



Reference

Nelson KE, et al. Family experiences with feeding tubes in neurologic impairment: A systematic review. *Pediatrics* 2015; 1, e140-51. doi: 10.1542/peds.2014-4162

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

Stammering: Basic Clinical Skills

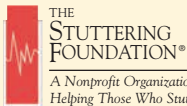
Dynamic 2+ hour DVD demonstration of stammering therapy techniques by experts from around the world to help you work effectively with children and adults who stammer. DVD No. 9600



DVD CHAPTERS INCLUDE:

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

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



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Professional Training for
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9th May 2016

Advanced Course: Therapy Management of Parkinson's

The programme will cover management at each of the 4 stages of Parkinson's – Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Each session will be led by a clinical specialist in the field of Parkinson's. Venue: Royal Derby Hospital, Derby | Fee: £130

23rd June 2016

Training in Cervical Auscultation

Trainer: Alison Stroud

Learn the 'How, what and where' of Cervical Auscultation. Participate in a practical session learning to identify normal and disordered swallowing sounds. Venue: London Road Community Hospital, Derby | Fee £130

18th January 2017

Training in Cervical Auscultation

Learn the 'How, what and where' of Cervical Auscultation. Participate in a practical session learning to identify normal and disordered swallowing sounds. Venue: London Road Community Hospital, Derby | Fee £130

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THE DIVISION OF PSYCHOLOGY AND LANGUAGE SCIENCES



UCL

Applied Research in Human Communication Disorders Postgraduate Certificate / Masters Degree

This programme is designed for speech and language therapists working in child or adult services who have an interest in developing research skills and a motivation to carry out research in their workplace. The modular programme offers full-time, part-time or flexible study building towards a Postgraduate Certificate (PGCert) or a full Masters in Research (MRes) over 1 to 5 years.

With a strong emphasis on supported distance learning as well as classroom study, the programme is designed specifically for busy professionals who wish to combine clinical work with professional development in applied research.

The Division of Psychology & Language Sciences undertakes world-leading research and teaching, and our work attracts staff and students from around the world. Together they create a vibrant and creative environment, taking advantage of first class research and teaching resources. For further details about the programme see: <http://tinyurl.com/UCL-ARHCD> or contact Rosa Morcom (r.morcom@ucl.ac.uk, 0207 679 4275).

The deadline for applications is 29th July 2016.

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

Obituary

REMEMBERING

Roberta Williams

1953 – 2015

On 24 May 2015 we were faced with the devastating news that Roberta Williams, therapist, senior lecturer and associate dean at City University London, had died.

Roberta was a member of the speech and language therapy profession for more than 40 years. After qualifying from West End Hospital Speech Therapy Training School in 1974, she worked for the NHS, initially in Newham and then in Lewisham, and at the same time ran evening classes at City Lit. She successfully completed the MSc in Human Communication in 1980 and was immediately recruited to join the pioneering team at the School for the Study of Disorders of Human Communication, better known as Kingdon-Ward or Blackfriars.

Roberta was at the heart of many of the initiatives that made the Kingdon-Ward School different, most notably the flagship therapy groups for people with aphasia (which became City Dysphasic Groups) and for adults who stammer. With others from the school she published a series of therapy workbooks, 'Aphasia therapy in practice', offering a wealth of practical ideas for working on the four modalities of language and on everyday functional communication.

According to Bob and Maggie Fawcus who led the school, "Roberta was always an academic high flyer, a fine clinician, an excellent and committed teacher, and a highly successful multi-tasker successfully balancing the competing demands of teaching, clinical work, administration, research, book-writing and her beloved family."

The Kingdon-Ward School joined City University London in 1982 as the Centre for Clinical Communication Studies, eventually transforming into the current Division of Language and Communication Science. Here, Roberta stayed until the end of her



"She combined relentless attention to detail with UN levels of diplomacy"

career, holding an impressive range of roles. As a senior lecturer she taught both her specialist subject of stammering and general clinical skills. Her teaching was firmly grounded in the realities of speech and language therapy, while drawing on the latest academic and clinical research. She also inspired students through the example of her clinical work.

Roberta is perhaps best known for her work in City's innovative stammering clinics. These were a model of clinical provision and teaching and changed the lives of many young people who stammer, with their seamless mix of formal techniques and confidence-raising activities, such as pavement interviews, improvised drama and even football. No less important, the clinics offered placement experience to countless students of speech and language

therapy, enthusing many to pursue this specialism in their future career. The clinics sealed Roberta's reputation as a leader in the field of stammering.

Although touchingly and typically diffident about her research profile, Roberta had an impressive array of publications, many in prestigious journals. Her papers cover a range of themes, including stuttering in late childhood, the effects of bilingualism on stammering and whether this is further influenced by the use of L1 or L2, and the long-term outcomes for people who stammer. She was a clear-eyed interpreter of research data and quick to see the potential of research findings for clinical practice.

In addition to her teaching and clinical work, Roberta shouldered many leadership responsibilities at City, including programme director, head of department and latterly associate dean. In all these roles she combined relentless attention to detail with United Nations levels of diplomacy. She was also serious about working in partnership with the students, and never lost sight of her main aim, which was to improve their experience.

Roberta's unique contribution has been brought home to us by the many testimonials that we have received from her former clients.

Here are the thoughts of Rapheal, who attended her stammering clinic, "I still remember how safe I felt the first time I met her. I was a confused and lost person in terms of my speech problem but she welcomed me with a big smile and open arms. She was a very special person. She will always be in my mind."

Rapheal's words speak for all of us who had the great joy of knowing Roberta as friend, colleague, teacher and clinician. City's newly-named Roberta Williams Speech and Language Therapy Centre is a perfect tribute to a colleague whose guiding ambition was to enable communication and learning, and who consistently did just that.

Shula Chiat, Jane Marshall, Sue Whitehead, City University London

MARCH CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 8 April for May, by 6 May for June, and by 10 June for July. To find out more about RCSLT CENs, visit: <http://tinyurl.com/rcsltcens>

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

North West Voice CEN

2 February

Mindfulness and imagery: A tool for change in voice therapy. Relevant evidence implications and practical exploration with Christina Shewell (author, senior lecturer and clinical expert in voice). Education Centre, The Royal Bolton Hospital. Members £25; non-members £45. To book your place, email Sally Dennis, CEN Secretary: Sally.dennis2@nhs.net

South West Dysfluency CEN

8 March, 10am – 4pm

Debbie Mason, NLP workshop, plus feedback from the National CEN. HMP Eastwood Park, Falfield, Glos GL12 8DB. Members free; new members £10 payable on day. To reserve place, email staylor2@swindon.gov.uk

Acquired Brain Injury in Children and Adolescents CEN

8 March, 10am – 5pm

'Eating and drinking following an acquired brain injury'. Person and family perspectives, neurosurgical, psychological, dietetic, oncology and rehabilitation issues. Case discussion welcome. £15, payable on day. Chapter House, Dental Hospital, Lower Maudlin Street, Bristol BS1 2LY. Tel: 0117 342 4383. For more information and to book, email: hvjohanson@thechildrenstrust.org.uk

Yorkshire and Humberside Dysfluency CEN

10 March, 9.30am – 12.30pm

Ongoing discussion about competencies and raising public awareness. Video 'Dealing with guilt and shame'. Stammering therapy for prisoners via videolink. Stammering Support Centre Leeds. All welcome. Contact centre or Steph Burgess, tel: 01943 609 666

