Mind the Gap: Putting research into practice

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November 2014 | www.rclt.org
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Thoughts from Leeds 2014

The 2014 RCSLT Conference in Leeds on 17-18 September is the firm focus of this month’s Bulletin. From the feedback we collected from delegates at the event itself and the avalanche of tweets sent during and after the conference, “Mind the Gap: Putting research into practice” was a successful occasion.

The cover feature, on pages 12-14, tells just part of the conference story. There were simply too many keynote and parallel sessions, workshops and poster presentations to detail here in the Bulletin. However, we have put many of the conference presentations on the RCSLT website (http://tinyurl.com/k3ub7cp). The post-conference webinar, which took place on 8 October, also outlines the main points of the conference activities for those who were unable to attend (http://tinyurl.com/lr4ofgf).

One of the highlights of the two days was the RCSLT awards ceremony that took place on the evening of 17 September. Pages 15-17 detail the fine achievements of the 10 RCSLT Honours recipients this year, the winners of the Giving Voice Innovation and International Communication Project 2014 awards, and the recipients of the special RCSLT Lifetime Achievement Award. It’s worth taking time out of your busy day to read about these inspirational individuals and groups.

Next year is just a Bulletin issue away, so why not think about the people you know or work with and consider them for an RCSLT award in 2015?

Steven Harulow
Bulletin editor
bulletin@rcslt.org

Celebrating Bulletin success

I wanted to write to say thank you for giving me the opportunity to profile my work in the ‘My working life’ section of the Bulletin (October 2014, page 38).

I have received more than 80 supportive and interested emails and messages via social media. Several SLTs have expressed a wish to establish a clinical excellence network, as well as to visit to see our collaborative work in action. Other SLTs have told me they want to pursue an MSc in Applied Behaviour Analysis and have asked for advice on this. Some private companies have approached me wanting to develop behaviourally-based Welsh medium therapy resources. I will be working on these projects, bringing them to fruition over the next 12 months.

The response has been over and above what I hoped for and I am so pleased. My long-held aim was to increase exposure for working collaboratively in the Bulletin, because it is the most highly-respected and widely-read publication of its kind. I have finally succeeded.

Bethan Mair Williams, by email

Find out more about ESPA

I work for a company called ESPA Research, a self-financing subsidiary of a charity called ESPA (Education and Services for People with Autism).

We have a dedicated research team who between us have over 40 years’ experience in autism research and have published more than 30 research papers in the peer-reviewed domain, mostly on autism, the search for potential biomarkers and the analytical techniques involved in such a process.

Speech and language therapists are often the first port of call for children with speech delay associated with autism. We suggest various interventions that aim to improve quality of life for those on the spectrum. This includes examining the use of casein and/or gluten free diets and looking for biological entities that may provide insight into any underlying metabolic conditions including best and non-responders to various interventions. See our latest paper (http://tinyurl.com/mc3y6ht).

We analyse biological samples using mass spectrometry to ascertain the presence of single or collective biomarkers to distinguish autism and related conditions from non-diagnosed and other control populations. We are based in the north east of England, but support parents and professionals in both the UK and all over the world.

If we can be of assistance to any of your readers or they would like to know more about our work we welcome enquiries. Alternatively, they can visit our website where they can find out about the team, our areas of interest and our contact details. Visit: www.espa-research.org.uk

Lynda Todd, by email
RCSLT AGM approves changes to governance

Changes will improve efficiency and effectiveness, says RCSLT Chair

Outgoing RCSLT Chair Bryony Simpson used the 62nd RCSLT annual general meeting (AGM) in Leeds on 16 September 2014 to reflect on the activities of the RCSLT during the financial year 2013-2014 and to outline important changes to the organisation’s governance structure.

Introducing the year’s activities Bryony said, “Once again, we have seen a year of rapid change and increasing demand. Our annual impact report [www.rcslt.org/about/annual_report] demonstrates the huge wealth and variety of the work of the RCSLT and all of its members and stakeholders. Across the UK, the impact has been astounding.”

“It has been my great pleasure to attend the launch of many of the RCSLT Hubs UK wide. They are beginning to take shape, engaging a wide variety of the membership and to do useful work. Our hubs show enormous potential to engage, support and develop the profession.”

Bryony explained changes to the overall governance structure of the RCSLT that the Council had already approved.

In addition, members voted on several special resolutions which amended the Memorandum and Articles. All these changes, Bryony said, would put in place a “streamlined, more efficient structure, with a Board of Trustees that is better placed to discharge its legal and charitable obligations”. She also announced the creation of a new Professional Practice and Policy Committee (PPPC) to replace the Policy and Public Affairs and Professional Development and Standards Boards, and more formal engagement with members through the RCSLT Hubs.

◉ For details of the new RCSLT governance structure and how you can play your part at the RCSLT, visit: www.rcslt.org/about/howwewearun/bot

The 2014-2015 RCSLT Board of Trustees

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<td>Maria Luscombe</td>
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<td>Deputy Chair</td>
<td>Morag Dorward</td>
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<td>Hon Treasurer</td>
<td>Lorna Bailey</td>
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<td>Trustee for Professional Development and Standards (until December 2014)</td>
<td>Dr Carol Stow</td>
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<td>Trustee for Policy and Public Affairs (until December 2014)</td>
<td>Emma Mays</td>
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<td>Country Representative for England, Janet Harrison</td>
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<td>Nikki Richardson</td>
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For details of the new RCSLT governance structure and how you can play your part at the RCSLT, visit: www.rcslt.org/about/howwewearun/bot

**NEWSPRINT**

**The MyNHS website**

The MyNHS website has gone live. A joint project between the Department of Health, NHS England, Public Health England, the Care Quality Commission and the Health and Social Care Information Centre, it links to published data on patient safety, efficiency, quality, public health, social care commissioning and hospital food standards, and includes a feedback button on every page.

◉ Visit: http://tinyurl.com/kdsnans

**Anne Hancock:** We are sad to learn about the death of Anne Hancock (1931-2014). Anne worked as a speech and language therapist for many years for the NHS in Boston, Lincolnshire, and in Dorchester, Dorset. We are very grateful to Anne’s niece for supplying this information.

◉ Visit: http://tinyurl.com/ml8upp

**The Stroke Association**

is offering postgraduate fellowships to support nurses and allied health professionals to start a career in stroke research. They will enable outstanding graduates the opportunity to obtain a postgraduate research qualification (MPhil or PhD), giving them the required skills to ultimately undertake an independent stroke research career.

◉ Visit: http://tinyurl.com/ml8upp

**BSL SignBank** is a web-based dictionary based on signs used by 249 Deaf people filmed all over the UK. Academics at the Deafness Cognition and Language (DCAL) Research Centre, based at University College London, developed the resource, which offers more signs for colours, countries, numbers and UK place names than any other BSL dictionary.

◉ Visit: www.bslsignbank.ucl.ac.uk

November 2014 | www.rcslt.org
Singer’s stroke journey is ‘account of touching honesty’

Clare McLaughlin reviews ‘The Possibilities Are Endless’ on release in UK cinemas on 7 November

Successful singer/songwriter Edwyn Collins is both the subject and narrator of this film, which tells the story of his stroke recovery. This is quite a remarkable achievement considering he woke up with severe aphasia. He had no speech other than a recurrent utterance, which happens to make an intriguing film title.

The film is not a public information documentary about aphasia; instead, we share Edwyn’s journey, being immersed in the sounds and visions of his unconscious mind, as he remembers his experience of coma. The original soundtrack by Edwyn is mesmerising as we begin surfacing through the seascapes and dramatic landscapes of his native Scotland, aware of his wife Grace at his side, then submerging again.

Grace shares the narration as they reveal the losses and triumphs of the subsequent years to the two respectful young film makers and fans, Ed Lovelace and James Hall, who recorded Edwyn back at work on his new album and took time to listen to his amazing story. As an SLT, I was concerned that any aphasic errors would be lost to the editing room floor, but this is an account of touching honesty, even when Edwyn occasionally has to give up looking for the word he needs. Watching the film is a life affirming experience, as we tap our feet to archive footage of the handsome young Edwyn performing in the 1980s, including famous back catalogue hits, such as the ubiquitous “Never met a girl like you before”.

Neither Edwyn nor Grace mentions aphasia by name. The film is very much a personal account. But a strong motivation for allowing the film to be made was to encourage people who experience stroke, as well as their family and friends – don’t give up, give time, give respect for life, the possibilities are endless.

◉ Visit: http://tinyurl.com/olp6hk9 to watch the trailer

Outcome measures project update

Following on from the exciting RCSLT Conference in Leeds, with many presentations and posters focusing on outcomes from a variety of perspectives and levels, it feels as though the hearts and minds of members are in ‘outcome mode’. Apologies if we appear to be lagging in our outcome of suggesting a tool that is ‘best fit’ with the 11 suggested criteria. In line with the necessary governance process, the RCSLT Board of Trustees will consider a more detailed paper in December. This will include the feasibility and options for setting up a national database, consideration of potential costs to RCSLT and members, accessibility to the system and data, the extent and limitations of a core tool for different client groups and the opt-in process and training for Phase 1.

Meanwhile, we are delighted to welcome SLT Amy Ward to the team. Amy will be the full-time contact for the project supporting RCSLT Head of Professional Development Dominique Lowenthal and myself, so please email her at: amy.ward@rcslt.org if you have any queries or would like to be part of the wider reference group. We are keen to know what work is going on so we can make sure relevant groups and individuals link up, especially for Phase 2, which will identify existing, or develop new, valid and reliable condition and setting-specific outcome measures.

Dr Gaye Powell, RCSLT Outcome Measures Project Manager

November 2014 | www.rcslt.org
The Health and Care Professions Council (HCPC) has launched a consultation on revised guidance for disabled people wanting to become health and care professionals.

In 2006, the then HPC published ‘A disabled person’s guide to becoming a health professional’. This provided guidance to disabled people wanting to become a professional regulated by the HPC, as well as information for education providers in this area.

According to the HCPC, the primary aim of the guidance is to provide information to disabled people that helps overcome any perceived boundaries to them becoming qualified in their chosen profession and also registering with the HCPC. The guidance also includes information for staff working for approved education providers about their responsibilities when making decisions about disabled applicants and students.

As part of reviewing and revising the guidance, the HCPC commissioned Coventry University to undertake research with disabled students and with staff involved in education and training, including, for example, admissions staff, staff in disability services and practice placement educators. The outcomes of the research have informed revisions to the existing guidance. The consultation will run until 16 January 2015.

Visit: http://tinyurl.com/lakcscj

Maria Luscombe & Kamini Gadhok

HCPC seeks your views on disability guidance

Working in harmony: the update has begun

The update of the RCSLT Working in Harmony guidance has now commenced, with the guidance development group meeting for the first time on 1 October. The group is made up of SLTs working in different contexts across the UK, ensuring it represents a wide range of experiences. Once it has developed the project scope, there will be an opportunity for all members to give their feedback.

Lead Guidance Developer Theresa Redmond said, “This is such an important piece of guidance for all SLTs as our working contexts become more varied and complex. I want to encourage all RCSLT members to share their feedback at this early stage and as the guidance is developed.”

Members can join the Working in Harmony Reference Group to ensure they will be contacted directly and invited to feedback on both the scope and draft guidance.

For more information visit: http://tinyurl.com/lyq7een or email RCSLT project coordinator Caroline Wright: caroline.wright@rcslt.org

November 2014 | www.rcslt.org
Feedback from the participants commended the students on how well they had identified some of the communication challenges of these client groups and the strategies they had given teachers on how to handle these challenges. This short time still provided an opportunity to work towards upholding our clients’ human dignity and to leave staff with the message that, “to be able to communicate is a human right”.

Juliet Wanyenze Wamukoota, Assistant Lecturer, BSLT Programme, Makerere College of Health Sciences, Makerere University, Kampala. Email juwanmy@gmail.com

Project Advisory Board member: Mentoring staff to develop services for people with communication disabilities in Uganda.

Visit: http://tinyurl.com/kufevtn

The RCSLT prize draw
Win a book...

Bulletin readers can win copies of ‘Chat a Sign: drinks, snacks and treats’. Email your name, address and membership number to prizedraw@rcslt.org and put ‘November draw’ in the subject line. Entries close 14 November. September’s winner was Fergus McGlone from Glasgow.

