

bulletin

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

April 2012 | www.rcslt.org

14 years
of Total
Communication

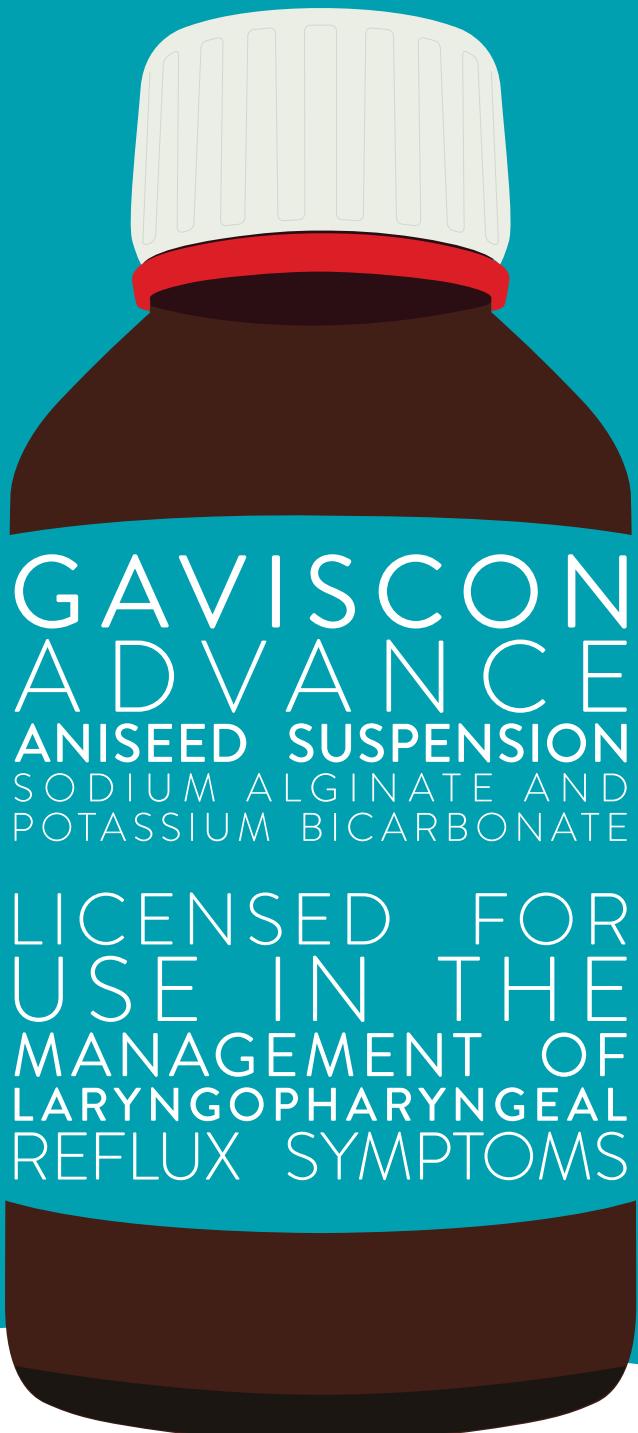
Volunteering
at an orphanage
in Moldova

Giving Voice
at the
ballot box



Have you had the conversation yet? We need
to talk about issues around professionalism





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Methyl hydroxybenzoate and Propyl hydroxybenzoate, which may cause allergic reactions (possibly delayed). There is a possibility of reduced efficacy in patients with very low levels of gastric acid. If symptoms do not improve after seven days, the clinical situation should be reviewed. Treatment of children younger than 12 years of age is not generally recommended, except on medical advice.

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Adverse events should also be reported to Reckitt Benckiser on 0500 455 456.

Steven Harulow

EDITORIAL



bulletin

We need to talk about professionalism

We have all been there. A colleague reads a personal text while she is in the middle of seeing her client; another is more than a little curt to someone's anxious relative on the phone. What can you do but sigh inwardly and bemoan the decline in standards as the system seems to continue to focus on what is right for the budget, rather than what is best for the client?

However, a very interesting debate has begun around the issue of professionalism in light of recent examples where the conduct of some health and social care professionals has fallen well below acceptable standards of behaviour. The bigger picture is obviously concerned with client dignity and basic levels of compassion and empathy. At the smaller scale,

however, the focus is on those individual behaviours that creep across the boundaries of unprofessionalism.

As our cover feature (pages 12-14) shows, the Department of Health's aim is not simply to produce yet another new raft of official guidelines, but to stimulate discussion among professionals themselves as to what is and is not acceptable behaviour. I would very much like to hear your views on this subject.

I would also like to hear from you if you or any of your colleagues or service users are taking part in either the Olympics or Paralympics (perhaps as a competitor, volunteer or torch bearer). Please do write and let me know.

Steven Harulow
Bulletin editor
 bulletin@rcslt.org

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"The aim is to stimulate discussion among professionals themselves as to what is and is not acceptable behaviour."

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LETTERS

Your VIEW

New graduates can't get work experience

I was delighted to see the issue of new graduates and work experience highlighted in the March issue of Bulletin ('Support your newly-qualified SLTs', page 3).

As a graduate trying to get onto a postgraduate speech therapy training course, I had immense trouble trying to get sufficient work experience to get on the course. I applied for a number of assistant SLT jobs in Dorset, Gloucestershire and Wiltshire, and presented a CV filled with teaching and voluntary support work experience in schools and community groups in the UK and abroad.

I was repeatedly turned down due to 'insufficient experience' and this eventually resulted in me having to take a year out to volunteer in order to gain the necessary experience to get on a course. This put considerable financial pressure on myself and my partner, and I can understand how many prospective SLTs might be forced to rethink.

I am pleased to report that I am now at University College London in the first year of their MSc Speech and Language Sciences course and very much enjoying gaining further valuable experience.

Sam Cooper
By email

Thank you Beryl

It was a lovely surprise to see a name that I recognised in the February issue of Bulletin ('A chance meeting', page 4). Beryl Kellow of the RCSLT Retirement Network wrote about a chance meeting with someone who had inspired her while at school to become a speech therapist.

Not only did Beryl go on to be a speech therapist, she herself went on to inspire others to become speech therapists themselves. As a schoolgirl looking for work experience, I shadowed speech therapists in Swindon in the late 1980s. Beryl was the head speech and language therapist. I was inspired.

Later, during my training in Cardiff, Beryl accommodated my placement requests and even when I was going to interviews for new graduate position, Beryl was a great support... unfortunately there were no vacancies in Swindon.

The warmth and enthusiasm Beryl showed put me on a great career path that started in Oxford, took me to New Zealand and continues in Warwickshire. Thank you Beryl.

Jo Webb (nee Mitchell)
SLT Advanced Specialist, South Warwickshire Foundation Trust

Time to embrace differences?

I read the article 'Speech ferapy': is this acceptable? (March Bulletin, page 11) with great interest and a slight sense of unease. I am an SLT with what could be described as a broad North Yorkshire accent. During my training this was only raised as placing me at a potential disadvantage to other students in phonetics seminars (when my elongated vowels were highlighted).

Otherwise, it was not brought to my attention as a speech 'difference' that should be addressed and I certainly would have felt discriminated against if it had been so. As a practising SLT, I now feel that my accent has its advantages in helping my patients to identify with me and see me as an approachable professional.

Surely, differences in the speech of student SLTs should be embraced, as the patients they will go on to work with will have a diverse range of speech 'variations'?

Kelly Anderson
SLT, by email

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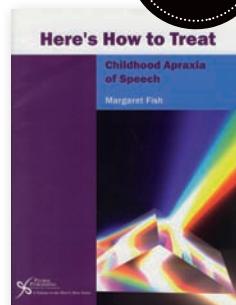
VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

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



The RCSLT prize draw

Bulletin readers can win a copy of 'Here's how to treat childhood apraxia of speech'. Send your name, address and membership number to April Draw, Bulletin, 2 White Hart Yard, London SE1 1NX. Entries close 16 April. Only one entry per person. February's winner was Kerry Walters from Matlock in Derbyshire.

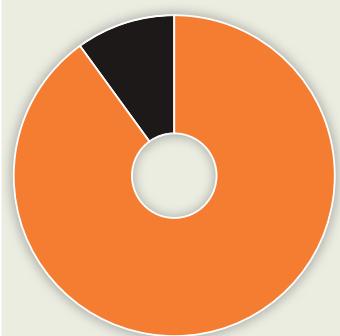


RCSLT Web Poll
Have your say...



Do your SLT colleagues present a professional image at work?

90 % say yes



VISIT: WWW.RCSLT.ORG

RCSLT honours 2012

It's time to nominate your colleague for one of the prestigious RCSLT honours

Since 1945 the RCSLT has used its annual honours awards to acknowledge the achievements of our members and those who have contributed outstanding services to speech and language therapy. The nomination process is relatively simple to complete, so why not put forward one of your colleagues for one of the four categories available?

The **RCSLT Fellowship** award acknowledges and honours RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship in the context of research and publishing, teaching, clinical expertise and management. Nominees require a substantial record of service, which needs to be sustained over a period of



The 2011 honours winners at the London awards ceremony with the RT Hon John Bercow MP

IMAGE Geoff Wilson

not less than eight years.

The **Honorary Fellowship** award acknowledges and honours non-SLTs and SLTs from overseas who have contributed outstanding services to speech and language therapy, and

for the benefit of those with communication disability.

The **Assistant of the Year Award** recognises the outstanding work of RCSLT assistant practitioner members for the benefit of people with

communication disabilities. The criteria for eligibility for this award could include exceptional service to support speech and language therapy, creativity and innovation, relationship building, sensitivity and appropriate management of difficult client situations or genuine contribution to improving quality of service to clients.

The annual **Sternberg Award for Clinical Innovation** is for innovative work that is new to a location and of demonstrable benefit to the service, the clients and the profession. The work should have been in existence for at least six months and started within the previous two years. Sir Sigmund has again kindly increased the money available for his award this year, and we are pleased to announce that there will be two £1,000 prizes on offer.

◎ **Nominations for the awards close on 28 June 2012.**

To nominate someone you must be a certified RCSLT member. For more information email: bridget.ramsay@rcslt.org or tel: 0207 378 3001.

Better Communication: shaping services for children and young people

In autumn 2011, Jean Gross, the Communication Champion for Children, together with the RCSLT, held conferences in Leeds, London and Coventry to provide commissioners and speech and language therapy service managers with the information needed to deliver high-quality, cost-effective children's services.

'Better Communication: shaping speech, language and communication services for children and young people' brought together a sample of the good practice identified during the life of the Better

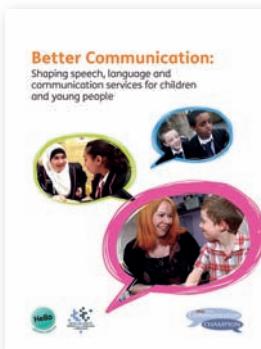
Communication Action Plan and National Year of Communication (visit: <http://tinyurl.com/4ykt8xd> for conference details).

Marie Gascoigne, Director of the Better Communication Community Interest Company, has edited a 48-page publication to reflect the content of the conferences. Also titled 'Better Communication', it focuses

on the commissioning of provision for speech, language and communication issues, provides an update on the Better Communication Research Programme, and includes key

learning from the Bercow commissioning pathfinders that exhibited posters at the three events.

Better Communication looks at 'what to commission' by featuring examples of some



of the most established early intervention and prevention programmes that are now in a position to demonstrate measurable impact. It also provides case studies of speech and language therapy services that are redesigning their services to deliver both quality and cost-efficiency.

Marie says, "I hope this publication will prove a useful resource and serve both as an illustration of how far provision for children and young people with speech, language and communication needs has come, and a reminder that there is still much more to do."

◎ Visit: www.rcslt.org to download a pdf of 'Better Communication'

Communication is the key

Spotlight shines on criminal justice with RCSLT events in Scotland and Northern Ireland



From left: Professor Michele LaVigne, RCSLT NI Policy Officer Alison McCullough and Acting Head of Professional Development Dominique Lowenthal examine the RCSLT's e-learning tools

The RCSLT launched Scotland's 'Communicating Justice' Coalition in Edinburgh on 10 January with an event to examine best practice in the sector across the UK, and methods to secure and improve speech and language therapy services.

The event featured keynote speaker Michele LaVigne, a lawyer and clinical professor from University of Wisconsin Law School. Professor LaVigne spoke about her research related to the communicative, behavioural and legal implications of language impairments among populations frequently found in criminal justice systems.