Criminal Justice and Secure Settings CEN

11 March, 9.30am – 4pm

Hard to swallow: Managing dysphagia in mental health and secure settings. Presentations and discussions regarding challenges of assessing and managing dysphagia and choking risks. RCSLT London. CEN members and students free; non-members £10. 2016-2017 membership £12. Refreshments provided, lunch not included. To book, email offendersig@gmail.com

South West Brain Injury CEN

14 March, 11am – 4pm

'Brain injury case studies: the challenges of working with clients with mental health and other presentations' £4. Head Injury Therapy Unit, Frenchay Beckspool House, Bristol. To reserve, email: adenman@natstar.ac.uk

Social, Emotional and Behavioural Problems CEN

17 March, 9.30am – 4pm

AGM. Dr Catherine Adams: The Social Communication Intervention Programme: A framework and resources for working with children who have pragmatic language needs. Thrive Approach: An introduction to how this helps every child access learning. Blossom Lower School, 1-5 Christopher Place, Chalton Street, London NW1 1JF. £30 (includes two following meetings). To reserve place, email: donnahopesalt@gmail.com

London SIG/CEN in ASD

17 March, 9.30am – 4pm

Dr Sebastian Gaigg: Memory difficulties in the language profile of ASD; Professor Nicola Botting: Atypical language in ASD; SLTs Nicola Spray and Chloe Selby: SPOT: a combined therapeutic approach to working with children with ASD. Royal National Hotel, WC1H 0DG. Members free; non-members £20/£10. Booking essential, visit: <http://groupspaces.com/ASDSIG>

ASD (Central Region) CEN

18 March, 1pm – 3.30pm

ASD and challenging behaviours, Dr Kate Thomas, Clinical Psychologist LD-CAMHS. Room T051, 3rd Floor, Brierley Hill Health and Social Care Centre. £5. A meeting for therapists working in CAMHS follows 4-5pm. Email: phoebe.kent@bcpft.nhs.uk

Clinical Education CEN

18 March, 10am – 4.30pm

Students: a drain or resource? More time needed? More fun? More learning? Practical day led by Ann Parker to generate enthusiasm and confidence for managing student placements in all settings with any SLT. Friends' House, London NW1 2BJ. Members free; non-members £15. Email: k.shobbrook@ucl.ac.uk

London SLI CEN

21 March 1.30pm – 4.30pm

Journal club discussions. IJLCDs: Nov-Dec 2015: 'Making sense of it: a brief programme to improve reading comprehension in adolescents' 'Oral narratives in mono and bilingual pre-schoolers with SLI'. March-April 2015: 'Role of aspect in understanding verb tense'. Members free; non-members £5. Whittington Hospital Education Centre Highgate Hill N19 5NF. Email: londonslicen@gmail.com or tel: 020 8442 6305 to reserve place

Adult Learning Disability CEN (Eastern Region)

13 April, 9.30am – 4pm

AM: AGM and outcome measures for interventions with adults with learning disability. PM: Dysphagia screening tools, sharing practice and case discussion. Venue TBC. Members and students free; non-members £30. Email: emma.ross@nhft.nhs.uk

South East CEN in Deafness

13 April, 9.30am – 4.30pm

Presentations on working with clients with deafness and additional diagnoses plus AGM. Details TBC. Room B01, Chandler House, 2 Wakefield Street WC1N 1PF. Refreshments provided. Annual membership (from April) £10 covers two meetings; non-members £7 per meeting; concessions £5. Booking essential, email: m.curtin@nhs.net

Dementia CEN South West England and Wales

14 April, 9am – 4.30pm

Differential diagnosis in frontal temporal dementia and medication management. Case history taking in dementia: specialist and generalist SLT role. Networking and introductions. Annual membership fee £10 including two, yearly meetings. Llandaff Campus, Cardiff Metropolitan University, Western Avenue, Cardiff CF5 2YB. Space limited. To book, email: samuelrowe@nhs.net

Central Paediatric Dysphagia CEN

20 April

Full programme TBC. Includes 'Weaning from enteral feeding'. Meeting Point House, Telford TF3 4HS. Annual membership £15. To book, visit: www.cpd-sig.co.uk

Continued from page 14...



References & resources

Attride-Stirling J. *Thematic networks: an analytic tool for qualitative research*. London: Sage Publications, 2001.

Hammersley M, Atkinson P. *Ethnography: Principles in practice*. 2nd Edition. London: Routledge, 1995.

Horton S, Bell C, Watson L. *On becoming organised and involved in doing health research: Norfolk Conversation Partners*. <http://tinyurl.com/jbwpnov>

INVOLVE, NIHR Senior Investigators: *Leaders for patient and public involvement in research*. Eastleigh: INVOLVE, 2014.

Royal College of Speech and Language

Therapists. *Guidelines for pre-registration speech and language therapy courses in the UK*. London: RCSLT, 2010.

Steel R. Actively involving marginalized and excluded people in research. In Lowes L, Hulatt I (Eds). *Involving service users in health and social care research*, 18-29. London: Routledge, 2005.

Swart J, Horton S. From patients to teachers: the perspectives of trainers with aphasia in a UK Conversation Partner Scheme. *Aphasiology* 2015; 29:195-213.

Wellings A. *Amander's levels of patient and public involvement significance (ALPS)*. 2014. www.ncbi.nlm.nih.gov/books/NBK315991

MARCH CEN NOTICES CLINICAL EXCELLENCE NETWORKS

CEN for Cleft Palate and Craniofacial Anomalies (National)

20 April, 9.30am – 4.30pm

Topics include: NOSI (innovative prosthetic treatment option for nasal speech associated with VPD), speech surgery quality of life questionnaire, use of MRI scanning to identify velopharyngeal dysfunction, 10-year speech outcomes, update on Cleft Collective speech and language study. CEN is part of the Craniofacial Society Conference, East Midlands Conference Centre, Nottingham. £95. Booking via: www.craniofacialsociety.org.uk

London and SE Region CEN in Selective Mutism

21 April, 9am – 4pm

Recently-created National CEN in SM and London and SE region CEN come together. Presentations on 'Systemic approaches to SM management' by Anita McKiernan and Anna Bivati-Smith + case discussions. City University London, Room D104 (Social Sciences Building). Members free; £25 to join on day. Email: Angela.May@northumbria-healthcare.nhs.uk (National CEN) or roberta.mendes@nhs.net (London and SE CEN).