Garden adventures with Ben and Holly

Children’s communication charity I CAN has launched Chatterbox Challenge 2015, its annual early years sing-a-long event. Now in its 14th year, the annual fundraiser in nurseries and early years settings across the UK is open for registrations.

‘Chatterbox Challenge 2015: Garden Adventures with Ben and Holly’, will help to develop children’s communication skills by learning songs based on children’s surroundings and completing activities to help strengthen their development. Children perform the themed songs at a sponsored performance in front of parents and carers. All fundraising goes towards I CAN’s work with the one million children in the UK who struggle to communicate.

I CAN Chief Executive Virginia Beardshaw said, “I CAN’s annual Chatterbox Challenge is a firm favourite in the early years calendar. It is always a fun event that children and families enjoy. We are thrilled that year on year, more early years settings take part to ensure their children develop their vital spoken language skills.”

Chatterbox Challenge week is 9-15 February 2015. Early years groups can register at www.chatterboxchallenge.org.uk to receive their free fundraising pack.
Best foot forward for children in Bangladesh

On the 6-7 September 2014, 11 Canterbury Christ Church University speech and language therapy students took part in a 26-mile walk from Whitstable to Ramsgate to raise money for hearing impaired children in Bangladesh. Organised by Amy Moore and Lara Dalton (who both also participated), the walk has raised over £1,000 so far, with donations still coming in.

The money will be travelling with local SLTs who are going out to Dhaka, Bangladesh in the autumn and used to assess and provide therapeutic interventions as well as to sponsor children for a year’s education. In addition, some of the students organised the making of resources, which the therapists will take out with them.

The other students who participated in the walk were Victoria Greenhalgh, Richard Lord, Ashley Edwards, Lily Michailidis, Claire Jepson, Harriet Thompson, Catrin van den Ende, Josh Reynolds and Lucy Porter.

Watch Barbara’s story

Laura Harbert, one of the SLTs covering the Older Person’s Unit at St Thomas’ Hospital in London, has brought to our attention, “a brilliant (free) training resources developed at Guy’s and St Thomas’ for dementia care”.

‘Barbara’s Story’ is a dementia training film that follows a fictional patient who has symptoms of dementia, exploring the challenges she faces when she comes into contact with NHS staff at home and in hospital.

The aim of the six short training films is to raise awareness of dementia, so staff feel confident in recognising and caring for vulnerable patients. The training has become part of the trust induction for all clinical and non –clinical staff and is being used nationally and internationally to train hospital staff.

In addition to highlighting the importance of environmental cues, timely assessment and management, a key theme throughout the films is the importance of communication. Staff can see how subtle changes in verbal and non-verbal communication can help Barbara to feel comfortable and confident in the care she receives.

“The training is appropriate to be viewed by all members of staff, not just those working directly with patients with a known diagnosis of dementia,” Laura says.

Visit: http://tinyurl.com/mrbgw4q

Derek Munn
COLUMN

THE POLITICAL PACE HOTS UP

Last month we introduced our plans for the general election (Bulletin, October 2014, pages 12-14). Since then, the political pace has started to quicken, with the political parties offering different headline amounts of money and promises to the country.

Labour led off with a pledge to set aside funding for 3,000 midwives, 5,000 homecare workers, 8,000 GPs and 20,000 nurses. Of course our concern is that a focus on certain occupations, while politically attractive, risks not achieving the best outcomes by using the whole of the workforce – a point many organisations made in response. Andy Burnham’s speech was more nuanced, referring to allied health professionals (AHPs) as part of the homecare pledge and in the context of mental health.

Funding and waiting time targets for mental health were at the heart of the Liberal Democrat offer too, while the Conservatives promised weekend and evening GP appointments, a named GP and online access to your medical records.

Meanwhile, Labour also suggested that NHS bodies would ‘evolve into NHS integrated care organisations’. We are now meeting ministers, shadow ministers and advisers from all three parties to press our points home.

A new study from the Nuffield Trust highlights the challenge around the lack of data for the AHP workforce and therefore for measuring our impact. Allied health professionals account for more than £2bn of the NHS salary bill, yet there is remarkably little data on the Nuffield Trust report is a timely and authoritative reminder that the NHS is staffed only by doctors and nurses.

“There is a risk politicians will opt for the traditional narrative that the NHS is staffed only by doctors and nurses”

Derek Munn, RCSLT Director of Policy and Public Affairs. Email: derek.munn@rcslt.org
Vietnamese lesson for Birmingham students

This summer, four of us travelled to the north of Vietnam to volunteer in hospitals and rehabilitation centres, hoping to make a positive impact to the lives of underprivileged children with various speech, language and communication needs.

What we didn’t expect to take away from the experience was how much we learnt ourselves and how valuable this could be for our future practice. Although we tried to learn the language, when faced with everyday conversation with the Vietnamese people, we realised what a challenge this would be.

We learnt how essential non-verbal communication is to expressing and understanding. This sounds simple, but it had the biggest effect on our ability as communicators. We also noticed significant differences in our confidence when communicating with the more supportive staff and were surprised at how sensitive we became to negative forms of feedback.

On the other hand, positive praise and guidance, modelling and a safe and supportive environment enabled us to grow as communicators in an unfamiliar foreign language. Our experience in Vietnam was invaluable and one we carry throughout our careers.

Faye Moffat, Suzanna Wells, Annabel Gibbons, Sophie Gager, student SLDs, Birmingham City University

Take part in our survey for a chance to win £100 of Amazon vouchers

Many thanks to those of you who have already told us what you think about the RCSLT and its services. As part of our strategic plan, we are asking RCSLT members for their views on the way the organisation meets their professional needs.

The results will provide us with indepth analysis into your perceptions of the RCSLT and its services, and allow us to benchmark ourselves against other professional bodies.

By taking part in this survey you will assist us in reviewing how we should shape the RCSLT of the future to address your professional requirements. In addition, we want to know how well you believe we are achieving our strategic objectives and if you think we are achieving our goals in relation to the key performance indicators we have set.

The survey will take only 10 minutes to complete. You can suspend your completion of the survey at any time: your responses up to that point will be saved and a unique survey link will be sent to an email address of your choice. You will be able to return to your survey answers via the unique link in the email message and continue with your responses.

◉ All surveys received before the closing date on 14 November will be eligible to enter into our free prize draw to win one of three prizes. Visit: http://tinyurl.com/n5ypfky

Now hear me: it’s my right to speak

NHS Education for Scotland has launched, ‘Now hear me: it’s my right to speak’, a campaign to support the estimated 26,500 people in Scotland who require augmentative and alternative communication (AAC). A new website will provide signposts for professionals to sources of information, advice and development resources. It will also include guidance for the public and those working in customer-facing roles who may also come into contact with AAC users.

◉ Visit: www.nowhearme.co.uk

Online SEND service provider information

Special educational needs and disability (SEND) service providers can list what they offer on a new web portal, SENDirect.org.uk. Developed by the SEND consortium of disability charities, the site aims to help families find, receive and request the services they need, particularly now legislation gives families the option of using personal budgets to arrange their own support packages. Service providers will be able to list what they offer families at no cost during the site’s pilot until 1 April 2015. From January, the site will enable parents, professionals and young people across England to search for and compare services from all providers on the site.

◉ Visit: www.sendirect.org.uk

NICE scholarships open for applications

The National Institute for Health and Care Excellence (NICE) is offering one-year scholarships for qualified health and social care professionals to find out about the inner workings of NICE and undertake a supported improvement project, related to NICE guidance, within their local organisation. Workshops, access to a very experienced senior mentor and contact with the expert NICE teams will support NICE scholars in their projects. In addition to their project-based activities, NICE scholars act as local ambassadors for clinical and public health and social care excellence and promote the principles and the recommendations of NICE guidance. Applications close on 14 November.

◉ Visit: www.nice.org.uk/scholars

Syria travel warning

The UK Government is urging all citizens not to travel to Syria for humanitarian or any other purpose. In a message to all royal colleges across the healthcare sector, Parliamentary Under Secretary of State for Health Dr Dan Poulter says, “We know that hundreds of British people have travelled to Syria, many for humanitarian purposes, or to help family or friends. We understand the desire people have to travel to Syria, healthcare professionals in particular may wish to use their expertise to help the Syrian people by travelling there to be part of the humanitarian effort. However, the current conflict means that the entire country is unsafe, the situation on the ground is very fluid and anyone who travels is putting themselves in considerable danger.”

◉ Visit: http://tinyurl.com/qhdxc7f

Visit: www.rcslt.org
For parents of children on the autistic spectrum, speech and language therapy is often a high priority, reflecting an urgent need for shared communication. Research demonstrates the importance of early intervention, how changing habitual patterns of behaviour become difficult and hard to sustain, and how parent/child interaction changes when a child has a communication disorder. Having a child’s progress assessed is one thing, but does not provide answers to questions like: “What should I be doing; why can’t I make it work?”

The experience of interacting, communicating and building a relationship with their child is a challenge for parents. Interaction becomes altered and compromised because parents are responding to breakdowns in the connection. Changing this interaction means doing things differently, but adaptations don’t come naturally. Many seem counterintuitive, but it is essential to make the adult in the child’s life the most engaging activity available. Many parents will have tried their best, but experiences tell a different story – no reward with ready smiles, shared joyous interactions or mutual approval. Parents lose confidence and communication deteriorates.

A waiting time of 16 weeks for an assessment is agony for anxious parents and amounts to a significant proportion of pre-school. The consultation is frequently a disappointment for parents. The problem is diagnosed, but intervention takes the form of advice and/or a programme to be delivered by someone else.

Parents find this frustrating and yet the consultancy model of speech and language therapy is gaining momentum. The approach might provide services to more people, but as a profession, we have more to offer and need to ensure that commissioners operate as informed purchasing customers. Inefffective therapy creates the belief that speech and language therapy has little to offer or parents consider that we were no good but a different therapist could do it better. Parents don’t give up – they go to Google. And then we wonder why our services are not valued?

Speech and language therapy needs to be expert and flexible if it is to provide meaningful interventions. We need to nurture the skills and expertise in colleagues new to the field. We need to stay abreast of new research and intervention strategies and need to consider whether packages of care are providing effective intervention over an adequately sustained period.

As a profession we have the training, we can develop the skills and we need to get on with it and deliver.

Gina Davies, Specialist SLT, RSA

Making therapy meaningful

“I await time of 16 weeks for an assessment is agony for anxious parents and amounts to a significant proportion of pre-school”
Mind the Gap: Putting research into practice

Steven Harulow reports on the RCSLT Conference 2014 in Leeds

With 436 attendees over two action-packed days, more than 1,000 related tweets and re-tweets, 66 workshops and parallel sessions, 67 poster presentations, five keynote speakers and one standing ovation, it’s fair to say that the RCSLT Conference, in Leeds on 17-18 September, lived up to expectations.

The aim of ‘Mind the Gap: Putting research into practice’ was to help the profession to come together to share best practice and disseminate the latest innovation. The programme reflected this aim and the need to put patients, service users and their families at the centre of what SLTs do.

Keynote addresses

The five keynote speakers offered an interesting range of thought-provoking sessions and received warm acclaim from those who heard them.

Speech–Language Pathologist Dr Caroline Bowen (@speech_woman) began day one with an enthusiastic presentation on information and communication technology, social media, and speech and language therapy. Her portrayal of Twitter’s potential as “an empowering co-catalyst for intra and interprofessional discourse” prompted hundreds of tweets throughout the day, using the conference hashtag #RCSLT2014.

Service users Shane Dangar and Dr Trevor Jarvis BEM closed the first day with a truly memorable discussion of their ‘personal perspectives and experiences of speech and language therapy across the life course’ (see Emma Pagnamenta’s write up of their presentation later in this article).

The University of Leeds’ Dr Hilary Bekker kicked off day two by looking at how to design decision aids to inform treatment plans that are evidence based and that take account of patient preferences to support the delivery of outcomes.

Neil Churchill, director of Patient Experience England, ended the proceedings on 18 September by asking how well we understand patient experiences of care. His session established how patient and carer experiences affect clinical outcomes and operational efficiency, and discussed the relationship between patient engagement, patient-centred care and the patient experience.

Sessions, workshops and posters

The main problem for delegates in relation to the programme of interactive sessions and workshops was which ones to choose from over the course of the two days.