SLT Kim Turner, from Her Majesty's Young Offender Institution Feltham, provided a practitioners' view by highlighting the extent of services across England. Dr Ann Clark presented the results of RCSLT research, which revealed a lack of speech and language therapy provision in Scotland's criminal justice system (see Bulletin,

February 2012, pages 22–23).

Meanwhile, on the following day in Belfast, the RCSLT attracted a strong audience from the ranks of solicitors, the police, the Department of Justice and the Law Society at its "Communication is Key" event.

Held jointly with the Youth Justice Agency, the event aimed to raise awareness of communication support for individuals in the justice system in Northern Ireland, explore the gaps in meeting these needs and highlight RCSLT resources available. Professor LaVigne again gave the keynote address.

Northern Ireland Justice Minister David Ford attended and said that communication support needs are one of the key areas of need.

He added that specific measures are required to achieve best evidence and give victims and witnesses a voice in the justice system. The Youth Justice Agency has agreed to pilot the RCSLT e-learning training tool.

New phone numbers at HPC

The Health Professions Council (HPC) has changed its telephone numbers to allow its registration department to take credit and debit card payments more securely. According to the HPC, the move will mean that registrants will now be able to enter their card details using a telephone keypad. Calls from landlines are often the same as a local call; calls from mobiles may vary.

◎ The new reception number is: +44 (0)845 300 6184; the new registration department number: +44(0)845 300 4472.

Remote software

SLT Femida Vanat is conducting research into the demand for internet-based software that will provide a platform, via the internet, to allow an SLT to conduct sessions remotely from the home, office or clinic. Femida says the software will allow a clinician and their patient to share and manipulate a computer screen simultaneously and provide therapy games, flashcards, and secure case note recording. To take part in the research, complete a short online survey.

◎ Visit: <http://tinyurl.com/7dpv7ff>

Managers' SIG seeks new committee

The Central Region Managers' Specific Interest Group (SIG) is seeking a new committee to take over from the current one, which has been in place since 2008. Established in 2003 to address management issues for team leaders and managers, the SIG has hosted a number of well-attended study days. Topics covered have included 'Solution Focused Brief Therapy in Management'; 'Change from the bottom up: learning from the social movement model' and 'Reducing costs and improving service quality'. According to SIG Secretary Susan Willows, "If we do not recruit a new committee by June 2012 we will, with regret, have to fold the Managers' SIG. This is a great opportunity to become involved in practical research, maintain links with other SLT managers and share skills and ideas and add valuable study hours to your CPD log." Contact the committee for details.

◎ Email: susan.willows@royalberkshire.nhs.uk; marie.waddell@heartofengland.nhs.uk or gillian.williams@bhamcommunity.nhs.uk

NES expands 'Effective Practitioner' website

NHS Education for Scotland (NES) has added a new range of work-based learning activities, focusing on health priority areas, to its 'Effective Practitioner' website. Launched in June 2011, the resource is aimed at practitioners and senior practitioners (Levels 5 and 6 on the Career Framework for Health). The website, which hosts podcasts, self-assessment tools, learning activities and links to a range of resources, was developed through NES user and electronic reference groups. NHS Education for Scotland welcomes volunteers to become new members of both groups.

◎ Visit: <http://tinyurl.com/6ask52n>

Show us your innovations, research and best practice

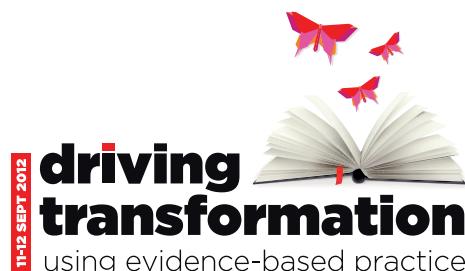
Call for submissions to the RCSLT's 2102 conference closes on 30 April

The RCSLT's triennial conference, the largest gathering of the profession from across the UK and beyond, will take place on 11–12 September 2012 at the Midland Hotel in Manchester. 'Driving transformation using evidence-based practice' aims to provide an emerging picture of best practice by demonstrating evidence of what works, outcomes for service users and cost effectiveness/value for money.

The RCSLT is inviting the speech and language therapy profession to share its innovations, examples of quality and improvement, and research and best practice. The conference will feature two days of oral and poster presentations, with

workshops, parallel and plenary sessions and keynote speakers. Topics will cover the whole range of adult and children specialisms, with a focus on innovation and development; service redesign; speech and language therapy research; and the impact of research on clinical practice.

Attending the conference will help delegates to:



- Apply understanding of the emerging commissioning environment to identify opportunities for service development.
- Develop a business case based on existing evidence-based practice and in the context of financial pressures.
- Develop a business case for innovative and emerging practice that informs service redesign.
- Discuss ways of developing the existing evidence base to support commissioning needs and as a tool to promote

- innovative practice.
- Understand how work around the development of outcome measures, the evidence base and new professional networks is essential to support the effective commissioning of services.
- Inspire others to engage proactively with the development of 'hubs' in their own regions.
- Apply current research to inform changes to clinical practice.

- ◎ **Don't delay. Send in your submission today. Visit: <http://tinyurl.com/7xdpfg6>**
- ◎ **To book your place, visit <http://tinyurl.com/7t61gap>**

Developing outcome measures together



As one of the RCSLT officers engaged in a number of national advisory groups to support and influence policy development, it is interesting to see how many organisations are struggling

with the issue of outcome measures. Add to this Payment by Results and we all agree there is much we need to do together, and with other frontline practitioners, to look at defining and measuring outcomes.

I was, therefore, thrilled that the National Specific Interest Group (SIG) in Disorders of Fluency decided to make this, along with the new commissioning landscape, the focus of their study day in Manchester on 7 March.

Working with the SIG on developing the format of the

day and attending the meeting gave me a good insight into some of the challenges and opportunities in how we need to work together. SIG Chair Sharon Millard (Michael Palin Centre Research and Clinical Specialist SLT) spoke about her work on the evaluation of her service and Rachel Everard (City Lit Specialist SLT and Tutor Coordinator) presented an interesting case study. Key areas to explore include:

- The importance of collecting data (who for and why) and the types of data required to support and inform outcome measures and service evaluation.
- The challenges/opportunities in data collection.
- Linking data collection to evidence-based practice: what interventions are provided/why?

■ Measuring outcomes. What baselines do we need to use and how do outcomes measures relate to the outcomes that commissioners require?

■ How SIG members can work together to take this work forward. (We asked SIG members to consider the outcome measure tools already in existence (visit: <http://tinyurl.com/82kvkap>) and the synthesis of the evidence (<http://tinyurl.com/3lc94sc>).

I hope that we will further develop some of this discussion at the SIG conference at City University London on 22 May (see page 32 for details).

I look forward to meeting you there. ■

Kamini Gadkhol MBE, RCSLT CEO

11-12 SEPT 2012

driving transformation

using evidence-based practice



THE RCSLT CONFERENCE 2012

11-12 SEPTEMBER 2012

THE MIDLAND HOTEL, MANCHESTER

The RCSLT is aware that current drivers, including austerity measures, are impacting adversely on the quality of speech and language services across the UK, and that members are looking to the RCSLT to provide leadership to support them in response to this.

'Driving transformation' will provide an emerging picture of best practice across speech and language services. The conference will feature two days of oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. Topics will cover the whole range of adult and children specialisms, with a focus on innovation and development; service redesign; speech and language therapy research; and the impact of research on clinical practice.

LEARNING OBJECTIVES

Attending the conference will help delegates to:

- Apply understanding of the emerging commissioning environment to identify opportunities for service development.
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- Discuss ways of developing the existing evidence base to support commissioning needs and as a tool to promote innovative practice.
- Understand how work around the development of outcome measures, the evidence base and new professional networks is essential to supporting the effective commissioning of services.
- Inspire others to engage proactively with the development of 'hubs' in their own regions.
- Apply current research to inform changes to clinical practice.

BOOK EARLY AND SAVE MONEY

Early bird fees (up to 30 June 2012)	One day	Two days
RCSLT member	£102.50 + VAT £123	£205 + VAT £246
Non-member	£123 + VAT £148	£246.67 + VAT £296
Fees from 1 July 2012	One day	Two days
RCSLT member	£123 + VAT £148	£246.67 + VAT £296
Non-member	£144.17 + VAT £173	£288.33 + VAT £346

Delegate fees include refreshments, lunch and conference materials.

GRANT ASSISTANCE

The RCSLT is pleased to announce that it is offering financial assistance to RCSLT student, newly-qualified and assistant members from the Penny Harrison Memorial Fund (please note terms and conditions apply and grants are available to a limited number of members).

Visit: www.rcslt.org for further information on the 2012 RCSLT conference.

Terms and conditions apply.

Giving Voice in Newham

Shine a Light 'SLT Team of the Year' engages local service commissioners

The Community Health Newham Children's Speech and Language Therapy Team took full advantage of its Shine a Light 'SLT Team of the Year' Award, when it hosted a Giving Voice event on 1 December 2011.

East London NHS Foundation Trust Deputy CEO John Wilkins welcomed a variety of guests who had gathered to discuss the best ways of commissioning outcomes for children with speech, language and communication needs in Newham.

RCSLT CEO Kamini Gadhok MBE, presented the policy context and explained the impact of communication difficulties on behaviour, learning, employment and mental health. British Stammering Association CEO Norbert Lieckfeldt spoke passionately about the needs



of children and young people who stammer, and the powerful impact of timely, therapeutic intervention.

Newham SLT team members (pictured) brought the key issues into focus by describing the communication needs of children we are working with. Some of the key aspects discussed included:

- The successful intervention programme for children with autism, together with the parent support package, 'Let Me Communicate', presented by Highly Specialist SLT Renolda

Antonyrajah. Following the programme, more than 80% of parents reported a high level of positive change in their children's communication, in their own skills as communication partners and in their own general wellbeing.

- The excellent outcomes achieved in the pilot project for a proposed care package for pre-school children with specific language impairment (SLI), carried out by Specialist SLT Popi Psarou.
- The effects of intensive support

for children within the Language Resource. Clinical Lead SLT Joanne David reported that all pupils achieved at least 70% of their targets for each of the three terms in 2010–2011, and that just over 70% of pupils with SLI who leave the resource in Year 6 transferred to a pathway involving minimal direct SLT intervention.

Some of the children and their parents reported on how speech and language therapy intervention had transformed their lives. For example, we saw a film of Jason, an eight-year-old boy with dyspraxia, being interviewed by his SLT. He told us, "When I was in Reception nobody could understand me, but now... the opposite!" His parents spoke of their journey to ensure Jason receives the best possible help and their relief now that he has the intensive support he requires.

After the event, a local councillor commented that she was now more aware of the implications for children if their communication needs are not addressed. She was particularly impressed by the outcomes being collected by the team. Encouraged by the response, we now plan to hold further events, targeting GPs and schools.

Nicki Moroney (Clinical Lead SLT) and Rachel Clifford (Highly Specialist SLT) Community Health Newham

NEWS IN BRIEF

E-newsletter: The Health Foundation has set up a monthly e-newsletter for clinicians and non-clinicians, offering a range of perspectives on topical themes in healthcare improvement and patient care. The e-newsletter also has information on funding opportunities, the latest publications/blogs and upcoming events.

◎ **Sign up at:** www.health.org.uk

Social media: Join us on Facebook and Twitter and connect to the growing band of members and service users using social media to interact with the RCSLT. You can read and comment on the latest speech and language therapy news posts, send messages to the RCSLT and chat to others in our online community.

◎ **Visit:** www.facebook.com/RCSLT or <http://twitter.com/RCSLT>

Journal clubs: Would you like to join an SLT journal club in your local area or perhaps set up your own? This is a great way to retain/build clinical knowledge and skills, create your own continuing professional development opportunities and develop a support network in your local area.

◎ **Visit:** www.sltjournalclub.co.uk

Health outcomes: The Children and Young People's Health Outcomes Forum is gathering views on the health outcomes that matter most for children and young people, and how the different parts of the health system will work together to deliver these. Send your comments by 30 April 2012.

◎ **Visit:** healthandcare.dh.gov.uk/children-say

Jean speaks with 1Voice

1Voice members were honoured to host Jean Gross, in one of her last official engagements as Communication Champion, at their winter weekend in Swanwick, Derbyshire, on 9–11 December 2011. More than 80 people, including child and adult alternative and augmentative communication (AAC) users, volunteers and family members attended the event.