Counselling and Therapeutic Skills CEN

22 April, 9.30am – 4pm

'Resilience building: diverse strategies for skillfully supporting our clients, students and ourselves'. Birmingham City University. Email: ruth.phillips.sig@hotmail.co.uk

Scottish Adult Acquired Communication Disorders CEN

22 April, 9am – 4pm

Dementia. Speakers include Maggie Ellis talking about intensive interaction; Andy Lowndes from Playlist for Life; and Tommy Whitelaw from Dementia Carer Voices. Also speech and language therapy dementia toolkit and neuropsychological perspective. £15, students £5. Queen Margaret University, Edinburgh. Email: Helen.Maclean@lanarkshire.scot.nhs.uk

South West CEN in Autism

25 April, 10am – 4pm

Phil Christie, Elizabeth Newson Centre consultant child psychologist. Understanding and supporting children with pathological demand avoidance syndrome: guidelines for good practice. The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. New annual membership £20; non-members £15 for day. Cheques needed before day to secure place. Email: lucy.french@nbt.nhs.uk

Tracheostomy CEN

27 April, 9am – 4.15pm

Decannulation: the whys and wherefores, evidence-based protocols, case studies, and group discussion for sharing practice. Queen Square, London. £20 includes lunch (£10 for students). Email: apundole@rhn.org.uk

Adult Neurology CEN (Northern and Yorkshire)

28 April, 9.30am – 4pm

Mental capacity in practice. Woodside, Moorgate Road, Rotherham S60 2UA. £10 annual fee. To book email: Rebecca.Humphries@rothgen.nhs.uk

Surrey SLI CEN

12 May, 1pm – 4pm

1-2pm: new diagnostic criteria for children with language impairment; 2.30-3.30pm: research findings on extent to which children in Key Stage 2, 3 and 4 are exposed to figurative language. Time for discussion, with reflection considering own caseloads. Moor House School. £10 one meeting; £15 for annual membership (two meetings). To book, email: nicoll@moorhouseschool.co.uk. Visit: <http://moorhouse.surrey.sch.uk/cen>

Central Region Secondary School SIG

20 July, 1.30pm – 3.30pm

Setting up secondary school services and sharing what has worked well. £2. Brierley Hill Health and Social Care, Venture Way, Brierley Hill, DY5 1RU. Email: Farah.Hawa@bcpt.nhs.uk

RCSLT trustees wanted

The RCSLT is looking for members who are willing to join the Board of Trustees, which governs the organisation. The advertising for new trustees is starting earlier this year, because there are a number of roles to be filled and the board is keen that full opportunity is taken to encourage members to put themselves forward to fill trustee roles. From the annual general meeting (AGM) on 29 September 2016, there will be the following vacancies on the Board of Trustees:

Deputy Chair of the Board

Maria Luscombe steps down as chair at the AGM in September 2016, to be replaced by Morag Dorward, current deputy chair. This post is for a total of four years; two as deputy, followed by two as chair. We are looking for an experienced member of the profession who possesses a good all-round view of what is happening in the profession and excellent leadership qualities, with experience of leading, or playing an influential role in, formal committees or boards.

Trustee for Research and Development

Professor Vicky Joffe steps down at AGM 2016. If you are involved with research and development and would like the opportunity to contribute to this area of the profession, please think about putting your name forward. The member elected to this role would serve from AGM 2016 to AGM 2019.

England Country Representative

Janet Harrison steps down as a trustee in September 2016. The elected member would serve in this post for an initial term of three years. We are looking for someone ready to continue the challenging work that Janet has begun in developing the RCSLT Hubs in England and representing them at board level. The member elected to this role would serve from AGM 2016 to AGM 2019.

Wales Country Representative

This post is currently vacant. A member who is elected to the post prior to June 2016 would serve until AGM 2018. If elected later, they would serve until AGM 2019.

In addition, the board has decided to create two new general trustee posts. This reflects the growing amount of work the board is involved with. These are general posts to help spread the workload. Members elected to these roles would serve from AGM 2016 to AGM 2019.

If you want to shape the future of your profession and RCSLT then think about applying. Don't assume it's not for you. Read more about the work of the board and what you can gain professionally from board membership on page 21. You can also read online about the kind of people we're looking for and the commitment required. What matters most is a passion to see better lives for people with communication and swallowing needs, by supporting the speech and language therapy profession.

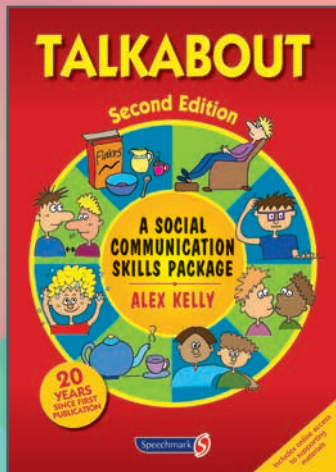
Role descriptions and application forms are on the website. Visit: www.rcslt.org/about/howwearerun/apply If you'd like an informal chat with a trustee or senior staff member please email: jo.offen@rcslt.org or tel: 020 7378 3007

The closing date for applications is Monday, 4 April



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CELEBRATING 20 YEARS OF TALKABOUT



Talkabout 2e

Alex Kelly

2016 | ISBN: 9781909301542 | Age 7+ | £39.99

Now designed specifically for adolescents or adults with special needs, this practical resource is packed with activities and games for developing social skills. Social competence is an essential aspect of our quality of life and this resource will help you to develop these skills with this client group.

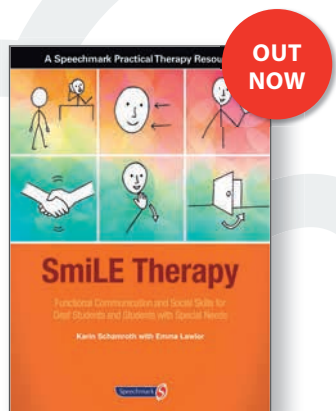
The book includes:

- Over 60 activities to develop social skills in body language, the way we talk, conversations and assertiveness.
- Over a year's worth of work on developing social skills.
- A short introduction to working with adolescents and adults with social skills difficulties.
- An assessment of social skills and planning sheet for intervention.
- Ideas for group cohesion activities to use within your groups.
- Forms and evaluation sheets to help with the smooth running of groups.
- All activities available to download to print out and use.

Includes access to online resources.

Reviews of first edition:

"A highly practical, easy to use resource... it will be useful not only to speech and language therapists but also to colleagues in occupational therapy and education and social work."
Speech and Language therapy in Practice

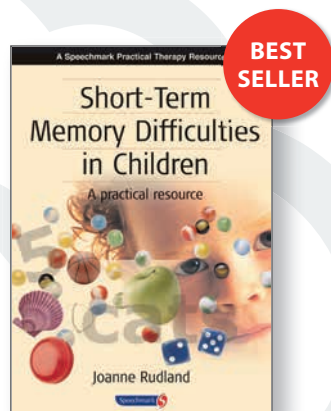


SmILE Therapy: Functional Communication and Social Skills for Deaf Students and Students with Special Needs

Karin Schamroth and Emma Lawlor

2015 | ISBN: 9781909301559 | Age 7+ | £39.99

This book is a practical step-by-step resource, designed to guide teachers and speech & language therapists on the delivery of SmILE Therapy.



Short-Term Memory Difficulties in Children

Joanne Rudland

2004 | ISBN: 9780863884412 | Both items: Age 7-11 | £35.99

This book is ideal for education psychologists and speech and language therapists working with children with short-term memory difficulties. This practical resource contains a complete programme of ideas for developing a child's short-term memory skills.

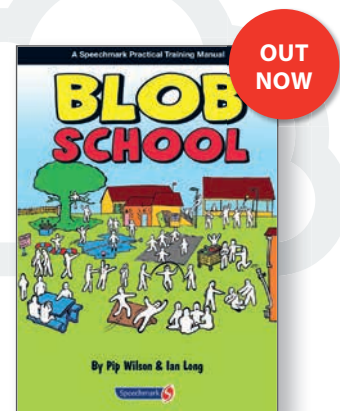


The Sky's the Limit

Victoria Honeybourne

2015 | ISBN: 9781909301702 | Age 7+ | £34.99

This significant new resource is designed to support young people with special education needs (SEN) to understand what is meant by mental wellbeing and to help them to learn skills and strategies which will support them in maintaining their mental health.