The sessions covered an array of child and adult clinical topics – from the ‘Evaluation of interventions for speech, language and literacy difficulties in children and young people’ and ‘Cleft lip and palate: Impact of centralisation in speech outcomes in the UK’ to ‘Five good communication standards into practice’, ‘Implementing the Interprofessional Dysphagia Framework’ and ‘Developing effective SLT services’.

Your conference feedback

At the end of the two days we asked delegates for the most important thing they took away from the event. Here is just some of what they said:

■ “Feel proud to be an SLT. There is so much going on and when I go back to my job next week I will feel part of a bigger whole again.”

■ “The advice I received from the research surgery.”

■ “The support that is available from the RCSLT if requested.”

■ “Need for further research and increased networking, perhaps in the RCSLT Hubs. Together we are stronger.”

■ “The relevance and importance of Twitter for professional use.”

■ “Shane and Trevor: Brilliant. Really brought home the impact of what we do... and don’t do.”

■ “Neil Churchill: Powerful use of the patient story. Encouraging to hear about the drive to improve patient experience.”

■ “Some very useful sessions, some inspirational projects and speakers but overall a quite depressing experience knowing so much that speech and language therapy can offer but funding and service cuts prevent this.”
**FEATURE**

**MIND THE GAP**

Shane Dangar and Dr Trevor Jarvis BEM closed the first day to a standing ovation with many in the audience visibly moved by their personal accounts. Both are truly remarkable men, having overcome significant challenges with communication throughout their lives, and now working as ambassadors for others with similar needs. Shane has Asperger syndrome, attention deficit hyperactivity disorder, dyslexia and dyspraxia. His insightful account outlined the impact this has had on his ability to develop friendships and access educational opportunities, and how important it is to get early, holistic support for children with speech, language and communication needs. Trevor, who has vascular dementia as a result of a stroke and who also experienced speech and language difficulties as a child, gave a moving tribute to Shane’s courage and determination. What followed was a heart breaking account of challenges faced across one person’s life course and an inspiring account of the work Trevor now does to raise awareness of dementia.

Shane and Trevor brought home the impact of what SLTs do.

**RCSLT Research Manager Emma Pagamenta writes:**

Shane’s top tips and Trevor’s final motto of ‘Care, assist and respect’ gave us all food for thought.


The poster presentations were popular during the lunch and coffee breaks during the conference. Getting to grips with the practicalities of workshops.

The use of social media has developed exponentially over the past few years and this year’s conference saw a proliferation of Twitter activity. Driven partly by the inspirational words from Dr Caroline Bowen, delegates reflected on both the content of the sessions they saw and their own experiences over the two days. It is obviously impossible to cover all that was said, but here’s a flavour of some of the messages sent and resent using the hashtag #RCSLT2014:

**Your #RCSLT 2014 tweets**

Ashley@AEdwardsSLT

And it begins, #RCSLT2014 conference Mind the Gap! Massive turn out, very excited!

Speech Link@SpeechLink

Fab talk from Caroline Bowen, thank you @speech_woman #rcslt2014 #lovetwitter

Vanessa Rogers@NesSLT

Feeling so inspired by #RCSLT2014. More twitter, more research, more clinical development, more, more, more! But where to start? Oh…

Jane Parr@JaneParr1

Have seen some great posters, main event just starting #RCSLT2014 conference

Victoria Greenhalgh@VGreenhalghSLT

Great communication friendly GP evaluation forms. Improving care for the most vulnerable #RCSLT2014 @neilgchurchill

Jon Rouston@JonRoustonSLT

Excellent couple of days at #RCSLT2014 – daunting task to put it into practice tomorrow (might leave a bit for Monday)

Skills, ‘Budget cuts as a lever to improve SLT services and care’ and sessions looking at the use of technology and telehealth.

The 67 poster presentations were popular during the lunch and break sessions and covered the gamut of speech and language therapy, from augmentative and alternative communication through to community integration following brain injury and work with young offenders.

A particularly popular feature of this year’s event were the lunchtime surgery sessions, during which delegates could obtain guidance on their own research activities, leadership and business information, and publishing advice from the editors of the International Journal of Language and Communication Disorders and the Bulletin.

**for individuals with dementia-related communication difficulties’.**

There was a session strand on outcome measures, including an overview of the RCSLT Outcomes Measures Project, an exploration of the validity, reliability and effectiveness of the Profiling Outcomes Across Time tool, and parents’ perspectives on the use of outcomes measures.

There was also an emphasis on new and improved ways of working, with a workshop on developing clinical business skills, ‘Budget cuts as a lever to improve SLT services and care’ and sessions looking at the use of technology and telehealth.

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The 2014 RCSLT Honours

Meet the recipients of the 2014 RCSLT awards, which recognise outstanding achievements in the field of speech and language therapy.

We are very grateful to RCSLT President Sir George Cox for taking the time to present all the awards at the ceremony in Leeds on 17 September 2014.

RCSLT Fellowships

Acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship within the profession.

Dr Carolyn Anderson

Carolyn has a substantial record of successful leadership in teaching and learning, having taught undergraduate and postgraduate students at Jordanhill College/University of Strathclyde since 1991. Long recognised as a high-quality teacher, this year her students nominated her for a Strathclyde teaching excellence award. Carolyn was joint course director for the pre-registration programme from 2007–2013; a role in which she developed quality assurance and enhancement activities.

Dr Anne Harding Bell

Anne specialised in the treatment of cleft lip and palate in 1985. Alongside Dr Debbie Sell, she was instrumental in the development of the Great Ormond Street Speech Assessment and subsequent Cleft Audit Protocol for speech assessments. While leading the Cleft Net east speech and language therapy service at Addenbrookes Hospital she also set up the first postgraduate course in cleft palate speech at Cambridge University.

Mildred Bell

Since 1990, Mildred has managed the speech and language therapy service for children and adults within three trusts in Northern Ireland, showing exceptional leadership. The services she led and managed have received recognition for innovation and excellence. She has also represented speech and language therapy on a range of strategic groups, including work with the Department of Health, the Health and Social Care Board, and the Public Health Agency.

Maggie Johnson

More than 20 years ago, Maggie recognised that the speech and language therapy profession should be underpinned with evidence-based, accountable decision-making, goal setting and evaluation. These ideas, conceived with Annie Elias, resulted in the development of the East Kent Outcomes System (EKOS). In addition to her ground-breaking work on outcomes, Maggie is also a nationally-recognised expert on selective mutism.

Honorary Fellowships

Acknowledge and honour non-SLTs who have contributed outstanding services to speech and language therapy, and for the benefit of those with communication disability.

Jane Fraser

Jane is president of the Stuttering Foundation, a not-for-profit foundation based in America that works towards the prevention and improved treatment of stammering. She took over the presidency more than 30 years ago from her father. She encourages best practice by funding experts to develop resources for the community of people who stammer and those who seek to help them.

Dr David Smithard

David is a clinician and researcher and was a core member and current chair of the UK Swallow Research Group, formed in 2004. This organisation has at its crux a mission to bring researchers and clinicians together and to encourage the development of clinical research with clinicians. In 2014, the majority of abstract submissions were from SLT first authors, representing a huge shift in dysphagia research in the UK.

Dr Caroline Bowen

Caroline is a speech-language pathologist in Australia with more than 40 years of clinical experience. She has undertaken studies in speech and drama and family therapy, and has a doctorate in clinical linguistics. She is highly-specialist in the area of speech sound disorders and developed a robust evidence-based intervention programme for children. She has also become a leader in the area of social media.
Assistant of the Year Award

Acknowledges the outstanding work of RCSLT assistant practitioner members.

Hayley Davies
Hayley joined a newly developing acute and community stroke team at Kings Lynn’s Queen Elizabeth Hospital in 2010. She has taken the lead in developing the team’s use of iPads with clients. Another of her key achievements has been the development of the East of England Assistants Clinical Excellence Network.

The Sternberg Award

Kindly donated by RCSLT Senior Life Vice President Sir Sigmund Sternberg, this award is for innovative clinical work. This year we are pleased to announce two £1,000 award winners.

Self-managed computerised speech and language therapy for people with persistent aphasia post stroke

Speech and Language Therapy in the Lambeth Youth Offending Service (YOS)

Hannah Coles and Kay Gillett, SLTs, at Lambeth YOS

By training staff to recognise and act on signs of speech, language and communication needs (SLCN), the team has helped to ensure young people receive appropriate intervention. Staff feel more confident in identifying whether a young person has SLCN and as a result, more young people have re-engaged in school, attended interviews and gained employment.

Lifetime Achievement Awards

We are delighted to present special lifetime achievement awards this year to three very special people.

Joyce L. Cook (right)
Joyce qualified in 1952 from the Kingdon-Ward School. In 1959, she was appointed to the Royal Throat Nose and Ear Hospital in London, where she stayed until her retirement in 1994. During this time, Joyce became known as a leader in the field of treatment of functional voice disorders and post-surgery voice rehabilitation. She served as chair of council from 1966 to 1969 and again from 1979 to 1981.

Shirley Davis
Shirley qualified from the Central School in 1956. She travelled with her family all over the world, always seeing patients when she was able. On her return to the UK, Shirley became area speech therapist for Southwark and New Cross, and supervised the service at Guy’s Hospital. After her retirement, she took up the post of professional director at the RCSLT.

Sue Swan (not pictured)
Sue qualified from the Kingdon-Ward school in 1951. She worked originally in Kent, later moving to the Chelsea area. She started the service at the Middlesex Hospital. Her last post was as the first speech therapy adviser to the then Department of Health and Social Security.
Giving Voice Innovation Awards

Giving Voice Innovation Award recipients have made a significant and innovative contribution to the campaign over the past year.

De Montfort University Giving Voice Steering Group

SLT students at De Montfort University delivered a varied programme of Giving Voice activities, engaging a wide audience including staff, therapists, fellow students, voluntary organisations, service users, media, the local community and MPs. Their events included a silent flash mob, a ‘Communication Bake Off’, a ‘This is your life’ showcase of local case studies and a performance by the Parkinson’s Sing Choir.

Jennie Fleetwood

Jennie has been a local ambassador for Giving Voice since 2010. Her vast range of campaigning includes engaging schools and teachers with the campaign, helping set up Giving Voice societies at both Manchester’s universities and involvement in events with The Stroke Association. She was the main organiser for Trafford’s Giving Voice awards ceremony, which recognised schools, teachers and other professionals who support children with speech, language and communication needs.

International Communication Project 2014 Awards

The International Communication Project Award (ICP2014) recognises the work and commitment of those who have supported the campaign since its launch.

Sarah Scott

Sarah has aphasia as a result of a stroke in May 2009, when she was 18. An active supporter of Giving Voice, she has also championed ICP2014 at every opportunity, including attending Parliament this year to encourage MPs to sign the campaign pledge. Sarah’s YouTube videos are used by universities around the world. They show students her progress and illustrate how communication difficulties affect her life, friendships and work prospects.

Siyang Sun

Clinical Communication Studies postgraduate student Siyang Sun has worked to promote ICP2014 to the Chinese community in the UK and China. In the UK, he ran Chinese community talks in Sheffield, Birmingham and Manchester for people with communication disorders and their carers. In July, he helped found the Chinese International Speech-Language and Hearing Association – the only professional body for SLTs in China.
FEATURE
DEMENTIA AND DYSPHAGIA

The need for dementia care training

Laura Eagar presents a case to train care staff to improve the management of dysphagia in those with dementia in the community

Poor management of dysphagia can be catastrophic to a person’s health and has huge financial implications to the NHS. Two major causes of hospital admission are compromised nutrition and hydration, both due to swallowing difficulties and food/drink refusal (common in dementia). The ‘Living Well with Dementia Strategy’ (DH, 2009) highlights the need to assist people with dementia to stay at home and reduce unnecessary hospital admissions.

Until July 2014, I worked as team lead for South West Surrey’s Older Persons Mental Health Speech and Language Therapy Service (Virgin Care). Alongside my clinical role, I completed the 2012-2013 Clinical Leadership Fellowship programme and gained a Postgraduate Certificate in Leadership and Service Improvement. Run by the NHS Leadership Academy, the fellowship gives clinical professionals the opportunity to lead a project relevant to their work by developing leadership skills in the structured learning and experiential programme. My project involved devising and providing educational support to care staff to improve the management of dysphagia in those with dementia in the community.