Jean outlined the progress she felt had been made during her time in post in relation to the field of AAC and the amazing contribution the AAC community had made to the National Year of Communication. She also praised the hard-working volunteers and AAC role models who run the 1Voice organisation and expressed her hopes



Kate Caryer (left) talks to Communication Champion Jean Gross

that government may find a permanent solution to funding specialist assessment and communication aids for children and adults.

Jean specifically mentioned Nadia Clarke, an adult AAC role model and daughter of Katie Clarke, chair and founding member of 1Voice. Nadia works

to promote national awareness of AAC and has recently been awarded a Winston Churchill Memorial Trust Travelling Fellowship. This will allow her to visit America and research how AAC can reduce communication barriers. Nadia has also secured a work placement with a government minister and Jean urged other young people who use AAC to seek similar opportunities with their MPs.

1Voice runs two national events and publishes two newsletters each year. It also hosts a website and an email support group, and has a growing number of regional branches. The AAC role models who help run 1Voice aim to inspire younger children to use AAC to chat and socialise. The next 1Voice weekend is on 11–13 May, 2012. Visit: www.1voice.info

Amanda Hynan, SLT

Spring in the air – but a spring in the step?



It's budgeting and business planning time here at the RCSLT, as we strive to make your hard-earned subs go as far as possible. As the new financial year begins, we know that the pressures on you out in the field are tougher than ever.

In England, the next phase of the reforms kicks in, with clinical commissioning groups

(CCGs) taking up their budgets and primary care trust and strategic health authority clusters preparing for their own demise. A big part of our work this year will be helping you to influence locally in every CCG area in the land.

But the new budget year brings with it another set of 'efficiency savings' – and not just in England. The latest figures show that the number of SLTs employed by the NHS in England dropped by 3%

between November 2010 and November 2011 (in terms of full-time equivalents) – and our own intelligence suggests that was disproportionately the stripping out or downgrading of posts at Bands 7 and 8, along with a chronic shortage of Band 5 posts for newly-qualified practitioners.

That is why we have provided evidence to Andrew Lansley to demonstrate the short-sightedness of slashing leadership posts with no thought for the future. We are also agreeing a package of measures to help NQPs stay close to the profession and begin to get the skills they will need

when they get that elusive first post. For example, we have looked again at supervision and at the role of the independent sector alongside the NHS.

Meanwhile in Scotland, the Government has put out its Allied Health Professions National Delivery Plan. Obviously it's good news that such a thing exists at all, and it's a real chance to make AHP leadership more visible and more central to government strategy. We have got concerns though about whether everything speech and language therapy does is properly included, and the fact that children's services get only one mention in the whole plan. Watch this space and your inbox, during April, to get your comments into the RCSLT response. ■

"Those of you who are experts and advisers, giving your time voluntarily, are the real stars"

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



Jennifer Marriott

Opinion

Jennifer Marriott provides thoughts on working with children with severe learning disabilities and complex needs

If you don't ask, you don't get?



ILLUSTRATION Trina Dalziel

I have worked with children with severe learning disabilities and visual impairment for the past two years and in that time nothing has put a bigger smile on my face than hearing a child has made their first truly spontaneous picture exchange communication system (PECS) request for crisps or taken their cup from their objects of reference (OOR) bag to ask for a drink.

As all SLTs know, the need to honour these requests is pivotal

"I often had staff asking me why we were teaching children to ask for things they could not have"

to ensure the child recognises the value of, and continues to

use, these skills. SLTs also realise that not crediting such requests can lead to non-desirable behaviours and distress to the child. However, the following scenarios left me to question whether we were, in fact, facilitating the development of skills that could not be used at all. (Please note, the names have been changed for confidentiality.)

Dean loves to go out in the car. He takes his car OOR to staff to ask to go out. However, the limited number of drivers in Dean's residential bungalow means that as much as staff would like to take him out, it is not always possible.

Priya has medication that makes her extremely thirsty. She makes repeated request for drinks using her OOR but this leads to continence problems and challenging behaviour, and means that a balance needs to be struck between these two issues.

Elliot has a syndrome which, among other things, means staff must endeavour to ensure he remains on a strict healthy diet to avoid obesity and the development of diabetes. Elliot's main motivation in life is food and it was no surprise when the first OOR he used was to request a snack.

In such situations, I often had staff asking me why we were teaching children to ask for things they could not have. I have also heard stories of PECS symbols being removed or OOR bags being put in cupboards so the children can't use them in other environments. This was a real eye opener to me, in that part of my role is to ensure staff recognise the need for enabling these children to develop communication skills useful for life, not just what fits the school or residential environment or their current health needs.

Over time, staff began to agree that developing ways to help the young people understand that they could

not have what they had asked for was a much better solution than effectively taking their voices away. We agreed that if we were clear on what the young person wanted we could address the need and whether we could grant it or not, ensuring the young people still felt understood. In collaboration with staff and parents we introduced a number of strategies.

Priya now has a bottle of juice and she is given a small quantity each time she presents her cup. This enables her to have more requests honoured and in fact more opportunities to request. If she exhausts her limit she is informed 'drink finished' and puts the cup back in her OOR bag. She is told 'now (alternative activity)' and given a favourable sensory item to distract her.

Similarly, Elliott has his snack-time treat broken up into small pieces, so staff can reward his requests throughout the day without giving him too many calories. He is shown his empty snack box to reinforce when it has all gone.

Dean now has a 'finished' box and staff help him to put his car object in this when he asks and there are not drivers available. It is immediately put back in his OOR to reinforce the fact that something different has happened to this object and that it is not available. He is then given his 'bungalow time' OOR and offered other motivating activities.

Such strategies have not only ensured these young people can continue to develop voices everyone understands but also improved perception of introducing systems such as PECS and OOR, and means we can work together to ensure these systems are as effective as possible. ■

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ILLUSTRATIONS Patrick Welham

Professionalism: have you had the conversation yet?

How do you define 'unprofessional' behaviour in a changing world? Does professionalism encompass behaviour outside of work? Susan Fairbrother reports

With the behaviour of health and social care professionals increasingly coming under public scrutiny, the Department of Health's chief health professions officer, Karen Middleton, and the Health Professions Council (HPC) think it may be timely to engage in reflection on what it means to be a professional.

The draft report from the Commission on Improving Dignity in Care for Older People (2012) reflects an apparent growing concern from the public about compassion within the 'caring professions'. One of the commission's key recommendations is that, 'Hospitals should recruit staff to work with older people who have the compassionate values needed to provide dignified care as well as the clinical and technical skills'. But what does that have to do with SLTs? Surely the speech and language therapy profession is one of the most compassionate and, according to HPC figures detailing complaints made against allied health professions (AHPs), there does not appear to be an issue with professionalism.

The big picture

At present, the HPC has 219,918 registrants. For the year 2010–2011, complaints affected 0.35% of the total number registered. In terms of speech and language therapy, only 0.19% (n= 25) of all SLTs registered had complaints made against them (HPC, 2011a). The complaints where the HPC decided there was a case to answer included attending work under the influence of alcohol, engaging in sexual relationships with service users and failing to provide adequate care. If such complaints are upheld, few would argue that such conduct would be viewed as 'unprofessional'.

Less clear cut is the small stuff that happens every day, those tricky grey areas where it may not be entirely clear what the 'professional' way may be – and where different people may hold very different views on what is appropriate.

Take this situation as an example. An SLT is assessing an older patient on a stroke ward. The SLT's mobile phone bleeps and she stops to see what the text says. It is from a friend. She stops the assessment to reply to her text. This happens several times during the assessment. Is this misconduct? Is it rudeness? Or is it taking a more relaxed approach in a multimedia world?

Start the conversation

Although even just one complaint is one too many, from the HPC statistics, it does not seem that there is a widespread problem with professionalism within the allied health professions. However, in the wake of the first Francis inquiry into the failings at Mid-Staffordshire NHS Trust between 2005 and 2008 (Mid Staffordshire NHS Foundation Trust Inquiry, 2010), and reports of neglect and abuse, most notably last year's BBC Panorama programme about Winterbourne View hospital (which ultimately led to the closure of the hospital and arrests of staff) (BBC News, 2011), Chief Health Professions Officer Karen Middleton felt the time was right for AHPs to have a discussion about what it means to be a 'professional'. In her first move, Karen set up a working group to focus on professionalism among AHPs. Group members include representatives from the allied health professional bodies, the Council of Deans, frontline clinical staff and patients.

An uncomfortable question

While AHPs have not been directly implicated in the Mid-Staffs or Winterbourne situations, what is interesting to consider is that there would have been AHPs working alongside some of the staff on the hospital wards, and perhaps carrying out visits to the care home. An uncomfortable question to ask is, why did the incidents go unchallenged and unreported for so long? It may be that low levels of professionalism become 'the norm' in some situations – and that a gradual lowering in the levels of professionalism and compassion can come about almost imperceptibly. Many small instances might add up to one big problem.

Karen says AHPs have an opportunity to take the initiative. "We need to be proactive rather than wait for something truly awful to happen," she says. "I must stress, it is not something that has come up as an issue... But is it a bad thing to raise it? We mustn't be complacent; every single example of unprofessional behaviour has an impact."

At the same time, a separate working group on nursing, midwifery and allied health professions in Scotland published its draft report on professionalism (<http://tinyurl.com/7xe673d>). It concludes that professionalism is not just an issue for nurses and AHPs – it goes across the entire healthcare workforce. The report also states that professionalism is multifaceted and can often be described in terms of things that have gone wrong, rather than things that have gone right. The report says, "Although

Points for discussion



Social networking

You are Facebook friends with some of your colleagues.

You see a colleague has posted about her work day, referring to a conversation she had with a patient.



Workplace environment

You overhear a senior colleague being rude and impatient with a service user's relative on the phone.



Written communication

You come into a colleague's office. She has briefly left her desk unattended. From where you are standing, a patient's personal details are clearly visible on your colleague's computer screen.



Mobile phones

You run into another therapist who is on a hospital ward assessing a stroke patient. She tells you she isn't sure of a diagnosis and consults her phone three times to check this on Wikipedia.

We have not provided 'answers' to these points, or even a steer – but we would be interested to hear your thoughts after you have had a chance to discuss them with your colleagues. Email: bulletin@rcslt.org

healthcare professionals and support staff perceive behaving in a professional way as a central facet of their role, they may find it difficult to articulate exactly what professionalism means and what it looks like in everyday practice."

Canvassing AHP opinion

So, what is perceived as unprofessional behaviour and in a changing world does professionalism encompass behaviour outside of work, such as updating on Facebook? In 2010, the HPC commissioned Department of Health-funded research on this very subject. Durham University researchers explored what the concept of 'professionalism' meant to 115 students and educators in three professions – occupational therapy, paramedic and podiatry (HPC, 2011b). The results make interesting reading.

There were comments on the constraints of working in the NHS: "I would [like to] do this, this and this, but in the NHS you have not got time to do that [...] so your professionalism from being such a very high level when you leave here will certainly drop to a level that's acceptable within the NHS, but you're still being professional." (chiropody/podiatry student)

HPC Chair Anna van der Gaag gives her view

As clinicians become more involved in the commissioning process and the personalisation agenda gathers momentum, nurturing high standards of professionalism across all the professions is crucial.

The issues which have been a cause for concern – treating patients and service users with respect, communicating clearly, involving people in decisions about their own care, keeping accurate records of treatments and interventions – these are all fundamental to good professional practice, and they are clearly articulated in the HPC standards.

What has emerged from our research was that 'professionalism' was seen not so much as a discrete competency but a situational judgement, a set of behaviours influenced by context, rather than a fixed, defined characteristic. These behaviours were strongly influenced by the particular care group, peer group, and knowledge and skills of an individual. How peers behaved, for example, could strongly influence how an individual viewed 'professional' behaviour, and what was appropriate in one context might not be in another.

The report highlights external factors, such as management of resources and environment as an influence on morale and professionalism: "I'm lucky I'm on a nice, brand new station but you go to other stations, they're dark and dingy and... things don't work, nothing ever gets fixed, you put in a request for that light to be fixed and six months down the line it's not done." (paramedic student)

The respondents also reflected upon the 'blurred' boundaries between behaviour in and outside work, with particular reference to use of social media.