Blob School

Pip Wilson and Ian Long

2015 | ISBN: 9781909301382 | Age 11+ | £35.00

This practical resource aims to cover all the key areas of school life so that teachers, assistants, school workers, pupils and parents can reflect upon a wide range of contexts and issues which occur throughout the school year.

To order direct or to see more details on these and our other speech, language and SEN resources go to www.speechmark.net or email sales@speechmark.net and don't forget to quote RCM15 to receive your 15% discount*

*Offer ends 31st March 2016



Cayman Islands Health Services Authority is seeking a:

SPEECH THERAPIST FAITH HOSPITAL

Faith Hospital is a dynamic community hospital, serving the residents of Cayman Brac and Little Cayman. The Hospital, an 18-bed facility provides primary, secondary, and emergency care and is staffed by highly trained, experienced and qualified professional and support staff which includes physicians, nurses, support services, administrative and clerical personnel.

Responsibilities:

Provides assessment and treatment in the areas of language, articulation, fluency, voice, hearing, swallowing, cognition, augmentative/alternative communication, and social aspects in both paediatric and adult populations. Post holder will also provide and participate in patient education to encourage generalization of target skills and in public education in order to increase awareness of communication sciences and disorders in the community.

Qualification & Experience:

B.Sc. (U.K., Australia or South Africa) or, M.Sc. (U.S.A. or Canada) or equivalent in Speech Language Therapy, Speech Language Pathology or Communication Sciences and Disorders. All candidates must be registerable with the Cayman Islands Health Practice Commission. Other benefits include subsidized health care (medical, dental, optical), a pension plan and vacation as per policy.

Tax-Free Salary: CI \$56,523 - \$65,864 per annum (CI\$1.00 = £0.70)

Please submit application with updated resume to:

Human Resources Director, P.O. Box 915, Grand Cayman KY1-1103, Cayman Islands
Preferably email to hsjobs@hsa.ky or fax (345)945-0890

Egerton Rothesay School
Durrants Lane, Berkhamsted
Hertfordshire, HP4 3UJ
Tel: 01442 865275



SPEECH AND LANGUAGE THERAPIST

Part Time / Full Time | Band 6

ERS provides specialist support within a small and caring environment for our pupils, many of whom have additional needs.

We are seeking a Speech and Language Therapist to join our multi-disciplinary team. The successful candidate will be required to assess pupils, provide therapy, set up programmes and work with staff in supporting pupils' communication needs.

The successful candidate will be fully qualified and registered with the HCPC and RCSLT and have experience in a school setting.

Egerton Rothesay School is committed to safeguarding children. Successful candidates will be subject to a DBS check.

To apply please contact Mrs Susan Lucas, susan.lucas@eger-roth.co.uk
School website www.eger-roth.co.uk

Closing Date: 16th March 2016
Start Date: April 2016

SVR Clinical Specialist Speech and Language Therapist



Severn Healthcare Technologies has a commitment to providing high quality clinical support, education and skills training in the field of Surgical Voice Restoration (SVR) throughout the UK.

We are expanding our team of Clinical Specialist Speech and Language Therapists and are seeking two suitably qualified and enthusiastic candidates, initially for the North of England and for London and the South East.

The role includes the preparation of educational materials and resources, and undertaking theoretical and practical skills teaching to a range of professionals in the multidisciplinary head and neck teams, as well as the Severn Healthcare sales team.

These jobs are part-time. Consultancy contract considered.

Person specification:

Qualified Speech and Language Therapist with HCPC registration
Minimum 5 years' experience of providing SVR in an in and out-patient setting

Evidence of recent education in SVR

Familiarity with recent research and evidence based practice in SVR

High level presentation skills and experience of delivering teaching to a range of audiences

Current driving licence and use of a car

Located centrally within the specified region

Salary: Excellent remuneration package commensurate with experience.

Interested?

For an informal discussion regarding the Clinical Specialist role then please contact:
Fiona.Robinson@severnhealthcare.com.

To register your interest and for more details, including the job description and detailed personal specification, then please contact Julie Lee, Julie.Lee@severnhealthcare.com or call 01635 887640.

APPOINTMENTS

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Senior Specialist Speech and Language Therapist North Lincolnshire, £30,500 - £40,000 p.a. Full (Part Time Considered)

Working for Options a UK Care and Education Provider with c1200 staff, this lead role joins a multi-disciplinary team providing specialist support to Adults with ASC and complex needs.

The ideal candidate will have:

- Experience with our specialist client group
- Knowledge of a range of assessment tools and evidence of skilled application
- Advanced knowledge of models of service delivery and an ability to articulate the value added by the Speech and Language Therapy service within the content of multi-disciplinary work
- Knowledge of sensory differences
- HCPC registered

In return we offer support with professional supervision, CPD, & professional registration costs

For more information, please call Billy Smallwood,
Head of Clinical Services on 01724 733777 or visit our
website www.optionsgroup.co.uk/careers/vacancies



MOOR HOUSE SCHOOL & COLLEGE Speech and Language Therapist

Full Time Permanent | Salary: AFC band 5

Moor House School & College is an Outstanding specialist school for students with significant speech, language and occupational therapy needs. The School provides a differentiated mainstream curriculum to residential and day students age range 7-19. Less than an hour away from Central London, the School is located in a beautiful setting on the Kent and Surrey borders.

We are seeking a therapist with demonstrable interest in SLI. Successful candidates will join a large, established Therapy Team. CPD and research opportunities are considered vital to the provision of a high quality service, and these are actively encouraged.

If you are an NQP therapist you will benefit from weekly supervision sessions and support to complete your NQP framework.

HCPC and RCSLT registration are essential.

Closing date for applications: Friday 18 March 2016
Interview date: Wednesday 23 March 2016

Please visit our website to download further information including an application form. <http://www.moorhouseschool.co.uk>

Completed applications should be emailed to:
jobs@moorhouseschool.co.uk

The School is committed to safeguarding and promoting the welfare of the children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure and Barring Service.



We have exciting opportunities for independent SLTs - or those who might be considering taking that route.

We deliver services to both primary and secondary schools and EY settings, currently focusing on the Birmingham area. With our model, you will build relationships by being in a setting regularly and be genuinely appreciated for the positive difference your input makes to pupils and staff. We have excellent feedback from our clients!

Interested? Contact us for an informal chat in the first instance.
Jo Williams 07837 048525 or Diana McQueen 07967 178 491
Visit www.soundswellspeech.com to find out more.

NEW JOB?

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

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

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www.speech-language-therapy-jobs.org



EXCITING OPPORTUNITIES TO BE INVOLVED IN THE DEVELOPMENT OF A NEW THERAPY SERVICE BASED IN SPECIAL SCHOOLS AND CENTRES IN THE LONDON BOROUGH OF HOUNSLOW

4 PAEDIATRIC SPEECH & LANGUAGE THERAPISTS - BAND 5

We are looking for 4 therapists who will work with a pre-defined caseload of school aged children in special schools and specialist mainstream centres. We will be developing a therapy team of speech and language therapists and occupational therapists who wish to work in a friendly and supportive team committed to developing people through clinical supervision and CPD. There will be 2 teams one covering the East of the Borough and the other covering the West.

