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DUE TO BE PUBLISHED APRIL 2006

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CONTENTS

4 Editorial and letters

8 News: Top-level talks confirm AHP role in white paper; AfC: a level playing fields or slippery slope? Heath Foundation award will help people with aphasia and more

14 Obituary: Jayne Comins

16 Ros Herman and colleagues discuss a specialist sign language assessment resource

18 Usha Marawaha and colleagues talk about their experiences of working with hearing-impaired bilingual children and their families

20 Lisa Dobraszczyn describes an initiative that helps parents to encourage their children towards life-long learning

22 Professional issues: CPD online: make a date for your diary

24 Any questions: Your chance to ask your colleagues and share your knowledge

25 Reviews: The latest books and products reviewed by SLTs

26 Professional issues: Alison Hodson explains what you need to know when dealing with registered patients or talking to non-patient groups

27 Specific Interest Groups: The latest meetings and events around the UK
I have two major pieces of news for you this month

The first concerns the imminent launch of the RCSLT’s new online continuing professional development diary system and CPD toolkit during April.

As you will see on pages 22 and 23 of this month’s Bulletin, the new system, which replaces the old paper based ‘log’, has been through its testing phase and will soon be ready for you to use.

From the feedback we’ve received from the 150 members who have used it so far, we’re confident that you will find the online system a much easier way to record your CPD activities.

We will feature more about this exciting development in the May Bulletin.

I’d also like to draw your attention again to the RCSLT conference, Commissioning a Patient-led NHS: what does it mean for you? in London on 27 April.

In light of the developments proposed by the white paper, Our Health, our care, our say, it is imperative that SLTs and other allied health professionals know what is planned in relation to patient-led commissioning.

This conference will help you to support delivery of the new commissioning agenda. Specifically, it will help you better understand commissioning, payment by results, the options and costs/benefits for different provider models, workforce planning and Connecting for Health.

The RCSLT has arranged for top-level speakers to address the conference and will provide you with a great opportunity to ask the panel about your issues of concern.

Places are going fast, so if you haven’t booked your place yet, do so today. Visit: www.rcslt.org/april27

And after the event, you’ll be able to enter the conference into your new online CPD diary.

Steven Harulow
Bulletin Editor
email: bulletin@rcslt.org

LETTERS

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)

Mental health SIG website
We have recently received many enquiries about setting up speech and language therapy services for individuals with mental illness. As a result, we would like to alert RCSLT members to our SIG mental health website: www.mentalhealthsig.co.uk

Further to our successful study day on 31 January 2006, we hope to include additional information on this topic on the website, including for example: a collation of the assessments available for working within this client group by Jan Roach, St Andrews Hospital; a study led by Dr Irene Walsh, Trinity College Dublin, reporting on the pathway to the setting up of such a service in Ireland; and work by Fiona Williamson on the role of speech and language therapy assistants in mental health.

To defray our costs in providing this information and to allow us to gauge the interest in this area, we will provide a password, upon receipt of £10, that will enable you to access a large body of information on the SIG mental health website.

The money should be sent to Helen Clarke, SLT, Speech and Language Therapy Department, Hawthorn Lodge, St Margaret’s Hospital, Epping, Essex CM16 6TN.

Our next study day will be in Nottingham on 15 June, 2006, and will include a large number of presentations on therapeutic approaches of speech and language therapy in mental health.

We will advertise the study day in the Bulletin and on our website in due course.

SIG Mental Health Committee

Valuing our SLTAs
I read with interest the letter ‘Equal banding for SLTAs’ (Bulletin, January 2006, p4), in which newly-qualified therapists (NQTs) protested at having been given the same banding as assistants.

As an NQT, I was supported and encouraged in my new job by speech and language therapist assistants (SLTAs). My limited time on clinical placements could not match their years of experience in working with clients, carers and parents.

Whereas an NQT can move up through the AFC spine points relatively rapidly, Band 5 is the top of the pay scale for an SLTA.

Placing experienced SLTAs and NQTs on the same banding does not devalue the academic qualifications of the SLT. Rather, it recognises the importance of the practical knowledge and skills that SLTAs have acquired over time.

Liz Boardman
SLT, learning disabilities
Cornwall Partnership NHS Trust
**LETTERS continued**

**Assistants are not a threat**

Senior SLTAs employed by Walsall Teaching PCT have been assimilated onto Band 5 following Agenda for Change (AfC). As members of the team, we would like to clarify why we believe this grading to be appropriate and fair.

There is no confusion here about the role of the SLTA since the banding reflects the development of additional clinical skills and qualifications. All of the senior assistants have a minimum of 10 years’ experience in speech and language therapy and all have skills that could not be immediately replaced by an NQT SLT, for example, a Makaton local tutor and a bilingual specialist.

This has been underpinned by the Department of Health's (DH) human resource strategy and, in particular, the concept of the Skills Escalator. Working collaboratively with SLTAs should not be viewed as a threat to our career structure or to SLTs’ professional qualifications, since the two roles complement each other effectively and will inevitably lead to an area of overlap in pay and conditions.

SLTAs make an invaluable contribution to the team in a range of ways. They demonstrate holistic working and advanced interpersonal skills, drawing from many work environments. SLTAs are required to meet the competencies specified in the DH’s Knowledge and Skills Framework, which includes a level of autonomous working and responsibility in liaising with other professionals, parents and carers.