"It's a minefield [social networking sites], it's there, use it at your own discretion and it's entirely up to you and be it on your head if you do something that you will later regret." (occupational therapy placement educator).

To build on this work, the HPC has commissioned further research, looking at ways in which professionalism might be measured.

But I wouldn't do that...

Karen says, "We're all capable of unprofessional behaviour – but we all need someone to say, 'That wasn't professional.' ... [We] came to the conclusion that we want to create a culture whereby professional

behaviour is as discussed as clinical competence and expertise. This includes language, your appearance and so on."

Should AHPs expect new professionalism guidelines to land on their desk in the coming months? Karen says not at the moment. The working group feels there are already clear standards of conduct, performance and ethics (HPC, 2008) as well as guidance from professional bodies. "We don't want to add to the plethora of guidelines," says Karen – but what she does want is for AHPs to, "get talking about the subject."

As the effects of austerity become apparent, and speech and language therapy services try to do more with less, it may be that 'the small stuff' gets overlooked. Starting the conversation on professionalism and keeping that conversation going through the tough times ahead could be key to providing the best possible care to service users.

RCSLT CEO Kamini Gadhok says the RCSLT is pleased that Karen Middleton has seized the initiative and is taking forward this sensitive issue in a constructive way, working with the Allied Health Professions Federation.

Kamini says, "The RCSLT is keen to support this initiative and we really want to engage you as members to take part in the discussion around professionalism. So, start the conversation today, through specific interest groups, during your team meetings or in your journal clubs. We welcome your feedback and comments on your discussions." Email: bulletin@rslct.org ■



References & resources

- Commission on Dignity in Care for Older People. *Delivering dignity*. Published February 2012. Available at: www.nhsconfed.org/Documents/dignity.pdf
- Health Professions Council (a). *Fitness to practise annual report 2011*. Available at: <http://tinyurl.com/72u7a7j>
- Mid Staffordshire NHS Foundation Trust Inquiry. *Robert Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust*. Available at: <http://tinyurl.com/ygrfvzg>
- BBC News Bristol. *Winterbourne View Panorama 'abuse' hospital to close*. 20 June 2011. Online report: <http://tinyurl.com/6g7mszt>
- Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland*. January 2012. Available at: <http://tinyurl.com/7xe673d>
- Health Professions Council (b). *Professionalism in healthcare professionals*, 2011. Available at: <http://tinyurl.com/7219rjn>
- Health Professions Council. *Standards of conduct, performance and ethics*, 2008. Available at: <http://tinyurl.com/7gwht3>



Claire & Moser & Ele Buckley

Ele Buckley and Claire Moser present the final part of their series on the new commissioning processes in England

Into the unknown: Clinical Networks and Senates

Welcome to the final instalment of our series exploring the health reforms in England. Thank you to those of you who have 'confessed' that these articles have helped you to navigate your way around the new commissioning environment more easily.

Accompanying this final piece (as an insert in your Bulletin) is a campaign planner and pull-out diagram. Members across the UK will find the campaign planner a helpful guide for plotting your 2012 engagement activities. The diagram inside illustrates how the key pieces of the new commissioning jigsaw in England fit together. We will be distributing Scotland, Wales and Northern Ireland-specific inserts later in the year.

This month we focus on

Clinical Networks and Clinical Senates. These two bodies are designed to provide advice and support to commissioners to help them perform their functions more effectively. Although not covered in the Health and Social Care Bill, the government has introduced Clinical Networks and Clinical Senates to try and ensure that commissioning is more multi-professional. The NHS Commissioning Board will support both bodies.

The government has said that Clinical Senates will provide part of the way for Clinical Commissioning Groups (CCGs) to meet their proposed statutory duty to secure advice from a wide range of health professionals. For most SLTs and fellow allied health professionals a clinical senate will be the main forum to have your voice heard.

Clinical Networks and Senates are your opportunity to assume a leadership role in advising and leading clinical and system-wide reform.

Clinical Senates

The NHS Future Forum – the independent advisory panel set up to report to Government on the NHS Listening Exercise – proposed the creation of Clinical Senates in June 2011 (visit: <http://tinyurl.com/5t6pug2>). The Government accepted this recommendation, saying the senates would comprise groups of expert 'doctors, nurses and other professionals'. However, it is important to note that in late 2011, NHS Medical Director Professor Sir Bruce Keogh acknowledged that their function was still 'unclear'.

We do know that Clinical Senates will provide multi-professional advice on local commissioning plans which CCGs are expected to follow. It seems they will assist commissioners in fulfilling their statutory responsibilities, by advising them on the clinical robustness of their plans. Advice will include how best to integrate services locally and how to make



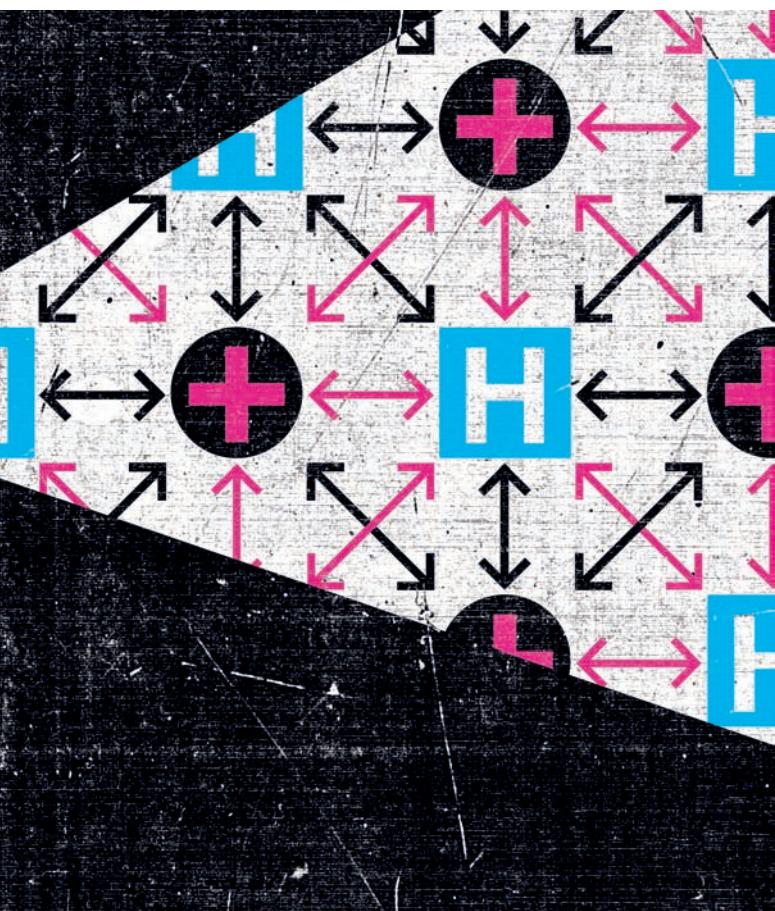
ILLUSTRATION Natalie Wood

individual strands of patient care fit together better.

There are due to be 15 Clinical Senates across England. They

The new commissioning landscape explained

- Clinical Networks and Clinical Senates will provide advice and support to commissioners to help them perform their functions more effectively.
- The NHS Commissioning Board will support Clinical Senates and Clinical Networks; they in turn will feed back to the board.
- Clinical Senates will provide multi-professional advice on local commissioning plans that Clinical Commissioning Groups follow.
- Clinical Networks will support commissioners by advising on single areas of complex care, to ensure services reflect the needs of patients.
- Clinical Networks and Senates will provide an opportunity for SLTs to get involved at another level of the new commissioning landscape.



“The government has introduced Clinical Networks and Clinical Senates to try and ensure that commissioning is more multi-professional”

range of functions, including supporting improvements in clinical or patient pathways and results of care.

At this time, the future role of the Clinical Networks is clearer than that of the Clinical Senates. In the coming months, the DH will set out proposals for different types of networks.

The DH has said it will test some of the new structures in the North East. If you work in this area and have an opportunity to get involved, contact us at the RCSLT so that we can support you.

The DH will continue to develop the role and responsibilities of the Clinical Senates and Clinical Networks over the coming months, so watch the RCSLT website (www.rcslt.org) for further announcements.

RCSLT activity

The RCSLT has lobbied throughout the passage of the Health and Social Care Bill to ensure that AHPs and SLTs are represented in the new bodies and structures.

We are still working to ensure that the Clinical Senates clearly include us and that the new Clinical Networks cover pathways that are important to us.

We will continue to work with the NHS Commissioning Board and the DH to develop the detail of Clinical Senates, including their precise role and membership. ■

Claire Moser, RCSLT Policy Officer and Ele Buckley, National Coordinator for Local Campaigns. Email: claire.moser@rcslt.org and ele.buckley@rcslt.org

Get involved with a Clinical Network or Senate

- Although it is not yet clear how the new Networks and Senates will be set up, you should plan to be involved.
- Is your service already part of an existing Clinical Network?
- Is anyone in or around your team involved in the network? If not, ask how can you get involved.

will not exist as statutory bodies or formal organisations but instead will bring together clinical leaders to provide a, “vehicle for cross-specialty collaboration, strategic advice and support to commissioners,” according to a Department of Health (DH) letter from Dr Kathy McLean, who chaired the Future Forum group on clinical advice and leadership. The DH says they will not focus on one particular disorder or patient group, but on the breadth of services. Clinical Senates will not have a right to veto commissioning plans, but will help to assess the performance of CCGs. They should, therefore, be a useful route for inputting the speech and language therapy and allied health professional perspective.

Clinical Networks

Unlike the senates, Clinical Networks are not a new idea. They already exist across the country for specific conditions or clinical areas, such as cancer, diabetes, stroke, coronary heart disease, maternity services, neonatal care and emergency care. The government is keen to build on these existing networks.

Clinical Networks can take many different forms but are usually specific to a patient group, disease type or professional group. The intention is that they will support commissioners by advising on single areas of care, to ensure services reflect the needs of patients in these areas of complex care. Clinical Networks can undertake a

On 3 May, schools and church halls will again be called into action as polling stations for the local elections in England, Scotland and Wales. The 2012 Elections will decide on the political make up of 131 English local authorities, all 32 Scottish councils and 21 of the 22 Welsh local authorities. Three mayoral elections will also take place, in Salford, Liverpool and London (and London will also feature elections for the London Assembly).

With local authorities taking on an increasingly powerful role in planning and funding speech and language therapy services, the 2012 elections will be an important opportunity to question your candidates on their commitment to people with speech, language, communication and swallowing difficulties.

Together, we can line up some well-informed local politicians who will champion communication and swallowing difficulties in your council chambers.

Doorstep challenge

We have produced two easy-to-use resources to enable you to make the most of the pre-election campaigning that will take place in your local area. First, we have chosen four key questions (see page 19) which you can cut out (or photograph, using your phone) and have to hand for any opportunities to speak to a candidate.

Second, on the Giving Voice website (www.givingvoiceuk.org) you will find a 'calling card' that you can download, print and hand over to any candidates you meet.

Last year, RCSLT members in Scotland undertook a 'doorstep challenge' during the Scottish parliamentary elections.

Armed with a set of key questions, our members made sure that no candidate left their doorstep without being quizzed on how they would support the profession if elected. That is why we have taken their idea and turned it into a UK-wide approach.

Keep it local

Remember, always keep your focus local when talking to candidates. Try and think where there are local and recent examples of potential threats to service users and how you as a service or an individual therapist can offer innovative and cost-saving solutions.

To make sure your candidates don't forget your conversation, give them a copy



Giving Voice at the ballot box

Vote for speech and language therapy this May by engaging with your local election candidates before polling day. Ele Buckley explains how you can make a difference



ILLUSTRATION Mitch Blunt

of the 'calling card', available at: www.givingvoiceuk.org. This basic handout will help lodge the issues you raise in candidates' minds. Remember to fill in your contact details in the space provided on the card so that an interested candidate can come back to you with more questions about how they can help protect (and grow) speech and language therapy in your local area.

We have set up a page on the Giving Voice website where you can tell everybody about your interactions with candidates. We want to hear reports from as many members and supporters as possible who have managed to bring speech and language therapy to the attention of local candidates.

Who are we electing?

Thursday, 3 May will be a busy day in many, but not all, parts of the UK. If you are unsure whether there are elections in your area, here is the RCSLT's whistle-stop tour of 2012 elections to help you find out.

