Stammering: raising awareness through art

Developing play skills in pupils with autism

NICE guidelines: how you can get involved

Return to practice: everything you need to know about coming back to the profession
Heard any good jokes lately?

Voice Box is a UK-wide joke competition for mainstream and special primary schools.
Run by the RCSLT, the competition is aimed at building confidence, supporting children's communication skills and raising awareness that some children need additional specialist help to speak or understand what is being said to them.

The competition, now in its fifth year in England and Scotland, is also being launched in Wales for the first time.
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October 2018 | www.rcslt.org
Season change

The start of autumn always reminds me of school days: the new school term, the obligatory new pencil case, and the trip into town to buy sensible shoes. As much as I love the summer, there is something about the autumn that signals a time of renewed application, and a return to the business of study and work.

In this issue of Bulletin, we take a look at what’s involved in returning to practice. If you’re an SLT on a career break—or are considering taking an extended break from the profession in the near future—then our feature on p12 will tell you everything you need to know about how to navigate the transition back into the workplace.

Transitions are also underway here at the RCSLT as Morag Dorward prepares to step down from her role after serving five years as chair on the Board of Trustees. On p7, in her last Bulletin column, Morag reflects on her experiences being at the helm of the profession and asks you, as members, to consider getting more involved with your professional body.

But we don’t say goodbye to Morag just yet. At the time of writing, we’re busy planning for the Study Day and AGM in Cardiff on 4 October, where Morag is to deliver the welcome speech to members.

If Morag’s column inspires you to further involvement then our feature on p12 will tell you everything you need to know about how to navigate the transition back into the workplace.

Dr Lydia Morgan
I share Richard Cave’s opinion from ‘Time to invest in voice banking’ (August’s Bulletin). I have worked with people with motor neurone disease (MND) in Dorset for many years but, like many SLTs, had limited confidence in using voice banking (VB) technology. I also recognised a conundrum that by the time we meet folk, their speech may be too changed for banking. In order to offer a successful VB service, we needed referrals at the point of diagnosis, and to have equitable access across our four locality teams.

The East Dorset and New Forest Branch of MNDA was keen to help in any way that they could. So in 2017, with full support from my SLT manager, I applied to the branch for two project grants. One was used to release 10 county-wide SLTs/assistants for training by Richard, to purchase equipment, and to bank our own voices (the best way to really appreciate what is required), as well as to champion early referrals from our MND MDTs. The second grant is being used to backfill the time spent enabling people to VB so we can allow ‘rapid access’, even for those supposedly without current speech and language therapy needs.

While the numbers are small, the feedback is immensely moving and it is proving very beneficial to work with people earlier than we used to. The project has been extended to March 2019 and will be fully evaluated, with a work in progress poster accepted for the MNDA symposium in December.

Mrs Sharon Owens, senior specialist speech and language therapist, Dorset Healthcare University NHS Foundation Trust.
Email: Sharon.owens1@nhs.net

FOLLOW THE RCSLT ON facebook AND twitter
VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

Retirement network group

For any RCSLT members who live in the South East and are thinking of retirement (or are already in that happy state!), please come and join us for tea and cake on Friday 9 November in the board room at RCSLT, between 1pm and 3.30pm. If you can’t join us, please get in touch via email as we’d love to hear your ideas on the following: Is there a value in networking once or twice yearly, or more? Should these meetings be in London or at different venues? Should they be social, informative or both? Should they involve food?

At our relaunch meeting in November we would particularly like to discuss the RCSLT retirement membership category: what do we get? What do we want?

Our guest speaker is Becky Clark who will give a short presentation on ‘Developmental language disorder—raising awareness and agreeing terminology: how far have we come?’

Looking forward to catching up with friends and colleagues.

Shelagh Urwin and Carol Everingham. Email: shelagh.urwin@hotmail.co.uk and caroleveringham@btinternet.com

Invest in voice banking

I’ve perhaps had an unusual career path. After qualifying as a speech and language therapist I started at the Bristol Speech and Language Therapy Research Unit (BSLTRU), initially as a PhD student in 2007, and ever since as a researcher. During that time, I’ve worked on a diverse range of interesting projects, focusing largely on children with speech or language difficulties.

Two years ago, I began working clinically in the acute adult setting at Southmead Hospital.

I currently work half-time in both roles, so it’s handy that I only have to walk across the road to get between my jobs! After 10 years in children’s research, working clinically with adults was a real change, but I feel extremely fortunate to do so. It’s allowed me to gain insight into the practical challenges of the clinical context, as well as to consider how research can be applied in practice.

Dr Lynda Morgan, research associate, BSLTRU.
Email: Lynda.Morgan@nbt.nhs.uk
Members test new RCSLT website

The RCSLT digital team is working overtime to prepare for the launch of our new website in November. The website redesign is part of the RCSLT Digital Transformation Project, and the RCSLT has worked closely with our digital partners and with the membership to ensure that the new site will effectively serve the needs of our members.

The site has been designed and built, and is now undergoing a series of tests to ensure it is ready to go live. This phase includes user testing from members themselves, with the very first user testing sessions held at the RCSLT throughout September. Members from across the UK travelled to the RCSLT offices in London for these sessions, eager to see the new site in action.

Members began the session by viewing a website demonstration from the RCSLT digital team, who showcased the site’s potential for personalisation. Attendees noted the more modern look and feel of the site, and couldn’t wait to start using it themselves.

User panel member Bethan Williams described it as ‘a massive improvement on the existing site’.

“I especially love the CPD Diary. The whole site is lovely, clear and easy to navigate,” Bethan said.

“It’s not cluttered, I think that’s so important,” added fellow panel member Stephanie Stollery. Members were then given their own login details and let loose to explore a test version of the site. They performed a number of tasks to see the site in action, including logging in, filling in their profile, accessing the professional networks area, setting goals in the new CPD Diary, using the search function, and accessing help and support.

The next few weeks will see RCSLT staff and key digital partners continue rigorously test and tweak the site in preparation for the launch in November. Members can expect a number of improved features on the new website:

**Personalisation**

Members will have one username and password to sign in to the whole site. You can personalise your RCSLT journey by going into your profile and updating your contact details, communication preferences and areas of interest. Your homepage will then show content that is tailored to you.

**Content**

Our clinical guidance pages have been rewritten and restructured, and will be accessed via a simple and accessible ‘A-to-Z’ page. A greatly improved search function means it will be easier than ever to find the content you’re looking for.

**CPD Diary**

The CPD Diary has been comprehensively redesigned in response to user feedback. It now works on mobile devices, and will help you plan your CPD and lifelong learning more effectively. You can save content to read and reflect on later, and your homepage will display a summary of your goals and activities.

Keep up-to-date with the latest news on the website launch by following @RCSLT on Twitter.

**Get involved**

Members who would like to get involved in helping the RCSLT’s professional guidance team develop brand new guidance for SLTs working in end of life/palliative care are encouraged to register their interest by emailing Louise Borjes at info@rcslt.org who will be in touch with information.

**Peer reviewers**

Peer reviewers are being sought from across the UK to help the RCSLT develop a leadership and local influencing learning journey. The peer review begins in November.

Further details can be found at bit.ly/2KKwGJq

**DLD workshop**

On 22 January 2019 the RCSLT will hold a multi-stakeholder, multi-professional workshop for those who work with children or adults with DLD. Delegates will be asked to help develop research questions that address current uncertainties in the evidence base.

For more information visit tinyurl.com/y8ugbra5 or email lauren.longhurst@rcslt.org

**Next month**

The consultation for the degree level SLT apprenticeship standard opens. A trailblazer group has been working on its development and ensuring the standard aligns with RCSLT curriculum guidelines and maps to HCPC requirements. More news about the consultation will be posted on the RCSLT website and social media channels in October.
**RCSLT insurance webinar**

Have you ever wondered exactly what’s covered by your RCSLT insurance? Do you have questions about it but don’t know who to ask? Join us for a webinar at 1-1.45pm on 22 October, when we highlight key benefits about your insurance and bust some common myths!

The webinar will be presented by Karen Willis, RCSLT’s head of finance and membership; Tom Griffin, RCSLT’s enquiries co-ordinator; and Alex McLaggan, account director at RCSLT insurance provider, Premier BusinessCare.

By joining the webinar, participants will:
- be made aware of the full range of RCSLT insurance benefits;
- understand key features about the members-only insurance; and
- have an opportunity to put questions to an expert panel. On registering for the webinar, members will be invited to submit questions.

**For more details visit:** bit.ly/2rMvY5S

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**Raising awareness on DLD**

This year’s developmental language disorder (DLD) awareness day will take place on 19 October, the organisers of the Raising Awareness of Developmental Language Disorder (RADLD) campaign have announced.

“We encourage all RCSLT members to get involved to keep building the DLD awareness momentum,” says campaign founder, Becky Clark. “You can organise activities, share resources, or just be sure to tell someone about DLD.”

RADLD is hoping to repeat the success of last year’s DLD awareness day, where activities took place on a global basis. ‘Activities stretched around the world from Hackney to Rochdale, and from Toronto to Sydney. Members initiated activities within schools and communities, shared information about DLD at exhibition stands and talks, and via leaflets, quizzes, radio interviews, social media, t-shirts and half marathons,’ says Becky.

A number of key message and resources have been created for those who want to help get the word out about DLD.

**For more information and a campaign pack, visit:** www.radld.org or email DLDawarenessDay@gmail.com

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**Aphasia award-winners named**

Sharon Bishop, a speech and language therapy student from Birmingham City University, has been awarded one of this year’s student prizes by the Tavistock Trust for Aphasia.

Open to all universities who teach speech and language therapy in the UK, New Zealand, Australia, Canada and Ireland, the Tavistock Trust awards recognise excellence in student work related to aphasia.

Sharon, a former primary school teacher, won the award on the basis of work she undertook with a neurological rehabilitation patient as part of her final year placement on the degree course.

News of the award win came in the same week that Sharon graduated with a first class honours degree, making for a double celebration.

**To read more about the Tavistock Trust for Aphasia awards and see the full list of student prize recipients, visit:** bit.ly/2BAssER

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**New children’s services guidance**

The RCSLT has published new guidance for children’s speech and language therapy services.

**Placing children and young people at the heart of delivering quality speech and language therapy:** Guidance on principles, activities and outcomes has been directly informed by conversations with children and young people, families, SLTs, and other professionals who work with children.

The guidance document forms just one part of the RCSLT’s strategy for children’s speech and language therapy services. The new RCSLT website (expected in November) will include a dedicated children’s services area comprising guidance and resources, while a plan to support members in implementing the guidance is due for roll-out soon.

**Download the guidance at:** bit.ly/2m8msu8

Gemma Holmes, RCSLT Professional Development Manager

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**RCSLT Web Poll**

**Have your say...**

**Do you work exclusively with adults?**

- **54.8%** say No

**VISIT:** www.rcslt.org
An ex-student of mine emailed me today and told me she’s been offered her first #SLT post in a community learning disability team. I am SO PROUD! #learningdisabilities #SLPeeps #rcslt #ClinicalEducator

So pleased to discover that as of today I am registered with @The_HCPC and that my @RCSLT membership has changed from Student to Newly Qualified! One step closer to starting my career as an #SLT! #newlyqualified

The first week in October is a highlight in the RCSLT calendar, with the Board of Trustees meeting, the Honours Ceremony, the Study Day and AGM taking place. It is my privilege to be attending all of them, as I have for the past five years, as a Trustee of the Board. This October’s events will be my last as RCSLT Chair. I wanted to use my last Bulletin column to reflect on my experience as a trustee and to encourage you to think about your own opportunities, as doing something in addition to the ‘day job’ can be a rewarding learning experience.

My time as a trustee has been positive, challenging, exciting and stimulating, while meeting so many members at a range of events, in committees and at steering groups, has been enriching. I will carry the learnings from these years into many aspects of my life and the memories will remain with me as I continue to engage with RCSLT in whatever ways present themselves.