The debate about the structure of the profession should be based not on the future of assistants but on the recognition of specialist and management posts, which, nationally, have not been reflected in AfC.

This letter was compiled by representatives from all bands including both SLTs and SLTAs.

Elizabeth Wassall, principal SLT
Jayne Sedgewick, senior SLTA
Walsall Teaching PCT

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**SLTAs: tell us your AfC experiences**

As a group of STLAs from mid-Sussex, we were interested to read the letter ('Equal banding for SLTAs' Bulletin, January 2006, p4). Some of us have been employed for well over 10 years and have completed a very intensive two-year in-house training course and were at Level 3 Technical Instructor (TI) grade. Under Agenda for Change (AfC) we have been assimilated onto Band 3. However, the neighbouring trust’s assistants (TI3) have been regraded to Band 4. This shows the huge anomalies that appear to have occurred with AfC: the SLTAs referred to in the letter were given Band 5.

We realise that this must be of concern to newly-qualified therapists (NQTs); however, some assistants are highly trained and skilled, work alone and have a high level of clinical knowledge, as well as offering lots of support to NQTs. These skills ought to be reflected in their grading. We would be interested in seeing a copy of the SLTAs job description referred to in the letter.

We believe the problem is compounded because nobody knows the true numbers of SLTAs employed, their skills or exact jobs. If any other STLAs would like to contact us about this issue, please do. We meet twice a year in the Surrey/Sussex area, and have a clinical focus for one meeting and a general agenda for the other.

We find the networking invaluable and welcome any new members. Our next meeting is on 26 April in Croydon. Please email: cmorgan@wsgfl.org.uk for more information.

Carole Morgan
On behalf of the group

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**Realising the Vision**

10-12 May 2006
University of Ulster at Jordanstown, Northern Ireland

Book your place now for the speech and language therapy conference of 2006

Realising the Vision will explore new and challenging ways of working within a rapidly changing and increasingly diverse health and social care system.

Delegates will be able to choose from a packed programme of over 80 oral and 80 poster presentations.

The conference will share a vision of the models of care and practice in an evolving NHS and explore, in various specialities and traditions, the clinical, management and research issues currently at the forefront of the profession. This will impact on the scope for future change and developments likely to affect everyday practice.

The RCSLT will also launch Communicating Quality 3 on 12 May.

For further information, contact the University of Ulster’s Continuing Professional Development Unit. Tel: 028 9036 6680 or email: cpdu@ulster.ac.uk or visit the conference website via the RCSLT homepage (www.rcslt.org)

Over 300 delegates already confirmed: book your place before it’s too late
LETTERS continued

A disproportionate response

I agree with Kevin Borrett’s remarks (‘HPC Over-Zealous’, Bulletin, January 2006, p4) about the Health Professions Council’s (HPC) response in cases where re-registration applications go astray, or SLTs fail to re-register.

A senior colleague had exactly this happen to her. Although she is a therapist with more than 20 years’ experience, holds a senior post in a tertiary/Tier 4 service, and is known both nationally and internationally for her expertise, she found herself in the horrendous position of not being registered and thus unable to work.

This meant serious difficulties for the families attending the specialist clinics where she played a key part, and which they had been waiting to attend for some considerable time.

It also caused great personal distress, and I understand that her name will now be on a list of SLTs who have attracted disciplinary procedures.

This is a bizarrely inflexible and disproportionate response from the bureaucratic machine into whose coffers we all have to pay, like it or not.

Might I suggest an alternative approach? There should be a telephone number so that SLTs in this invidious position can contact the HPC and explain the problem. If the HPC has the appropriate database (which, of course, it should), they can access this and look at the individual SLT’s history.

In my colleague’s case, it would have been obvious that what had happened was an oversight or an error on the part of the HPC, and that she should be allowed to practise.

I suggest that in the circumstances, the HPC representative should be empowered to issue a temporary registration with immediate effect. This, for example, could be valid for one-month, while the problem is sorted out.

Martin Smedley
Paediatric principal SLT, Guy’s and St Thomas’ NHS Foundation Trust

Editor’s note:
RCSLT CEO Kamini Gadhok and Head of Professional development Sharon Woolf met with HPC CEO Mark Seale and President Norma Brook in January to discuss, among other items, the issue of registration and renewals.

At the meeting the HPC acknowledged there had been difficulties with the registration renewal in 2005. The HPC emphasised that during the renewals period their staff cannot handle more than 500 calls a day. Many problems arose because documents had been completed late and the HPC was unable to process them before the deadline. Some registrants had sent one cheque to cover the registration for three people. This did not fit the HPC system. One cheque or direct debit per registrant is essential. If HPC registrants do not complete their renewals documentation or if there are inaccuracies that prevent the registration from being completed, the HPC will report deregistration to human resource departments and NHS trusts.

Commissioning a patient-led NHS: what does it mean for you?

An essential conference for all allied health professionals

27 April 2006, Holiday Inn, Regents Park, London

Find out about the big issues:
System reform: Kay East, Chief Health Professions Officer
Commissioning: Heather Wicks, Head of Commissioning and Service Redesign, Oxford City PCT
Payment by results: Noel Plumridge, former NHS Finance Director
Different provider models: Jo Webber, NHS Confederation
Workforce planning: Judy Curson, National Workforce Review Team
Connecting for Health: Jan Laidlow, Connecting for Health AHP Clinical Lead

Listen to these key speakers
Have your say on this important topic
Network with your health, education and social care colleagues
Take away essential learning to help you develop your role

Great value: £65 for RCSLT members and £110 for other allied health professionals

Visit: www.rcslt.org/april27 for more information and to book your place online
Members of the Allied Health Professions Federation (AHPF) held high-level talks with NHS Chief Executive Sir Nigel Crisp on 14 February.