In England, there are elections in 131 local authorities. We are especially keen for you to make contact with candidates in metropolitan and unitary authorities as this is the level of local government where

"Make sure the chance to spread the word about speech and language therapy does not pass you by"

decisions to fund speech and language therapy are made. We have published a list of these areas on: www.givingvoiceuk.org

In London, the mayoral elections will dominate the media agenda – will you be the one who brings Boris into the Giving Voice campaign? Can you catch Ken's attention for speech and language therapy? The capital is also electing new members of the London Assembly.

In Salford and Liverpool, mayoral elections will take place for the first time.

In Scotland, all 32 councils are going to the polls. One year on from a parliamentary election that saw Giving Voice champions rally support from would-be parliamentarians, let's bring in a set of councillors who'll back our cause. RCSLT Scotland will be sending letters to candidates too.

In Wales, 21 of the 22 local authorities are taking part in the elections. This is a great opportunity to introduce councillors to the importance of speech and language therapy. If you are feeling adventurous, don't stop at

the doorstep challenge – use the Giving Voice questions and calling card to:

- Query candidates at street stalls.
- Raise the issue of speech and language therapy at hustings.
- Help you draft letters to the local press.
- Write letters to candidates.

Make sure the chance to spread the word about speech and language therapy does not pass you by at this election time. Most importantly, remember this is just the beginning. Once the election results are in, build on your pre-election efforts by contacting the new councillors and offering them the chance to continue learning more about speech and language therapy. You could invite them to visit your service or organise a Giving Voice coffee morning where they can meet service users, parents and carers. ■

Ele Buckley, RCSLT National Coordinator for Local Campaigns.
Email: ele.buckley@rslt.org

KEY QUESTIONS FOR ALL OUR LOCAL CANDIDATES:

If elected, what will you do to ensure that...

- 1 Speech and language therapy service users get the services they need?**
- 2 Children and young people in this area get timely access to the speech and language therapy they need?**
- 3 Adults and people with long-term conditions get the speech and language therapy services they need?**
- 4 The 60% of young offenders with communication support needs get the speech and language therapy services they need?**

Making a difference in Moldova

Genevieve Frankish talks about her experiences of volunteering at an orphanage in Moldova

A few days after qualifying as an SLT on City University London's postgraduate course in July 2011, I spent three weeks in Moldova as a volunteer in an orphanage for boys and young men (aged between four and 20 years old) with disabilities.

I worked through the charity Students with Kids International Projects (SKIP). Run by healthcare students, SKIP has projects based in 12 British universities, each of which organises trips to a different developing country. The work in Moldova had three waves of volunteers, each staying for three weeks and overlapping by one day. Each wave of volunteers consisted of 12 students or newly-qualified health professionals, including physiotherapists, occupational therapists and doctors.

The orphanage

The orphanage is based in the town of Orhei and is a government-run institution for boys and young men with a range of communication, physical and cognitive needs, including Down syndrome, cerebral palsy, foetal alcohol syndrome and autistic spectrum conditions. Children come into the orphanage for a variety of reasons. While some are orphans, others have

parents who feel unable to look after their child at home. Some of the reasons why parents are unable to keep their children at home are quite simple, for example the child is unable to use the steps up to their home or they are physically unable to get on a bus to go to school. Unfortunately, institutionalisation exacerbates many of the children's difficulties. For example, children who originally came in because they were deaf now have stunted growth due to lack of exercise and nutrition, and autism-like symptoms due to lack of interaction.

The orphanage is home to 320 boys who are split into groups of around 12. Each group usually has one carer to support the children with all of their needs, including washing, dressing and eating. It is almost impossible for the carers to

run any activities for the children and they mostly aim to keep them calm and contained within one room. The orphanage is always aiming to save money, so lights are used sparingly and toys are kept out of the children's reach so they do not get damaged. When the children misbehave the punishments are usually quite severe. For example, a child who took a piece of bread from another child was locked in the toilet for 15 minutes; a child who tried to take a toy from another child had his hands tied together with a piece of material every afternoon. On the occasions we witnessed these incidents, we would release the child immediately. We wanted to model appropriate behaviour. It was very uncomfortable to see the children experiencing such extreme punishments

“I would encourage other speech and language therapy students to get involved in SKIP projects”





Genevieve and her colleagues created care plans for each child



and at the time there were no procedures in place to report such incidents.

Some children are able to feed themselves using the metal tablespoons provided, others are spoon fed. The carers do not spend time on supporting children to feed themselves. The meals were the same every day we were in the orphanage – for example, lunch consisted of a thin fish soup, a porridge, which sometimes contained sausage meat, and a hot mug of tea.

Long-term aims

All volunteers learn a basic level of Romanian and we employed translators for when we needed to communicate more complex information. We were keen to carry out interventions that would last longer than the nine weeks the charity is based in the orphanage each year. Although most of the children do not have a formal medical diagnosis, we created a care plan for each child and documented likely medical conditions and other information, such as their likes and dislikes. We created multidisciplinary goals for each child to be worked on over the nine weeks of intervention. I learnt a lot from the other members of the team, such as how to support the physical development of children in wheelchairs.

For my part, I trained the rest of the team on communication development, games to facilitate attention and language development, and basic feeding techniques

to support the children's swallowing. We were able to take the time to support children to feed themselves so that a number were able to continue to feed independently after we had left. Other successes included facilitating several very withdrawn children to become willing to engage and some children began to interact with each other, rather than needing an adult to facilitate them.

The charity has funded a number of Moldovan medical students to visit the orphanage throughout the year. I was able to deliver training for these students on strategies to support the children's communication and swallowing. There are plans for some of the older and more able boys to move out into community houses, which will hopefully develop their independence and social activities.

Charity works

We were also able to visit the girls' equivalent of the Orhei orphanage. This was very different, as it has had a large amount of input from a charity called Outreach Moldova. This charity organises 900 volunteers to visit the orphanage each year and employs 250 full-time Moldovan

staff to work there. It was a real pleasure to see what had been achieved through charity work. Each girl had a medical file and children received appropriate medical treatment. The charity also employed health professionals, including SLTs, who worked in a well-resourced therapy room. There were daily activities for the children to participate in and the orphanage had a very happy atmosphere.

I had a really valuable experience volunteering in Moldova. I felt able to contribute to the boys in the orphanage both in a direct way and through indirectly training others. I also felt I developed my skills particularly in multidisciplinary working, the effective use of interpreters and using creative interventions. These skills have supported my transition from student to newly-qualified practitioner. I would encourage other speech and language therapy students to get involved in SKIP projects. ■

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© Visit: www.skipkids.org.uk

SKIP response

Bulletin contacted SKIP regarding the child protection issues raised in this article. SKIP child protection leads and trustees, Drs Stacey Mearns and Rahail Ahmad, responded as follows:

SKIP's child protection system is managed by ourselves. We are both qualified doctors and trustees for the charity and have been involved since the charity began nine years ago. We have a child protection policy and bylaws relating to child protection within our organisation.

Child protection training is provided at two levels within SKIP; at a national level to all SKIP branches, and at a branch level to all SKIP volunteers. SKIP's child protection reporting procedures involves completing an incident form (including details of the issue and people involved, dates, time etc) and escalation of this form to the child protection leads.

After receiving the incident forms, we work with the relevant SKIP branch in devising a strategy for action, which we then support the branch to carry out. There is an annual review of child protection within the charity conducted by ourselves, which involves reviewing all child protection incidents that have occurred, as well as the current system,

and implementing changes and training as appropriate.

There are two core issues that have been raised here. Firstly the child protection issue mentioned in the article was not reported internally. We have begun looking into this. We will be making some key changes to our system to ensure that child protection issues do not go unreported again. In order for SKIP to take positive steps forward in improving the situation for children and protecting their rights, it is imperative that all concerns are reported internally as a first step.

The second issue is in relation to what we are currently doing for the children involved. We are working closely with our Edinburgh branch to initially collect all relevant information relating to child protection concerns experienced on the project. Once we have this information we will devise a strategy in conjunction with the branch in order to move the situation forward.

Hywel Dda Local Health Board provides healthcare services to a population of around 372,320 throughout the counties of Carmarthenshire, Ceredigion and Pembrokeshire. A dedicated adult learning disability speech and language therapy service works as part of four multi-agency community teams for people with learning disabilities (CTLDs).

In 1998, we invited Jane Jones, manager of the Somerset speech and language therapy service, to hold a workshop on the development of a local Total Communication strategy. Jane had previously carried out a two-year research project into the effectiveness of the Somerset Total Communication approach (Jones, 2000). Following this workshop we began to meet with people with learning disabilities to develop the approach that has evolved over the past 14 years.

Total Communication in 2012

Our Total Communication Strategy is now a formally-recognised policy provided across the three counties to all third sector homes, residential homes and tenancies, and social services and health settings.

The Total Communication package consists of:

■ **Total Communication training:** all new staff working within the learning disability services of Health and Social Services (HSS), and third sector employees contracted by HSS to provide services to this group, attend a one-day course.

The course provides background information about communication and communication difficulties; strategies to promote effective communication; a core vocabulary of signs and symbols, and training on making visual information more accessible. Speech and language therapists, support workers and service users deliver the training. External organisations, such as the police and independent mental capacity advocates also access the course. We have developed a specific package to train nurses, tailored towards the information, signs and symbols they need to communicate with inpatient service users.

■ **Signing training:** We have an agreed vocabulary of signs and symbols, selected by a task group consisting of service users, support workers and SLTs. We update this vocabulary regularly to reflect the needs of the service users. Our support workers won the RCSLT Assistant of the Year Award 2009 for developing a comprehensive 500-word A-Z vocabulary to add to the resource. They also carry out signing training, culminating in a practical signing examination. Service users, trained as sign tutors, assist the support workers in delivering the training.



Promoting Total Communication in West Wales

Nigel Miller reflects on 14 years of Total Communication activity across three counties and Hywel Dda NHS Health Board

■ 'Making information accessible' training:

We have facilitated the development of guidelines for giving information to people with learning disabilities. These are the only health board service guidelines written by service users and form the basis of our 'Making information accessible' training. The guidelines help staff to use software that enables them to adapt appointment letters, timetables and other written information.

We have developed a separate training package to recognise the needs of our service users with profound and multiple disabilities, because we found we could not cover specialist communication in enough detail in the one-day introduction session.

Promoting communication

Service users who have a learning disability have been unofficial volunteers for the speech and language therapy department and CTLD for several years. This volunteer work has included assisting with signing training, taking part in audits, and administration and



Left: A recent TC coordinators' meeting
Below: Three of our volunteers, from left - Nick Evans, Sharon Griffiths and Teresa Nortney
Bottom: The SLT team, from left - Yvonne Bruton-Miller, Rebecca Palfrey, Susan Marcus, Kate Richardson, Ann Davies, Amanda Rees, Nigel Miller, Lynda Rowlands and Gillian Morgan



secretarial duties. Working with the health board's volunteer coordinator, we have developed a comprehensive package of easy read information, including role profiles and induction training material. People who have a learning disability are now able to volunteer via the health board's volunteer scheme, and receive remuneration for their expenses and recognition for their contribution.

Designated Total Communication coordinators take on the role of promoting communication within community locations (for example, in private homes, social activity centres (SACs) and residential accommodation). They ensure that information is accessible for service users and others accessing these locations. This can include creating visual timetables, diaries, and communication books in SACs or by facilitating a particular resident's communication system in a private home. The coordinators also provide basic training on Total Communication to new staff in their area, prior to the staff member receiving full training.

The coordinators meet with the SLTs, support workers and service users within their county every two to three months to share new ideas and receive training. New ideas often develop within this forum. One very successful example has been the symbolising of menus in local cafés. Members of the wider community, such as those with visual or literacy difficulties, now request the easy read, symbolised menus when visiting the cafés. Another successful project was the development of a Total Communication calendar to boost awareness within the three counties. A community company run by service users printed the calendar, which included photographs of people using various Total Communication techniques.

We have an audit team, which consists of service users, a social services manager and an SLT. The team makes unannounced visits to locations to check that they are meeting the Total Communication guidelines and suggest further developments. Because the team is service user-led, we find that their conclusions are relevant, meaningful and acted upon by the organisation being audited.

Resource development

We are developing an easy access website that will contain sound and video material and hope this will enable service users to access and navigate the site more easily. Our current site is available at: www.carmarthenshire.gov.uk/totalcommunication. The new site will be available later in 2012 (at: www.totcom.org.uk).