**Training outcomes**
I felt that providing training to care home staff had the potential to improve staff competence and confidence in managing a person’s swallowing problems, residents’ general health, wellbeing and quality of life, and the provision of appropriate hydration and nutrition. I could also increase realistic expectations of dementia and dysphagia and how best to manage an individual’s decline. Effective training could also reduce incidents of aspiration pneumonia and chest infections related to aspiration; GP time and prescription charges; the number of preventable hospital admissions; and the use of antibiotics, supplements and thickeners.

**Demonstrating need**
I submitted this project proposal naively as an idea to ‘resolve’ the issue of poor dysphagia management. During the fellowship, I discovered ‘systems thinking’, using different tools, such as mapping the possible causes of the problem. This highlighted complex factors I had not yet considered. Using the theory ‘Lean’ – which seeks to flush out and fight waste (Chiarini, 2013) – allowed me to identify steps in the process of dysphagia management that add value and those which do not. In healthcare, value is defined as the provision of patient service and satisfaction. An activity not contributing to this is seen as ‘waste’. In this example, I identified waste in terms of ‘waiting’ – referrals to SLT are often delayed; ‘overproduction’ – advice is not accurately followed and a SLT second assessment/visit is required; and “unnecessary processing” – residents are admitted to hospital for treatment when their dysphagia can be managed at home. Examining factors more closely allowed me to demonstrate support for the recommendation of staff training. Although training presents a potential solution to many of the problems highlighted, I recognised the training package alone was unlikely to solve all of them.

**Training package**
I designed the training to support trainees through the ‘change process’ and their new learning, recognising different learning needs by creating flexibility. I used the adult learning model (Knowles, 2005) and considered adult learning principles by stimulating a curiosity to learn through experience and the desire to improve everyday practice. I also used ‘team learning’ – a collaborative approach to learning in which trainees and trainees work together to enable learning through discussion of ideas, experiences and various perspectives. I was fortunate enough to involve a wide range of stakeholders in the training programme – the multidisciplinary team, care home managers, trainees and carers. The value added by the training was recognised by the multidisciplinary team and care home managers.

**Table one: Costs of managing swallowing problems across West Surrey**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost per item</th>
<th>Number reported from survey</th>
<th>Estimated cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics treatment for a chest infection (7 days of IV Pip/taz 4.5g TDS IV metronidazole 500mg TDS)</td>
<td>£61.32</td>
<td>332</td>
<td>£20,358.24</td>
</tr>
<tr>
<td>Hospital admission – 14 days stay</td>
<td>£2,153</td>
<td>73</td>
<td>£157,169.00</td>
</tr>
<tr>
<td><strong>Total cost of treating chest infections</strong></td>
<td></td>
<td></td>
<td><strong>£177,527.24</strong></td>
</tr>
<tr>
<td>For all 74 homes over:</td>
<td>3 months</td>
<td></td>
<td>£2,399.02</td>
</tr>
<tr>
<td>Per care home over:</td>
<td>3 months 1 year</td>
<td></td>
<td>£9,596.07</td>
</tr>
<tr>
<td>Cost for 160 care homes (number in West Surrey) for:</td>
<td>3 months 1 year</td>
<td></td>
<td><strong>£383,843.20</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>£1,535,372.80</strong></td>
</tr>
</tbody>
</table>

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styles. It translates theory into practical realities of the carers’ working lives. Kolb (1984) maintains that learning from experience is essential for individual and organisational effectiveness. Questionnaires given out to attendees and returned prior to training sessions identified learning outcomes and provided feedback at the start of training. They also helped attendees feel listened to, enabled them to contribute to the training and identified their expectations.

The training package included practical activities, such as thickening fluids, feeding each other and tasting/describing different food consistencies. It also used methods including videos of assisted feeding techniques, videofluoroscopies and photographs of ideal positioning for eating and drinking.

I simplified complex information to cater for those whose first language was not English. Figure one shows the simplified way of getting carers to remember the key information needed to be able to assist someone to eat and drink. By coming up with only 10 key items to remember we found carers retained important information.

We took the carers through the mealtime experience, checking that the:

- Resident is alert and in the correct position for eating and drinking (and that the carer is in the correct position to assist them).
- Environment is appropriate – have distractions been removed/reduced?
- Resident’s mouth is clean and mouth care is administered before (and after) oral intake if required.
- Food and fluid consistency are correct.
- Level of assistance given is appropriate – can the resident feed themselves?

- Correct equipment is provided, eg adapted cutlery, special cups.
- Amount of food/drink given and pace of feeding are correct.
- Communication between the carer and resident is acknowledged and appropriate.

**Training challenges**

**Care home buy-in:** Managers show interest in receiving staff training but become disengaged when given the price. Working across multiple organisations is complicated by different budget streams. We charged £295 (plus VAT) for 12 people to attend training and identified their expectations.

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**Demonstrating achieved outcomes:** I demonstrated that carer confidence of approximately 150 carers increased following the training by comparing pre-training questionnaire and course evaluation rating scales. Average confidence ratings in relation to feeding someone increased from 5.74 before training to 8.5/10 after training. In respect to thickening fluids, average confidence increased from 4.38 to 8.8.

**Demonstrating cost savings:** I estimated the total costs of managing swallowing problems across West Surrey (table one) by collecting data from a questionnaire sent to all care homes in the area. I received 74 replies from 160 questionnaires sent out. The cost estimations for supplements came from the British National Formulary (2013); the cost of antibiotics and hospital admissions from Frimley Park Hospital.

One care home provided data relating to its residents for a three-month period before and after we delivered training. During the period before training, eight patients received treatment for chest infections and two had hospital admissions. The total cost of treatment was £4,796.56. After the training, only three patients received treatment for chest infections and there were no hospital admissions (total treatment cost £186.96).

We cannot assume the reduction in chest infections/hospital admissions was down to the care home training alone. However, it is likely that it did have an impact and contributed towards cost savings of more than £4,600. Further studies are required to show whether the implementation of staff training can have significant cost savings.

Laura Eagar (nee Putman), SLT, email: laura.eagar@nhs.net

**References & resources**


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**Figure one: Assisting someone to eat and drink: 10 key points**

Keeping your resident SAFE

- **Alertness**
- **Positioning**
- **Food and fluid consistency**
- **Oral hygiene**
- **Environment**
- **Amount**
- **Equipment**
- **Level of assistance**
- **Communication**
- **Pace**

Yours and your residents’...
A network for sharing evidence-based practice

Emma Pagnamenta reports on the new Council for Allied Health Professional Research

Founded in 2014, the UK-wide Council for Allied Health Professional Research (CAHPR) brings together the Research Forum for Allied Health Professionals and the Allied Health Professions Research Network.

The overall mission of the CAPHIR is to develop AHP research, strengthen evidence of the professions’ value and impact for enhancing service user and community care, and enable the professions to speak with one voice on research issues. In order to achieve this, the CAHPR has three interconnected elements – a strategy committee, a professoriate, and a regional hub network.

The strategy committee has representatives from all the AHP professional bodies (including myself as RCSLT research manager) in addition to two AHP managers and two AHP consultants. Following a nomination process earlier this year, the head of therapies at Northumbria Healthcare, Sue Welsh, took up one of the manager representative positions. In September, University of Central Lancashire Principal Lecturer Dr Hazel Roddam became the regional hub representative on the strategy committee.

CAHPR strategic objectives

- To meld outward-facing strategic activity with capacity building at all levels to develop the scale, depth and quality of AHP research activity.
- To create a UK-wide structure (within the context of national priorities and European and international developments) for AHP research, underpinned by a supportive regional network.
- To promote research collaborations across the AHPs, between practitioners and with other organisations and professions, and in ways that promote patient and public involvement.
- To maximise AHP organisations’ shared capacity for strategic research and influencing.

The committee oversees the CAHPR’s outward-facing activity with regards to influencing research policy and collaborative links, as well as operations and continued development – supported by the professoriate, which shares perspectives and expertise relating to the onward development of AHP research. CAHPR Director Professor Ann Moore invited all professors who are certificated AHPs, including 25 SLTs, to join.

The third element is the UK-wide regional hub network, formerly known as the AHP Research Network. This brings together clinicians, researchers, students and managers and has been highly successful in increasing research capacity, and providing support for AHPs to carry out research. This network can provide SLTs with direct support and is open to AHPs from all sectors.

There are 23 hubs across the UK and involvement of SLTs has been growing within the network. We now have two hub leaders (Dr Hazel Roddam, Cumbria and Lancashire Hub, and Professor Karen Sage, South West Hub), a number of SLT hub facilitators and a much greater number of SLTs who are local hub members. Although each hub varies in the support they offer, all provide access to research advice and support, opportunities to develop collaborations, networking with researchers and clinicians, and research events and workshops.

Contact your local hub if you are an SLT thinking about embarking on a research project, a student or clinician interested in a career in clinical research, or an established researcher keen to develop collaborations with local AHPs.

All RCSLT Hubs can benefit from making links with their local CAHPR network. These links will not only bring opportunities for SLTs to become involved in research and/or develop their research skills, but will also offer a key source of contacts and expertise in meeting the challenges around evidence-based practice and research that all AHP clinicians are facing.

Visit: www.csp.org.uk/CAHPR or email: caphr@csp.org.uk to find out more

“There are 23 hubs across the UK and involvement of SLTs has been growing within the network”
The Better Communications Research Programme (BCRP) was a three-year research project, part of the UK Government’s response to the Bercow Review of provision for children and young people with speech, language and communication needs, published in July 2008 (http://tinyurl.com/n39r3vq).

The lead BCRP researchers have been working on ways to make the information from the project accessible to SLTs, including free dissemination and implementation workshops across the UK. The RCSLT Scotland Hub Better Communication Research Project Dissemination and Implementation Workshop, on 12 September, was the first of these events.

In December 2013, a small and enthusiastic working group began to organise the event. The core group of five members was scattered across Scotland so all contact was carried out remotely. We agreed we wanted an event equally accessible to members, irrespective of their location, that enabled more than one person from local services to attend, and that facilitated communication with other services across Scotland. We needed a delivery model that matched our vision and settled on videoconferencing.

Although our group had mixed videoconferencing experience, we were optimistic and committed to its value and importance for facilitating professional sharing, learning, and developments across Scotland. We needed a delivery model that matched our vision and settled on videoconferencing.

Much of this was borne out of our own videoconferencing experiences. A tailored videoconferencing event planner anchored the project. This guided us through the process, ensuring we identified, recorded, and carried out each essential task related to venues, personnel, budget, invitations and notifications, event programme and associated documents, evaluation and next steps. We developed roles and responsibilities sheets for site facilitators and meeting managers. These outlined procedures and tips critical for a positive experience. We also included a detailed back-up plan in the event of videoconferencing failure. A template summarised sites, videoconferencing numbers, personnel, and contact details to aid communication before, during and after the event.

We also used Basecamp alongside the usual cascade links to advertise and promote the event. Basecamp membership increased significantly as a result, but it also highlighted some issues that might not have come to light as clearly otherwise, such as difficulties accessing Basecamp from workplaces and problems with booking links.

Our central venue was the Scottish Health Service Conference and Training Centre in Edinburgh, where Professor James Law delivered his presentations. This site also hosted the overall event chairperson. Six other sites linked up via videoconference – two key sites planned in advance in Aberdeen and Inverness and another four sites (Ayrshire and Arran, Fife, Forfar and Perth) who chose to accept the invitation to join via from their local area. Each linked site provided a facilitator (local chairperson) and meeting manager (overseeing practical arrangements, particularly taking responsibility for ensuring a smooth video conferencing experience).

At 8.30 am, the seven sites (hosting more than 100 participants) linked up via videoconference at the start of the full-day programme. I now have a deeper appreciation of the relief and celebration experienced in the Kennedy Space Centre control room on 20 July 1969, when Apollo 11 landed on the moon. I felt the same way when each site popped up on the videoconference screen and we could both hear and see each other.

The day ran smoothly, better than we could have imagined with no back-up plans required. Feedback from participants has been overwhelmingly positive with helpful suggestions for further refinement. Videoconferencing enabled many locality teams to attend, which meant the afternoon reflection and planning session was extremely productive. The working group and site facilitators are currently collating information from the day to identify key strands and priorities that can inform the Team Scotland work plan for 2014-2015.