The meeting, held shortly before the announcement of Sir Nigel’s resignation, discussed how the AHPF and AHPs can support the development of the white paper, Our health, our care, our say.

RCSLT CEO Kamini Gadhok and Head of Policy and Partnerships Nick Smith represented the speech and language therapy profession.

According to Kamini, the meeting was extremely constructive and showed how, by acting as a single unit with shared goals, allied health professional groups could work together to attract ministerial attention.

“The meeting helped raise the profile of SLTs and other AHPs with senior Department of Health (DH) contacts as well as strengthening the RCSLT’s relationship with other AHP bodies,” Kamini said.

Kamini informed Sir Nigel that the RCSLT was keen to ensure its conference, Commissioning a Patient-led NHS, on 27 April (see box below for details on how you can book your place).

The AHPF explained to Sir Nigel how its members can help implement the white paper. Initiatives already underway include the use of practice-based accreditation and audit tools to support benchmarking and quality, and closer working with the NHS Confederation to produce a briefing on the implementation of the white paper.

“AHP roles are also key in care pathways for people with long-term conditions; children; older people and people with mental health problems and learning disabilities, as well as in reducing inequalities and supporting access for marginalised groups and minimising social exclusion,” Kamini Gadhok said.

“The role of AHPs is unique, as they often are solely responsible for the delivery of the whole care pathway from assessment to diagnosis to treatment, ensuring appropriate and personal care at every stage.”

The delegation informed Sir Nigel that it felt further discussion needed to take place on charging structures and patient choice, because of the complexity of care involved in the community.

“We are keen to ensure that charges for care in community settings are set correctly and take account of the rehabilitation/social model of care,” said Nick Smith.

“In recent weeks the DH has withdrawn the national tariff for payment by results, which was due to go live in April, because of ‘underlying errors in the calculation’.”

Sir Nigel recognised that the DH needed to review the information on charging structures and ensure they were workable. He suggested that the AHPF works through Chief Health Professions Officer Kay East to inform the work on tariffs.

He also acknowledged that the AHPF needed to “grab the moment” and welcomed AHP involvement at this time of great change in the NHS.

RCSLT CEO Kamini Gadhok: “The meeting helped raise the profile of SLTs and other AHPs with senior DH contacts”

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**Commissioning a Patient-led NHS: what does it mean for you?**

**27 April, Holiday Inn, London**

An essential conference for all allied health professionals

Great value: only £65 for RCSLT members and £110 for other AHPs

Top-level speakers will include:

- **System reform:** Kay East, Chief Health Professions Officer
- **Commissioning:** Heather Wicks, Head of Commissioning and Service Redesign, Oxford City PCT
- **Payment by Results:** Noel Plumridge, former NHS Finance Director
- **Different provider models:** Jo Webber, NHS Confederation
- **Workforce planning:** Judy Curson, National Workforce Review Team
- **Connecting for Health:** Jan Laidlow, Connecting for Health AHP clinical lead

Book your place now, visit: [www.rcslt.org/april27](http://www.rcslt.org/april27)
Communication Forum launches School Talk

The Communications Forum formally launched its School Talk programme on 1 March at the RCSLT headquarters.

Developed with generous funding from the Health Foundation, School Talk aims to use a training package and DVD to facilitate the inclusion of children with a communication disability at Key Stage 2.

The programme of one-day training events, disseminated by children’s communication charity ICAN, will facilitate large-scale training of mainstream staff, including teachers and teaching assistants, and SLTs across whole areas.

Speaking at the launch, project evaluator Professor James Law, Director of the Centre for Integrated Healthcare Research at Queen Margaret University College, Edinburgh, introduced the project.

“What I’ve found is that when you put people from different professional groups in the same room, they all recognise the children; they just call their behaviour different things,” Professor Law said.

“We’ve tried to make the School Talk product as jargon-free as possible and I hope the DVD will provide a common language for people to talk about what they are doing.

“We’ve ended up with a product that is an end in itself; what I hope is a really good teaching activity. What I hope is going to happen is that the children will effectively teach the therapists and the teachers to talk to each other.”

The box below outlines the remaining dates and venues for 2006. Contact ICAN, email: training@ican.org.uk or tel: 0845 225 4073 for details.

Report calls for more specialist MS therapists

A lack of multiple sclerosis (MS) specialist therapists could prevent NHS trusts from meeting the targets set in the National Service Framework (NSF) for long-term conditions, according to a new MS Trust report.

Therapists in MS – Delivering the Long-term Solutions argues that MS specialist therapists will have to take a greater role if National Institute for Health and Clinical Excellence (NICE) MS guidelines are to be successfully implemented.

The NICE guidelines call for commissioners to ensure specialised neurological and neurological rehabilitation services are available for all MS patients when needed.

The report details widespread differences in the availability of specialist therapists remain, and says just 100 suitably-qualified SLTs, physiotherapists and occupational therapists currently work in the UK.