We have produced accessible leaflets and booklets, such as a hearing book that uses simple text and photographs to inform service users about having their hearing tested. This won the Welsh Healthcare Award in 2005. We have also worked with psychiatrists within the team to develop a bank of leaflets providing medication information in an easy read format in both English and Welsh. We won a 'Welsh Language in Healthcare' award for these leaflets in 2011.

Future developments

We are constantly looking for ways to improve and develop our service. The Total Communication coordinator meetings generate many ideas that the team can take further. Our most recent project is to develop a 'Review pack' to facilitate service user involvement in their annual review. We have produced a 2012 calendar, featuring service users' recipes in easy read format.

In order to extend and develop our service to service users with profound and multiple disabilities we are developing an 'Intensive Interaction' network, with a special interest group attended by professionals, support workers and carers. Intensive Interaction facilitates the development of social and communication abilities in people with severe learning disabilities (and often physical difficulties and/or autism) who have little or no functional speech and are typically described as difficult to reach (Firth et al, 2010; Nind and Hewett, 2001).

The work we have done would not have been possible without the support of people with learning disabilities, NHS and social services colleagues, as well as those working for other organisations involved in providing services. The ideas generated through our day-to-day work and discussions with service users and colleagues have resulted in practical solutions that have made a real difference to peoples' lives. We look forward to the next 14 years of working together to promote and facilitate Total Communication in West Wales. ■

**Nigel Miller, Therapies Lead (Learning Disabilities) Hywel Dda Health Board.
Email: Nigel.Miller@wales.nhs.uk**



References & resources

- Firth G, Berry R, Irvine C. *Understanding Intensive Interaction*. London: Jessica Kinglsey, 2010.
- Jones J. A Total Communication Approach Towards Meeting the Communication Needs of People with Learning disabilities. *Tizard Learning Disability Review* 2000; 5:1.
- Nind M, Hewett D. *A practical guide to Intensive Interaction*. BILD, 2001.

Further resources

- Baker V, et al. *Adults with Learning Disabilities, Position Paper*. RCSLT: London, May 2010. Visit: www.rcslt.org/members/publications/downloadable
- Guidelines for Giving Information to People with Learning Disabilities* (Hywel Dda Health Board) January 2010.
- Total Communication Strategy* (A partnership between Carmarthenshire County Council Social Care, Health and Housing Services and Hywel Dda Health Board) July 2011.

Any questions?

Language assessments

What is your experience of the Test of Auditory Reasoning and Processing Skills (TARPS) assessment? What other abstract language/pragmatic language-type assessments would you recommend?

Bethan Franklin
 bfranklin@autism-anglia.org.uk

Cystinosis and voice/dysphagia

Have you worked with an adult with cystinosis? Did you offer voice therapy or assess dysphagia?

Caroline Parry
 caroline.parry@royalberkshire.nhs.uk

Protocol-based swallow screen

Do you use a protocol-based swallow screen with nurses on your critical care unit, including for patients with tracheostomy? What criteria do you use for suitable patients and those who should be referred directly to SLT?

Melanie Taylor
 melanie.taylor2@srft.nhs.uk

Pathological demand avoidance

Do you work in an area where PDA is being used as a diagnosis/explanation to patients and their families? If so, who makes the diagnostic decision?

Liz Franklin
 liz.franklin@nhs.net

Barium-infused caplets

How do you replicate the swallowing of tablets under radiographic conditions? Do you know of any barium-infused caplets that replicate swallowing tablets while undertaking a videofluoroscopy?

Andy Campbell
 andy.campbell@sompar.nhs.uk

Dysphagia training

Have you provided dysphagia screen training to non-stroke ward nursing staff? What form did your training take? Was it effective and how did you measure this?

Samantha Holmes
 samantha.holmes@bartsandthelondon.nhs.uk

Melodic intonation therapy

Have you been able to develop melodic intonation therapy or its principles beyond a shortlist of functional phrases?

Deborah Greenaway
 deborah.greenaway@nhs.net

Dementia service

Do you provide a dysphagia and communication service for people with dementia? I am starting up this service in Northern Ireland and would be grateful for advice.

Ruth Sedgewick
 ruth.sedgewick@belfasttrust.hscni.net

Weaning

Do you know of any research about the importance of progressing onto lumps when weaning, specifically at stage two (7–9 months)? Literature often quotes that lumps are important to aid muscle strengthening needed for speech. However, I am unable to find evidence to support this.

Melanie Hargraves
 melanie.hargraves@greenhq.co.uk

FEES training

Are you interested in accessing support for your FEES service or would you like to develop your FEES knowledge and skills? I am gauging the need and demand for FEES training via on-site/remote supervision or through courses.

Annette Kelly
 annettekelly1@yahoo.com

 Email your brief query to anyquestions@rcslt.org. Copy your reply to bulletin@rcslt.org if you would like your reply publishing.
 www.rcslt.org/discussion/forum

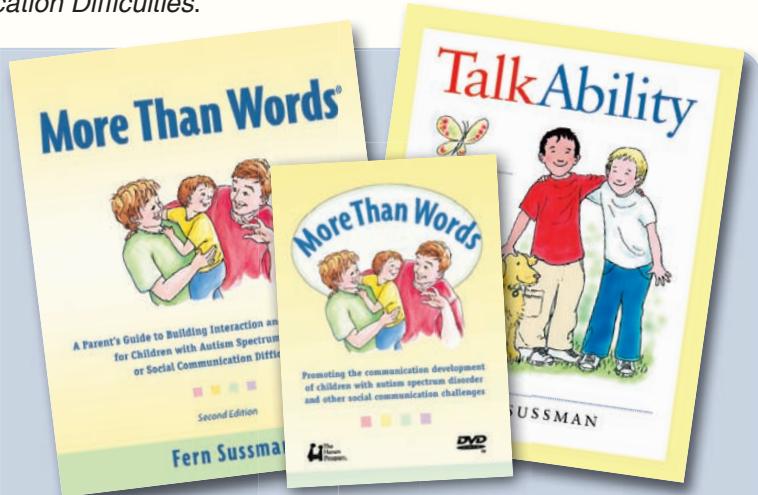
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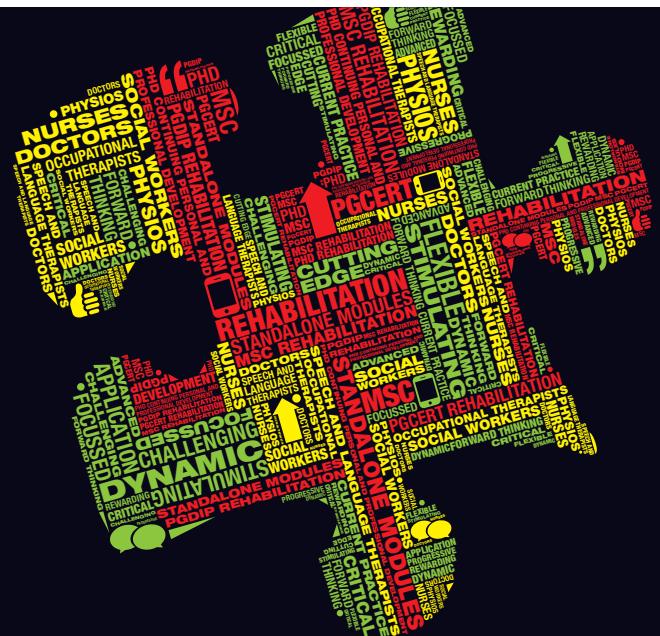
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Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituaries

Patricia Ann Le Prévost

1936–2012

Pat Le Prévost died peacefully on 4 February 2012 after a long illness. Her career began when she qualified from the Kingdon Ward School of Speech Therapy in London in 1958. She subsequently held general posts but worked for the Oxfordshire service for the longer and most significant part of her career.

As a chief therapist, Pat developed a cohesive team of committed therapists working throughout the district, with responsibility for meeting the communication needs of clients of all ages with learning disabilities – from pre-school through to adult training centres. Pat sometimes appeared rather formidable but underneath she was caring and understanding. She stood no nonsense but also knew the value of chocolate in times of stress.

Pat was an innovator and a pioneer of work with children with Down syndrome. She felt strongly that these babies could be helped by the use of sign language from an early age. It was a gut feeling at first and it started with one little girl and her family.

Pat explained to the family how the signs would be used simultaneously with their speech as part of their everyday lives. She taught the family the signs they needed as the little girl developed, and the child soon started to communicate with the signs herself. In fact, she surprised the ward staff during an unexpected hospitalisation by signing her needs at the age of about 10 months.

Before long, paediatricians were routinely referring to Pat, even when the mothers were still in the maternity wards. She would visit and offer her unwavering support, hope and expertise. It is perhaps indicative of Pat's innovative work that this first child, now 33 years of age, went to Pat's funeral and asked if she could speak and say what Pat had meant to her.

Pat started a playgroup for very young children with Down syndrome. This was initially in a caravan but the support for her work led to fundraising and the provision of a special 'portacabin'. These sessions were a joy to see. A manual with the appropriate vocabulary of signs, called 'See and Say',



was developed by the team and published for the families. Pat was a long standing supporter of 'Signalong' and an active member on their board of trustees.

Pat was one of the therapists invited by College to participate in the first Department of Health and Social Security funded posts in the early 1970s, to look at the role for an assistant grade in the profession. Pat's remit was to have an assistant working within her team. At the end of the year-long project it had been so successful that our authority agreed to continue the funding to retain the post.

Later, Pat was appointed deputy speech and language therapy manager. At the same time she retained her clinical specialism. She was generous in sharing her expertise with other therapists and staff in special schools and adult training centres, as well as participating in residential staff training programmes.

Pat was awarded a fellowship of College in 1988, during her career in Oxfordshire, and she went on to successfully complete her Master's degree.

Pat's skills and intuition made a significant difference to the quality of life of many. Our sympathies are with her two daughters and her four grandchildren. ■

"Pat was an innovator and a pioneer of work with children with Down syndrome"

Barbara Hull, Deborah Pugh and Sue Harris

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



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Specific Speech Impairment Southwest SIG

16 April, 1.30pm – 4.30pm

Room SF42, PAHC Building, UCP Marjons, Derriford Road, Plymouth, PL6 8BH. Contact: Julia Stewart, tel: 01752 636 700 ext 5644 or email: jstewart@marjon.ac.uk

SIG Community and Domiciliary (Adult Neuro)

18 April, 9.30am – 4.30pm

Rescheduled study day: 'Delivering aphasia therapy in the community'. Will include workshop from colleagues at UCL who are researching conversation therapy for agrammatism. UCL. Members free; non-members £10 (can be paid on day). For information and application form, visit: <http://sigdom.weebly.com>

Specific Speech Impairment Southwest SIG

18 April, 1.30pm – 4.30pm

Resource sharing – please bring along literature, research papers, assessment or therapy materials to share with the group. SF42, PAHC Building, UCP Marjon, Derriford Road, Plymouth. Email: jstewart@marjon.ac.uk

South East SIG in Deafness

18 April, 9am – 4.30pm

Study day and AGM. Geoff Plant: 'Rehabilitation materials for deaf children and adults'. Other speakers tbc. Graham Fraser Lecture Theatre, Royal National Throat Nose and Ear Hospital, 330 Grays Inn Road, London. WC1X 8DA. Annual fee £5; non-members £3. Email: emily.king@gosh.nhs.uk

Acquired Brain Injury in Children and Adolescents SIG

18 April, 9.30am – 4pm

'Transition back into school following acquired brain injury'. RCSLT, London. £15 (lunch not included). Email: hilary.eggleston@nhs.net

National SIG for older children and young people with SLCN

23 April, 9.30am – 4.30pm

Speakers will include Professor James Law, Dr Helen Stringer, Dr Victoria Joffe and Dr Courtenay Frazier Norbury. Will include AGM where we are hoping to nominate a new set of officers. Research Beehive at Newcastle University. Email: vjoffe@city.ac.uk

South West Neurology SIG

23 April, 8.45am – 4pm

'The practical implementation of mental capacity assessments'. Julia Barrell (MCA manager), Nigel Miller, Carys Holly, Sarah Fleming and Emma Rees (SLTs). Will include information on the Mental Capacity Act; examples of how SLTs carry out mental capacity assessments with different client groups (ALD, CVA, TBI); workshop on developing guidelines for SLTs to complete MCA effectively. Members free; non-members £8; assistants £6; students £4. Email: hannah.davies6@wales.nhs.uk