Please don’t hesitate to get in touch if you would like more information.

Elizabeth Morris on behalf of the working group: Kim Hartley, Gemma Wilson, Beatrice Wood and Lynn Bremner. Email: elizabeth.morris4@nhs.net
Have you ever been in a situation where you want to use an intervention approach that appears to be suitable, but are unsure of the available evidence to support it? And once you have looked for the evidence, you can only find it for a completely different client group? What if you have been given the resources for an intervention that does not have an evidence base? Or perhaps you have read recent evidence that suggests a different intervention to that which is offered by your service and you would like to use it with one of your clients?

These are questions we know you are facing on a daily basis, as the need to demonstrate the effectiveness of clinical work increases and new interventions emerge. We frequently receive queries of this nature from members who are faced with the multifaceted and complex task of evidence-based decision-making.

You say, we do
You articulated the need clearly and we are delighted to be able to present the new and interactive ‘Evidence-based Clinical Decision-making Tool’, developed in collaboration with RCSLT Learning Manager Vicky Harris, to support you in your clinical decision-making.

The tool focuses on several important areas we highlighted as recurring themes. These include:
- Factors to consider when selecting an intervention.
- Finding the evidence.
- Assessing the quality of the evidence for an intervention that is relevant to a specific client and setting.
- Recommended actions when there is no evidence.
- Evaluating the effectiveness of an intervention.

This tool aims to support all SLTs, whether you are starting out on your career or an established clinician, manager or educator. We have designed it to be a flexible resource that you can access repeatedly for different purposes. The tool includes a step-by-step guide to the clinical decision-making process, from assessment through to the selection and evaluation of interventions for individual clients. An interactive decision tree helps you to take account of the degree of evidence available for an intervention that is appropriate to the setting and the client with whom you are working. There are also additional resources to support you in finding and appraising the evidence, as well as evaluating the effectiveness of your intervention.

Selecting an intervention
The emphasis of the tool is very much on the importance of evidence in guiding our clinical decision-making. We need to consider what we know works for the client group with whom we are working, based on existing research in the research literature. Finding the available evidence is a crucial first step, but you must also interrogate the evidence to assess its robustness and whether it is applicable to the individual client. Important factors to consider include the strengths and needs of your client, their perspectives and those of their family and carers, your clinical expertise and the context in which you are working.

Finding the evidence
Finding the evidence can often be an obstacle for clinicians who do not routinely have access to the research literature. This is becoming far easier for SLTs with the availability of a number of useful online databases, including speechBITE, an online database dedicated to speech and language therapy interventions (www.speechBITE.com) and the

What Works online resource of evidenced interventions to support children with speech, language and communication needs (www.thecommunicationtrust.org.uk/whatworks). We have also put together the RCSLT Journals Collection to enable members to access a range of peer-reviewed journals (www.rcslt.org/members/research_centre/journals_library_service). However, there are other useful sources of evidence,
**Research and Development Forum**

*base for our everyday clinical practice. Our RCSLT Hubs and clinical excellence networks provide a means to help you share practice and disseminate information.*

Our RCSLT Research Champion Network and other members have tested the tool and provided us with valuable feedback that has guided the final stages of its development.

Feedback includes:

> “This is a fantastic resource. It is really user-friendly with the relevant links at your fingertips, making the search through the evidence base potentially much less daunting and time-consuming,” Caroline Stowell, Senior SLT, Lancashire Care Foundation Trust.

> “This is an amazing piece of work and will be incredibly useful for clinicians. SLTs will be incredibly impressed with this essential resource,” Mark Jayes, NIHR/HEE Clinical Doctoral Research Fellow, University of Sheffield.

> “It’s an excellent, tool, very easy to navigate, with some great links to evidence-based resources,” Alison Blane, Specialist SLT, Leicestershire Partnership NHS Trust.

Please let us know what you think too. Clinical decision-making stands at the very core of speech and language therapy, and we hope you will find that this resource is a practical tool you can use time and again to support you in ensuring your clients receive best practice.

If you have any comments or questions, please email: emma.pagnamenta@rcslt.org

**Evaluating effectiveness**

The tool highlights the importance of evaluating the effectiveness of our interventions for our clients, in the contexts in which we work. In many cases, the published evidence base will not match directly to our clients or settings. It will provide you with support on evaluation through outcome measurement, participating in existing research trials and in writing up the findings as a case study.

It is important for us to share the results of our positive or negative evaluations, because this is the only way we can build a strong and relevant evidence base for our everyday clinical practice.

**When there is no evidence**

We all experience situations where we find there is limited evidence for an intervention we have selected. In this case, the tool guides you on how to proceed. Key steps include seeking advice from others about the intervention in question, considering the risks and benefits and checking the literature for any contraindications (evidence that suggests that the intervention is ineffective or harmful). It is our responsibility to follow certain processes, for example by contacting the National Institute for Care and Health Excellence (NICE) if you are using a new procedure that gains access to a body cavity or uses electromagnetic radiation (NICE Interventional Procedure Guidance: http://tinyurl.com/m6grccr) or registering an uncertainty about a treatment (www.library.nhs.uk/duets).

**Assessing the quality of the evidence**

The skills we have as evidence-based practitioners allow us to critically evaluate and interpret the evidence we find, both in terms of its quality (how robust it is) and its applicability to your client and setting. For example, you may question the rigour of an evaluation, perhaps because measures have only been taken after the intervention without a baseline or control.

Alternatively, you may find there is a wealth of evidence to suggest that a particular intervention works, but only when delivered several times a week by an SLT. In this scenario, while the evidence may be robust, you will need to question its suitability for your service if this is not how your service is set up. You might have to adapt your service delivery model to allow you to deliver the therapy as closely as possible to how it is reported in the study.

**For more information,** visit: http://tinyurl.com/63add4n

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

An integrative risk model, including poor early language skills, family history and male gender, predicts persistent language delay (LD) in preschool children, a Norwegian population-based study shows.

Researchers evaluated language status in 10,587 children by maternal report on the Ages and Stages Questionnaire at three and five years. Children were classified across time points as having no, late onset, transient or persistent LD. Multinomial logistic regression analyses were used to predict LD trajectories.

Across time points, 3%, 5% and 6.5% of children displayed persistent, transient and late-onset LD respectively. The odds for persistent LD doubled for male gender and poor early language comprehension, and almost tripled for family history of late-talking. To a lesser degree, these factors also increased the odds for transient and late-onset LD.

Children with family history of reading and writing difficulties, including those who do not show early signs of delays, and girls with very poor early language comprehension were found to be at particular risk for persistent LD.

Reference


Rhyme and word retention

Shared storybook reading of rhyming stories strengthens children’s vocabulary, according to Santa Clara University research.

In a study comprising two experiments, vocabulary learning and retention, both benefit. Twenty-four two- to four-year-old children listened to a parent read either a rhymed or non-rhymed laptop version of the same animal story, created specifically for the study. Experiment one focused on animal name recognition; experiment two primarily examined identification. Measures across the experiments included recognition (“was there a... in the story”), identification (“which one is the...”), spontaneous prediction attempts during the story and measures of the parents’ reading.

Children remembered and could identify more animal names when they heard them in the context of a rhyming story, compared with a non-rhyming one. The improvement did not arise from differences in the way that parents used emphasis or from differences in parent elaborations. The use of pause in rhyming stories does require further investigation, because parents use more dramatic pausing in the rhyme condition. A causal relationship cannot be confirmed.

The authors claim, “rhyme can benefit word retention and even word learning from shared storybook reading and that there is a connection between the predictability that rhyme affords and the way that both parent readers and child listeners interact with that predictability to make the words more memorable.”

Reference

Beef & Gravy
with mashed potato and peas

Made in a blender at home

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

- The danger of not blending to a safe consistency
- Messy and dissatisfying results
- Reduced nutritional content
- Time-consuming food preparation
- Reduced choice – unable to enjoy high-risk foods like peas

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

The good news is there is a more appetising alternative...
This month’s resources reviewed and rated by Bulletin’s reviewers

**BOOK**

**Communication and mealtimes toolkit**

**AUTHOR:** Rebecca Kellett and colleagues  
**PRICE:** Free via http://tinyurl.com/pbu3t8x  
**REVIEWER:** Laura Cole, SLT, Older People’s Mental Health Service, Stockport Pennine Care NHS Foundation Trust  
**RATING** Book ●●●●○

The authors describe this toolkit as a brief, practical guide for carers living and working with people with dementia. They explain person-centred care as the guiding principle and provide a clear description of how to achieve this. The practical advice is easy to follow and broken down into logical sections. People outside of our profession may question why it combines ‘communication’ and ‘mealtimes’, so the context of the speech and language therapy role could be reiterated when using this tool.

The authors explain that the booklet is not an assessment tool or instruction manual and give advice regarding signs indicating when specialist input may be needed. The templates and illustrated examples for developing life story work, supporting communication and meal times are excellent, and there are some great key messages, eg ‘looking after their memories’.

‘This is a practical and much needed resource but, as with any toolkit, the use of it depends on the user’s experience, knowledge and interpretation. In some cases it would be best used alongside input from specialist healthcare staff.’

**BOOK**

**Moving On: My passport for moving on to secondary school**

**AUTHOR:** I CAN  
**PUBLISHER:** I CAN  
**PRICE:** £7.99  
**REVIEWER:** Jenna Braddick, Specialist SLT, Hertfordshire Partnership University Foundation Trust  
**RATING** Book ●●●●○

This bright and colourful guide to moving from primary school to secondary school contains some great hints and tips to help remember where to go and who to ask for help. It also has activities to complete to help students feel less anxious about the transition, and explains new words, like form tutor and registration, in clear terms.

The guide encourages new students to talk to other students and ask for help when needed. It also covers friendships, bullying and worries that go along with starting secondary school. There are examples of school timetables, canteen menus and some reminder cards that students can put in a wallet to carry around school.

It provides a teacher’s guide that gives discussion points and student activities to work on alongside the passport. Overall, this is a clear, simple and engaging guide for students preparing for secondary school.

**APP**

**Actions in Video**

**PUBLISHER:** Geraldine Moran  
**PRICE:** £23.99  
**REVIEWER:** Simon Henderson, SLT, South Tyneside NHS Foundation Trust  
**RATING** Book ●●●●●

This easy-to-use app delivers a fresh and innovative way to work on sentence construction skills. It targets understanding and use of 49 everyday verbs as part of ‘person-action’ and ‘person-action-object’ sentence frames. Having watched the action video, users then match the relevant person, action and object elements into a sentence. A helpful colour coding option can be used for this to develop familiarity with the key sentence components. The user then listens to the sentence while a handy recording feature allows them to repeat it back.

The complexity level of the task can be increased or decreased using the easy, intermediate or difficult options. You will find this useful when planning therapy and tracking progress.

Personally, I really liked the app’s clear video recordings and the videos show real children and adults adding to the app’s wide appeal across paediatric and some adult acquired speech and language therapy client groups. Depending on resources, you could also easily extend use of ‘Actions in Video’ beyond therapy to home and school.

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

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.
Beef & Gravy
with mashed potato and peas

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- Nutritionally balanced
- Quick and easy to prepare
- Increased choice – prepared to safely include high-risk foods like peas

Visit www.wiltshirefarmfoods.com/dysphagiadiets or call 0800 066 3702 to request our free dysphagia brochures and help your patients put the meal back into mealtimes.

Phil Rimmer, Head Chef
**Therapy Outcome Measures for Rehabilitation Professionals**

**Third Edition**

Pamela Enderby and Alexandra John

Publishing 31 November 2014

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**Speech, Language and Communication Progression Tools**

The Progression Tools aim to support teaching staff to identify children who may be struggling to develop their speech, language and communication skills. They can also be used to track progression of these skills over time or following interventions.

The Tools are not a diagnostic tool and do not in any way replace a detailed speech, language and communication assessment. However, they will give you information to help decide whether children would benefit from a targeted intervention or whether they need specialist assessment and support.

The Tools are currently available for those working in primary schools but there will also shortly be Tools available for those working in secondary schools in January 2015.

Please go to www.thecommunicationtrust.org.uk/progressiontools to find out more and how to order

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**Professional Training for Healthcare Professionals**

- 3-6, 10-13, 17-20, 26-27 February 2015
- 3-6, 10-13, 17-20, 26-27 March 2015

**Practical Basic Dysphagia Course**

Are you a recently qualified Speech and Language Therapist? Do you want to work with Adult Acquired Dysphagia? Do you wish you had the practical skills to assess and manage Dysphagia?