Published in March 2005, the NSF for long-term conditions outlines 11 quality requirements, which aim to improve patient outcomes and reduce emergency bed days that must be implemented by 2015. Therapists in MS says that by providing specialist therapists, trusts can achieve all of these targets.

The report identifies four key proposals for change:

- Commissioners should work with service users and specialists to increase access to specialist therapists
- All inter-disciplinary teams should have specialist therapy input
- Models of service delivery should fit the local need but a ‘hub and spoke’ model advocated by the Calman Report may be adequate
- Specialist therapists should provide an effective bridge between health and social care services

Visit:: www.mstrust.org.uk/therapistsinms
Develop your skills on the RCSLT Council

Following the end of the present councillors’ terms of office, the RCSLT has four country councillor vacancies – for England, Scotland, Wales and Ireland

This is a great opportunity for dynamic members to stand up and make a difference in their country of employment, promote the interests of the profession and influence those in power.

RCSLT Chair Professor Sue Roulstone says the country councillor vacancies come at an exciting time in the development of the RCSLT.

“The new RCSLT structures (outlined in the March Bulletin, pp13-16) mean that the new country councillors will receive a great deal of support from the RCSLT Policy and Partnerships Team, the country policy officers and the new CRM Team,” adds Professor Roulstone.

Country councillors’ responsibilities include:

- Representing RCSLT members resident in their country at Council
- Attending Council meetings four times per year, usually in London, and other meetings as required
- Acting as an RCSLT ambassador with members
- Promoting the interests of the profession and its clients to the general public and other key decision makers in their country
- Council members provide strategic direction, set overall policy and ensure the efficient administration of the RCSLT. As trustees, councillors also safeguard the assets, good name and ethos of the organisation.

In addition to its legal, financial and managerial role, the Council provides professional leadership to influence the strategic direction of the profession. It considers issues of concern raised by the RCSLT membership and decides what action the RCSLT will take in response.

What are the benefits of being a country councillor?

The role provides excellent professional development opportunities to improve your skills in leadership and project management, as well as communication and influencing skills. You will also be able to network with other therapists across the UK and get experience in working with government and charitable organisations. The role gives you a unique opportunity to influence the strategic direction of the profession.

Will I be paid?

No, but you will be reimbursed for any travel and other reasonable out-of-pocket expenses, for example accommodation, if necessary, for attending meetings at the RCSLT headquarters in London.

Will Council work take up much time?

This varies. Councillors should allocate approximately two days a month to undertake the role.

Terms of office

Country councillors are elected by RCSLT members in their country of representation. The terms of office for the Councillors for England and Wales are from the date of election to the annual general meeting (AGM) in September or October 2007. For the Councillors for Ireland and Scotland, the terms of office are from the September AGM 2006 to the AGM in September or October 2008. The present Councillor for Scotland, Kay Fegan, is eligible and willing to stand for a second term of office from 2006-2008.

For an application and information pack for the country councillor positions, contact Bridget Ramsay
Email: bridget.ramsay@rcslt.org
or tel: 0207 378 3001. The deadline for completed applications is 28 April 2006

PDS research grants

The Parkinson’s Disease Society (PDS) has introduced ‘fast track’ project grants of up to £10,000 to encourage healthcare professionals to conduct research that may lead to a better quality of life for people with the condition. The grants will fund research into practical improvements for the lives of people with Parkinson’s and their carers; research examining the progression and delivery of healthcare; and pilot projects, which may lead to a subsequent application for a full project grant or PDS fellowship. Visit: www.parkinsons.org.uk

SNIP in Scotland

The Special Needs Information Point (SNIP) is a parent-led voluntary organisation working to support children, young people and families in Scotland. It gives free information, advice and support to parents, carers and professionals via telephone and features useful information on its website. SNIP also works with the Scottish Executive Education Department to influence policy. Visit: www.snipinfo.org

Getting prisoners talking

Courses in oral communication and thinking skills can improve prisoners’ quality of life in custody and significantly reduce their likelihood of re-offending, according to research from the Learning and Skills Development Agency.

Developing oral communication and productive thinking skills in HM prisons, says that oral communication courses have proved particularly beneficial for repeat offenders, those with shorter sentences and those with a high risk of reconviction. Visit: www.lsda.org.uk/pubs

Clarification

We would like to point out the opinions expressed in Jacqui Wright’s article ‘Cracking the literacy puzzle’ (Bulletin, March 2006, p18-19) were made in her capacity as an independent SLT and not as an employee of Bedfordshire Heartlands PCT.
AfC: a level playing field or a slippery slope

Debby Rossiter reports on her research into the effect of the Agenda for Change (AfC) pay banding process on SLTs working in English trusts

In view of the successful 2000 regrading process, the profession was concerned that the new AfC pay bands would have a detrimental effect on pay and conditions. This concern increased with the publication of the first set of speech and language therapy profiles that lacked clinical progression beyond Band 7. The RCSLT and Amicus worked successfully with the Department of Health to increase the range of profiles. The RCSLT also agreed to establish a database to monitor AfC results.

We received results from 85 English trusts, although some are incomplete. Of the 85 trusts, 31 are within London, 19 from the south of England and 35 from the midlands and north. Posts were based on a head count and the data represents 2,536 full- or part-time posts.

Senior posts
The most senior clinical expert and managerial posts, previously graded at 37-41 and Bands 4/5, extend the range still further. One post, previously deemed worthy of a 37-41 grading, has been matched at Band 6, while old Band 4 posts have come out at Bands 7-8C, with a stunning potential pay differential of £25,000. At this level, post holders on protection increase significantly to 28%, and 31% are appealing.