You will work with supervision from experienced speech and language therapists. You will be working directly with children and young people both individually and in groups with an emphasis on integrated working with the team surrounding each child. You will be expected to have excellent interpersonal skills as well as exemplary written and spoken communication skills. You will need to be enthusiastic, highly motivated, organized and have excellent IT skills.

Contract will be: Full-time 42 weeks per year (Term time +3 weeks) initially for a 2 year period. We also welcome applicants who wish to work part-time. **Closing date: 1st April 2016**

2 SPECIALIST PAEDIATRIC SPEECH & LANGUAGE THERAPISTS - BAND 6

We are looking for 2 enthusiastic, motivated and forward thinking specialist therapists who will provide support to a pre-defined caseload of school age children in both special schools and mainstream specialist centres. You will be working from a central base within 1 of 2 hubs based in either the East or the West of the Borough, alongside other Speech and Language Therapists and Occupational Therapists; in partnership with the multidisciplinary team, parents and school staff. You will provide training and group packages to schools as needed. You will be expected to have excellent interpersonal skills as well as exemplary written and spoken communication skills. You will need to be organized; have excellent IT skills; a good knowledge of the education system as it relates to classroom practice; and to provide supervision for Band 5 colleagues.

Contract will be: Full-time 42 weeks per year (Term time +3 weeks) initially for a 2 year period. We also welcome applicants who wish to work part-time. **Closing date: 1st April 2016**

Please go to our School website www.lindonbennettschool.co.uk for further information and to download an application pack or email: office@lindonbennett.hounslow.sch.uk.

2 HIGHLY SPECIALIST TEAM LEADERS - BAND 7

We are looking for 2 enthusiastic, motivated, forward thinking highly specialist Therapy Managers to join our new schools therapy team. Hounslow Schools Children's Therapy Service is a new specialist service for pupils with a range of spoken language and communication difficulties attending special schools and centres in Hounslow. The service will provide assessment, differential diagnosis and treatment of developmental language disorders, specific language impairment and social communication difficulties including those associated with Autistic spectrum disorders for identified individual children, as well as working with the staff within the schools. You will also work with children who have associated syndromes or special educational needs which interact with their language development. This may include emotional and behavioural problems, ADHD, and syndromes such as Down's syndrome.

There will be 2 team leaders, and 2 teams one covering the East of the Borough and the other covering the West. As team leaders you will have line management responsibility for the other Therapists within the team, and be expected to supervise Band 6 and Band 5 colleagues. You will work closely with the Heads of the hub schools to manage the overall service delivery to the schools and centres in your area, and will be working from a central base alongside other Speech and Language Therapists and Occupational Therapists.

You will need to be an autonomous practitioner who has excellent communication and interpersonal skills and an ability to work both independently and collaboratively within a multi-agency environment and inter-disciplinary team. You will have experience and knowledge of working with children with neurodisability and sensory integration difficulties. You must also have an ability to pass on skills/knowledge to others in both formal and informal environments and be committed to personal and team development as well as seeking innovation. You will need to maintain judgement under pressure; be committed to implementing evidence based practice; and have a good knowledge of the education system as it relates to classroom practice.

Contract will be: Full-time 42 weeks per year (Term time +3 weeks) initially for a 2 year period **Closing date: 24th March 2016**



**Lindon Bennett School
& Specialist Nursery**



Change your career. Change someone's life.

Speech & Language Therapist or Senior Speech & Language Therapist

Low Laithes, Wombwell, Barnsley

SALARY: £25,038 TO £29,323 DEPENDANT ON EXPERIENCE • 37.5 HRS/WK

Established in 1975, the Hesley Group provides flexible, specialist residential services and schools. We aim to offer the best possible care, education and vocational opportunities for young people and adults, with autism and/or a learning disability and complex needs, including behaviour which may challenge. Our team of Speech and Language Therapists makes a key contribution to our capacity to provide effective person-centred support for our clients.

We are seeking a Speech & Language Therapist to work within a mixed professional team at our Barnsley service. This is an exciting opportunity for a therapist looking for either their first post or a new opportunity for learning within this environment where you will support functional communication for our clients. You'll have an interest and possible previous experience in children's or adult's autism or Learning Disability services and be keen to be involved in further team and service development in this specialist field.

You should be a dynamic therapist willing to demonstrate a commitment to reflective practice and delivering effective and evidenced service initiatives.

In return you will receive outstanding Continuing Professional Development opportunities, clinical support and supervision and the opportunity to work and contribute to this evolving area of practice.

For an informal discussion regarding this role, please contact Anna Backhouse, Head of Therapeutic Services & Speech and Language Therapist, or Rachel O'Sullivan, Lead Occupational Therapist, on 01302 866906.

For more information on any of our vacancies or to apply online, visit our website at www.hesleygroup.co.uk/content/current-vacancies Alternatively, for an application pack please email: recruitment@hesleygroup.co.uk stating your full name and address or telephone 01302 861666 quoting the reference **HO/02/SLT/16**.

Closing date for receipt of postal and online applications: **noon, 31 March 2016**. Online applications submitted after 12pm (noon) on the closing date will be rejected by the system.

Hesley Group is an Equal Opportunities employer. This post is subject to an enhanced level disclosure and barring check with the Disclosure and Barring Service (DBS).



RCLST jobs



Senior Lecturer (Clinical) in Speech and Language Therapy

East Midlands
£36,672 - £46,414 pa



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North East
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Speech & Language Therapist

South West
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Speech & Language Therapist

South East
Competitive salary

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Community Evangelist/ Speech Therapist

Various
Competitive salary

To check the latest jobs, visit:
www.speech-language-therapy-jobs.org



Witherslack Group

have provided inspirational education and care to children and young people, resulting in life changing experiences and countless stories of success, since 1972. We are a leading provider of specialist education and care for children and young people with social, emotional and mental health needs, communication difficulties (autistic spectrum conditions, Asperger's Syndrome, speech, language and communication needs) and complex learning needs.

Currently we have a number of exciting opportunities as we are expanding our clinical team.

We have vacancies for **Speech and Language Therapists** at Band 6 Point 21 -29 dependant upon experience within the following Schools with school holidays:

Cedar House School
Bentham, Lancaster
Full time with pupils aged 7 - 18

Chilworth House Upper
Oxfordshire
Part time with pupils aged 11 - 18

Cumberland School
Bamber Bridge, Lancashire
Part time with pupils aged 11 - 18

Hall Cliffe School
Horbury, Wakefield
Part time with pupils aged 8 - 16

Pontville School
Ormskirk, Lancashire
Part time with pupils aged 5 - 19

Westmorland School
Chorley, Lancashire
Part time with pupils aged 5 - 11

Oakwood and The Grange Integrated
Therapeutic Provision **Durham**
Part time with pupils aged 8 - 18

There is also the opportunity to create full time posts by working across two schools.