It was early in my tenure when I learned that the key responsibility of the trustees is to ensure sound governance of the organisation. I discovered there is no ‘right way’ to do things and that looking at an issue from many angles to reach a decision is a collaboration between trustees and the RCSLT senior management team, ably led by Kamini Gadhok. Learning from them as well as the previous two chairs, Bryony Simpson and Maria Luscombe, gave me a good grounding.

I want to thank all the RCSLT staff, my fellow trustees, and you as members for your support. I also want to wish Della Money and Mary Heritage (the incoming chair and deputy) well for their years in office and look forward to hearing how the professional body moves forward under their leadership.

We talked about the ‘engagement swish’ in last month’s Bulletin: is there room in your life for further engagement with the RCSLT? Believe me, the effort of getting involved pays personal dividends tenfold.

To see all the parliamentary questions and answers relating to Bercow: Ten Years On visit bit.ly/2ww9D0l
Members from across Wales (pictured), met for a Study Day on Therapy Outcome Measures (TOMs) in July 2018. TOMs (Enderby and John, 2015) is an outcome measurement tool that allows health and social care professionals to describe the relative abilities of an individual across the four dimensions of the World Health Organization’s (2001) International Classification of Functioning, Disability and Health in association with intervention.

Presentations on the day included a session from a values based healthcare team in Wales who provided the wider context of outcome measures. The group also heard about the experience of embedding TOMs within an integrated AHP learning disability service, as well as those from two speech and language therapy services in Wales that are pilot sites for the RCSLT Online Outcome Tool (ROOT).

The future of data collection, clinical coding (ICD10 and SNOMED CT), and links with other electronic systems being developed for Community NHS Services in Wales was also presented for discussion.

Health Boards within Wales are at varying stages of implementing TOMs in their services and the day was designed to serve as a catalyst for progress in using TOMS data effectively. The importance of consistent use of TOMs for service comparisons and service developments was highlighted to all.

NHS 70th celebrated in Wales

To celebrate the 70th anniversary of the NHS, SLTs from Hywel Dda University Health Board were invited to take part in a BBC Wales lip sync video of Jess Glynne’s song Hold my Hand.

A group of paediatric therapists from Ceredigion and Pembrokeshire took part in the filming at Cardigan Hospital, and appear signing and miming in a video that’s had more than 40,000 views on YouTube. If you haven’t seen it yet, it’s worth a watch: bit.ly/2Kz7oTh

Also marking the NHS anniversary were Cardiff SLTs Caroline Saine, Aysa Siddika, Bethan Davies and Katy Mogford, who all took part in a charity run around Cardiff Bay.

While some of the SLTs were seasoned runners, others took on the challenge by using the NHS Couch to 5K app, so as to improve their health and fitness in the process.

“The event was great fun and we had so many people cheering us along the way. We felt that the event helped to highlight how highly regarded NHS staff are,” said Aysa Siddika.

The run, in which the SLTs were wearing Giving Voice t-shirts, raised in excess of £10,000 for the Cardiff and Vale health charity.

Parkinson’s watch

In PD COMM: a speech and language therapist’s view, SLTs Gillian Beaton and Avril Nicoll are filmed discussing the practicalities and dilemmas of being involved in the PD COMM trial, which is studying the effectiveness of speech and language therapy interventions in the NHS for people with Parkinson’s disease. You can watch the video at bit.ly/2NH0Saq or visit @PDCOMM_trial on Twitter for more details.

RCSLT online resource of the month

Language Disorder of any kind affects nearly 1 in 10 children

9.92%

The RCSLT website features a range of resources to support members in navigating the recent changes in terminology and criteria regarding developmental language disorder (DLD). Our briefing paper summarises the changes and goes over the implications for service provision and funding, while a range of tailor-made infographics lay out the key facts and figures in a simple, sharable format. Find the infographics, briefing paper, and other DLD resources at bit.ly/2M21wgY
Alison McCullough MBE to step down

Head of the RCSLT’s Northern Ireland Office announces she is to step down from her role at the end of this year

Alison McCullough’s decision to retire comes after 13 years of service at the RCSLT, during which time she has overseen the considerable development of work within the region, and made a huge contribution to public affairs and other work across the organisation as a whole.

In June 2007, Alison was appointed by the then minister of health, Michael McGimpsey, to chair the Northern Ireland ministerial task force into speech and language therapy, the recommendations from which led to an action plan that was rolled out by the Department of Health.

Following an MBE award in 2009 for her contribution to the profession, Alison played an instrumental role with the Department of Justice in implementing the Northern Ireland Registered Intermediary Scheme. She was also successful in making the case for the provision of speech and language therapy within youth justice services.

During her tenure, Alison presented evidence to the Ad Hoc Joint Committee on the mental capacity bill that resulted in an amendment to primary legislation, ensuring that people with communication difficulties receive communication support before a determination of capacity is made.

Among Alison’s other contributions to the RCSLT was the development of the annual Voice Box joke competition for school children. Originally conceived to raise awareness of SLCN in Stormont (the heart of government in Northern Ireland), Voice Box is now a fixture in the Westminster calendar, and launches in Wales too, this year.

Alison was also behind the creation of My Journey My Voice: a two-year multimedia exhibition and campaign across Northern Ireland designed to raise awareness of communication difficulties.

On retiring, Alison plans to travel, spend more time with her family and ‘keep busy.’ She has said that thoughts of the profession ‘would never be far away from her mind.’

Commenting on Alison’s retirement, RCSLT Director of Policy and Public Affairs Derek Munn said her forthcoming departure would “leave a huge hole at the RCSLT,” before wishing her all the very best.

The recruitment for Alison’s successor is due to begin shortly.

BOCS LLAAIS

I was once a student—long ago—and amongst my areas of study was medieval Welsh. I have often been asked what use this has been to the world, and so it gives me pleasure to title my column in Welsh—we’ll see why later.

It’s time once again for our Voice Box competition. Long-term readers will know that this began in Northern Ireland, with children invited to tell jokes in the Northern Ireland assembly alongside the politicians who represent them—and it’s been a huge success.

In recent years we have held the same event at Westminster to raise awareness of speech, language and communication. For the children concerned it’s a once in a lifetime experience, and for us it serves at least two other purposes.

First, it’s an outstanding way of involving parliamentarians who may not have an existing interest in speech and language. They can engage with schools in their constituency, get positive local coverage and do something genuinely fun.

Second, it’s a model of inclusive communication in action. Young people have told jokes with communication aids, on video or with sign language, and after an hour the MPs are immersed in this environment and it’s no longer a big deal—a vision of how things could be.

This year, to return to my opening, we will be hosting a separate competition in the Welsh Assembly, and of course it will be bilingual, in English and Welsh.

So it’s over to you to think about different ways you can engage staff and pupils in Voice Box—whether you work in a school or have children in one. You could hold a special assembly where teachers tell jokes. There can be inter-class competitions, judged by teachers, your local MP or local celebrities. Classes or laughter workshops could discuss comic timing and delivery, how to make someone giggle, different sorts of jokes, when it’s appropriate to tell jokes, and how to use props. All part of the SLT skill set!

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

“‘It’s an outstanding way of involving parliamentarians who may not have an existing interest in speech and language’
News

Kenya conference

A conference on communication disabilities in East Africa has been hosted by Yellow House, a community-based organisation that provides speech and language therapy services within the East Africa region. Held in the Kenyan city of Kisumu, the conference was attended by allied health professionals and other stakeholders to discuss practice issues, the contextual complexities of service provision in East Africa, and innovative research and solutions.

Professor Edwards Kochung, dean of the School of Education at Maseno University in Kenya, spoke about the benefit of collaborative partnership among professions, while Grace Macharia, chairperson of the Association of Speech and Language Therapists Kenya (ASLTK), shared plans for the organisation’s official recognition as a professional regulatory body.

The acknowledgement comes on the back of ASLTK’s “tireless and passionate voluntary work to achieve recognition for the profession in Kenya,” says Rachael Gibson, CEO of Yellow House.

It is hoped that government support for SLT positions in Kenya will follow in the future. For more information visit: www.yellowhouseoutreach.org

Rachael Gibson, Sally Newton and Dr Bea Staley, speech and language therapists

The Great SLT Bake Off

The SLTs at Ealing Community Services take The Great British Bake Off very seriously indeed. The sweet-toothed fans hold their own version of the popular TV show, dubbed ‘The Great Ealing Bake Off’, where they match the show’s weekly challenges in the hope of being crowned ‘Queen of the Bakes’. Rosie Bowness Clarke was the first to complete the biscuit challenge with wagon wheels, while Brody Cruickshank and Lucy Flaherty created a blueberry and lime drizzle tray bake for the signature challenge. Karen Benedyk, clinical head of speech and language therapy, said: “We’re all big fans and always look forward to the new series.” The cakes are made at home and eaten in the office. Rosie admits burning the midnight oil during her baking session and missing the show in the process. “No-one was allowed to tell me what happened until I watched it on catch up TV the following night.”

During the last series, the team whipped up creations ranging from cardamom and blueberry buns and Portuguese tarts, to chocolate mousse cake and raspberry pavlova.

Travers Reid Award

Applications are invited for the 2018 Travers Reid Award. Worth £300, the award is open to UK speech and language therapy students whose research project (written within the last three years) is on the subject of stammering. Interested applicants should submit a 500-word abstract with a letter of recommendation from their supervisor by 1 November 2018. Those shortlisted will be asked to send their full project, with the award presented by Michael Palin on 19 December 2018.

Email queries and applications to sharonmillard@nhs.net

Placement education

A placement education workshop to help inform the RCSLT’s work plan on placement education took place last October. We are now continuing this piece of work and will be developing guidance to support placement educators, HEIs and students. Those who attended the workshop will automatically be sent an email from us with more information.

If you didn’t attend the workshop and would like to get involved, please email Louise Borjes at info@rcslt.org

Sing and Say

A set of resources to encourage young children’s speech, language and communication development through play and song has been created by the Oxford Craniofacial Unit. Called Sing and Say, the resources are aimed at children 0-2 years of age and intended to be used by families in the home environment. Comprising animations, instructional videos, songs, leaflets and an iBook, the resources are freely available to anyone in the UK. The videos can also be translated into any language using the subtitles setting.

To access the resources visit www.ouh.nhs.uk/singandsay

Save the date!

Back in March, members helped to raise awareness about dysphagia on Swallowing Awareness Day by holding events around the country and generating discussions on social media. Next year’s Swallowing Awareness Day campaign is to take place on 13 March 2019.

Campaign details will follow in future issues of Bulletin. In the meantime, we look forward to hearing how your plans are shaping up. Let us know by adding #SwallowAware2019 to tweets.

October 2018 | www.rcslt.org
Shamima Begum and Helen Burgess discuss why teenagers with communication needs require additional support in the digital space

Communication matters

As speech and language therapists working within a secondary autism base, we recently recognised the need to develop an intervention supporting the way that teenagers with social communication needs interact online.

The popularity of online communication among teenagers is just as prevalent in those with higher functioning social communication needs within the autism base. Although teenage students on our caseload felt the desire and/or pressure to communicate with peers online, we noticed that many of them were experiencing difficulties in doing so. These difficulties were leading to disagreements in the classroom and playground, and it soon became apparent that at the root of these misunderstandings was social communication itself.

To address this, we conducted discussions with students and teachers and learned that more students within the department actually preferred to communicate online when at home (through a variety of methods, including texting, WhatsApp and Snapchat) rather than have face-to-face interactions or chat via phone calls.

When communicating online, interactions change and different social ‘rules’ need to be considered; eg the use of capital letters to convey emotion, the use of emojis, and the ‘online tone of voice’, which can differ from person to person. The way we talk online is different, and at times more subtle; ie there are no facial cues, no body language, and no intonation. Discussions with students and teachers also highlighted that, while online, a number of students struggled to recognise the difference between friends, acquaintances and strangers.