The London effect
The one major exception to this is the ‘London effect’. A comparison of the pre-AfC pay spine, shows that in general, London trusts did better in the 2000 regrading. AfC results have compounded this inequality. Compression down the spine has been far more marked outside London; 40% of posts outside London now lie within Band 7.

One reason for the breadth of results has been the variability of the matching process. Some trusts insisted job descriptions were unrevised, while others accepted redrafting related to AfC dimensions. Managers and staff were encouraged to provide information to varying degrees and this information seems to have been weighted differently by different matching panels.

The ‘level playing field’ promised under AfC has developed a distinct slope and may for a while prove very difficult to play on. Has AfC been the major disaster originally predicted? The wider picture suggests not entirely, with some trusts and groups of staff moving to an improved position and others maintaining their status quo.

Keep sending in your data
A clearer national picture will emerge when the process is completed in the devolved countries. It is therefore important, that services continue to provide the RCSLT with information and, for those who have already sent in data, the follow-up results of appeals. Email: jo.offen@rcslt.org

The wider picture suggests not entirely, with some trusts and groups of staff moving to an improved position and others maintaining their status quo.

“Has AfC been the major disaster originally predicted?”

Even with the differences present pre- and post-AfC, the overall evidence is for a significant reduction in SLTs pay at the upper end of the spine. Pre-AfC bandings divide between 74% at Bands 1 and 2 and 26% at 3 and 4. Post AfC, 79% of posts are at Bands 5-7 and 21% at 8A-9.

Data analysis shows the breadth of speech and language therapy services, and how differently they may be organised. Combined with the degree of variability, this makes it difficult to identify clear trends. Large combined trusts, particularly in London, have a greater percentage of posts Banded at 8C-9. Acute trusts have more clinical specialist/consultant posts matched within Bands 8A-D. Smaller adult or paediatric services have suffered, with some managerial posts moving from Band 4 or capped Band 4, to 8A.
Health Foundation award will help people with aphasia

An SLT in Newcastle upon Tyne won a major award last month to carry out research aimed at improving the quality of care for people with aphasia.

Anne Whitworth (pictured), a senior lecturer and director of clinical education at the University of Newcastle upon Tyne, won a £138,145 Leading practice through research award from the independent charity, The Health Foundation.

Her winning project, which will start in September and run for two years, will develop a range of effective therapies for people with aphasia. It will evaluate the ability of different strategies to improve language processing skills, and will focus on 20 people who have difficulties in understanding or combining words into sentences.

Anne will collaborate with regional SLTs to carry out assessments and intervention with these patients. She will also receive personal development training to enhance her leadership skills.

“I am delighted with the award,” Anne said, “It will allow me to test out hypotheses concerning how language is impaired in the event of neurological damage. It will show whether different underlying deficits respond differentially to specific therapies.”

The study will examine several theoretical issues around how sentences breakdown in aphasia and how the real-life impact of therapy can be central in both shaping therapy and measuring its success. The study will highlight patients’ specific communication needs and their real-life goals.

Anne added that the project will also make a major contribution to aphasia research and empower other professionals to improve the service they provide patients.

For more information on the awards, visit: www.health.org.uk

Speech and Language Therapy Week feedback winners

The winners of our prize draw (see February’s Bulletin Supplement, p2) for submitting feedback on the RCSLT’s Speech and Language Therapy Week are:

Angela Abell, Welshpool, London
Sarah Austin, Ealing, London
Kay Brownsworth, Tipton, West Midlands
Angela Grant, Bude, Cornwall
Mary Woodall, Welshpool, Wales

A copy of one of the latest books published on speech and language therapy is on its way to each of them.

Our thanks to everyone who sent in a questionnaire with feedback. The response on the week was generally very positive, with many of you feeling it really helped to raise the profile of the work SLTs do, both to internal audiences within your organisation and to the general public, and that it also helped raised staff morale.

The feedback brought lots of useful suggestions on how we could improve the Week, such as needing more resources (especially on how to plan events) and that you needed more time to successfully plan activities.

The RCSLT Council will look at the results of 2005’s activities and decide on the frequency and format of future events.

NEWS IN BRIEF

Foundation trusts developments

The Government has given its support to 18 NHS trusts seeking to apply for foundation status including, for the first time, five mental health trusts. Their applications will now go forward to be decided by Monitor, the independent regulator of NHS Foundation Trusts. Visit: www.monitor-nhsft.gov.uk

New cancer service

Macmillan Cancer Relief is funding a new service offering telephone and email support to cancer and healthcare professionals, learning disability staff or carers of cancer patients with learning disabilities or palliative care needs. The project follows studies that show this group of patients miss out on vital information and support because they have additional needs. Visit: www.macmillan.org.uk/news

Feeding and cleaning

The National Patient Safety Agency has announced the appointment of Evelyn Ogilvie as head of nutrition and cleaning to take forward the agency’s new responsibilities in implementing work on cleaner hospitals and improving nutrition. Evelyn has 20 years’ experience of working as a dietitian in a variety of settings and roles within the NHS. She has also led the nutrition policy development at Prison Health for the past 18 months. Visit: www.npsa.nhs.uk

ERIC’s new number

The national charity, Education and Resources for Improving Childhood Continence, (ERIC) has launched a new phone number for its confidential helpline service. The helpline provides information and support on childhood bedwetting, daytime wetting, constipation and soiling to children, young people, parents/carers and professionals. It is open weekdays, 10am - 4pm, and will now only cost local rates if dialled from a landline. Tel: 0845 370 8008.
It’s RCSLT honours time again

For the past 61 years, the RCSLT has given annual honours awards. To date there have been nearly 300 recipients.