If you answered yes to these questions then this course is for you.

Cost £2050 | Venue: Royal Derby Hospital

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**More than Words – Hanen Training**

Suitable for experienced clinician or new graduate, this certification workshop will enrich the service offered to families of children with Autism Spectrum Disorder. Learn to involve parents in effective early intervention for young children on the autism spectrum.

Early Bird rate of £620 until the 14th November and then £670 | Venue: London Road Community Hospital, Derby

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**Cervical Auscultation**

Trainer Alison Stroud

Learn the ‘How, what and where’ of Cervical Auscultation, participate in a practical session, identifying swallowing sounds. Review of current research, clinical evidence and future developments.

Cost £130 | Venue: London Road Community Hospital, Derby

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**Parkinson Study Day**

This study day is aimed at all grades of Allied Health professionals who have contact with Patients with Parkinson’s Disease in a non-specialist setting. The day looks at a multi-disciplinary approach to the management of patients. Each session will be led by a clinical specialist in the field of Parkinson’s Disease.

Cost £130 | Venue: Royal Derby Hospital, Lecture Theatre.

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**Introduction & Application to the SCERTS Model;**

**Using the SCERTS curriculum & practice principles to design programming for children with Autism Spectrum Disorder**

**2 DAY TRAINING COURSE**

29–30th January 2015 £260

Course Led by Emily Rubin, MS, CCC-SLP Director.

This training is most appropriate for: Educators, therapists, administrators, paraprofessionals, & families Includes am/pm refreshments, light lunch.

**Autism Independent UK**

(SFTAH) 199–203 Blandford Ave. Kettering, Northants. NN16 9AT.

Tel./Fax: 01536 523274

autism@autismuk.com

Book on-line: www.autismuk.com

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November 2014 | www.rcslt.org
ANNOUNCING GREAT NEW OPPORTUNITIES FOR MEMBERS TO ENGAGE WITH THE RCSLT

At the Annual General Meeting on 16 September 2014, members voted on several amendments to the Articles. One of these amendments was the naming of Council. The meeting resolved that in future it will be called the “Board of Trustees” or “the Board” for short.

The Council (at its meeting before the AGM) decided to create a new Professional Practice and Policy Committee (PPPC) and formalise engagement with members through RCSLT Hubs.

The Council also decided to strengthen the role of the RCSLT Hubs in each country, and especially in England, where an England Hub Forum will be established to oversee and coordinate the 11 England Hubs as they develop.

All this change has created some great opportunities for members to engage in the running of the RCSLT. The following positions are now open for application:

**Vacancies on the new Professional Practice and Policy Committee (PPPC)**

For up to 14 members, as follows:

- One member nominated from each Hub (England, Scotland, Northern Ireland and Wales)
- Up to a further eight SLTs from representative groups (e.g. independent, NHS, third sector and management) and care groups (clinical and sector spread) and up to two from HEIs.

**Vacancies on the RCSLT Hub Forum England**

We would like to encourage members to apply from each of the hubs in England to be part of the RCSLT Hub Forum England, which will be chaired by Janet Harrison, the Country Representative for England on the Board of Trustees. The aim is to have at least one representative from each hub.

We would like members from a range of sectors, backgrounds, clinical groups. More than one from each hub should/can apply to enable a selection of members that reflect the coverage as set out in the terms of reference.

**The time commitment for all roles is an initial three-year term, with an expectation of attending three meetings a year. This is an excellent opportunity to make a real contribution to your RCSLT.**

For the avoidance of doubt, if the three-year term is off-putting to members or their managers, it is possible to be elected/selected for the role and then resign before the end of term of office if personal circumstances change, so members should not feel they are tied in to three years.

The timetable for applications is shown here:

**PPPC AND HUB ROLES:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing date for applications</td>
<td>1 Dec 2014</td>
</tr>
<tr>
<td>Board approval of applications</td>
<td>February 2015</td>
</tr>
<tr>
<td>Successful applicants informed</td>
<td>18 Feb 2015</td>
</tr>
<tr>
<td>Induction Day</td>
<td>5 March 2015</td>
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<tr>
<td>First meeting of Hub Forum England</td>
<td>25 Mar 2015</td>
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<tr>
<td>First meeting of PPPC</td>
<td>15 Apr 2015</td>
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</tbody>
</table>

Full details of what’s involved are available on the RCSLT website at:

www.rcslt.org/about/trustee_recruit_2014
BRITISH LARYNGOLOGICAL ASSOCIATION
ASSESSMENT AND DIAGNOSIS IN THE VOICE CLINIC
Thursday 12th/ Friday 13th March 2015
Queen Elizabeth Hospital, Birmingham

Course Organisers:
Declan Costello, Consultant ENT Surgeon, Queen Elizabeth Hospital, Birmingham
Julian McGlashan, Consultant ENT Surgeon, Queen’s Medical Centre Campus, Nottingham University Hospitals
Sue Jones, Consultant Voice Therapist, University Hospital of South Manchester

This two day course will cover the theoretical and practical aspects of working in a multi-disciplinary voice clinic. Led by experienced Voice Clinic Teams from the UK, the content will include:
- Anatomy and Physiology
- Examination protocols and Image interpretation
- Investigations
- Voice measures including perceptual and acoustic
- Management of structural/neuromuscular/inflammatory and muscle tension dysphonia cases
- Demonstrations of botulinum toxin injections and medialisation procedures
- Hands-on workshop to develop laryngeal examination skills
- Specialist assessments of voice including paediatric, professional voice users and singing

The course is suitable for Consultant ENT Surgeons, Surgical Trainees, Voice Specialist SLTs and SLTs training in voice.

Cost: Consultant ENT Surgeons: £245 | Trainees: £215 | SLTs: £180
CPD Accreditation has been applied for.

For further information please contact Jackie Ellis, Course Administrator at jackie.ellis4@btopenworld.com

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

Plan for People Play offers:
- Simple, research-based ideas for building children’s interaction and communication skills during “people games” – games that focus on people rather than toys.
- Checklists to help parents identify their child’s next step.
- “Game Plan” templates to help plan how parents will use the booklet’s strategies in their next game.

Order your copy today
$16 USD

www.hanen.org/PlanForPeoplePlay

Save on time and shipping costs
Order through our authorized distributor, Rompa Winslow at www.winslowresources.com

The Hanen Centre*
Sarah Gilbride-Jones (née Irving)  
1969 – 2013

Sarah loved life and lived it to the full. There will be many speech and language therapists who, like us, had the good fortune to work with her.

Sarah qualified from Sheffield in 1991 and it was a few years later when she was working in the SSTART team in Liverpool that we met her. She was an inspirational therapist who would stop at nothing to achieve the very best for her patients and the multidisciplinary team that she led.

Sarah had a passion for neuro-rehabilitation and she excelled in this clinical area. She worked with the most challenging of patients and strived to deliver interventions that were innovative and person centred. Sarah really clicked with people and her patients, carers and colleagues trusted her implicitly. She was whole-heartedly committed to her work and one young patient and his partner inspired her to embark on a charity bike ride for the Motor Neurone Disease Association.

Sarah enjoyed keeping fit. She particularly enjoyed horse riding and proudly kept a picture of her horse, Mac, in her work diary for all to see. We ran together, sharing the emotional experience of one of the early ‘Race for Life’ events in 1997, at Croxteth Park in Liverpool. Her commitment and involvement in Race for Life continued even after her diagnosis and initial treatment. Sarah had a dream and, determined as ever, she achieved that dream. First, she fell in love with Stuart, and then with his family roots on the west coast of Ireland. It was her dearest wish to move over to Ireland, build a home and raise a family. Sarah and Stuart were married in 2003. It was a perfect day. They were so happy, sharing their sense of fun with family and friends. Gabriel was born before they had time to pack their bags for their big move to Ireland. While bringing up an active toddler, Sarah also project managed the building of their dream home.

Soon after they moved in, Sarah and Stuart were blessed with a daughter, Jacinta. Sarah’s diagnosis came as a bolt out of the blue, but she faced it head on. She underwent surgery and then chemotherapy with her usual steely determination, remaining totally positive. We are deeply saddened as we did not get the chance to say goodbye to Sarah – she had convinced all who knew her that she would win her fight against cancer – no farewells required. She declared she had no interest in disease, only recovery.

We have lost someone so very special in Sarah. Professionally, she was wise beyond her years and as a friend, she was sparkly and fun.

“We have lost someone so very special in Sarah. Professionally, she was wise beyond her years. As a friend she was sparkly and fun.”

Alison Williams (email: alison.williams7@nhs.net) and Naomi Saul (email: naomi.saul@bfwhospitals.nhs.uk)
**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 Benquez, 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.

To order: StutteringHelp.org
Click on “store” and then click “professionals”

**The National Autistic Society’s Professional Conference**

3 and 4 March 2015, Harrogate International Centre

Innovative approaches to support and intervention

This conference is a unique opportunity for professionals working in the field of autism to discuss best practice and share learning.

www.autism.org.uk/conferences/professional2015

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November 2014 | www.rcslt.org
Send your CEN notice by email: cen@rcslt.org by 7 November for December, by 5 December for January and by 9 January for February. Venue hire at the RCSLT – special rates for CENs (formerly SIGs). For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

Mainstream Schools CEN (South East)
4 November, 9am for 9.30am – 4pm
Maggie Johnson: Selective Mutism: Discussing treatment, care pathways and best practice in schools; Wendy Rinaldi: ‘A wander down the pragmatic path: An opportunity to look at pragmatics with regards to assessment and intervention at all stages of education’; RCSLT, London. Email: mainstreamcen@gmail.com

Central Paediatric Dysphagia CEN
4 November, 9am for 9.30am – 4pm
Making sense of AAE: hearing, vision, multi-sensory impairment and sensory integration. Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7LD. Members free (if £20 renewal paid); non-members £15. Includes lunch. Look out for us on Facebook for details and webpage. To book, email julie.atkinson@bhamcommunity.nhs.uk or 0121 466 3050

Scottish Brian Injury CEN
2 November, 9am – 4.30pm
Supporting couples after acquired brain injury. Workshop led by Dr Giles Yeates, clinical neuropsychologist and couples therapist, Aylesbury. Astley Ainslie Hospital, Edinburgh, EH4 2HL. Waged: £20; unwaged/student: £10. Email: linda.prevett@nhs.net

Scottish Hearing Impairment CEN
10 November, 9am for 9.30am – 4pm
AGM followed by presentations by Louise Honck of Auditory Verbal UK. Discussion around this highly interesting and controversial area of therapy and its relevance to our practice. To apply email: alyson.hogg2@nhs.net or jean.mcclure@nhs.net

Essex SLI CEN
11 November, 9am – 4pm
Professor Christopher Berquez, Norbury: ‘The impact of language impairment at school entry – A population study’. The Lodge, The Chase, Wickford SS11 7XX. Members free; non-members £18. To confirm place, email: kfairnaw@nhs.net

South East SIG in Deafness Study Day (L12)
12 November, 9.30am – 4.30pm
AF: Acceptance and commitment therapy, Carolyn Cheasman and Rachel Everard (City Lifes); PM: Business meeting followed by: Private practice: Sam Feldman and Four case studies of children with a auditory neuropathy disynchrony disorder syndrome: Rachel Chadwick. Other speakers TBC. Venue TBC. Annual fee £5.50 (payable in April); non-members £3. Email: jenny.eyetam@bartshealth.nhs.uk

Midlands FEES CEN
13 November, 9am – 4pm
Exploring the disordered swallow. Case study: live example of FEES and interpretation completed with client during session, including comparison with previous pre-therapy footage. Guest speaker: ENT consultant discussing anatomical abnormalities to be aware of as a FEES clinician. Members and students £20, non-members £40.