We felt that we needed to equip students in how to communicate online in a safe and responsible way, to assist them in maintaining current friendships and to support them in developing new ones. To address this, we created the Digital Social Communication Programme (DSCP) – a 10-week programme that was run in class-based groups using a range of resources (eg video clips, songs, presentations, etc). Outcomes were measured qualitatively through questionnaires to staff and students, and it was noted that students demonstrated being able to recall some of the work done in the group, for example, recalling that people online can sometimes lie.

Although we felt that students would be more willing to comment, online, when communicating with peers, we noticed that many of them were preferring to comment, or not at all.

Students were also able to refer to the songs and raps that were used in the programme, as well as citing topics that were previously covered, by way of giving peer support when discussing online communication.

Since completing the programme, there have been continued discussions within the classrooms about social media through problem-solving, with ‘real life’ online issues used to explore how these have been dealt with. Students were also observed discussing some of the same issues within other lessons, such as mainstream ICT lessons.

The programme also linked to aspects of cyberbullying, with teachers enthusiastic for these sessions to continue. In the future, we hope to create a joint initiative linking to personal, social and health education (PSHE) classes in order to develop a programme supporting a range of interpersonal skills.

The DSCP continues to be refined, with one student group having completed a review session at the request of teachers. This involved discussing previous work and spending time looking at problem-solving in relation to some specific difficulties that had arisen around when it was appropriate to comment, or not to comment, online.

Since then, the sessions have been requested by teachers on a regular basis, thereby highlighting the importance of supporting communication skills in the face-to-face and online world, and the difference that each approach entails. In terms of next steps, we plan to conduct further work that looks into the impact that digital communication has on friendships, and the maintenance of friendships outside of school, as well as the concomitant impact it has on self-esteem, linking these with PSHE lessons.
Return to practice

If you’re considering returning to the profession after a career break there are a number of steps you need to take before you can call yourself an SLT. Victoria Harris, RCSLT Learning Manager, outlines the process

Illustration by Hannah Warren

October 2018 | www.rcslt.org

People take career breaks for a variety of reasons. Whether to focus on family commitments for a time, to travel the world, learn new skills or take-up volunteering, career breaks can serve to re-energise you personally and professionally.

But what happens when it’s time to return to work? What are the steps you need to take to get back into the profession? The RCSLT is keen to encourage those trained as speech and language therapists, who have taken a career break of two years or more, to consider returning to work as an SLT, whether on a part-time or full-time basis.

In response to frequent member queries regarding return-to-work requirements, we’ve collected those that are asked most regularly to help navigate you back into practice as seamlessly as possible.

Before you start

Anyone returning to practice after a break of more than two years will need to familiarise themselves with the Health and Care Professions Council’s (HCPC) returning to practice guidance, which was updated in 2017 (see bit.ly/2MDV1p3).

The HCPC defines ‘practising your profession’ as: “drawing on your skills and knowledge in the course of your work.” This does not have to be in clinical or ‘frontline’ practice and can include roles in education management and research, or other areas.

To return to the HCPC Register, SLTs will need to meet the following requirements, depending on how long they have been out of practice:

- 0–2 years – no updating requirements necessary (this is applicable for maternity, paternity and parental leave)
- 2–5 years – 30 days of updating skills and knowledge required
- 5 years or more – 60 days of updating skills and knowledge required.

These requirements also apply to someone who has:

- not practised in the last two years, or
- has never been registered with the HCPC and has never practised (but who holds an approved qualification which is more than five years old).

Meeting HCPC requirements

The HCPC requires returners to complete a combination of the following activities to update their knowledge and skills:

- Supervised practice, or working/volunteering as a returner under the supervision of a registered professional. This involves engaging a suitably qualified SLT who has been registered with the HCPC for a minimum of three years. The level of supervision and tasks undertaken during this period are not specified by the HCPC; instead, it is expected that the nature of the supervision and range of tasks will be agreed between the supervisor and supervisee.
- Formal study, such as attending a return-to-practice programme held by a university or industry body, etc.
- Private study/self-directed learning, which includes drawing on information sourced from journals, online or library resources (it is important to note that HCPC requirements stipulate that only 50% of your return to work evidence can be made up of private study). The HCPC is flexible in its approach and fairly open to how you organise your evidencing, so if there are elements you cannot access locally this will be taken into consideration.

Frequently asked questions

Which RCSLT membership category should I be in while I am updating my knowledge and skills?

When completing your return-to-work evidence, you can apply to become a ‘returner’ RCSLT member. The returner category provides access to all general member benefits (except for minor grants) at a reduced rate. This includes insurance, CPD and networking resources, which are great for building your portfolio of activities and knowledge.
Returns transfer to certified membership once their supervisor is satisfied that their competencies, skills and knowledge base are all safely up-to-date.

**How do I record my updating activities?**
You’ll need to evidence your activities as you go. The HCPC provides forms where you can record your return to practice learning (see bit.ly/2N3x0VB), or the RCSLT online CPD diary can also be used to organise your completed evidence.

**Can I call myself an SLT while I am undertaking my updating period?**
While you are undertaking your updating period, you cannot call yourself an SLT as it is a protected title. You can only use this title once you are accepted back on the HCPC Register.

**What support do other organisations offer?**
There are a number of ‘return to practice’ courses being developed or run by universities across the country. Birmingham City University, for example, runs a distance-learning course aimed at therapists returning to practice after a career break, which counts for approximately 115 hours towards the HCPC return to work process and is classed as ‘professional study’. For more information on this and other courses please contact the RCSLT—our membership team will be happy to answer any queries you have.

**Further support**

**England**
Health Education England (HEE) has a new programme to encourage returners to practice in England. It covers funding in three areas: academic study, practice placement and out of pocket expenses.

If you are thinking of returning to practice in England, please take a look at HEE’s advice and resources at bit.ly/2vZphRX.

**Northern Ireland**
Due to the small numbers in Northern Ireland, there is no specific return to practice course for SLTs. For more information, individuals should contact the lead AHP officer at the Department of Health on 028 9052 0500.

**Scotland**
NHS Education for Scotland (NES) is in the process of developing national return to practice guidance, which will be clearly aligned to HCPC guidance and can be implemented locally, across Scotland. Expect further updates in Bulletin once this is launched.

**Wales**
Members living in Wales should refer to guidance for return to practice for nurses, midwives, SCPHNs, AHPs and healthcare scientists (2016), provided by NHS Wales, at bit.ly/2vZphRX.

**I’ve completed my activities—now what?**
Once you’ve completed your updating period, you will need someone to countersign your form. HCPC return to practice guidance states that the counter-signatory does not need to have supervised your updating activities, and they do not need to confirm that you are fit to practise. Instead, the counter-signatory “needs to take reasonable steps to be sure that you have carried out the number of days required”. If you already have a supervisor while you are updating your practice then this person can also countersign your return to practice form. However, please remember that the counter-signatory and supervisor are different roles. Throughout the period of updating, it is fine to ask this person to be your counter-signatory, noting that the counter-signatory and supervisor are different roles.

**I’m back on the register**
Congratulations. To gain the full benefits of RCSLT membership (including the correct level of insurance coverage) you must now change your membership category to ‘certified’.

You may already have a job lined up, but if not, you can now start applying for roles as an SLT. Returning to practice after a career break should not affect your chances at interview—instead, time out of the profession should be viewed as being of benefit to any potential new employer. Not only do you bring a wealth of experience with you from your earlier career, but you also return, in all likelihood, with a broader perspective and renewed motivation. Good luck!

Victoria Harris, RCSLT learning manager.
Email: victoria.harris@rcslt.org.uk

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**“The RCSLT is keen to encourage those trained as SLTs to consider returning to work”**

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**Feature Careers** 

October 2018 | www.rcslt.org
A new IDDSI compliant gum-based thickener to help promote safe swallowing

Amylase resistant AYMES® Acusist Clear stabilises the consistency of drinks and meals and contains 68% less sodium than the next lowest competitor.¹

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Call Customer Care on 0845 6805 496

¹ - Resource ThickenUp Clear  ² - Compared with Resource ThickenUp Clear made up to Level 3, MIMS September 2018
The art of being heard

Ruth Edwards and Siobhan Ward reflect on an innovative project using art and animation to raise awareness about stammering

Art has the ability to make us see things from another person’s point of view. It stimulates empathy and enables us to reveal the truth about our feelings and thoughts, communicating messages that cannot be conveyed with words alone.

When Hull was announced as the UK City of Culture in 2017, individuals and community groups were invited to submit project ideas for funding.

This presented an opportunity for Hear in Hull—an initiative run by the city’s Artlink Centre for Community Arts, in partnership with Humber NHS Foundation Trust—to bid for funding on an innovative art project to raise awareness about stammering.

Background

Around 1% of the adult population stammers. The aim of Hear in Hull was to use art to explore how listeners feel when they listen to stammering voices, and how people who stammer feel about stammering, with the purpose of changing perceptions, creating understanding and building confidence.

Out of 600 City of Culture funding applications, 60 creative community projects were chosen and Hear in Hull was one of them. We were awarded £6,200.

Our project was timed to coincide with Hull—an initiative run by the city’s Artlink Centre for Community Arts, in partnership with Humber NHS Foundation Trust—to bid for funding on an innovative art project to raise awareness about stammering.

Future

With Hull declared as the UK City of Culture in 2017, individuals and community groups were invited to submit project ideas for funding.

This presented an opportunity for Hear in Hull—an initiative run by the city’s Artlink Centre for Community Arts, in partnership with Humber NHS Foundation Trust—to bid for funding on an innovative art project to raise awareness about stammering.

Ruth Edwards and Siobhan Ward reflect on an innovative project using art and animation to raise awareness about stammering

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Background

1. Leeds Stammering Support Symposium

At this event, stakeholders within the world of dysfluency, including international researchers, SLDs, the British Stammering Association (BSA), and service users, came together to discuss a range of key issues significant to and affecting people who stammer (PWS).

The service users were particularly keen to discuss public attitudes to stammering. A number of recommendations were made by this group:

- The need for research to address public misconceptions, prejudice and discrimination, including subconscious bias, to remove barriers towards PWS.
- For PWS to help counteract their own self-limiting beliefs, and to raise awareness of the benefits of therapy, through an advocacy role, thereby enabling them to have an effective voice in changing public attitudes.
- For commissioners to be aware of the need for services and ring-fenced funding to support PWS.
- To help commissioners and managers better understand that managing disorders of fluency is not bound to a medical model of ‘curing’ stammering, but also links to a model of social disability that aims to reduce the negative impact that stammering has on clients.
- That the outcome of therapy is not just about attaining a certain level of fluency but relates to reducing the psychological and emotional impact of the disorder.

2. Our clients

Over many years of working in this specialist field, clients have informed our thinking about stammering. So often they have talked about their fear of the reaction they might receive from listeners when they talk during their daily lives. The result is the development of a set of self-limiting beliefs, which can then result in clients withdrawing from participation in everyday communication.

Stereotypes

We wanted to find out what people in Hull thought when they heard someone with a stammer, and drew on two research papers.

The first, by Craig, Tran, Craig (2003), identifies the stereotypes towards stammering that exist among those who have never had direct contact with PWS. In the study, ‘stereotypes’ takes its definition from another study by White and Collins (1984), where stereotyping is defined as “making generalisations about a particular group of people whereby society attributes a defined set of characteristics to the group”.

Many studies report PWS being negatively stereotyped. Descriptors used include: shy, anxious, withdrawn, nervous, tense, hesitant, self-conscious, less competent, introverted and insecure.

Secondly, according to Smart (2001) people with disabilities often internalise negative stereotypes and accept them as truth. This can lead to the individual developing a negative self-concept or stigma.

We were interested to see if the people of Hull held these negative stereotypes of PWS, and if PWS living in Hull had internalised negative concepts as a result.
To find out, we asked members of our adult support group to record a message of themselves stammering as they talked. We then played the messages to a group of children who stammer (9-15 year olds), and also to members of the public.