SIG for Cleft Palate and Craniofacial Anomalies (National)

25 April, 9.30am – 5pm

Study day: topics include: articulation apps and the Ipad; visual feedback therapy; one or two-stage palate repair?; experiences from early speech development; Beckwith-Wiedemann syndrome; speech and language outcomes in single suture synostosis: four-year audit. SIG day attached to the CFSGBI Annual Scientific Conference. Bristol

Marriott Royal Hotel, College Green, Bristol, BS1 5TA. Register at: www.craniofacialsociety.org.uk. Email: imogen.underwood@bch.nhs.uk or zoe.jordan@gstt.nhs.uk

email: Patreo.Woolard@southwarkpct.nhs.uk or tel: 020 3049 537

East Midlands SLI SIG

30 May, 10am – 4pm

'Understanding impairments in pragmatic inferencing: linking theory to therapy': Anna Collins, SLT, Bennerley Fields School, Stratford Street, Ilkeston, Derbyshire DE7 8QZ. Members free; non-members £6. Email: janet.morrison@dchs.nhs.uk or tel: 01629 823 721

AAC Scotland SIG

30 May, 9.30am – 3pm

"AAC: can it ever be effective?" keynote speaker, Dr Joan Murphy. Focus of day will be on implementation of AAC in real-life settings. Plus AGM. Auchterderran Centre, Tower Block, Woodend Road, Cardenden, Fife KY5 0NE. £30. To book, email: jane.donnelly@fife.gsx.gov.uk

Essex SLI SIG

30 May, 9am – 3.30pm

Maggie Johnson: 'Lost for Words'. Practical strategies to support vocabulary acquisition, concept development and word retrieval. Culver Centre, South Ockendon, Essex RM15 5RR. Cost for day plus autumn meeting, £28. Lunch available to order before seminar begins. Email: kfarro@nhs.net for booking form. Your place confirmed once payment received in advance

South East and London Stammering SIG

12 June, 1pm – 5pm (1 – 1.45pm reg and AGM)

'Creativity and humour: clinical application in stuttering intervention' Dr Joseph Agius, University of Malta and European Clinical Specialisation in Fluency Disorders. Relevant to those working with all children and adults. RCSLT, London. £15 for study day; annual membership £15 (includes two study days). Email: jo.lester@learningtrust.co.uk or tel: 020 8815 4255

East Midlands ASD (children) SIG

16 June, 9.30am – 3.30pm

Presentation and discussion re: Nice guidelines; summary of courses and conferences members have attended. Solution circles. Programme tbc. Park Hall Autism Resource Centre, Nottingham. £5. Email: mary.helme@chesterfieldroyal.nhs.uk or tel: 01246 514 513

Scottish SLT SIG Dysphagia

19–20 June

Paediatric VFSS: procedures, interpretation and treatment decision making. Dr Joan Arvedson, renowned researcher, clinician and lecturer, will present two-day seminar. Suitable for SLTs who do not carry out VFSS, but who wish to know more about when to refer, interpreting and reports, and impact on treatment planning. Heriot Watt University, Edinburgh. Early bird (before 30 April): members £200; non-members £250. General registration: members £250; non-members £300. Email: scotland.dysphagiasig@nhs.net

Aphasia Therapy SIG

16 May, 9.30am for 10am – 4pm

'Gesture in aphasia: assessment, therapy and new technological applications'. Speakers: Professor Jane Marshall, Dr Naomi Cocks, Dr Lucy Dipper, Anna Caute, Abi Roper. RCSLT, London. Members £10; non-members £30. Email: sarah.carrington@gstt.nhs.uk or tel: 020 7188 2522

Head and Neck SIG (North)

21 May (full-day meeting)

Multidisciplinary approach to dysphagia in head and neck cancer. Will include videofluoroscopy, including its use with laryngectomy. Speakers: SLTs Dr Jo Patterson, and Anne Hurren, and ENT consultant Mr Chris Hartley. Chesterfield Royal Hospital, S44 5BL. Email: juliet.swain@nhs.net

SIG Adults with Learning disabilities

London and Home Counties

21–25 May, inclusive. Follow-up day, 6 December

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We are a multidisciplinary service that provides highly specialist input for deaf adults who have complex mental health needs. People referred to our service use a variety of communication methods. These may include British Sign Language (BSL), spoken language or other means. Some clients may have limited or no formal use of language, learning disabilities and autistic spectrum disorders. When combined with any presenting mental health needs, this often means communication becomes complex and challenging.

Speech and Language Therapy has been an integral part of the adult deaf service for many years, enabling deaf and hearing colleagues in the multi-disciplinary team to understand and effectively support each client's unique communication through collaborative working. We place great value on the role and contribution of the Speech and Language Therapist to our multidisciplinary team.

We are currently seeking to recruit an enthusiastic, skilled colleague to join us and continue providing a highly specialised service, offering assessment, treatment, advice, recommendations and training to support our clients' communication needs. You will share information about each client's communication to support goal setting, care planning, social inclusion and recovery.

You will participate in clinical research and gathering an evidence base for effective approaches to support communication needs. In addition, you will also maintain links with local and national speech and language therapy clinical

networks and professional bodies, offer clinical training placements for speech and language therapy students and contribute to training sessions for students and professional colleagues from other disciplines.

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We are looking towards employing someone who has experience working with Deaf people and has good sign language skills. BSL training will be provided if the successful candidate does not possess signing skills.

For further information please contact Gill Taylor, Team Manager, Adult Deaf Community Team on tel: 020 8675 2100, Mobile: 07984 016374 or email: gillian.taylor@swlstg-tr.nhs.uk

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The Centre provides inpatient rehabilitation for people with traumatic brain injury, low awareness state, CVA and neuro-behavioural difficulties.

Your role would include managing cognitive communication disorders and assisting people to access community activities or return home after brain injury.

You will have at least 3 years experience of working with adults with acquired neurological disorders in an acute or rehabilitation setting. Continued professional development is actively encouraged and supported.

For an informal discussion or to arrange a visit regarding the position please contact Kay Forbes, Head of Therapy, Murdostoun Brain Injury Rehabilitation Centre on 01698 384055.

For role profile and application form, please contact Anne McGhee on 01698 384055.

Closing date: Friday, 20th April 2012

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giorgio.romano@redactive.co.uk

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We offer:

- Central London base
- Flexible hours
- CPD support
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- Term time only working

Long term commitment essential.

Contact **Zoe Urban** with CV and covering letter at:
zoe@speakeasylondon.com

www.speakeasylondon.com

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Therapists will be supported both locally and from the UK, with CPD provided by The London Children's Practice. The package includes secure and comfortable accommodation and flights. Short-term contracts considered.

Prior experience of working in the Gulf is desirable but not necessary.

Please submit an up-to-date CV with letter or email of interest.

For enquires and applications please contact **Jonathan Duffy**
Tel: 020 7467 9520
Email: jonathan.duffy@londonchildrenspractice.com

Closing date for applications: 1st May 2012



COME AND WORK IN SUNNY THAILAND



Special Needs and International Mainstream Schools

Start date: Mid August 2012

Mountain Smile special school near Pattaya, in collaboration with the Village International Education Centre, is looking for an enthusiastic, experienced Speech and Language Therapist. You will work with children at Mountain Smile School, which provides education to children with a range of complex needs, including ASD. You will also work with children attending international schools in the Pattaya area. We need someone who:

- Has experience working in schools
- Has experience of Makaton and PECS
- Is confident to work independently and develop this new service
- Can train staff to support children's communication development

Please email **Gemma Regan** at gemmaregan@rocketmail.com for more information or to submit CV.

www.village-education.com

www.mountain-smile.com

RCSLT jobs



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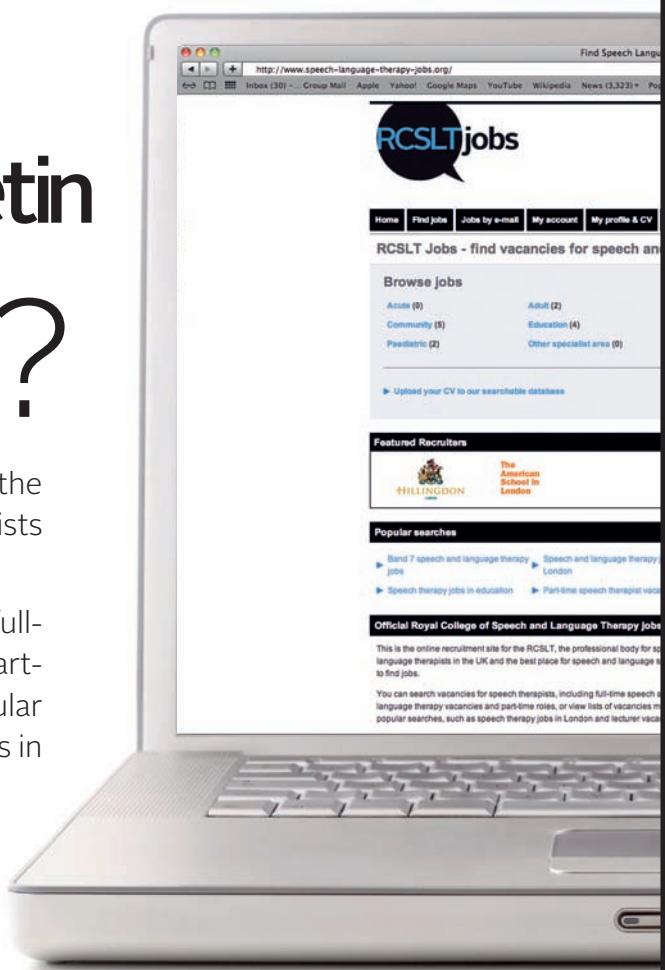
NEW JOB?

The official recruitment site for the **RCSLT**, the professional body for speech and language therapists in the UK.

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

Start your search today and visit

www.speech-language-therapy-jobs.org





CALLING

ALL RCSLT SPECIFIC INTEREST GROUPS (SIGS)

**Come to the RCSLT SIG Event, 22 May 2012,
11am – 3.30pm, City University London**

The RCSLT is inviting one representative* from every SIG across the UK to explore the challenges and opportunities in the context of austerity. Discussions will include:

- How can SIGs ensure they are seen to be an indispensable part of the future of the profession?
- What are the opportunities for SIGs to support service design and delivery?
- How have professional development needs changed and what are the SIGs' roles in light of these changes?
- How can innovative practice between SIGs and services be shared on a regular basis, particularly in contributing to and disseminating the evidence base?
- What resources, support and networks can the RCSLT provide to enable SIGs to meet current challenges and take advantage of opportunities?

Speakers, presentations and activities will inform discussion during the day. Full agenda to be confirmed.

BENEFITS OF ATTENDING

- Excellent CPD for you, as you consider the bigger picture and lead your SIG to become essential, effective and energised.
- You will be equipped with knowledge and best practice ideas that will benefit your service as well as your SIG. In arranging your attendance at this event, don't forget to schedule a feedback session with your team.
- Your SIG will be at the frontline of hearing latest strategic developments from the RCSLT.

DON'T WAIT FOR THE EVENT: START THE DISCUSSION

The RCSLT will provide each SIG with an online discussion and file-sharing forum (Basecamp) in advance of the event. This can be self-managed and we hope SIGs will find this a useful tool after the event for all their organising and planning. Email: cpd@rcslt.org to arrange this.

Attendees will receive 'take-away' resources, which we will also upload to Basecamp. Based on your feedback on how the RCSLT can support you in the day-to-day running of a SIG, these materials will help ensure every member of every SIG can benefit from this event. The materials will include advice on writing learning objectives, forms for event management, and best practice tips for recruitment and retention of SIG members.