Paybody Building, Coventry Health Centre, Stoney Stanton Road, Coventry, West Midlands, CV1 4FS. Contact Debbie Wilson to reserve a place: debra.wilson@uhcw.nhs.uk

Yorkshire Voice CEN
17-18 November
Laryngeal manipulation workshop with Jacob Lieberman. Practical hands-on tool for voice clinicians. Douglas Mill, Bradford, West Yorkshire. £150 for two full days (including lunch and refreshments). Booking deadline (including full payment) 15 October. Email: sarah.jordan@bdct.nhs.uk or razia.whitaker@anhst.nhs.uk

Scotland Dysphagia CEN
18 November, 9.30am – 3.30pm
What lurks in the mouth before the swallow? Oral care for people with dysphagia. Jackie Helanor, oral health development manager and Karen Munro, community dental service. Perth Concert Hall. Members £25; non-members £35. Contact Shona Hughes, email: scotland.dysphagia@nhs.net

Computers in Therapy CEN
19 November, 9.30am – 4pm
‘Face (Inclusion in the Digital Economy for Aphasia): Project: How does aphasia impact on Internet use?’ Main speaker SLT Fiona Menger. Plus Gaze viewer discussion, app share, Twitter, and telehealth journal review. PCAS Room Cranmore School, Henleaze Bristol BS9 4LR. £7.50. Free parking. Email: shelagh.benford@salisbury.nhs.uk

North West Mainstream Schools CEN
20 November, 1.30pm – 4.30pm
The BEST Building Early Sentences Therapy: Early language intervention by Dr Sean Pert. At Cherry Manor Cherry Lane, Sale, Cheshire M33 4GY. Members free; non-members £5. Places are limited so please book a place before coming. Contact Louisa Reeves. Email: freevessican.org.uk or tel: 01925 811795

London SLI CEN
24 November, 9am – 4pm
For SLTs and education colleagues. Research in relative clause construction, Dr Pauline Frizelle University of Cork; Class-based grammar carousel. Yr 5 teacher and SLT; bringing and sharing grammar resources, IT and research. Whittington Hospital Education Centre, Highgate Hill N19 5NF. Archway tube. Members free; non-members £10. To book, email londonslisgy@yahoo.co.uk. For details: www.londonslis.org

Surrey SLI CEN
25 November, 9am – 4pm
Clinical excellence in assessment of language and the use of improvisation as an innovative tool for speech and language therapy. Moor House School. Email: ncolli@moorhousescchool.org

Yorkshire Region Paediatric Dysphagia CEN
28 November, 9.30am – 4pm
Feeding disorders in children with ASD and related sensory difficulties with Clinical Psychologist Dr Gillian Greville-Harris, and SLT Sarah Mason (Birmingham Food Refusal Service). Includes oral-motor and sensory aspects, appetite regulation, new diagnostic criteria/avoidant and restrictive food intake disorder. Members £30; non-members £40. Harrogate. Email: sarah.mansbridge@hft.nhs.uk

South-West Autism CEN (WE20)
1 December, 10am – 4pm
Dr Luke Beardon: ‘The myths of autism’. Other speaker TBC (adult with autism). Members free; non-members £15 for day. The Vassall Centre, Pill Avenue, Bristol, BS16 2QG. Email: lucy.french@nbt.nhs.uk

London Paediatric Dysphagia CEN
2 December, 9am – 4.30pm
‘ENT and paediatric feeding in the community and acute setting’ featuring a mixture of specialist presentations and opportunity for case discussion. + AGM. Institute of Neurology, 33 Queen Square, London, WC1N 3BG. Members: £10; non-members: £15. Visit: www.pdsig.org for bookings

SIG/CEN Children and Adults with Down Syndrome
4 December, 9.30am – 4pm
Best practice for working with children with Down syndrome in the early years’ Serennum Children’s Centre, High Cross, Rogerson, Newport NP10 9LY. £25, including lunch and refreshments. Booking essential. Email: bar@floop.org

SLT in Children’s Centre SIG
8 December
Workshop: ‘Grab them when you can. Maximise your opportunities to engage with families via current initiatives: Parkside Community Hall, Amphil, Bedfordshire MK45 2HX. Members £20; non-members £30 to include membership until 31 August. Pay on the day (cash or cheque). To book, email: jayne.bilinge@salwcombinecare.nhs.uk

South East and London Stammering CEN (SEALS)
12 December, 9am for 9.30am – 4pm
Stammering therapy in the group setting. Explore the benefits of delivering therapy to groups of children, adolescents and adults. Michael Palin Centre, Pine Street, London. Fees for membership/attendance requested in advance of the day. Email: helen/story@nhs.net

Disorders of Fluency National CEN
11 February
Research findings and workshop: Working with parents of dysfluent children/teenagers. Sarah Costello: Online survey findings; Parental beliefs about stammering and attitudes towards the therapy process. Ali Berquez: findings of parents’ expectations of therapy. Alison Nicholas and Ali Berquez workshop: working with parents of children/teenagers who stammer. The Quaker Meeting House, Sheffield. Email: kate.williams@nhs.net or isabel.aleary@nhs.net
**Specialist / Highly Specialist Speech and Language Therapist**

Ref N15 | part time three days a week, Salary dependent on experience.

We are a regional charity providing specialist services to children, young people and adults with autistic spectrum conditions. As part of the Speech and Language Team and our Clinical Therapeutic Services you will be based at our office in Dereham, Norfolk.

Playing a key role in our multi-disciplinary team, liaising with staff, relatives, other professionals and contributing to staff training, this role offers the ability to work creatively, flexibly, in a truly personalised way with individuals with autism, giving frequent opportunities for collaborative working.

Working with adults resident in our services, you will be an experienced therapist able to work independently and to carry out supervision for communication champions and volunteers working within our services, with considerable experience of working with individuals with autism and / or learning disabilities.

Successful applicants will receive ongoing supervision from our Senior SLT, local support from psychology colleagues and personalised CPD opportunities.

The successful applicant will require an enhanced disclosure and barring service check and hold a full driving license.

Applications only accepted on Autism Anglia application form: download documents from [www.autism-anglia.org.uk](http://www.autism-anglia.org.uk/jobs/vacancies) or telephone 01362 853753.

Closing date: 30.11.14.

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**Speech & Language Therapist**

imap, a centre for autism excellence in Cheshire, is seeking to recruit a part time speech and language therapist.

The successful candidate will provide assessment, intervention and monitoring of pupils with autism and will work to enable service users to develop their functional communication skills. Experience in special schools (either in work based or clinical placements) would be helpful. Hours of work: 22.5 hours per week (Flexible working arrangements would be considered). Salary is £ 16,200 and annual leave entitlement is 22.5 days.

How to apply:

Contact the Administration Team at Imap School on 01362 741869 or email us at enquiries@ imapcentre.co.uk to request an application pack.

Closing date for receipt of applications is Friday 21st November 2014. Interview date to be confirmed.

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**Speech and Language Therapy Teacher**

(Ref: HPST01 and HPST02)

2 hour evening session per week during term 18.00 – 20.00

And recruitment to an approved tutor pool £34.40 per hour inclusive of pro rata holiday entitlement and preparation time.

Do you have an interest in working in a group setting with adults who stammer? Are you a qualified or soon to be qualified speech and language therapist? If you have excellent communication and interpersonal skills, are able to work as part of a team and have up-to-date knowledge, enthusiasm and interest in the subject, this role could be for you.

Please apply online at [www.citylit.ac.uk/careers](http://www.citylit.ac.uk/careers) or phone 020 7492 2679.

Closing Date for completed applications: Noon, Friday 21 November 2014.

Interview date: Monday 15 December 2014

City Lit values and promotes equality and diversity

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**PAEDIATRIC SPEECH AND LANGUAGE THERAPISTS**

**EXCITING OPPORTUNITIES AVAILABLE IN A LARGE MULTI-DISCIPLINARY CENTRE IN DUBAI AND OMAN:**

1) Junior position (Band 3-5): You will be working closely with the inclusion team of a mainstream secondary school to develop comprehensive SLT provision through assessment, therapy and training. Supervision provided (including assistance completing competencies if NQT).

2) Band 5 position: You will be involved in assessment and therapy of clients in clinic, school and home settings. Experience working with ASD and SLI desirable.

Tax free salary negotiable, dependent on experience.

For enquiries and applications please contact Katie Penny-cuick

Tel: 020 7467 9520 E: katie.pennycuick@londonchildrenspractice.com

Closing date for applications: 15th November 2014

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**NEW JOB?**

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

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

Start your search today and visit [www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)

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**Castle Business & Enterprise College**

Castle Business & Enterprise College is a thriving 7 - 19 MLD school deemed ‘an “Outstanding” school and dedicated staff team do not see pupils’ disabilities as a barrier to their learning’ - OFSTED

An opportunity has arisen, for a Speech and Language Therapist to join our enthusiastic team.

We are seeking an individual who shares our core values in caring about the pupils we serve and those with whom we work. Trust, respect, kindness, integrity, and the taking of personal responsibility are key qualities needed for this post.

The successful candidate will need to demonstrate experience and knowledge in the assessment, treatment and management of speech needs of pupils within our school.

Closing date: Monday 17th November 2014 at 12.00 noon

If you are interested in the above post and would like more information, please contact - Jayne Walsmsley, School Clerk at Castle Business & Enterprise College, Odell Road, Leamore, Walsall, WS3 2ED

Tel: 01922 710129

jwalsmsley@castle.walsall.sch.uk

www.castlebusinessenterprisecollege.co.uk

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**Speech and Language Therapy Jobs**

www.speech-language-therapy-jobs.org

Start your search today and visit

www.speech-language-therapy-jobs.org

www.rcslt.org

November 2014 | www.rcslt.org
Cwm Taf University Health Board  

Specialist Speech and Language Therapist  
Band 6  
37.5 hours per week  
Permanent Post  
Job Reference: 110-AHP076-1014

For further details and to submit your application please visit www.jobs.nhs.uk and refer to the Jobs Section.  
Closing date: 21st November 2014.  
The Trust operates a No Smoking Policy, is committed to equality and welcomes applications from Welsh speakers.

Cwm Taf University Health Board  

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Specialist Speech and Language Therapist  
Band 6  
37.5 hours per week  
Permanent Post  
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For further details and to submit your application please visit www.jobs.nhs.uk and refer to the Jobs Section.  
Closing date: 21st November 2014.  
The Trust operates a No Smoking Policy, is committed to equality and welcomes applications from Welsh speakers.
Specialist/Highly Specialist Speech and Language Therapist

Temporary Position to Cover Maternity Leave
(Competitive salary and 8-10 weeks paid annual leave)

Would you like to be part of a motivated, dedicated team and make a hands-on difference with a small Specialist caseload?

PACE is an organisation committed to helping children aged 0-18 who have sensori-motor disorders to reach their potential through an integrated approach based on Conductive Education.

You are an enthusiastic therapist (HCPC registered) interested in maximising your expertise with children with neuromuscular disorders. Working in a supportive transdisciplinary environment, you will provide integrated classroom programmes, detailed assessments, intensive and individual therapy, as required. You will have significant opportunities to expand and integrate your specialist expertise. Our ideal candidate will have experience of AAC and Dysphagia.

This is a full time temporary post, term time only, although the opportunity to become permanent may follow. We provide excellent in-service training, access to other CPD opportunities and supervision with a Bobath-trained SLT.

For further details and/or an informal visit, please contact:
Laurel Allen, Clinical Lead SLT, laurel.allen@thepacecentre.org, or 01296 614287

Application pack: www.thepacecentre.org/vacancies

Applications to: vacancies@thepacecentre.org or Susan Muir, HR, The PACE Centre, Philip Green House, Coventon Road, Aylesbury, Buckinghamshire HP19 9JL

Closing date for applications: 19th November 2014
Interviews will take place on 24th November 2014

The PACE Centre is committed to the wellbeing, safety and protection of all our pupils. An enhanced DBS will be required.

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RESEARCH AND DEVELOPMENT OFFICER

Part time (21 hours per week) | Fixed term for 12 months
Salary: £32,935 pro rata (including London weighting)
Closing date: 21 November | Interview dates: 8 or 9 December

The RCSLT is seeking a professional Research and Development Officer who is committed to helping to drive forward evidence-based practice and research, and enabling others to deliver evidence-based services. Supporting the RCSLT Research Manager, you will coordinate RCSLT work related to building research capacity and infrastructure, and encourage the innovative dissemination of evidence across the profession.