We then asked each individual a set of questions to elicit their thoughts about what they heard, conducting 60 interviews in total. Although this could not be considered scientific research, it did show that most listeners were empathetic and listened to the message (not the stammer). Conversely, the majority of PWS focussed primarily on the stammer, highlighting their sensitivity to non-fluent speech and the perceived reactions of others.

Creating impact
While the main aim of the project was to help the public understand more about stammering and the importance of their role as listeners, it was also important to show our clients that although they may encounter adverse reactions to their speech sometimes, most people are well-meaning and want to do the right thing. With this in mind we asked clients to write on postcards what they wanted people to know about their stammer and how they would like them to react.

Postcards were addressed to specific groups of people, e.g. ‘to my friends’, ‘to my teachers’, ‘to my parents’, ‘to shopkeepers’, etc. Clients then wrote messages on the reverse of the postcards (pictured below), which proved to be a powerful and emotive way for them to express their feelings.

Using art, we wanted to represent the themes that had emerged in order to create visual impact and to highlight the message that stammering need not limit you.

We enlisted a group of art students from Hull College of Art and Design and gave a short talk to them about stammering and what we were hoping to achieve with the project. We tasked the students with finding out which famous people (historical or
present day) have achieved success in their chosen field despite (or maybe even because of) their stammer.

The reasoning behind this was that it is still extremely unusual for someone in the public eye to stammer openly. This has two effects: firstly, it supports the belief that to ‘overcome’ stammering you need to be fluent. It also creates the expectation that only fluent speech is acceptable. Both of these ideas are damaging to PWS as they reinforce feelings of shame (stigma) and generate fear of stammering.

Key themes
We wanted to create a film that would express the key themes of the project and reach a wider audience. Peter Snelling, an award-winning animator, was commissioned to help us to achieve that.

Peter met a group of children on our caseload and, over a couple of sessions, they helped to generate ideas for him to work with. We organised another workshop, this time with adults from our support group. Peter presented a poem he had written in response to what the children had told him, which the adults responded to, offering their perceptions and perspectives, from a position of greater experience.

The next stage was for Peter to animate the finished poem. This he did using paper cut-outs to produce a beautiful and extremely clever animation called My Stammering Tap, about what it’s like to have a stammer.

Dylan, one of our young clients, read the poem and Peter—who was very receptive to fact that we wanted Dylan’s stammer to be heard—recorded Dylan’s voice. At first this went against Peter’s instincts. In film-making, it is common practice to edit out dysfluencies (inadvertently perpetuating the myth that all speech is fluent). Since the project, however, Peter has told us that he is less inclined to do this, and far more tolerant of leaving in dysfluencies when they crop up.

Launch
With all three elements of the project complete it was time for the launch. We organised an event at Hull Truck Theatre, attended by family and friends of our clients and therapists, as well as key stakeholders in the world of stammering, including representatives from the British Stammering Association, Action for Stammering Children and The Michael Palin Centre.

At the event, portraits that the students had produced were on display and prizes were presented. We also exhibited the postcard installation that our clients had produced and heard speeches by several key note speakers. My Stammering Tap was also shown for the first time and it’s fair to say there wasn’t a dry eye in the house.

Co-ordinating this project has been a massive learning curve for those involved. We had to step out of our comfort zone to raise extra money, promote the project through media interviews, work with creative agencies, organise venues for the exhibition, and manage the budget.

The project has proved successful in raising awareness. Our animation has been viewed more than 4,000 times (at the time of writing) and received media coverage on TV and radio. We have had hundreds of conversations with people about stammering as a result of promoting the exhibition, organising the events, and talking to people as they stop to look at the work created. We have also distributed information packs to every school in Hull and East Yorkshire.

Our aim is that all schools in the UK will show the film so that everyone can understand how to listen when someone stammers, and children who stammer do not grow up in fear of stammering. There is no copyright on this film (which you can see on YouTube at bit.ly/2MC99Ht). It is free for therapists to use as a resource, and we would encourage it to be shared as widely as possible.

One of the highlights of the experience was hearing the mother of one of the children talk so movingly about the impact the project has had on her son. Although friends and family had previously assumed her son was shy because he didn’t talk much, she knew he wasn’t; it was his stammer that was making him afraid to speak. Following his involvement in the project, her son is no longer afraid to speak and will now go to the shops and ask for things, which he never would before.

What’s more, he also tells his friends about his stammer, and has grown in confidence knowing that he can be himself, stammer and all.

Ruth Edwards and Siobhan Ward, speech and language therapists, Humber NHS Foundation Trust.

Email: ruth.edwards8@nhs.net and siobhanward1@nhs.net
Twitter: @siobhanward10
For more information on Peter Snelling visit www.mypockets.co.uk

October 2018 | www.rcslt.org
Are you ready for IDDSI?
We are!
IDDSI aligned Nutilis Clear now includes a new scoop and updated mixing instructions in line with IDDSI guidelines.
For more information visit our IDDSI learning hub on nutriciahcp.com/adult/studies and click the dedicated IDDSI tab.
The inspiration behind this project came from the Preschool-Autism Communication Trial (PACT, Pickles et al., 2016) follow-up study carried out by The University of Manchester, and reported on by BBC News (Gallagher, 2016).

The follow-up study focused on those families who had participated in the original PACT Trial, which ran between 2006 and 2009, once their children had reached seven to 11 years of age.

The PACT results suggested a “long-term ASD-symptom reduction” after early intervention, which raised our awareness of the importance of early input for children with autism.

After reading the PACT trial findings, we decided to undertake a small pilot project in our school, to see if the methods could be applied to a special education setting.

We used Mary Sheridan’s (Howard et al., 2011; Sharma et al., 2014) child development books to extend our knowledge of play development and the interrelatedness between areas of child development.

Project aims

Working full-time in one setting allows for intensive and flexible interventions with a consistent cohort, alongside experienced and knowledgeable class staff—all of which were needed when carrying out our pilot project.

The overall aim of the project was to improve play skills in early years pupils with autism spectrum disorder (ASD). This was to be demonstrated by pupils engaging independently in activities associated with their current play level.

Methods

The cohort consisted of nine pupils with ASD in an early years setting. The pilot project involved:
- taking baselines of play skills
- delivering direct input
- recording sessions against set targets

Baselines

We created an observation checklist based on Mary Sheridan’s developmental play norms, which focus on cognitive and social aspects of play. The norms follow a chronological order from birth to five years. This helped us to identify eight stages of play, which we referred to as ‘levels’ in the observation checklist: for example, level 1 (0-5 months), included dropping, pulling and grabbing objects.

We used appropriate toys and activities from our existing resources to assess all play levels for each pupil. The observation checklist was used to take baseline measurements for all pupils and sessions were filmed for more accurate observation findings.

To gather parent-reported information about play skills in a more informal and unstructured setting, we sent home a questionnaire based on the Checklist for Autism in Toddlers (CHAT, Baron-Cohen et al., 2000). In addition, we conducted a baseline assessment on a child of five years and six months with age-appropriate play skills using the same checklist and play materials for comparison purposes.

Direct input

Play targets were set following information gathered from the baseline assessments. Direct input involved pupils attending daily one-to-one sessions with an SLT in order to secure pupils’ current level of play, and then promote progression to the next level. In addition, staff members were trained to support target delivery throughout the day.
The initial intervention period lasted for five weeks, with adaptions made over half-term to address the impact of ASD characteristics on play, and revised intervention sessions then continued for a further six-week period.

Recording sessions
We created a recording form to document all sessions. These forms were individually created for each pupil, listing their current targets and specific achievement criteria for the next stage of play.

Results and findings
Following intervention our main findings were as follows:
■ five out of nine children moved on to the next developmental play level;
■ all children showed positive engagement and higher degrees of independence;
■ play skills showed a positive correlation to language skills;
■ positive outcomes were seen in communication, social and physical development, as well as extended play skills;

Difficulties
Some difficulties were encountered during delivery of direct input, which included:
■ time for class staff to deliver and record sessions; and
■ the impact of ASD difficulties on pupil engagement (e.g., joint attention with an adult, understanding and use of language, rigidity in following their own agenda).

Next steps
Future directions for the project could include:
■ incorporating SCERTS targets into the early years curriculum;
■ further staff training to generalise skills; and
■ working closely with parents to support play skills development in the home environment.

References
Mary Sheridan From Birth to Five Years: Children’s Developmental Progress (4th edition); Sharma A & Cockerill H; Oxon: Routledge; 2014.
From Birth to Five Years: Practical Developmental Examination; Sharma A & Cockerill H; Oxon: Routledge; 2014.
Mary D Sheridan Play in Early Childhood: From Birth to Six Years (3rd Edition); revised and updated by Howard J & Alderson D; Oxon: Routledge; 2011.
**FEATURE**
**NATIONAL GUIDANCE**

### Have your say

The RCSLT often asks members for their views on NICE guidelines and quality standards. But with an overflowing caseload, it’s not always easy for members to find time to respond. Katie Chadd and Paul O’Meara make the case for getting involved with NICE.

**Illustration by Kate Hazell**

Earlier this year, the National Institute for Health and Care Excellence (NICE) asked the RCSLT, as well as other stakeholders, to help review Developing NICE guidelines: the manual.

The request presented a valuable opportunity for the RCSLT and its members to influence how NICE engages with the profession, and to have our say in how guidelines and quality standards are shaped.

**Who is NICE?**
(From www.nice.org.uk/about/who-we-are)

NICE is the independent organisation responsible for providing evidence-based guidance on health and social care. Its guidance is applicable to England only, although it has agreements in place to provide certain NICE products and services to Wales, Scotland and Northern Ireland.

Set up in 1999, NICE is at the heart of the health and social care system and works closely with NHS England, the Care Quality Commission and Health Education England, among other organisations.

Its guidelines make evidence-based recommendations on a wide range of topics and recommend the most effective ways to:
- prevent and manage specific conditions
- provide social care to adults and children
- plan services and interventions to improve the health of communities
- provide integrated health and social care services that meet the needs of patients and people who use services.

NICE guidance and standards are independent and authoritative; underpinning all its work is evidence, expert input and public involvement.

**What can NICE do for you?**

The impact of work by NICE may be evidenced at different levels. NICE publications can guide clinical decision-making, facilitate production of relevant research proposals, and influence the commissioning and quality of service provision. Where they exist, NICE clinical guidelines can also support SLTs to be evidence-based practitioners.

Traditional conceptualisations of evidence-based practice identify three core sources of information to guide clinical decision-making: the best available evidence from the literature, clinical expertise, and the patient’s values (eg Sackett et al., 2000, p1). At a high level, the recommendations in NICE guidelines reflect this approach:
- they are based on relevant and high-quality research evidence
- they are formulated by topic experts
- all guidance undergoes consultation by a wide number of stakeholders prior to publication.

Using NICE guidance to inform discussions around care planning provides one way to develop your evidence-based practice.

NICE quality standards that list evidence-guided ‘expectations’ of provision can also be used to influence changes in your practice. These are core standards that healthcare services should be striving to meet. Therefore, comparing your current practice or service to that listed in the quality standards is an effective method of planning for an audit or quality improvement project.

With each clinical guideline, NICE simultaneously publishes ‘research recommendations’ resulting from the evidence search and guideline development process. These identify areas in the evidence base where large amounts of uncertainty have been found and which would benefit from further investigation. There can be a number of benefits to this:
- It provides a useful starting point for planning research projects that make meaningful contributions to the evidence base.
- Helpful references may be found in its literature search strategies and results.
- Funders may be more likely to support a research proposal that refers to a NICE ‘research recommendation’ as it supports the notion that the research is of value.

A clinical recommendation made by NICE can also influence the likelihood of speech and language therapy services getting funded, as each guideline states:

> Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it.

Therefore, if speech and language therapy is referred to in a NICE guideline, commissioners should be made aware of it. On-the-ground clinicians can inform commissioning bodies, using this as leverage when making a case for speech and language therapy services. It is also the role of RCSLT and its members to ensure speech and language therapy is referred to in the first place, which can be done during consultation periods.