The Witherslack group offer school holidays, termly Professional Development Reviews, Clinical Supervision, opportunities for CPD and other company benefits. For further information on our schools and to download our application form and job description visit our website www.witherslackgroup.co.uk If you would like to discuss the posts please contact Naoimh Todd on 01695 578558 Closing date: Friday 8th April 2016. Permanent Contract



Speech and Language Therapist

Bristol –Somerset - Devon

Starting Salary; £26,0144 37.5 hour week

SeeAbility is seeking to employ a Speech and Language Therapist for its services in the South West. Covering an area between Bristol and Exeter the post will provide SLT support for adults with sight loss and additional or multiple disabilities. Our priority is the quality of life of the people we support. SeeAbility's Speech and Language Therapists are part of an innovative and multi-disciplinary Advisory Services Team that support the rehabilitative and habilitative approaches adopted by support staff in SeeAbility's residential, supported living, and outreach services. They provide assessment, diagnosis, and therapy for people who use our services. Our therapists work closely with local managers to provide training and advice to staff teams. Clinical priorities include speech, language, voice, AAC, and swallowing disorders (dysphagia). The post holder will receive clinical supervision from SeeAbility's advanced SLT.

Closing Date: 24th March 2016 – Interviews week commencing 4th April 2016

For an informal chat about the post please contact Lesley Thorndycraft on l.thorndycraft@seeability.org or call 07808 36165 or Martin Thomas on m.thomas@seeability.org 07872 843696

For an application form please contact j.clark@seeability.org

www.seeability.org

SeeAbility is the trading name of The Royal School for the Blind.
Registered charity no 255913. Patron: HRH The Duchess of Gloucester GCVO



APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

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020 7880 6215 or
philip.owusu-darkwah@redactive.co.uk



bulletin

Speech and Language Therapist

Grade 5, Salary Range £23,698-£27,123

Hours: 37.5 hours per week, 52 weeks per year



Churchill School, a special school for pupils aged 8-18 with speech, language and communication needs (SLCN) and/or Autistic Spectrum Disorder. We currently have 52 pupils on roll with a further 18 anticipated during the 2016/17 academic year. Based on the site of Samuel Ward Academy, the school has a strong commitment to inclusion and the provision of functional speech and language therapy provision.

The role would involve:

- Assessing pupils' needs and communication environments
- Developing individual programs
- Working directly with individuals and with small groups of pupils
- Working collaboratively within the classroom
- Monitoring and reviewing pupils' progress in speech, language and the social use of communication
- Attending and contributing to annual review meetings
- Providing training and advice to school staff (including consideration of learning approaches)
- Maintaining notes and reports
- Working collaboratively with other health professionals
- Keeping parents informed of pupils' progress

Pupils at Churchill school are at the heart of everything we do. We have high expectations for both behaviour and achievement and see that every learner has a unique personality and talents to be developed.

Visits to the school are warmly welcomed.

For further details and an application pack please contact Claire Morton,
Administrative Officer, Churchill School, Chalkstone Way, Haverhill, Suffolk. CB9 0LB
Tel 01440 760338 Email: admin@churchillschool.co.uk

Closing date: Monday 11 March 2016



CHANGING PERCEPTIONS RAISING EXPECTATIONS

As Symbol UK begins its 18th Year, we need energetic, enthusiastic and committed speech and language therapists to join our professionally lead team of staff in a growing range of services working throughout the South East.

From early years, special education, mainstream and colleges services, to multi disciplinary services for adults with learning disabilities, and on to specialist services for people with Down syndrome and family support services; our services are both unique and highly regarded. Due to our success and reputation for high quality we have been asked to extend some of our existing services and develop some new ones, which means that we are looking for new team members (full or part time).

We have opportunities in Berkshire, Hillingdon, Ealing, Croydon, Surrey, Sussex and Kent. We are particularly looking for interest/specialism in ASD, Down syndrome, Eating and Drinking

Our posts are designed to reflect your individual skills experience, clinical interests and geographical preferences, with a unique grade depending on the job description, demands of the post, experience and expertise of the applicant.
Posts will be equivalent to Bands 5-7/8. Posts are permanent but short-term positions will be considered.

If you would like to discuss these or other opportunities contact Julie Wagge, Director of Speech and Language Therapy Services on 01622 859216

For a job pack please contact Barbara Flook on 01622 859216 or e-mail Barbara.flook@symboluk.co.uk
www.symboluk.co.uk



The Speech Bubble is looking for outstanding speech & language therapists to join our team in Manchester & Blackpool

We are an independent, paediatric speech & language therapy practice and have been working with schools and LAs since 2003.

Our team is made up of exceptional therapists with several years proven expertise in managing a varied & complex caseload and working with the specialised needs of our clients.

If you share our ethos of providing child-centered, school-based speech & language therapy, then we'd love to hear from you.

For an application form and further information please email info@thespeechbubble.co.uk or call 01254 702574.

Paediatric Speech and Language Therapist Band 5/6 | Blackpool

Communicate SLT is a growing Community Interest Company, maximising young children's life chances by enabling effective communication.

The SLT will join a supportive team working collaboratively within children's centres, early years' settings and schools.

We are looking for an innovative and enthusiastic SLT, with HCPC registration and RCSLT membership. This fixed term position requires an enhanced DBS check. Applicants seeking full or part time, term time only or return to practice are welcome.

For further information please contact Joanne on 01253 462123 or email enquire@communicate-slt.org.uk

Closing date: 23rd March 2016
www.communicate-slt.org.uk
Believe in communication for life



SLT required: Suffolk

SLT required, close to Suffolk (Beccles) area, experienced with Alzheimer's (late stages), to help with strategies for elderly lady and home based care team to communicate more effectively.
Please contact son (Mark) on 07710 105165

Various dates

Picture Exchange Communication System (PECS)

Level 1 workshops: Manchester, Newcastle, Oxford, Southampton, Birmingham, Belfast, Leeds, Nottingham and Aberdeen. Transitioning from PECS to speech generating devices: Cardiff, Birmingham and Brighton. SoSAFE! social and sexual safety training: Oxford, Belfast, Plymouth, Liverpool and Brighton. Visit: www.pecs-unitedkingdom.com, tel: 01276 609 555

Various dates

Talking Mats training

Explore the potential of this powerful communication framework: Stirling 15 March/19 April; Online 12 April – 26 June; Liverpool 21 April; Stirling seminars 29 April; Accredited 26/27 May; London 9 June; London seminars 10 June. For more information, visit www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479 511

Stage 1: 18 March/28 April/30 June; Stage 2 – Day 1: 29 April/20 May/1 July; Stage 2 – Day 2: 8 July

Smile Therapy Training Stage 1 and Stage 2

New courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Outcome measures for every module. RCSLT London. Visit: www.smile-interaction.com, email: courses@smiletherapy.info

7-8 March (with optional day TTP for 0-3s on 9 March), Salford Quays

Elklan total training package for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in Early Years settings from 0-5 years. Teacher/therapist teams welcome. £470 pp for under 5s two days; £670 for all three days. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7-8 March, Ramada Salford Quays; 23-24 May, Intuition Southwark London; 14-15 November, RCSLT London

Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in

secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7-8 March, Salford; 23-24 May; 17-18 November, London

Elklan total training package (TTP) for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in early years. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9 March, Salford

Elklan total training package (TTP) for 0-3s

One-day course for existing Elklan tutors. Equips SLTs and teaching advisers to provide practical, accredited evidence-informed training for staff working in early years settings to enable them to develop the communication skills of babies and very young children. Only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March, Salford; 26-27 May, RCSLT London

Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10-11 March, Ramada Hotel Salford Quays; 26-27 May; 14-15 November, RCSLT London

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11 March, Salford; 9 June; 1 November, London

Elklan Let's Talk with under 5s tutor training pack

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for under-fives/0-3s'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11 March, Salford; 9 June; 1 November, London