The successful candidate will have:

- HCPC registration, RCSLT membership and have completed the RCSLT Competencies Framework or equivalent.
- A good knowledge of evidence-based practice and some research methodologies, including the barriers and challenges to applying evidence to practice.
- Experience of critically appraising evidence, applying evidence to practice and carrying out evaluation of clinical practice using outcome measures, service evaluation, audit and/or research.
- Excellent organisational, written and verbal communication skills including the ability to work collaboratively within a team and wider networks.

For further information email: emma.pagnamenta@rcslt.org
For application details, visit: www.rcslt.org/about/jobs/job_opportunities

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APPOINTMENTS
CALL GIORGIO ROMANO ON 020 7880 7556
We are a thriving paediatric speech and language therapy practice in South East London. We are committed to providing a high quality and effective service that is tailor made for our clients. We place a high importance on clinical skills development and are supportive of continuing professional development for our team.

We are looking for two highly motivated, enthusiastic therapists with some experience of working in mainstream schools. These posts are full time and permanent, working 11 months of the year.

Please see our website for application details.

Closing date: 10th November 2014

t. 020 8313 1939
e. jobs@sarahbuckleytherapies.co.uk
w. sarahbuckleytherapies.co.uk

Speech and Language Therapists
Salary dependent on experience.

We are thriving paediatric speech and language therapy practice in South East London. We are committed to providing a high quality and effective service that is tailor made for our clients. We place a high importance on clinical skills development and are supportive of continuing professional development for our team.

We are looking for two highly motivated, enthusiastic therapists with some experience of working in mainstream schools. These posts are full time and permanent, working 11 months of the year.

Please see our website for application details.

Closing date: 10th November 2014

Speech and Language Therapist
Part-time 3 days per week | Term Time Only | NHS Band 5 (Equivalent to Education Band 4 £22,443 - £25,727 per annum pro rata) | Colchester, Essex

We are looking for a passionate and highly motivated therapist to join our Speech and Language Therapy team. The successful candidate will demonstrate knowledge of appropriate assessments and interventions for use with children with learning difficulties, including ASD. Experience of working with children with ASD and learning difficulties would be advantageous. Experience of working within a school environment is desirable.

We are an LEA maintained Special Needs School, educating pupils aged 5-16 years. There is specialist provision for pupils with autism at each key stage. We are an equal opportunities employer and there are excellent professional development opportunities.

We are committed to the safeguarding, protection and welfare of children and young people and expect staff and volunteers to share this commitment. These appointments are subject to safer recruitment procedures, including satisfactory references, medical and enhanced DBS clearance.

Closing Date: 21st November 2014

Interviews to be held on: 8th December 2014

For an informal discussion about the post please contact Head Teacher Gary Smith on 01206 825195. Please apply online: www.essexschooljobs.co.uk

Field School, Paxman Avenue, Colchester, CO2 9DQ

Speech and Language Therapist
Pay Band: Equivalent to Band 5/6 AFC dependent on experience
37 Hours per week term-time only

We wish to appoint a highly motivated, flexible and organised Speech and Language Therapist to join our established Therapy Team and play an important role in continuing the School’s excellent reputation. The position will also offer opportunities to work with our Partner Schools in Gravesham.

Ifield School is a maintained special school providing specialist education for pupils with profound, severe and complex needs and communication and interaction difficulties and was judged to be Outstanding in all areas by Ofsted in February 2014.

Do you have:
• A Qualification recognised by RCSLT/HPC
• Experience of working in an education environment
• Excellent interpersonal skills and a good sense of humour

In return we can offer you a package of continuing professional development including supervision, professional support and access to ongoing training.

The school is committed to safeguarding and promoting the welfare of children. Appointment to this position will be subject to an enhanced DBS check.

The closing date for applications is the 17th of November 2014.

For further information, please contact Mrs Carol Parry, Assistant Director Communication and Interaction. For an application pack please contact Mrs Claire Sheld.

Address: Ifield School, Cedar Avenue, Gravesend, Kent, DA12 5JT
Telephone: 01474 363485. Website: www.iffeldschool.com
E-mail: iffieldschool@aol.com
In November 2013, a new speech and language therapy service aimed at multiply vulnerable young people began. The initial focus of the two-year project – funded by North Yorkshire County Council and commissioned from Harrogate and District NHS Foundation Trust – has been young people directly involved with the Youth Justice Service (YJS).

Using evidence which has emerged over the past 10 years we have created a service to support young people in North Yorkshire, beginning with the young people who are involved with YJS. Although there are well-established statistics regarding the incidence of speech, language and communication needs (SLCN) in young people who offend, these figures were gathered in urban areas with a smaller geographic spread. North Yorkshire is the largest county in England and has a large rural population. As such, the types of population and offending behaviours recorded differ from the more urban areas previously studied. For example, the percentage of young people from ethnic minorities is below the national average and the incidence of offences connected to gang culture is far lower than in more urban areas.

The service aims to develop skills in the workforce in identifying and meeting communication needs of service users; identify young people who may have SLCN through a screening programme, and facilitate the development of their speech, language and communication skills; and ensure the environment is supportive to communication needs of service users.

The team comprises four part-time SLTs (two whole-time equivalents.) We bring a wide range of experience and skills to the project, ranging from adult learning disabilities and mental health, special schools and mainstream early years. We provide information to a steering group about our direct work with young people, training and the wider accessible communication aspects of the work. The steering group sees all of these as important. This focus on the quality of the impact on the service as a whole, rather than purely the time spent in face-to-face contacts is encouraging.

We will continue to work with the YJS, but will now begin to widen the project to include other vulnerable groups such as looked after children.

A typical day
9am: Make coffee and check emails.
9.30am: Meet new young person for SLCN screening assessment. One of the words used in the ‘definitions’ section of our screening assessment is ‘green’. Between us, we now know it’s another term for marijuana, which explains the amused look on the young person’s face when we asked them ‘what does green mean?’ They are testing us as much as we are testing them.
11am: Drive to community setting for appointment for ongoing therapy: a repeat sex offender who has been recently diagnosed with autism spectrum condition (ASC). Viewing the world ‘through his eyes’ makes it clear how confusing it can be for him to develop and maintain meaningful relationships, to interpret non-verbal signals and balance this with his hormones.
1pm: Ongoing therapy appointment: an 11-year-old with no previous SLCN watched his father attempt suicide. He received no counselling, acquired a stammer, and felt different and isolated. He coped by making his stammer covert and smoking cannabis to help him relax. His cannabis use increased and, because he couldn’t afford the quantity he felt he needed, he committed offences to pay for it. As a result, his self-esteem plummeted because he had to face the consequences of his conviction. His stammer becomes greater when he’s stressed, so he feels the need for more cannabis and so it goes on.
2.30pm: Visit to a residential school for children with emotional and behavioural difficulties to carry out an initial assessment. This took place in a room surrounding a courtyard where chickens were kept. Before we could engage the young person, he had jumped out of the window and was running around the courtyard, chasing chickens and looking for eggs. He eventually came back through the window, sat down and got on with the assessment.
4pm: Back to the office to write up contacts on computer-based system.

“His stammer becomes greater when he’s stressed, so he feels the need for more cannabis and so it goes on”
January 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 February, RCLSLT London
Elklan total training package for vulnerable young people

This course equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers 16-18 January 2015; 2-3 February 2015. £435 (£450 from 1 January 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-2 December, Bracken Court Hotel, Ballbrgin, Ireland
Elklan total training package for under fives

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

1-4 December, Manchester
Adults: 2 administration and coding course

ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used in the diagnosis of autism. Visit: ados2training.co.uk or tel: 0171 749 000

6-7 November, RCLSLT London
Elklan total training package for pupil pupils with SLDD

New training courses use innovative material to equip SLTs and teaching advisers with skills and knowledge about autism and to support their complete portfolio of evidence. £325 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7 November
SIG SpLD (Dyslexia) conference

Dyslexia – an impairment of language learning. Lenny Lowthe, Jenny Foxwell, Dr. Stuart Gold. ‘Putting the IT into LIteracy’, Jenny Foxwell, Senior Lecturer University of Sheffield. ‘Apps that really make your life easier’. ‘LinkedIn – getting your professional voice out there’. ‘LinkedIn – sharing your story and letting people know about you’. For more information, email: beth.fild@redactive.co.uk, tel: 020 7324 2735

18 November, RCLSLT London
Sensory communication

Hirstwood Training deliver a practical workshop-staging sensory ideas, exercises and strategies. £435. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

19 November, Manchester;
20 November, Birmingham;
21 November, London
Sensory communication

and social participation

Elklan total training package for 5-11s

This new course uses innovative material to equip SLTs and teaching advisers with skills and knowledge about autism and to support their complete portfolio of evidence. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

November 2014 | www.rcslt.org

November 2014 | www.rcslt.org

Various dates and locations
Cued Articulation

Cued Articulation promotes an understanding of speech and language and supports the acquisition and production of speech sounds. It is a visual, auditory and kinaesthetic system and an invaluable tool for parents, teachers and therapists. www.soundsenglish.co.uk

Various dates and locations
Picture Communication System workshop (Level 1) Legal Workshops


6-9 November, RCLSLT London
Elklan total training package for pupils with SLDD

New training courses use innovative material to equip SLTs and teaching advisers with skills and knowledge about autism and to support their complete portfolio of evidence. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

2-3 March, Salford
Elklan total training package for 5-11s

This course equips SLTs and teaching advisers with practical, accredited training to support children with more complex needs. Covers 9-10 February, 2015. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

13-14 November, 12-13 February (both RCLSLT London); 5-6 March, Salford
Elklan total training package for under fives

This course equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers 16-18 January 2015; 2-3 February 2015. £435 (£450 from 1 January 2015). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

17 November, London; 19 November, Bristol; 21 November, Birmingham
Sensory solutions for autism and challenging behaviour

Hirstwood Training deliver a practical workshop-staging sensory ideas, exercises and strategies. £435. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

17 November, Manchester;
18 November, Birmingham;
21 November, London
Sensory communication

Andrea Kirtin, highly-specialist SLT, will develop your skills and knowledge about low- and high-tech AAC. Accredited at level 4, you will be well supported to complete your portfolio of evidence. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

20 November, Dublin; 15 January/12 February, Stirling; 22 January, London; 23 January, London (2 specialist seminars: eating and drinking; capacity)
Talking Mats Training

Explore the potential of this powerful communication framework. For more information, visit: www.talkingmats.com, tel: 01786 479 511, email: info@talkingmats.com

21 November, Ely
Social cognition: Exploring impact on emotional processing and social participation

An intermediate level course for therapists working in ABI, designed for speech-language pathologists, presents their research, observations and interactions. £435. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

22-23 January
Multiple apraxia of speech

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

25 January
Collaborative working

Suitable for those working in any setting and supports the acquisition and production of speech sounds. It is a visual, auditory and kinaesthetic system and an invaluable tool for parents, teachers and therapists. www.soundsenglish.co.uk

Various dates and locations

9-10 February, RCLSLT London
Elklan total training package for vulnerable young people

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1-2 December, Bracken Court Hotel, Ballbrigin, Ireland
Talkabout for Adults

TALKABOUT for Adults is a practical resource to help therapists or support staff to develop self-awareness and self-esteem in adults. It has been particularly aimed at adults with an intellectual disability (learning disability) or older children with special needs. This resource includes:

- A year’s worth of work on self-awareness and self-esteem including 50 activities and some worksheets
- A short assessment of self-awareness and self-esteem
- Practical suggestions to make your group work successful including 25 group cohesion activities, a plan for intervention, and forms for monitoring and evaluation
- Activities such as: the ‘A book about me…’ which enables the adults to make up a book over the course of the sessions that will summarise some keys personal facts.

Price: £33.00 (Reduced from RRP: £38.99)
ISBN: 9780863889936  Publish date: May 2014

Reading Between the Lines

This book is designed for teachers and speech and language therapists working in the fields of language and literacy, and concerned with developing inferencing skills in their students. It contains a collection of 300 texts which are graded, and lead the student gradually from simple tasks with picture support and plentiful clues to more challenging scenarios where true inference is required.

Reading Between the Lines is especially appropriate for work with children with speech, language and communication needs and those on the autistic spectrum, who are likely to have particular difficulty understanding inference.

Price: £29.74 (Reduced from RRP: £34.99)
ISBN: 9780863889691  Publish date: April 2014

To order direct or to see more details on these and our other speech and language resources go to www.speechmark.net, or email sales@speechmark.net and don’t forget to quote RCS15 to receive your 15% discount.