One example demonstrating the powerful impact of the RCSLT members engaging with NICE is reflected in their guideline Dementia: assessment, management and support for people living with dementia and their carers (NICE, 2018), where members outlined a notable lack of reference to the communication and swallowing needs of people with dementia.

By providing vital evidence of the role and impact of SLTs, the guideline was changed to include several recommendations encouraging SLT involvement. This guideline can now be taken to a commissioner to argue for greater specialist SLT provision in dementia services.

Implications of member engagement in NICE consultations can be even more widespread for patient care. A recent example is the acknowledgement of RCSLT recommendations to include the following as markers of quality services for individuals receiving intermediate care:
- provision of information on local and charitable support services.
services are to be delivered by multidisciplinary teams. These are now evidenced in the NICE Quality Standard on intermediate care including reablement (NICE, 2018).

The NICE process
NICE guidelines make evidence-based recommendations on various topics, from preventing and managing specific conditions through to providing social care and support to adults and children. Guideline development can take between 12 and 27 months, depending on the scope of the topic. Their process reflects this high-level approach seen in Table 1.

We need your help
As a registered stakeholder, the RCSLT has a small but dedicated team that oversees interaction with NICE and disseminates news about consultations. Our team filters the alerts we receive and cascades those that are relevant to you, our members.

RCSLT advisers are usually the team’s first port of call if NICE requires a topic adviser, or when a guideline consultation opens. Once a NICE topic engagement or call for evidence is underway, then we look to engage members via CENs, Hubs, and by utilising social media and RCSLT publications.

Having speech and language therapy guidance incorporated into NICE publications has the potential for widespread effects at multiple levels. This is where your knowledge and experience is vital and the impact of your input should not be underestimated.

Table 1. The NICE process

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<tr>
<th>Committee recruitment</th>
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<td>Chair, topic advisor, committee members, service users and carers are appointed</td>
<td>Developer drafts scope and stakeholders are invited to submit comments; the final scope is then published</td>
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<tr>
<th>Consultation</th>
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<td>All registered stakeholders comment on draft guideline</td>
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If we engage more with NICE and increase our levels of involvement, the ultimate result could be improved care and better outcomes for patients – something which is surely a goal shared by all SLTs.

To get involved or ask questions about the NICE process, please email consultations@rcslt.org

Katie Chadd, RCSLT research support officer and Paul O’Meara, RCSLT project co-ordinator. Email katie.chadd@rcslt.org and paul.omeara@rcslt.org

References

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Autism - More Than Words® workshop
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www.hanen.org/workshop-schedule
Side-lying feeding outcomes

Four studies highlight that side-lying for premature infants helps improve physiological stability during bottle feeding compared with an upright position.

This paper was a systematic review involving a search for studies that investigated using side-lying for supporting preterm infant physiological stability during bottle feeding. Only four studies met the inclusion criteria. One study was a speech and language therapy investigation, (Clark et al, 2007), another study was from an occupational therapy perspective (Lau, 2013), and two were nursing studies (Dawson et al., 2013; Park et al, 2014).

Although findings suggest that side-lying potentially is beneficial for bottle feeding premature infants, the evidence base remains small. Specifically, studies have not considered if side-lying helps improve co-ordination of the suck-swallow-breathe cycle, or if it can reduce stress. In addition, accuracy of feeding premature infants, the evidence potentially is beneficial for bottle feeding compared with an upright position.

The authors conclude that: “There is a need for a larger pragmatic randomised control trial to determine whether the side-lying position improves important clinical feeding outcomes... with a diverse group of preterm infants in terms of their maturity levels, feeding experiences and skills, and medical complications”.

Dr Celia Harding, senior lecturer, City, University of London; and speech and language therapist, Royal Free London NHS Foundation Hospitals Trust

Reference


Conversation therapy practices

“Given the growing evidence base for conversation-based interventions, it is important to consider SLTs’ conversation therapy practices”. The authors of this article addressed this point by examining how SLTs working in south east England define and deliver conversation therapy for those with aphasia, and also their challenges in delivering it.

Insight was gathered by surveying 50 SLTs, and a smaller focus group with six SLTs (most were band 6 and 7, working full-time in specialist roles). Recruitment was through personal and professional networks, and social media. Survey results showed SLTs worked directly and indirectly on conversation for aphasia. Intervention most frequently involved the client and family member together, but individual and group work was popular and informal approaches were used over published resources. There was substantial variation in delivery, influenced by client and conversation partner need, the service, and the setting. Conversation goals were diverse, with the majority focusing on strategy use.

The focus group SLTs felt conversation therapy had benefits, but lacked justification for delivering the approach in isolation and often combined impairment and conversation therapy.

The authors conclude that SLTs perceive conversation therapy to be beneficial. However, existing evidence-based resources are not being consistently applied in practice. They state a challenge remains as to how to enable the translation of the evidence into clinical practice.

Jen Thomson, senior stroke rehabilitation speech and language therapist, Leeds General Infirmary

Reference


An EPIIC intervention

This pilot study demonstrated a functional relationship between the intervention and an increase in the participant’s communication skills and parents’ facilitation of communication skills.

In this pilot study the researchers adapted the ‘Parents Interacting with Infants’ (PIWI) intervention to create Enhancing Parent Interaction in Communication (EPIIC). The participants were three males aged 26 to 44 months with speech and language delays, and their mothers. These child-parent dyads received intervention in a 30-minute session, once a week, for seven weeks. Each child had two individualised targets as well as a universal goal across participants to increase parent-child interaction.

Overall, all dyads experienced improvements across all target goals with the exception of one goal in a dyad. The social validity score indicated this intervention was a socially valid approach to provide speech and language therapy input to young children and their families.

The authors suggest that the EPIIC intervention may “meet the need for a feasible caregiver-centered service delivery model that supports the use of evidence-based practices for children with speech and language delays”.

Tara E. Millan-Brophy, specialist speech and language therapist, Bensham Manor School, Thornton Heath

Reference

In the early 1990s, Professor Pam Enderby, then head of the speech and language therapy department at Frenchay Hospital in Bristol, was speaking to local SLTs at their annual study day. Pam was talking about a recent clinical query regarding swallowing, explaining how the team had answered the question by spitting into tubes to measure the viscosity of saliva after drinking. Their discovery, that increased dairy intake resulted in thicker saliva, was a small finding with a big impact for patients with swallowing problems.

At that time, there was little research in response to clinical questions in this field and the Bristol Speech and Language Therapy Research Unit (BSLTRU), as it became known, was established in 1988 as an integral part of the clinical service to address practical therapy questions just like this.

Origins
The early days of BSLTRU had a focus on adults with acquired neurological disorders, then publication of the Frenchay Dysarthria Assessment (1983) and the Frenchay Aphasia Screening Test (1986) led to an interest in applying new technologies to intervention. At the same time, Dr Brian Petheram from the University of the West of England’s computer department joined the BSLTRU team, while funding from the Wolfson Foundation and the Stroke Association lead to the formation of the Aphasia Computer Team in 1987. This laid the groundwork for the research unit and, with additional funding from The Underwood Trust, the new Speech Therapy Research Unit was opened by journalist Angela Rippon in 1988.

By the mid-1990s, the research unit had started to extend its interests to other client groups and funding was obtained to carry out research in the fields of stammering, AAC, primary speech and language difficulties, and speech sound disorder in children.

The success of the unit was recognised by the number of grant awards obtained, in the appointment of Pam Enderby as a professor at The University of Sheffield, and funding for the appointment of Dr Sue Roulstone as co-director of the unit.

Current overview
BSLTRU’s aim has always been to conduct research to improve the care and management of people with speech, language and communication disorders by developing knowledge related to the prevention, management and social consequences of the disorders.

Future
Over the last 30 years, BSLTRU has successfully supported 20 PhD students, carried out clinically applied research, published numerous papers, and been successful in competitive and commissioned research bids. The team has sat on several RCSLT committees and both Professors Pam Enderby and Sue Roulstone have spent time in the role of RCSLT Chair. The unit has also hosted visits from esteemed international academics in the field including (most recently) Professor Lawrence Shriberg from the University of Wisconsin–Madison, and Professor Sharynne McLeod from Charles Sturt University in Australia. In the autumn, Professors Barbara May
Bernhardt and Joe Stemberger from the University of British Columbia, Canada, will also be visiting to speak on speech development in multilingual children.

Now directed by Dr Yvonne Wren (an SLT who was in the audience listening to stories of spitting therapists in the early 1990s), the unit is seeking to inspire the next generation of clinical academics. In that capacity, BSLTRU maintains its original desire to make a difference — to individuals with communication difficulties and their families, and to those of us who work with them. We might not be looking at spit quite so much these days, but the questions that drive our activity remain those clinical queries that drive all SLTs.

Yvonne Wren, Sam Harding, Lydia Morgan, Fay Smith, Sue Roulstone, Pam Enderby, Rosemarie Hayhow, Brian Petheram

Email: yvonne.wren@bristol.ac.uk

@Bristol_SLTRU

Table 1. Overview of BSLTRU projects and impacts over the last 30 years

<table>
<thead>
<tr>
<th>Key Projects</th>
<th>People</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomised controlled trial of speech and language therapy for aphasia</td>
<td>Rachel David, Pam Enderby</td>
<td>One of the earliest randomised controlled trials investigating the impact of speech and language therapy on aphasia following stroke.</td>
</tr>
<tr>
<td>Frenchay Aphasia Screening Test</td>
<td>Pam Enderby</td>
<td>Translated into many languages.</td>
</tr>
<tr>
<td>Frenchay Dysarthria Assessment</td>
<td>Pam Enderby, Brian Petheram, Alex John</td>
<td>One of a few standardised dysarthria assessments, translated into several languages.</td>
</tr>
<tr>
<td>Therapy Outcome Measures (TOMS)</td>
<td>Pam Enderby</td>
<td>Now used as part of the RCSLT Outcomes project.</td>
</tr>
<tr>
<td>INTACT</td>
<td>Brian Petheram, Jane Mortley</td>
<td>Pre-cursor to the Step by Step software used in the Big CACTUS trial.</td>
</tr>
<tr>
<td>Bristol Stammering Research Project</td>
<td>Anne-Marie Cray, Rosemarie Hayhow</td>
<td>Produced review of the literature on stammering research and an analysis of the experiences of stammering and therapy by those who stammer.</td>
</tr>
<tr>
<td>STEP study (speech and language therapy effectiveness with pre-school children)</td>
<td>Sue Roulstone, Margaret Glogowska</td>
<td>Published in The BMJ, this study showed that children typically received six hours of intervention in a year, which was insufficient to see a significant change compared to the watchful waiting group.</td>
</tr>
<tr>
<td>PCAD (personal communication aid for dysphasia)</td>
<td>Phillipa Hardy, Alex Davies</td>
<td>Set up to address the needs of the dysphasic population by designing a portable communication aid specifically for people with dysphasia.</td>
</tr>
<tr>
<td>Lidcombe in the Community study</td>
<td>Rosemarie Hayhow</td>
<td>Explored parents’ and clinicians’ experiences of the Lidcombe Programme in the UK.</td>
</tr>
<tr>
<td>Health Technology Devices grant from the Department for Health with GL Assessment</td>
<td>Yvonne Wren, Sue Roulstone</td>
<td>Led to the development and validation of the Phoneme Factory Software and book series.</td>
</tr>
<tr>
<td>MRC Research Project grant</td>
<td>Sue Roulstone, Yvonne Wren</td>
<td>Funded research using the ALSpac (Avon longitudinal study of parents and children) dataset and identified prevalence and risk factors that can be used to identify children at risk for persistent speech disorder.</td>
</tr>
<tr>
<td>BUPA Funding</td>
<td>Rosemarie Hayhow, Sue Roulstone</td>
<td>Funded investigation into prevalence and risk factors for stammering in the ALSpac cohort.</td>
</tr>
<tr>
<td>Bercow Review</td>
<td>Sue Roulstone, Anne Ayre</td>
<td>Working with colleagues, this ground-breaking review has been pivotal in the debate around provision for children with SLCN.</td>
</tr>
<tr>
<td>Better Communication Research Programme</td>
<td>Sue Roulstone, Yvonne Wren, Rosemarie Hayhow, Helen Hamblly</td>
<td>With collaborators, this work formed the basis of the What Works database. It also reported on the preferred outcomes of children with SLCN and their parents.</td>
</tr>
<tr>
<td>Underwood Trust Endowment</td>
<td>Sue Roulstone</td>
<td>This endowment supported a professorial role for the Director of BSLTRU.</td>
</tr>
<tr>
<td>NIHR Programme Grant</td>
<td>Sue Roulstone, Yvonne Wren</td>
<td>This study used the Phoneme Factory Sound Sorter software in a cluster randomised controlled study in Australia.</td>
</tr>
<tr>
<td>NIHR Fellowships</td>
<td>Yvonne Wren (Postdoc), Lucy Southby, Kath Broomfield, Sam Burr (Doctoral), Anna Prince (MClinRes)</td>
<td>These schemes helped to fund research proposals and training for SLTs interested in a research career.</td>
</tr>
<tr>
<td>HEE/Internships</td>
<td>Hannah Lane, Sarah Overton</td>
<td>This scheme has provided clinical SLTs with experience of research and an opportunity to consider a clinical academic career.</td>
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</tbody>
</table>
Our friend and colleague Dawn Smith died earlier this year, aged 57. Her legacy is one of innovative, creative and progressive therapy services in South London, where a generation of SLTs developed their clinical knowledge and managerial skills under her leadership. She was a rare manager, one who had the ability to be proactive, efficient and effective, while still remaining “one of us”. She also had exceptional coaching skills and questioned received wisdom, often drawing on tools from beyond the world of speech and language therapy.