Anyone who meets the entry criteria, from a newly-qualified therapist to an individual with many years of experience, can collect an honour.

There are three categories of award:

**Honours**

Given in two categories:
- For distinguished service to the RCSLT, for example as a member of Council, or for representing the RCSLT with other professional and allied organisations
- To acknowledge excellence in service to the benefit of others, for example a member of a specific interest group, or as an outstanding clinician

Honours recipients can include the initials Cert MRCsLT Hons after their names.

**Fellowships**

Given to members for outstanding scholarship, in areas such as research and publishing; teaching; clinical expertise or management. Members can use the initials FRCSLT after their names.

**Honorary Fellowships**

Given to non- and overseas SLTs who have contributed outstanding services to the profession can receive these awards. There are three categories:
- For distinguished service to the RCSLT, for example assisting in policy or liaising with other professional organisations on behalf of College
- For distinguished service in promoting the profession, for example in the charitable sector or to the public
- For distinguished service in, for example, research, teaching or clinical practice

Award winners can use the initials Hon FRCSLT after their names.

An honours committee discusses the nominations and make recommendations to the RCSLT Council in early summer. The Council decides on the year’s recipients at its summer meeting.

**Your chance to win the 2006 Sternberg award**

The RCSLT is seeking entries for this year’s £1,000 Sternberg Award for Clinical Innovation

RCSLT senior life vice president Sir Sigmund Sternberg established the award in 1996 because, as he says, he is “a great believer in awards”.

In 2005 there were two award winners:

Anne Hurren, chief SLT at Sunderland Royal Hospital for her work, in collaboration with consultant medical physicist Bill Allen, and consultant ENT surgeon Peter Samuel, on the development of the Sunderland Air Pressure Meter. The innovative meter allows software to convert pressure readings into a simple measurement graph while a client is speaking. The device assists in prosthesis and valve selection, and in assessing the effects of interventions to reduce voice pressure.

Carol Stow and Sean Pert, specialist SLTs at the Baillie Street Health Centre in Rochdale, recognised the need for early identification of speech and language difficulties in children who may not speak English until school entry. They developed assessment tools for the Mirpuri, Punjabi and Urdu languages and developed the skills of local bilingual speech and language therapy assistants. Working with the local Pakistani heritage community, they produced je zindegi (this life), an early sentences assessment, and the Bilingual Speech Sound Screen (BiSSS).

If you or your team have developed a project that you think should be considered for the 2005 Sternberg Award, email: bridget.ramsay@rcslt.org and send the following information by 27 June: name of nominee, and workplace address; why the nominee deserves the award (about 500 words) names and signatures of one proposer and two seconders (all must be RCSLT members).
White paper shifts services out of hospitals

Interim RCSLT Policy Officer Matt Aston explains what the new white paper, Our health, our care, our say, means for you and how you can influence future developments

At the end of January, the Government published its latest health white paper, Our health, our care, our say, announcing a fundamental shift in focus that will provide integrated health and social care services in local communities and closer to people's homes.

Over the last few years, the Government has focused on improving hospitals: building new ones, repairing existing ones, improving standards and bringing down waiting lists. But because the large majority of people's contact with the NHS takes place outside of hospital, the next phase of its reforms will focus on improving primary care and community services.

The new white paper has three key themes that fit closely with the holistic approach to social care taken by SLTs to maximise patients' communicating skills and quality of life:

- Putting people more in control of their own health and care
- Enabling and supporting health, independence and well being
- Rapid and convenient access to high-quality, cost-effective care closer to home

It also identifies three further challenges:

- To meet the expectations of the public
- To do so in an affordable, value-for-money way
- To shift the system towards preventative and community-based care

The white paper and its determination to shift resources from secondary to primary and community settings will result in changes to which SLTs, along with the rest of the NHS, will take time to adjust.

SLTs need to think about how they fit into this new environment and also how they can exploit its opportunities. The Government has pledged to ensure that the NHS and its commissioners focus spending on prevention and public health, and to do this with better value for money.

SLTs need to show how they are integral to this new approach through presenting a business case for their role. They need to demonstrate how their work – and crucially its outcomes – correspond with, and can help to deliver, the objectives set out in the white paper.

From 2007, PCTs will be expected to ensure that providers of community health services accord with the direction of the white paper, that service provision must be (a) equitable, fair and focused on the most vulnerable; (b) high-quality and designed around people's lives; and (c) value for taxpayers' money. SLTs need to identify if this is the best framework to be used to inform assessment of service provision (in terms of contestability).

The RCSLT aims to develop an audit tool to support speech and language therapy service providers and will work to influence commissioners to ask for evidence from the use of this tool.

What you can do

You can make a good case for helping the NHS to achieve value for taxpayers' money. Faster interventions with personalised, high quality care are both a positive step for patients and mean less burden on the NHS over time.

SLTs need to identify and develop outcome measures for their work, for example, using the RCSLT Clinical Guidelines (2005), Communicating Quality 3 (May 2006) and various position papers to inform this.