Elklan Let's Talk 5-9s tutor training pack

Designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award,

'Speech and language support for 5-11s'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11 March, Salford; 9 June; 1 November, London

Elklan Let's Talk Together tutor training pack

Designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of verbal children with autism aged four to 13 years. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for verbal children with ASD'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

17 March (9.30am – 4.30pm)

Dynamic assessment workshop

Location: 9 Devonshire Square, London (two minutes' walk from Liverpool Street Station). £199. Fee includes free copy of resource book Improving Learning Through Dynamic Assessment. For details, email: fraserlauchlan@live.com

17-18 March, Mid Yorkshire Hospitals NHS Trust

Two-day Lidcombe training course Wakefield. £300 pp including lunch. Contact Clare Garner. Email: Clare.garner@midyorks.nhs.uk or tel: 01977 465 417

23 March, Wolfson Neurorehabilitation Centre London

Mild traumatic brain injury: How primary care can make a difference

Half-day workshop lead by neuropsychiatrist Dr Mike Dilley. £65 (check event website for discounts for P-CNS members). For details and to book visit: www.p-cns.org.uk

31 March, Abstract submission deadline; 14-16 December conference dates

International Aphasia Rehabilitation Conference 2016

Three-day delegate rate from £360, City University London. Visit: www.city.ac.uk/iarc-2016, email: iarc2016@city.ac.uk

6 April (from 1pm), London

Free UCL course in developing research ideas

Will help clinicians to develop their research ideas into concrete plans. Attendees will learn how to: formulate research questions; prepare a research plan and explore their next steps. For full details and to book your place. Visit: <http://tinyurl.com/UCLResearchSkillsApril>

8 April

Bilingualism in therapy and educational settings with Sunita Shah

Aimed at SLTs, early years and school practitioners working with clients from diverse communities. Provides information on bilingual language development and advice and strategies on supporting bilingual children. Covers assessment, identification and management. £85. Tel: 01908 614 479, visit: www.bookwhen.com/magicwordsspeechtherapyforschools

11 April, Birmingham

Cervical auscultation course

Run by Quest Training. A practical, skills-based course. £138.50. Further information from www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: Jofrost29@gmail.com

18-20 April, Wirral

Hanen's Learning Language and Loving It certification workshop

Gain a practical and effective framework for empowering Early Years practitioners to create enriched language-learning environments. Now open to SLTs with no previous Hanen training. Visit: www.hanen.org/LLLCertificationWorkshop, email: info@hanen.org

19-21 April, UCL CPD@PaLS London

It Takes Two to Talk certification workshop

Involving parents of young children with language delays (birth to five years) in their child's intervention. The Hanen Centre. £795. Tel: 020 7679 4204, email pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/j6jlbtc>



BOOK YOUR QUICK LOOK DATE TODAY

Increase the potential of your course or event by advertising in the RCSLT Bulletin Quick Look Dates section. A Bulletin survey shows **77%** of readers have attended a course advertised in these pages.

Contact Beth Fifield to book your advert. Tel: 020 7324 2735 or email: beth.fifield@redactive.co.uk

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Payment must be received by Redactive Media before we can publish your Quick Look Date advert. Advert text will be edited for consistency. Enhanced coloured boxes: the editor will determine the box colour.

QUICK LOOK DATES

19-21 April, London

Hanen's It Takes Two to Talk certification workshop

Shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. Visit: www.hanen.org/ITTTworkshop, email: info@hanen.org

26 April, The Ear Foundation

ANSD

This course will outline the complex issues when supporting and working with these children, the role of cochlear implantation and the implications for this group of children's future management. £85. Email: susanna@earfoundation.org.uk

27 April, Manchester (other dates/venues available)

ASLTIP: Working in independent practice

Thinking about working independently? This course will equip you with the information and knowledge to ensure you are running an effective, ethical and legal practice. Visit: www.helpwithtalking.com email: asltip@eg-training.co.uk

28 April, London

Unlocking language: ABA principles for SLTs

Workshop run by ABA Consultants and SLTs. An introduction to ABA and how to implement it into SLT practice. We will also cover setting targets, echoic mands, ABA with PECS and attention, listening and behaviour. £85. Email: info@unlockinglanguage.co.uk or tel: 020 7473 3624. Visit: www.unlockinglanguage.co.uk/training

29 April, RCSLT London

Introduction to counselling skills, caring and maintaining boundaries

Practical, friendly and empowering day course for therapists and assistants in their work settings. Designed for newer and returning therapists, but all welcome. Run by Sally Newman and June Norris. Numbers limited, ensuring individual attention. £95 (early bird £85) Contact Sally Newman at Therapy Skills Training Alliance. For info and to book, email: newmansallyspeech@yahoo.co.uk or tel: 07821 250 312

8 May

Voice and neck: Exploring links between them

This day will examine the links between neck posture/tension and voicing, including common patterns of muscle misuse and poor posture. Posture, tension and movement will be addressed during practical afternoon workshops using Feldenkreis, laryngeal palpatory assessment and a movement class designed for voice users. Visit: www.britishvoiceassociation.org.uk (Events and Courses), email: administrator@britishvoiceassociation.org.uk

9-13 May, London

Adult dysphagia training: Theoretical course

One-week intensive course/tutorial aimed to provide participants/NQT

with theoretical knowledge to assess and manage adults with acquired neurological dysphagia. £350.

Contact: Mark Livingstone, tel: 0207 288 5546 email: mark.livingstone2@nhs.net

9-10 May, RCSLT London

Elklan total training package for vulnerable young people

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10-13 May, Birmingham

ADOS2 administration and coding course

ADOS2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely-used observational assessment in the diagnosis of autism. Visit: ados2training.co.uk

13 May, Gatwick Hilton Hotel

Active relaxation training workshop

A practical, one-day interactive workshop suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details available at: <http://tinyurl.com/0oh3ne5>

13 May, Salford Quays; 3 November, RCSLT London

Elklan specialist training package – supporting children and adults using AAC

Equips existing Elklan tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

16-18 May Wirral

Hanen's More Than Words entry-level workshop

Fulfil the key criteria for effective early intervention for children with autism. Learn how you can involve parents to facilitate their child's social and communication skills in everyday contexts. Now open to SLTs with no previous Hanen training. 22.5 CPD hours. Visit: www.hanen.org/MTWworkshop, email: info@hanen.org

16-19 May

The SOS Sequential Oral Sensory approach to feeding

Transdisciplinary programme for assessing and treating children with feeding difficulties and weight/growth problems from birth to 18 years. Integrates posture, sensory, motor, behaviour/learning, medical and nutritional factors to compressively evaluate and manage children with feeding and growth problems. Holiday Inn London-Kingston south, Portsmouth road, Surbiton, London, Surrey KT6 5QQ. £785 (instalment plan can be arranged). Contact Catalina Clarke for list of Hotels at: training@sensationalkids.co.uk to register and for pricing

19 May, London venue tbc

Community equipment: Law, policies and practice

One-day workshop led by independent legal trainer and consultant, Michael Mandelstam. £175 (check the event listing in the CTN website for discounts for CTN members). For details and to book visit: www.communitytherapy.org.uk

23-27 May, The Ear Foundation

Intensive training week: Early intervention

Often, auditory learning is confused with auditory training and the link between cognition and language is missed. This intensive week enables you to plan sessions with greater impact. £450. Email: susanna@earfoundation.org.uk