Dawn trained at NHCSS (National Hospitals College of Speech Sciences) in Portland Place, London, in the early 1980s, and her first job was with charity organisation KIDS. This early experience in the voluntary sector gave her a unique perspective on the non-statutory services. The centrality of the service user at KIDS, and the inclusion of other agencies, reflected her strong values, and she maintained this approach for the rest of her career.

In 1988 she joined what was then called West Lambeth Health Authority. At that time, SLTs mostly worked in clinical settings, largely following a medical model. Dawn worked in partnership with families, child-minders and within mainstream schools which was, at the time, unusual.

With her extraordinary organisational skills and ability to think politically and strategically, she soon became head of speech and language therapy in Lambeth. Dawn sensitively managed the complex relationships across disciplines and agencies, as she steered the team through numerous geographical and organisational changes over the next 20 years.

Other services were envious of the strong teams and specialisms she created. Dawn expected high standards, so she challenged and encouraged us in equal measure. When we presented new ideas, Dawn always ensured that they underwent a rigorous process of outcome setting, piloting and evaluation.

Dawn’s commitment to high-quality support and supervision within the team was exemplary. She took every new starter out to lunch and made every staff member feel valued. She inspired her staff to think broadly and to create innovative alliances with other key individuals and agencies. Dawn supported the establishment of the UK’s first speech and language therapy service for looked-after children and oversaw reductions in waiting times, particularly for children with autism.

Dawn successfully bid for funds from what was the Health and Race initiative in the 1990s and, through these, developed a non-traditional route into the profession. Dawn led a strong, energetic, empathic and inclusive team. Those of us who moved on to work elsewhere took with us the gold standards of practice learned in Lambeth.

In 2001, her ability to lead her staff in meeting the challenges of working within an increasingly politicised NHS was further reinforced by her successful completion of a master’s degree in organisational development and consultancy.

Dawn left Lambeth Community Health in 2011. With her broad skillset she established a range of independent consultancy and mentoring projects, areas that she developed conscientiously and shared generously. Together with colleagues in NHS Clinical Soft Intelligence, she created online forums and webinars, again engaging service users, providers and commissioners. Her personal experience of living with a long-term condition brought her a deep understanding of the importance of the expert patient as a crucial partner in the management of their own care, and was committed to patient and public involvement in the delivery and shaping of services. She was the epitome of integrity and the voice of all those families that struggle to get heard by the system.

Dawn would have appreciated the extent to which the skills and experience that we gained in our work together in Lambeth has had a lasting impact on our continued practice across many disciplines.

“She was the epitome of integrity”

Jane Conway, Jane Stokes and colleagues (formerly clinical managers of SLT Services in Lambeth)
I first met April Corner in the 1970s when we both attended local study days and discussion groups in Surrey. We also met up when we were both practical examiners for the speech therapy diploma examinations.

April worked for many years for what became West Surrey North East Health Authority as head of service and then, following NHS reorganisation and the Griffiths Report, as district speech therapist.

April enjoyed serving a term on the college council where she was happy to be able to contribute to policies and the development of the profession. Unfortunately, due to ill health, April retired in 1987. Consequently, I was appointed her successor, and it was as she introduced me to the territory that I realised the extent of her dedication to the profession.

As well as her tenacity and perseverance in seeking proper professional recognition for SLTs, she also encouraged staff and students, and her rather brusque manner (at times) disguised kindness and concern.

April expected a high standard of professional efficiency from her staff, often presenting new members, on their first day, with a full clinic, which could be quite daunting.

She was painstaking in explaining the local problems of the service, particularly the itinerant nature of children whose parents were members of the armed services and frequently moved in and out of Aldershot (the home of the British Army). She would sometimes say, with a very smile, that “the Paras have rather more hormones than most!”

Following retirement, April and her husband moved to Dorset where she became engaged in voluntary work at the Dorchester Museum, helping in administration and organising exhibitions, which she enjoyed. Sadly, severe arthritis limited her activities and reduced her independence so that she was not able to continue.

She will be missed by her family and friends.

Jennifer Gower (with thanks to Brefni Bray, Wish Walter, Carolyn Anderson and Vivien Caird for their help)

I sat on the college council at the end of the 1970s as the south west representative and it was here I first met April, who was always helpful and pleasant to talk to.

On one occasion she had to bring a whole sheaf of papers to the college—the results of a survey—and arrived at Harold Poster House with the papers sensibly loaded in an old shopping trolley, which was destined to then be thrown away.

I was about to take a long, summer family canal trip. At that time, shops along the canal bank were far apart and stocking up meant long walks with loaded bags. April kindly let me take the trolley with me, and so it was that the speech and language therapy ‘document transport’ did good service on the canal bank that summer, bringing provisions for the hungry crew!

Lynette Smith

April qualified in 1953 from the Central School of Speech and Drama. Apart from about a year or so in York, her working life was spent in West Surrey and East Hampshire.

I met April through various meetings and refresher courses. We were both of the early, post-pioneer days when the number of therapists was small and contact was through meetings (one worked in isolation).

April was always professional in manner and, whilst we were both serving on the council, she demonstrated her interest and concern for the profession. It was during this time that the amusing incident with the shopping trolley occurred, which Lynette describes above. April’s practicality often led to kindness.

It was a privilege to know April and to have experienced first-hand her professionalism and concern for the profession.

Joyce L. Cook, Fellow of the RCSLT

“April expected a high standard of professional efficiency”
### OCTOBER CEN NOTICES

#### CLINICAL EXCELLENCE NETWORKS

**Send your CEN notice by email to bulletin@rcslt.org by 6 October for the November issue, 6 November for December and 6 December for January. To find out more about RCSLT CENs, visit: tinyurl.com/rcslnets**