The Department of Health will use the following outcomes, endorsed by the white paper, as measures to structure its own goal-setting for health and social care in the Local Area Agreements (LAAs) negotiated over the next two years:

- Improved health and emotional well being
- Improved quality of life
- Making a positive contribution
- Patient choice and control
- Freedom from discrimination
- Economic well being
- Personal dignity

Speech and language therapy services also need to find out what local priorities are in the LAAs and how to influence them.

What the RCSLT is doing

The RCSLT is working on your behalf to support the profession at a national level by influencing the development and delivery of some of the white paper’s key proposals. Actions include:

- A national conference to inform AHPs about Commissioning a Patient-led NHS in London on 27 April 2006
- A seminar with the NHS Confederation on 28 March that contributed to a joint leading-edge briefing on commissioning
- Working with the DH to influence the development of tariffs
- Working with the NHS's National Workforce Review Team, to inform the shift towards the new approach to planning and developing a workforce planning toolkit to support local practitioners in line with these developments

Get involved in the debate and help to influence the future of our health and social care. Visit: www.rcslt.org/april27 and book your place on Commissioning a Patient-led NHS: what does it mean for you?
Jayne Annette Comins

17.06.1956 – 25.01.2006

Jayne was my close friend and well-respected colleague since we studied at the National Hospitals College (now University College London) in our late teens.

In her usual organised way, Jayne planned her own funeral, wake and the aftermath, talking through the details with close friends in deciding what our roles would be.

Jayne hailed from Nottingham. Her close friend, Carolyn, a dietician, once remarked, “You ain’t done bad for a Nottingham lass,” because Jane left the north to start a life in London, and she did do very well at it.

Jayne was unique, interesting, fun, dynamic, energetic, eccentric, generous, charming, and, above all, enthusiastic.

She was also empathic, kind and thoughtful by nature with a wicked sense of humour.

Jayne touched our hearts and minds and was well-loved. She made a big impact on all who met her.

Her mischievous spirit is well known, often emerging in very dry humour. She was a great mimic and would re-enact sequences from real-life scenarios or TV characters with friends collapsing about in laughter.

She enjoyed playing to an audience and regularly held social gatherings where she would be the chief entertainer for the evening. She was a caring and generous hostess.

Jayne was adventurous in life, trying out just about everything from bio-energetics and belly dancing to singing, garden design, analysis, silk scarf painting, opera and extensive globe-trotting. She was a member of Blackheath Choir and sang beautifully in concerts in the area.

Adventure was also apparent in Jayne’s work. She gained three degrees – in human communication, occupational psychology and organisational psychology, and in psychology, for which she was known as ‘The Three Degrees’.

Jayne worked for much of her life in speech and language therapy. In the last few years, she worked as a psychotherapist and as a trainer, running courses at the RCSLT, the Wellington Hospital, Globe Theatre and health authorities around the UK. The hundreds of very positive feedback forms at her home are a testimony to the great success she had at this.

Jayne also worked as a journalist for The Singer magazine, for which she wrote a column called ‘Firing-Line’, voted as the most popular part of the magazine by readers.

Jayne was highly successful in her speech and language therapy work and gained an international reputation as a voice specialist. She spoke at many conferences in the UK and abroad. She wrote numerous articles, and also research papers in the European Journal of Communication and Archives of Otolaryngology.

She was co-author of the books Activities and Ideas. She pioneered training in the psychodynamics of communication, as she felt it was vital that SLTs should be aware of this.

Jayne was founder member of the College specific interest groups in voice, laryngectomy and counselling. She collated and edited professional standards for the RCSLT.

She was the first SLT to work for College, and she did so as its information officer. Jayne was a College spokesperson and represented the South East on the RCSLT Council.
Jayne was awarded RCSLT Honours and received the Eileen Macleod Award for research from RCSLT. She has been nominated for a Fellowship for her extensive contributions to College and development of the speech and language therapy profession.

Jayne made the journey through cancer with great courage. She was generous in sharing it with her family and friends. It was a privilege to be kept near and dear throughout.

She died the way she lived, graciously and with her beauty shining through.

Jayne's family and friends were most important to her. She had her husband Phil, brother Peter and close friends around her when she died, looking peaceful, on January 25.

She is greatly missed by all of us, particularly her husband Phil, mother Sheila and brother and sister-in-law Peter and Joelle. Jayne's close circle of friends continues to meet, which is a tribute to her.

Phil wishes to express his gratitude to the large number of people who came to Jayne's funeral and sent cards and letters. "I haven't been able to acknowledge them all in person, but every one meant a great deal to me," Phil says.

There will be a bench in Greenwich Park as a memorial to Jayne with her ashes scattered under a tree nearby. You are welcome to visit.

Sally Tattersall

Visit: http://jaynecomins.blogspot.com/ to see tributes to Jayne. Perhaps you could make your own.

An ambassador for speech and language therapy

RCSLT CEO Kamini Gadhok summed up Jayne's contribution to the profession and the RCSLT when she was asked to make a short comment for a recent obituary piece.

"Jayne was a dynamic and enthusiastic advocate of the role of speech and language therapists for individuals with voice disorders," Kamini said.

"A natural entertainer, she always rose to the challenge of speaking to the media, appearing on television and radio, and bringing the issue of voice care to the attention of the wider community.

"Given Jayne's dedication to the profession and others, and her ongoing support of the work of the RCSLT, her untimely death has come as a great sadness to all who knew and worked with her."