NOTES

- A £10 deposit is required, made payable by cheque, at the time of booking. This will be fully refunded upon attendance at the event, by return of the original cheque. Terms and conditions apply; please see booking form for details.
- The timings of the event are designed to allow travel within a day from across the UK.
- * Although there are limited places, it may be possible for up to two members of a SIG to attend – please email us and let us know why this would be useful.
- If you believe your SIG will be unable to send a representative due to travel costs, the RCSLT may be able to provide some funding. Email your request for assistance to: cpd@rcslt.org before 20 April (including full details of travel) as we cannot consider applications which arrive after this date.

www.rcslt.org/news/events/forthcoming_events

Throughout 2012: Communication Matters Road Shows of Communication Aids

Cardiff, **23 April**; Scunthorpe, **25 April**; Glasgow, **15 May**; Liverpool, **22 May**; Newcastle, **19 June**; Northampton, **28 June**; London, **13 November (tbc)**. Book online: www.communicationmatters.org.uk/roadshows, email: admin@communicationmatters.org.uk

Lis'n Tell: live inclusive storytelling

For paediatric SLTs and associated professionals. Pioneering Care Centre County Durham DL5 4SF, Part 1: **14-15 June**. RCSLT, London, Part 1: **9-10 July**, Part 2: **27-28 September**. £250 inc. materials/certificates/lunches. Contact Louise Coigley, MRCSTL. Email: lfc@lisntell.com or visit: www.lisntell.com

25 April, Scunthorpe Communication Matters roadshow

An invaluable product demonstration day presented by leading suppliers of communication aids and other AAC products. See listing above for more roadshows in UK. Book online: www.communicationmatters.org.uk/roadshows, email: admin@communicationmatters.org.uk

27 April, How to deliver conversation partner training for friends and family of people with acquired brain injury

A one-day workshop run by specialist SLTs aiming to equip you with the evidence base and skills required to deliver this innovative and effective intervention. £140. Contact: amanda.d'souza@homerton.nhs.uk, tel: 020 8510 7967

30 April, 9.30am – 4pm, Southwest Autism SIG

Welcome to the new SW SIG and AGM. Greg Pasco, effectiveness of PECs; Sue Roulstone, research; Corinne Rees, attachment. The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ. £20 for membership or £15 for the day, £5 for lunch. Only 50 places. Contact: juliet.keighley@nbt.nhs.uk or slequesne@nhs.net

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. **30 April – 1 May**, Salford; **25-26 June**, London. Teacher/therapist teams welcome. £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1 May, SIG Adult Neurology (L7), 1.30 to 5pm

Professor Pam Enderby, University of Sheffield, 'Dysarthria – context, consensus and evidence-based practice' and 'Dysarthria – technology: its contribution to service provision and management'. The Lecture Theatre, 33 Queen Square, WC1N 3BG. Members free; non-members £10; students £2. Essential to reserve a place, email: siganmembership@gmail.com. Visit: <http://signeuro.weebly.com>. Membership enquiries: siganmembership@gmail.com

Elklan total training package for under-fives

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years, **2-3 May**, Salford; **27-28 June**, London. Teacher/therapist teams welcome. £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10 May, The Out-of-Sync Child

How sensory processing disorder affects learning and behaviour. Presented by Carol Kranowitz, author of The Out-of-Sync Child. Carlton Hotel, Dublin Airport, Ireland. To book, phone Sensational Kids +353 45 520 900. Download brochure from: www.sensationalkids.ie

15 May, 5pm to 7pm, SpLD SIG

'Working memory and its impact on learning in the classroom'. A stimulating, lively presentation by Alex Tate. Fairley House School, 30 Causton Street, Pimlico, SW1P 4AU. Members free; non members £8. Enquiries: patriciafisher@dsl.pipex.com

22 May, Enhancing communication skills for people with Parkinson's

Workshop on providing practical suggestions for improving areas of speech and writing. Suitable for any professional working directly with people who have Parkinson's. Email: nicky@conductive-education.org.uk for information or visit: www.cannonhill.org.uk

30 May, 9.30 – 3.30pm Using 'Shape Coding' to teach grammar to school-aged children with SLI

Susan Ebbels – Moor House School, Hurst Green, Surrey. £150. Contact Gill Crawford email: crawfordg@moorhouseschool.co.uk or visit: www.moorhouseschool.co.uk/shape-coding-course for further details

31 May, Dysphagia Day, Warwick

Dysphagia speakers/presentations including FEES, reflux, dysphagia menus and latest dysphagia products/therapeutic developments. Great opportunity for CPD and networking. £25. Email: rebecca.drinkall@swft.nhs.uk, tel: 01926 317 700 ext 7527.

11-12 June, Working with listening and auditory processing difficulties

Understanding, assessing, profiling and managing auditory processing difficulties. Two-day course for professionals working with clients with listening difficulties. Edinburgh. £275 (Early bird £250). Email: camilla@johansenias.com or tel: 0131 337 5427

13 June, Using inner speech to support behaviour and learning

Encouraging clients with developmental and acquired difficulties to develop and use their own voice to support thinking and learning. Edinburgh. £140 (Early Bird £125). Email: camilla@johansenias.com or tel: 0131 337 5427

15 June, Penhurst School PMLD study day

'Communication and PMLD – Looking to the future'. Keynote Speaker: Dr

Penny Lacey (Birmingham University), plus cutting-edge workshops, displays and more. Cost: £110. Brochure from: Naomi.Roberts@actionforchildren.org.uk. Tel: 01608 642 559. Early booking advisable

21 June, Social stories immersion workshop

Presented by Carol Gray at The Carlton Hotel, Dublin Airport, Ireland. To book, phone Sensational Kids +353 45 520 900. Download brochure from: www.sensationalkids.ie

21-23 June, PROMPT: Technique Workshop, Midlands

Focusing on technique and learning the four levels of prompting that support the broader, holistic philosophy and approach of PROMPT. A rare opportunity to access this training in the UK. Visit: www.eg-training.co.uk, tel: 01530 274 747

22 June, From kid-tastrophe to cooperation

How to teach students with ASD to read and interpret social context. To book, phone Sensational Kids +353 45 520 900. Download brochure from: www.sensationalkids.ie

25 June, Attention and listening in the early years, Cheshire

A group for facilitating the attention skills of young children through adapted songs and games. Open to all professions working with children in the early years. Visit: www.attentionandlisteningintheearlyyears.co.uk

25-26 June, Elklan total training package for verbal children with ASD

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

26 June Birmingham, 28 June London. Talking Mats® Training

These full-day workshops explore the potential of this communication framework in depth. Accredited training **3-4 May** Stirling. For course requirements contact Talking Mats: www.talkingmats.com, email: info@talkingmats.com or tel: 01786 479 511.

27-28 June, London, Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings. Teacher/therapist teams welcome. £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

2-6 July (five days), Paediatric Eating, drinking and swallowing course

SLT Sheffield. RCSLT Registered. + follow-up day: March 2013. Fee: £500, inc lunches. Course details available from: tory.paxman@nhs.net, tel: 0114 271 7617. Please email where possible.

12 July, Nasendoscopy scoping course for SLTs

A workshop with theory and practical sessions to help clinicians develop their skills at passing a scope. Useful for therapists working with voice and dysphagia caseloads. Northwick Park Hospital, Harrow. £120. Email: janine.ettiger@nhs.net or tel: 020 8869 2410

September, Fibroscopic endoscopic evaluation of swallowing

A one-day course for SLTs. Run by Quest Training in Birmingham. Further information and booking forms available from: www.quest-training.com or contact Jo Frost, email: jfrost@ukgateway.net

6-7 September, BAS Therapy Symposium, City University London

Don't miss this opportunity to focus on current practice in aphasia therapy and to explore new developments in the field. Join us for a range of clinical case presentations, posters, symposia, and novel therapy ideas five-minute speed presentations. Full fee £120; daily rate £80; student concessions. NB: you need to be a BAS member to attend the symposium (£20); £10 for students). For more information and to register, visit: www.city.ac.uk/bas-symposium

23-25 September, Communication Matters CM2012 National Conference

Leicester. Presentations and exhibition embracing a wide range of AAC topics, from practical concerns and personal experiences to the latest research and developments in AAC. Contact: Communication Matters 0845 456 8211, email: admin@communicationmatters.org.uk, visit: www.communicationmatters.org.uk/conference

5-6 and 7-8 November, TalkTools

A three-part treatment plan for oral-motor therapy. Level one: general introduction to the programme. TalkTools: Level two; oral-motor therapy: assessment and programme plan development. Level two: indepth assessment and management. Visit: www.eg-training.co.uk, tel: 01530 274 747.



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Rosalyn Addai

OCCUPATION: NQP, LEARNING SUPPORT ASSISTANT WITHIN MAINSTREAM PRIMARY SCHOOL AND RELIEF BANK SUPPORT WORKER AT THE CAMDEN SOCIETY

“Remaining resilient, passionate and self-motivated is essential, if we NQPs are to overcome the challenges faced within this profession”

t is 11.25am. I open my email inbox. To my surprise, I discover I have a message waiting for me. It happens to be from a local NHS trust. Eagerly, I log onto my NHS account to read what I hope will be an interview invitation. However, this is not the case. As I read the message, my eyes fix on the final paragraph: ‘Due to the overwhelming number of applications received for this vacancy, you have not been shortlisted on this occasion...’

These words echo inside my head. I am back to square one again. I dread the thought of again searching for newly-qualified posts, poring over CVs and personal statements, along with anxiously awaiting the outcome of my applications.

How can one sentence dramatically diminish my self confidence within seconds? Although, I have secured two interviews in the past, I am disappointed that I have been unable to obtain more. I begin to question myself: ‘What is wrong with me?’ The employers are not exempt from my questioning: ‘Don’t they know how much effort and time I spent perfecting this application?’ and ‘What were their exact reasons for not shortlisting me?’

After an insightful conversation with my careers adviser at City University London, I decide it is time to change my strategy. I am going to be more open-minded and flexible during my job search. I am going to look for voluntary placements as well as paid opportunities. Voluntary work



will enable me to use my clinical skills, while gaining valuable work experience related to the speech and language therapy profession.

In October 2011, I secure two voluntary positions. The first is supporting children with severe learning disabilities, profound and multiple learning disabilities, and autistic spectrum disorders within a specialist secondary school. The second is with The Camden Society as a support worker, where I support adults with learning disabilities. As a volunteer, I am given access to a range of training opportunities, which contribute towards my continuing professional development.

While volunteering in both settings, I apply for paid work related to the speech and language therapy profession. In November 2011, I finally secure a learning support assistant post within a mainstream primary school. I am ecstatic to receive

this job offer. It not only makes use of my clinical skills but also signals an end to my stressful job hunt.

At present, I really enjoy supporting and delivering indirect speech and language therapy interventions to a Year 1 child with high-functioning autism. This role has also deepened my understanding of the primary school curriculum. Furthermore, I am able to develop my teamworking skills, through collaborating with classroom teachers, special educational needs coordinators (including SLTs) on a daily basis.

Alongside this, during school holidays and weekends, I work as a relief bank support worker at The Camden Society in different environments (such as community, respite care and employment settings). In particular, I feel that this role has enhanced my ability to work independently and flexibly.

So what have I learnt so far as a newly-qualified SLT? A flexible approach will play a vital role in securing my first qualified post, especially in such a difficult economic climate. My undergraduate degree in linguistics and postgraduate speech and language therapy qualification has equipped me with valuable and transferable skills. These skills can be used in different contexts, allowing me to maintain and develop my clinical skills. Finally, remaining resilient, passionate and self-motivated is essential, if we NQPs are to overcome the challenges faced within this profession. ■

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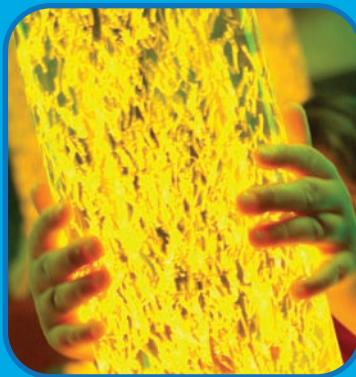
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- **Hear leading professionals and high profile parents** discuss the latest research, helpful strategies and their personal experiences in the Autism Matters Theatre. Speakers include Professor Simon Baron-Cohen, Kathy Lette and Anna Kennedy
- **Listen to the experiences of individuals on the autism spectrum** in the Autism Talks in association with the Autistic Rights Movement
- **Access confidential professional advice** in the 1-2-1 Clinics
- **Gain a better understanding of autism** and the needs of individual pupils on the spectrum in the AET Training Hub Theatre for professionals working across all education settings for pupils aged 5 -16 years
- **Discover 100s of specialist products and services**
- **Be inspired by the Step in the Right Direction Dance session** supported by Pineapple Arts and acts from across the country performing in Autism's Got Talent @ The Autism Show all in association with Anna Kennedy Online
- **Explore the many interactive features** including the BIC Art Zone, the Sensory: Inside-Out feature created by Rompa and Timotay Playscapes, the NAS Photography Competition Exhibition, the Research Zone in association with Autistica and the Quiet and Sensory Rooms created by Mike Ayres Design

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