<table>
<thead>
<tr>
<th>West Midlands CEN for ASD</th>
<th>2 October, 12.30–4.30pm</th>
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<tbody>
<tr>
<td>Relaunch event. Network meeting followed by The Girl with the Curly Hair Project’s Sam Ramsay presenting on issues related to managing anxiety and the spectrum. Venue: Parkview Clinic, 60 Queensbridge Road, Mosley, Birmingham B1 5QE. More information to follow via email for CEN members. If you wish to join, email: <a href="mailto:cath.clayton@nhs.net">cath.clayton@nhs.net</a></td>
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<tr>
<th>Cleft Lip and Palate CEN</th>
<th>5 October</th>
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<tr>
<td>Venue: Birmingham Children’s Hospital. Please see website for further details and to apply: <a href="http://www.clefts.org.uk">www.clefts.org.uk</a></td>
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<tr>
<th>AAC London CEN</th>
<th>10 October, 9am – 4.30pm</th>
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<tr>
<td>Study Day. Theme: What's the latest? A day of updates, case studies and AAC users to keep you in the know. Venue: The Forum, Greenwich. Refreshments provided. Cost: Annual membership £30. Visittinyurl.com/y7s286zu or email: <a href="mailto:aaclondoncen@gmail.com">aaclondoncen@gmail.com</a></td>
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<tr>
<th>East Midlands AAC CEN</th>
<th>11 October, 10am – 2pm</th>
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<tr>
<td>Venue: Banister Fields School, Stratford Street, Ilkeston DE7 6BQ. Cost: free. Please email <a href="mailto:Claire.Sayers@nottsdh.nhs.uk">Claire.Sayers@nottsdh.nhs.uk</a> if you would like to attend.</td>
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<tr>
<th>Communication Therapy International CEN</th>
<th>13 November, 11am – 5pm</th>
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<tr>
<td>Venue: Islington Outreach, Archway, London. A focus on the practical side of planning and delivering projects in low and middle income countries, including a session on appropriate paper-based technology. A unique opportunity to hear about the experiences of SLTs who have been involved in a range of overseas projects and to take part in group discussions and networking. Cost: £16 waged; £4 unwaged. To book, visit: <a href="http://www.communicationtherapyinternational.org/study-day-2018">www.communicationtherapyinternational.org/study-day-2018</a></td>
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<tr>
<th>Yorkshire CEN for ASD</th>
<th>14 October, 9.30am – 1pm</th>
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<tr>
<td>Venue: University of Sheffield. Topic: Lived experiences of autism. More information to follow via email for CEN members. If you wish to join, email: <a href="mailto:asdyorkshirecen@gmail.com">asdyorkshirecen@gmail.com</a></td>
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<tr>
<th>North West Fluency CEN</th>
<th>17 October, 1 – 4pm</th>
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<tr>
<td>We will be discussing the following topics: Acceptance and Commitment Therapy, working in schools/nursery settings; and a review of useful publications for stammering intervention. Venue: Timperley Health Centre WA15 6PH. For more information, contact Sarah Ellison on 07934 677750.</td>
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<tr>
<th>Acquired Communication Disorders CEN</th>
<th>18 October, 9.30am – 4.30pm</th>
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<tr>
<td>Study Day: Dyspraxia. Venue: Leeds Beckett University. Cost: SLTs £10; students £5. Guest speakers: Rosemary Varley on dyspraxia; Heather Waldrum on phonological aphasia; and Miranda Leach presenting a case study. Email your details to <a href="mailto:c.qjones@leedsbeckett.ac.uk">c.qjones@leedsbeckett.ac.uk</a> to join the CEN contact list.</td>
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<tr>
<th>Central Neuro-Rehab CEN</th>
<th>18 October, 9.30am – 4.30pm</th>
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<tr>
<td>Rehabilitation of reading comprehension and dysgraphia in adults with acquired neurological impairments. Venue: Birmingham Central Library, Birmingham. Cost: SLTs £30; students/SLTAs £15 (payable with booking by BACS). Limited places; to enquire or book <a href="mailto:centralneurorehab@gmail.com">centralneurorehab@gmail.com</a></td>
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<tr>
<th>South West Speech CEN</th>
<th>19 October, 1.30 – 4.30pm</th>
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<tr>
<td>Study day hosted jointly with the Bristol Speech and Language Therapy Research Unit – Assessing speech in children from multilingual backgrounds: current research and clinical applications. Speakers include Barbara May Bernhardt, Joe Stemberger, Jane Speake and Rhonwen Lewis, and the day will end with a panel discussion with audience questions. Venue: The Vassall Centre, Gill Avenue, Bristol BS16 2QG. Cost: £15 + bf. Visit: tinyurl.com/yaz4aqh</td>
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<tr>
<th>London ALD CEN</th>
<th>25 October, 9.30am – 4.30pm</th>
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<tr>
<td>Focusing on Dysphagia and IDDSI, with an opportunity to share ideas, best practice, and to discuss implementation. Venue: RCSLT, 2-3 White Hart Yard, London SE1 INX. Cost: £15. Email: <a href="mailto:India.Jones@sabp.nhs.uk">India.Jones@sabp.nhs.uk</a></td>
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<tr>
<th>Trent Dysphagia CEN Study Day</th>
<th>31 October, 9am – 4.15pm</th>
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<tbody>
<tr>
<td>Topics to include: oral care, cough reflex testing, updates on IDDSI and more. Opportunities for clinical case and service discussion throughout the day. Venue: Chesterfield Royal Hospital, Education Centre, Chesterfield, Derbyshire S44 5BL. Cost: £10. To book your place, contact <a href="mailto:trentdysphagia@outlook.com">trentdysphagia@outlook.com</a></td>
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<tr>
<th>South East CEN in Deafness</th>
<th>1 November, 9.30 am – 4.30 pm</th>
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<tbody>
<tr>
<td>Focus on Solution Focused Brief Therapy (SFBT) with Kidge Burns. Venue: TBC. Refreshments provided. Cost: annual membership (from April) £15 (covers two meetings); non-members £10 per meeting; concessions £5. To book, email <a href="mailto:m.curtin@nhs.net">m.curtin@nhs.net</a>.</td>
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<tr>
<th>South East CEN in Deafness</th>
<th>1 November, 9.30am – 4.30pm</th>
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<tbody>
<tr>
<td>Focus on Solution Focused Brief Therapy (SFBT) with Kidge Burns. Venue: University, Building, City University of London, EC1V 0HB. Refreshments provided. Registration from 9am. Annual membership (from April) of £15 covers two meetings; non-members £10 per meeting; concessions £5. To book, email <a href="mailto:m.curtin@nhs.net">m.curtin@nhs.net</a>.</td>
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<tr>
<th>Palliative and Supportive Care CEN</th>
<th>2 November, 9am – 5pm</th>
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<tr>
<td>The SLT's role in neuro-oncology. Topics to include SLT role in neuro-oncology, both adults and paediatrics, including common diagnoses, mental capacity, having difficult conversations and what to expect at the end of life. Cost: SLTs £20; students £15; non-SLTS £25. Venue: RCSLT, London. Book via Eventbrite. For more information, email: <a href="mailto:palliativecarecen@gmail.com">palliativecarecen@gmail.com</a></td>
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<tr>
<th>Dementia and Mental Health of Older Adults CEN (formerly Psychiatry of Old Age [Southern] CEN)</th>
<th>6 November, 9.30am – 4.30pm</th>
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<tbody>
<tr>
<td>Study Day. Programme to include: Dr Chris Hardy, sharing information on the National Rare Dementia Support Group; Dr Vitor Zimmerer on formulaic language in dementia; and Lindsey Collins on people with dementia and dysphagia in care homes; workshops on formal language assessment in dementia; AGM and more. Venue: RCSLT, London. Cost: £15 for members and students; £25 for non-members. For more information and to book, email <a href="mailto:dmhcen@gmail.com">dmhcen@gmail.com</a> or visit <a href="http://www.dementiamentalhealthcens.org">www.dementiamentalhealthcens.org</a></td>
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<tr>
<th>Mainstream CEN</th>
<th>12 November</th>
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<tr>
<td>Study day – focus on supporting children's speech difficulties. Venue: RCSLT, London. For more information, email: <a href="mailto:mainstreamcen@gmail.com">mainstreamcen@gmail.com</a></td>
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<tr>
<th>Midlands Paediatric Dysphagia CEN</th>
<th>13 November, 9.30am – 4pm</th>
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<tr>
<td>Theme: Sensory feeding difficulties, what are they, where do they come from and what do we do about them? Speakers from specialist services in the Midlands. Discussion groups and parent experience presentations. Venue: St Luke's Church Centre, Birmingham. Cost: £10 per day. Tea, coffee and lunch provided. For more information, email: <a href="mailto:cplcen2017@gmail.com">cplcen2017@gmail.com</a></td>
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<th>Trache CEN</th>
<th>14 November, 9.30am – 4.30pm</th>
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<tr>
<td>Therapy and rehab for patients with a trache – what is our role and how do we do it? North London. Cost: £21.55 (includes lunch). Please register online: tinyurl.com/y7y6frn797</td>
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**30-31_CENS_Bulletin_October_2018_Bulletin 30**
Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

South West Brain Injury CEN
15 November, 10am – 4pm
Theme: Social communication interventions for people with ABl. Guest speaker Dr Nicholas Behn, City University. Cost: £15 (to be paid on the day). Location: The Vassall Centre, Gill Avenue, Bristol BS16 2QG. The agenda for the study day will be advertised on Basecamp. For more information and to reserve a place, contact Sarah Gibbin (email: sarah.gibbin@nbt.nhs.uk)

National CEN in Selective Mutism
15 November, 9.30am – 4pm
‘A day on Practical Approaches in Selective Mutism Management’, to include Maggie Johnson and others. Venue: The Church at Carrs Lane conference centre, Carrs Lane, Birmingham, B4 7SX. To book, visit: www.eventbrite.co.uk/e/managing-selective-mutism-a-day-of-practical-approaches-professionals-only-tickets-48279866380

Practical approaches to working with children who have social, emotional and mental health needs CEN
16 November, 9.30am – 4pm
Limited places left on this one-day workshop run by Ian Long, co-creator of The Blob Tree visual tools. Cost: current members free; new/unpaid members £20. Venue: Kaleidoscope Centre, 32 Rushey Green, Catford, SE6 4JF. For more information and to reserve your place, email donnahopesalt@gmail.com by 17 October.

Medico Legal CEN
16 November
Bond Solon Training: Experts are increasingly asked to write Joint Statements, so the CEN has arranged for Bond Solon to provide their half day training to support this process at a significantly reduced price. Half-day training (am or pm). Venue: London, E1 BQS. Cost: members £150; non-members £200. Email jo.intospeech@gmail.com if you would like to attend.

Computers in Therapy CEN
20 November, 9am – 4pm
Venue: Winter Gardens Weston Super Mare. Exploring the use of Virtual Assistants (Alexa/Siri/Ok Google) in therapy. Guest speakers and hands-on demonstrations. Looking at emerging evidence, and discussing their uses with a variety of client groups. Cost: £10 to be paid in advance (£10 for livestream attendance). Book on Eventbrite — search CITCEN.

MSI/VI CEN
22 November, 10am – 4pm
Venue: TouchBase Pears, 750 Bristol Road, Selly Oak, Birmingham B29 6NA. Cost: members and students £5 (plus £15 annual membership); non-members £15. To book, email: sshah@thechildrenstrust.org.uk or julia.hampson@rnib.org.uk

Surrey DLD CEN
28 November, 9am – 5pm
‘Lis’n Tell’ workshop with Louise Coigley. Learn about this creative and practical approach to educational therapeutic storytelling. Venue: Moor House School & College, Hurst Green, Surrey RH8 9AQ. Cost: members £45; non-members £50. Limited places available; email DLDCEN@moorhouseschool.co.uk

Speech and Language Therapy through Storytelling CEN
30 November, 10am – 3.30pm
Speech and Language Therapy through Storytelling: guest speakers ‘Team Calais SLT on inspirational work with child and adult refugee communities. Venue: RCSLT, London. Email: jill.goulding@gmail.com to request a place.

London and South East Region Selective Mutism CEN
3 January, 9.15am – 4pm
The London and South East Region (LASER) Selective Mutism CEN invites you to a day on the topic: ‘Tackling selective mutism through key aspects of the wider context, family, school and community’. Guest speakers include Libby Hill. Venue: RCSLT, London. This event is open to non-SLT professional colleagues. Email: roberta.mendes@nhs.net

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The RCSLT is the perfect solution to your room hire needs. We offer a contemporary, affordable meeting space with the flexibility to be set-up in a range of layouts.

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Following our extensive refurbishment, the venue is ideal for seminars, training sessions, conferences and meetings. Our ground floor rooms have natural daylight, amazing audio-visual equipment and breakout areas for delegates to relax and network between sessions.

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For further details visit www.rcslt.org/about/RCSLT_venue_hire/Introduction
This workbook offers a powerful tool for stuttering diagnostics and therapy, focusing exclusively on assessing and treating feelings and beliefs in school-age children.

Workbook No. 0005
www.StutteringHelp.org/Store

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Large 8½ x 11”

192 spiral-bound, reproducible pages

Best Seller

The Clinical Evaluation of Language Fundamentals® – Fifth UK Edition (CELF®5UK), provides a streamlined, flexible approach to language assessment reflecting today’s diverse population.

Why choose CELF®5UK?

- Now available in two formats – traditional paper-and-pencil or digital via Q-interactive®
- New normative data – based on the March 2011 UK Census
- Battery of 14 stand-alone tests – number administered dependent on age
- Age range – now 5 years 0 months to 21 years 11 months
- Index language scores – core, receptive, expressive, content, structure and memory

Find out more at: pearsonclinical.co.uk/celf5uk
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Find out more at: pearsonclinical.co.uk/celf5uk
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For more information or to book a free tasting session, visit specialistnutrition.com or call 0800 066 3702

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**Forensic Services**

**Specialist Advanced Speech and Language Therapist**

Salary: Band 7 £33,222 - £43,041 pa (There would be the option of development from a Band 6 role)

An exciting and unique opportunity has arisen to appoint a Specialist Advanced Speech & Language Therapist to work across our forensic community and inpatient services, located in Southampton and Fareham.

You’ll take a lead role in the assessment and treatment of patients presenting with complex communication disorders and challenging needs and/or forensic history working closely with the Professional Lead for Speech and Language Therapy and members of the MDT. Our services promote service user independence.

**Ashford Unit**

This is a low secure inpatient service for adults with learning disabilities. We also help people with a mental illness, such as a personality disorder, or challenging behaviour.

**Forensic Community Learning Disabilities Team (FCLDT)**

This team work with people with learning disabilities who risk coming into contact with the criminal justice system, people who have been released from prison, or discharged from forensic inpatient services.

**Bluebird House**

This is a Secure Forensic Mental Health Services for Young People. The service offers 20 secure beds for young people aged 12-18 years of age with highly complex mental health needs and challenging behaviour. We pride ourselves in how we deliver our therapeutic and educational programmes in a safe and secure manner.

**Benefits of living in Hampshire**

- Beautiful countryside for walks, horse riding and many other outside pursuits
- Places of interest including Winchester Cathedral, the New Forest, South Downs and Portsmouth historic dockyard
- Leading schools and colleges

**Why work with us?**

- An extra £1,400 per year (pro rata) in addition to salary
- Additional unsociable hour pay
- NHS pension
- Induction programme, reflective practice and access to training to continue professional development

Please contact Rachael Makgatho for more information on 023 8087 4246.

To find out more and apply visit:

www.southernhealth.nhs.uk/work-for-us

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**Speech and Language Therapist**

£25,901 – £38,638 per annum, pro rata, depending on experience

Full time, term time only

St Dominic’s School is an Autism Accredited school, rated “Good” by Ofsted, a weekly residential and day school catering for up to 110 students between the age of 7 – 19 who have a range of academic abilities but with complex special needs. We offer a truly multi-disciplinary approach, teachers work with therapy and care staff to enhance the learning process and provide an exciting waking day curriculum. Staff work together to provide a blended approach to therapeutic and educational support, both within individual lessons and across the school as a whole.