24-27 May

SYMBOL

Down syndrome: Specialist development programme for SLTs/experienced SLTAs. Four-day modular course: evidence based syndrome-specific intervention for all ages and settings. Horley, Surrey RH6 8RG. More details/booking: barbara.flook@symboluk.co.uk, tel: 01622 859 216, visit: www.symboluk.co.uk

25 May, The Ear Foundation

Speech acoustics

Develop your understanding of how speech sounds are made in the mouth, how this relates to the acoustics of speech and what this has to do with an audiogram. £85. Email: susanna@earfoundation.org.uk

31 May, RCSLT London

The Therapy Outcome Measure (TOM)

One-day training workshop with Professor Pam Enderby. £175 (check the event listing in the CTN website for discounts for RCSLT members). For details and to book visit: www.communitytherapy.org.uk

3 June

School-age children who stammer with Daniel Hunter

Equips SLTs with materials to treat dysfluent children, based upon evidence-based practice. Explores Assessment of the child, speech techniques, working with attitudes and emotions, working with teachers and other children in the school. £85. Tel: 01908 614 479, visit: www.bookwhen.com/magicwordsspeechtherapyforschools

10 June, RCSLT London

Word aware: A joined up approach to teaching vocabulary

Practical, whole school curriculum based approach. Suitable for teachers and SLTs. Trainers: Stephen Parsons and Anna Branagan. £130 including book. Contact: Kevin Foster on 07989 279294 or www.thinkingtalking.co.uk

13-14 June, National Hospital for Neurology

Foundation of neurology course

For SLTs working with adults living with neurological disease. Focusing on aspects of neuroplasticity, differential diagnosis and assessment using a hypothesis-testing approach to underpin the nature of disorders and possible SLT interventions. £200. Alkida Domi at: therapy.courses@uclh.nhs.uk or tel: 020 3448 3476

13-17 June, UCL London

'Working with deaf people': Part 1

An introduction to all aspects of assessment and therapy with deaf

children and adults. £450. Email: ruthmerritt@csdconsultants.com tel: 01227 262 141. Apply online now at: www.csdconsultants.com

24-25 June, Gatwick Hilton Hotel

Cognitive rehabilitation workshop

Two-day interactive workshop suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details available at: <http://tinyurl.com/lukvuzo>

27-29 June, UCL CPD@PaLS London

Introduction to the practical management of eating and drinking difficulties in children: basic level

Tutors: April Winstock, Specialist SLT, and specialists. £450. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/h49lqtb>

5 July, UCL CPD@PaLS London

Working with selective mutism. Part 1: Effective approaches to assessment and management

Tutors: Maggie Johnson and Alison Wintgens. £150. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/zxfhrtb>

6 July, UCL CPD@PaLS London

Working with selective mutism Part 2: Extension level – supplementary approaches to assessment and management

Tutors: Maggie Johnson and Alison Wintgens. £150. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, Visit: <http://tinyurl.com/zpfum34>

22 July

Attachment and communication with Melanie Cross

Provides SLTs with an understanding of the attachment system, how it works and the types of attachment. We cover attachment disorders and how they might impact on child development, including communication and language skills. £85. Tel: 01908 614 479, visit: www.bookwhen.com/magicwordspeechtherapyforschools

2-3 November, RCSLT London

Elklan total training package for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence and informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

17-18 November, RCSLT London

Elklan total training package for verbal children with ASD

REVISED course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk



Craig Loftus

OCCUPATION: SPEECH AND LANGUAGE THERAPY ASSISTANT,
PERCY HEDLEY FOUNDATION

“Without the book and the speech and language therapy input I would have been unable to develop my communication skills” - LAURA



At Hedleys Able2 we provide adult day services in the North East of England. We are part of The Percy Hedley Foundation and our speech and language therapy team works with adults with a range of disabilities. A number of our service users have dysarthria, dysphagia and communication needs associated with their disability. We work closely with other health professionals to provide personal aims and targets in both individual and group therapy.

We work with people with a range of disabilities, including cerebral palsy, profound and multiple learning difficulties, autistic spectrum, dementia, degenerative disorders and acquired brain injuries. The thing that makes us proud of our service is to see first-hand how positively our service users respond to, and progress within, the different therapies we provide, and to the different approaches we use.

We make a difference in many ways—from building confidence, concentration, participation and anticipation through our sensory sessions, to creating opportunities for people to communicate using a range of methods including eye contact, facial expressions, signing, symbol systems, and low- and high-tech communication aids.

Laura’s story

My name is Laura and I was born and raised in Durham. I am a member of Newcastle United Disabled Supporters Association (NUDSA). I love being a part of NUDSA because I attend committee meetings to share ideas for fundraising and



Laura can’t wait to surprise her aunty with the bench in memory of her late uncle

raising disability awareness.

I have visual impairment and cerebral palsy involving my whole body, and resulting dysphagia and dysarthria. I am funded for speech and language therapy at Hedleys Able2, who regularly assess my eating and drinking. My support team are provided with mealtime management plans and dysphagia training to ensure I can enjoy food and drink as safely as possible. Mealtimes have recently improved as my support staff now have a better understanding of my positioning and the speed at which I like to eat.

My funding also covers communication and a speech and language therapy assistant visits me at home every week so we can develop my low-tech communication book (known as an auditory scanning book). We look at ways of making it user friendly for my communication partners, so I can communicate with as many people as possible. I also like the categories and words to be relevant; for example, having

the words that I need to make sentences related to my life. My mum has played a big part in the success of my communication book. She is really supportive, an excellent communication partner and she shares all of the good news that I tell her about.

I communicate by answering yes or no non-verbally to categories that are read out aloud in order. There are also sub-categories, so I am familiar with where all of my words are and can construct sentences by choosing

the words that I need.

I recently used my book in a session to communicate my wish to buy a bench in memory of my late uncle who was a massive Newcastle United fan. I used my places category to find ‘Saltwell Park’ to share that he grew up playing around the park and selected the action category so I could say ‘paint’ and the colours ‘black’ and ‘white’ to request that the bench be painted in these colours. Without the book and speech and language therapy input I would have been unable to develop my communication skills, which in return would have reduced the amount of control I had over my own life.

Having limited communication makes me feel isolated and frustrated, so being able to make choices and being socially included has reduced these emotions. Speech and language therapy has had such an impact on my life and the bench is just one example of when my book has had a positive outcome. The bench is almost finished now and I can’t wait to surprise my aunty when it is ready. ■

🔗 Visit: <http://tinyurl.com/zlwn4f4> to find out more about Hedleys Able2

New **Purée Petite**.

500+ calories and 15g+ protein
in one smaller portion.
Perfect for reduced appetites.

NEW
RANGE



647 - Purée Petite Salmon Supreme

The new Purée Petite range takes a fresh look at Category C meals, for patients with dysphagia. Each energy-dense 275g dish is smaller in size for patients with reduced appetites, but with similar calorie and protein content to the larger meals in our Softer Foods range. Meaning the much needed nutrition goes exactly where it belongs, in your patient.

Arrange a free tasting today and discover how Purée Petite and our other Softer Foods meals for Category C, D and E diets can help your patients.

To order a **FREE** brochure
or to arrange a tasting call
0800 066 3702
wiltshirefarmfoods.com

Softer Foods



Wiltshire Farm Foods