We are looking for an enthusiastic and strongly motivated individual to join our experienced team providing intensive specialist support for pupils and students. We seek a therapist who wants to develop their career, skills and knowledge in a specialist educational setting from Key Stage 2 to 5. Experience of working with children and young people with a range of needs including SpLD and Autism is desirable.

This is a unique opportunity to develop clinical skills within an educational environment, offering the chance to work collaboratively with a range of professionals and to use therapeutic skills creatively to meet the needs of pupils and students. In return, we offer excellent support from colleagues and staff, commitment to CPD, and access to internal and external training.

If you believe you can help our learners to fulfill their potential at school, at home and in their communities and are looking for a fresh challenge, then this role may be just what you are looking for.

For an informal discussion about the role please contact Emily Rackstraw, Clinical Lead SaLT at erackstraw@stdominicsschool.org.uk

To request an application pack please contact Alison Corbett, Recruitment and HR Co-ordinator, by email at acorbett@stdominicsschool.org.uk

Please note that CV applications will not be considered.

Closing date: Wednesday 24 October 2018.
HMP & YOI Grampian, Peterhead, Aberdeenshire
Advanced Clinical Specialist Speech and Language Therapist
- Ref No RM21136
Band 7 £32,974 - £43,471 per annum pro rata, Part-time 15 hours per week

An exciting opportunity exists for an experienced Speech and Language Therapist to join the Speech and Language Therapy team in Aberdeenshire in order to support the development and evaluation of a new comprehensive service to the Prison population within Her Majesty’s Prison & Young Offenders Institute Grampian (HMP & YOI Grampian).

The postholder will work alongside other AHP’s working within HMP Grampian, the Aberdeen Community Speech and Language Therapy Team and colleagues from the Mental Health and Learning Disability SLT Team.

The successful applicant will:
• Identify therapy needs of the population of HMP & YOI Grampian and capacity required to support the provision of a diagnostic and therapeutic service (including dysphagia).
• Identify the training needs of staff at HMP & YOI Grampian in order to support those with speech, language and communication needs.
• Assist/lead in the development of the Speech and Language Therapy service within the NHS Grampian/HMP Service with support of clinical leads.
• Use highly specialist speech and language therapy skills to monitor, evaluate and report on that service to the Uni–Professional Lead for Speech and Language Therapy and Prison management to ensure effective use of resource.

Informal enquiries to: Emma MacPherson, Lead Speech and Language Therapist (Aberdeen) on 01467 672731.

Portlethen, South Aberdeenshire
Advanced Speech and Language Therapist - Ref No RM21134
Band 7 £32,974 - £43,471 per annum pro rata, Part-time 22.5 hours per week

There are three specialist Community Learning Disability Teams (CLDTs) across Aberdeenshire and this post is based within the South CLDT. Each team has a small specialist Speech and Language Therapy Team based within a multidisciplinary Community Learning Disability Team which has the full range of professionals and care managers.

This post offers the candidate an opportunity to further develop their specialist learning disability skills within a supportive team structure and with regular supervision and assistant support.

The caseload will be mixed and include a number of complex, dysphagic and forensic clients. The suitable candidate will have a broad range of learning disability experience to allow them to manage a diverse range of clients over a large geographical area.

A driving license and access to a car are essential requirements of the post. We would also consider the full range of flexible working options.

Informal enquiries welcome to Rachel Paterson, Principal SLT on 01467 672708.

Aberdeenshire is a beautiful area of the world in which to work and this post offers someone the opportunity to live and work in an area with endless opportunities. We would welcome applicants to apply for either of these vacancies, or to apply for both with the potential for both posts to be joined together to create one full-time post.

To apply please visit www.nhsgrampian.org/jobs and search for Ref No - RM21136 for Post 1 and Ref No - RM21134 for Post 2. Closing date 24th October 2018.
Research Reports
Cough response to aspiration in thin and thick fluids during FEES in hospitalized inpatients
Anna Miles, Mary McFarlane, Samantha Scott and Alexandra Hunting

‘I’ve got to get something out of it. And so do they’: experiences of people with aphasia and university students participating in a communication partner training programme for healthcare professionals
Ashley Cameron, Kyla Hudson, Emma Finch, Jennifer Fleming, Jennifer Lethlean and Steven McPhail

Parent-directed commentaries during children’s hearing habilitation appointments: a practice in family-centred care
Katie Ekberg, Nerina Scarinci, Louise Hickson and Carly Meyer

Effectiveness of a small-group vocabulary intervention programme: evidence from a regression discontinuity design
Hannah Dyson, Jonathan Solity, Wendy Best and Charles Hulme

Receptive and expressive language characteristics of school-aged children with non-syndromic cleft lip and/or palate
Jessica O. Boyce, Nicky Kilpatrick, Sheena Reilly, Annette Da Costa and Angela T. Morgan

Predictive validity of verbal and non-verbal communication and mother–child turn-taking at 12 months on language outcomes at 24 and 36 months in a cohort of infants experiencing adversity: a preliminary study
Jodie Smith, Tricia Eadie, Penny Levickis, Lesley Bretherton and Sharon Goldfeld

Engaging people experiencing communication disability in stroke rehabilitation: a qualitative study
Felicity A. S. Bright, Nicola M. Kayes, Kathryn M. McPherson and Linda E. Worrall

Intervention for children with phonological impairment: Knowledge, practices and intervention intensity in the UK
Natalie Hegarty, Jill Titterington, Sharynne McLeod and Laurence Taggart

Coordination is key: Joint attention and vocalisation in infant siblings of children with Autism Spectrum Disorder
Perrine Heymann, Jessie B. Northrup, Kelsey L. West, Meaghan V. Parladé, Nina B. Leezenbaum and Jana M. Iverson

The Acute Aphasia IMplementation Study (AAIMS): a pilot cluster randomized controlled trial
Kirstine Shrubsole, Linda Worrall, Emma Power and Denise A. O’Connor

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**Sarah Kilcoyne**

**OCCUPATION:** PRINCIPAL SPECIALIST SPEECH AND LANGUAGE THERAPIST, OXFORD FACIAL PALSY CLINIC AND OXFORD CRANIOFACIAL CLINIC

“**As an SLT, I am one of a kind working within a facial palsy service**”

Since then, I have started a PhD at the University of Oxford investigating the participation of young people with language disorder associated with craniosynostosis in decisions relating to their craniofacial care.

In 2015, I was approached by the unit’s clinical lead to see if I would be interested in a role with the Oxford Facial Palsy Service as a facial rehabilitation specialist. I had no idea that a clinical specialism in facial palsy was an option for an SLT! To find out more, I went on a facial therapy training course and, since deciding to pursue this path as a specialism, have been welcomed into the fold by a small and committed team of facial rehabilitation specialists who work across the UK. The majority of facial rehabilitation specialists are physiotherapists, so, as an SLT, I am one-of-a-kind working in the profession within a facial palsy service.

In the Oxford Facial Palsy Service, we see patients with facial palsy from all age groups and across their lifespan. Since taking on the role, I have been on a steep learning curve in working to adapt the service to provide the optimal care for children.

The children I work with often share the unique obstacles they experience as a result of having a facial palsy. These include difficulty making friends because, as one child told me, ‘Nobody knew they were friendly because they could not smile.’

In response to this, we set up a children’s facial palsy afternoon, where children from across our caseload can meet other children who have ‘special smiles’. We talk to the children about facial difference and how they can answer any questions they get asked about their faces. Our clinical psychologist also meets with the children’s families to provide them with support.

Children have also told me that they do not like missing school to come to therapy sessions. In response to this, we established the world’s first online paediatric facial palsy exercise videos (see bit.ly/2Bl0i0u). Not only can the video help children reduce the amount of time they spend in therapy, but the innovation also won the gold award for quality improvement in the 2016 Oxford University Hospitals’ Staff Recognition Awards.

When I started my degree in speech and language therapy, I had no idea that this career would launch me into the fields of cleft, craniofacial, facial palsy and law! Being an SLT has opened a world of opportunities to me that I will forever be grateful for.

@kilcoyne_sarah

October 2018 | www.rcslt.org
26 and 30 November
Launch of Network for SLTs working with people with Rett Syndrome (RTT)
26 November, RCSLT, London and 30 November, RCSLT, Workstation, Sheffield. Open to all SLTs/SLT assistants working with RTT in any setting, in any level of experience, anywhere in the UK. Cost: £220. Email susanna@earfoundation.org.uk

27 November, Birmingham
Social thinking in the early years
This course will be looking at a hands-on, practical approach for growing social competence and learning how to take other people’s perspectives. Cost: £300. Email susanna@earfoundation.org.uk

October 2018 | www.rcslt.org

14 February 2019, London
A Multi-disciplinary Team Approach to the Assessment and Management of Huntington’s Disease
Venue: Royal Hospital for Neuro- disabilty, London. This comprehensive, practical and practice course includes talks specifically on assessment and management of communication, swallowing, and advanced decision planning for this complex and often challenging client group. Cost: £120. Email: institute@rhn.org.uk; visit: www.rhn.org.uk/events/hdlasticky

28 February 2019, Derby
Cervical Auscultation
Lecture: Dr Alison Stratou. Therapists will learn the theory of Cervical Auscultation and learn the ‘How, What and Where’ of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds. Cost: £130. Email: www.ncore.org.uk; email: dfht.ncore@nhs.net

4-5 March 2019, Manchester
Supporting Children and Adults using AAC: A two-day course for practitioners
Venue: Holiday Inn Media City, Salford, Manchester. This course is suitable for speech therapy assistants, generalists or newly qualified SLTs and other practitioners using AAC in their setting. A wealth of practical strategies and activities will be given to learners a thorough grounding in this area. Cost: £340.

4-5 March 2019, Manchester
Elklan Total Training Package for 0-25s with Complex Needs
This course equips SLTs and teaching advisors to provide accredited, evidence-informed training to support communication in 0-25 year olds with more complex needs. It covers pre-intentional to early intentional communication strategies. Suitable for training staff working in special schools and units who manage pupils with severe and complex learning needs, Venue: Holiday Inn Media City, Salford, Manchester. Cost: £495; Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

6 March 2019, Manchester
Elklan Specialist Training Package; Supporting Children and Adults using AAC
Venue: Holiday Inn Media City, Salford, Manchester. This course equips SLTs and specialist teachers to provide practical, accredited training to those supporting ALL users of AAC. Essential information given to enable effective use of high and low tech communication aids as well as a wealth of other practical strategies. All training resources supplied. Suitable for training staff working with 3-16 year olds in a range of educational settings including mainstream schools. Cost: £235; Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

6-7 June 2019, RCSLT, London
Intensive Therapy Training: Day 1 and Day 2
Day 1 and Day 2 training for SLTs and specialist teachers. Intensive intensive 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. Venue: RCSLT, London. For information and bespoke training to your local team, email: info@smiletherapyclinic.com; visit: www.smiletherapytraining.com
Thick & Easy Clear
Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

**Thick & Easy Clear:**
- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn’t alter the natural appearance, taste or texture of drinks²
- Retains a consistent thickness over time

**References**

Date of preparation: January 2018. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.

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We all know that water is essential for life. Unfortunately, not everyone finds it easy to drink enough to stay hydrated.

Dysphagia sufferers, estimated at 8% of the population¹ often struggle to take in enough liquids, even developing a fear of swallowing.

It’s time to take hydration seriously

**Thick & Easy™ Clear**

**Helping patients to stay hydrated**
Fresenius Kabi are sponsors of Hydration Angels. Together we’re helping to hydrate the nation.
To find out more, visit [www.whatwearemadeof.org](http://www.whatwearemadeof.org)

**Find out more about dysphagia**
For expert information, advice, case studies and the latest developments in clinical dysphagia research call Fresenius Kabi on [01928 533 516](tel:01928%20533%20516) or email [scientific.affairsUK@fresenius-kabi.com](mailto:scientific.affairsUK@fresenius-kabi.com)

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