Jayne worked at the RCSLT in a number of guises. She began as part-time information officer in 1991, balancing the role with her clinical work. As the then Professional Director Shirley Davis comments, "she was marvellous at dealing with RCSLT members and the general public."

Later, Jayne took on roles at the Bulletin with editor Sally Heath, represented the Association of Speech and Language Therapists in Independent Practice as an observer on the RCSLT Council and more recently presented a number of very popular courses for the RCSLT.

I first met Jayne in the summer of 2004, when we worked together on the RCSLT's Sing while your winning, but look after your voice campaign in the run up to the Euro 2004 football competition.

The campaign was a tremendous success and at very short notice Jayne volunteered to face the media.

In a fantastically hectic week, she became the face of speech and language therapy on a number of national breakfast television shows and radio programmes, often two or three in a day.

Although she found the activities tiring, Jayne told me she loved every minute of it. She also told me later that she’d ended up giving voice exercises to some of the presenters who had complained about their vocal problems after being on air for hours.

This was typical of Jayne’s warm and helpful nature, and of her desire to spread the speech and language therapy message.

Jayne’s magnificent sense of humour shone through even when she was confined to hospital following her diagnosis.

It was always a pleasure to visit her, and I certainly don’t think I’ve laughed quite as much on an oncology ward before.

With the wonders of modern technology, Jayne continued to work for The Singer magazine while waiting in hospital for her temperature to return to normal.

Her appetite for work never really abated and many people received work-related emails from Jayne completely unaware of where she had sent them from.

Jayne’s premature death is a tragedy not only for those who knew and worked with her, but also for those clients and therapists who had yet to benefit from meeting her.

Steven Harulow
Bulletin Editor

It is not too late to contribute to Sue Bell’s sponsored 100-mile walk on 3-9 April 2006 in aid of the Institute of Cancer Research, as a tribute to Jayne.

Make your cheques payable to: Sue Bell (100-mile walk) and return to: Station Cottage, Micheldever Station, Hampshire. SO21 3AP.
The Compass Centre

Ros Herman and colleagues discuss a specialist sign language assessment resource for clients, families and professionals

The Sign Language Assessment Clinic within the Compass Centre for Clinical Education at London's City University began in 2002. The clinic – run by SLTs with skills in using and assessing sign language, supported by a sign linguist, deaf researchers and a developmental psychologist – offers specialist assessments for clients who communicate in sign. This includes deaf children and adults who are British Sign Language (BSL) users and hearing clients using sign as an alternative or augmentative communication mode.

Over the past three years, we have seen deaf adults with aphasia, deaf babies and children where decisions are needed about educational provision, and deaf children with unusual language patterns in sign. We have also seen hearing children with learning difficulties and Llandau–Kleffner syndrome.

One of the achievements of City University’s Deaf Studies Research Group is the development of standardised assessment tools for deaf children. The BSL Receptive Skills Test (BSLRST) (Herman et al, 1999) is a video-based assessment of morphosyntax in BSL. The BSL Production Test (Herman et al, 2004) uses an elicited narrative to assess narrative skills and BSL grammar.

Another focus of assessment is motor skills for signing and sign intelligibility using a protocol developed by Grove (1990) based on Dunn (1982). Additionally, we use informal, but structured observation of clients communicating in different contexts with a range of conversational partners and performing tasks selected to probe their language skills. The assessment team considers and plans each referral individually. Following assessment we provide detailed reports for the referring agencies and the families concerned.

Case studies

James, aged 6, lost the use of voice and speech following accidental ingestion of a toxic substance. Comprehension of spoken English was above average for his age and his introduction to BSL signs enabled him to communicate effectively and immediately. He attended a mainstream school with 1:1 support and had access to a voice output communication aid.

The assessment sought to explore his range of signing skills, to determine whether BSL or Sign Supported English (SSE, ie keyword signing accompanying spoken English) would be the most suitable approach.

An unstandardised assessment of BSL receptive vocabulary showed his sign vocabulary to be two years in advance of his age, indicating how quickly he had picked up the lexicon. On the BSLRST, his comprehension of BSL grammar was limited, which was not surprising in view of his limited input in sign, his exposure being in the form of SSE.

Expressively, James linked signs fluently to describe pictures, but he was less skilled in conveying narrative, probably because this was an unfamiliar task. He was beginning to use fingerspelling and developing good literacy and phonic skills. We also considered his range of facial movements, particularly in relation to communicating meaning and movements for sound cues. James's lip mobility was considerably reduced.

Recommendations for James were: he should continue with SSE in the mainstream setting; fellow pupils should learn sign and fingerspelling; consideration should be given to finding a peer group of sign language users, as he is likely to be a long-term alternative communication user.

Thomas, aged 8, had learning difficulties, severe oral dyspraxia and visual perceptual problems. He attended a special school and received input in Makaton. Thomas's referral aimed to determine his language development needs and his assessment used a number of informal activities: observation of naturalistic conversation in different settings; naming people, objects and actions; producing noun and verb modifications; using pictures; locating objects using a barrier task; and producing a narrative based on a video.

Our results showed Thomas had manual as well as oral dyspraxia, revealed in his difficulties in forming distinctive handshapes, orientations of signs and hand use. However, he was able to signal contrasts effectively in location and basic movement, eg to distinguish up/down, left/right and spatial locations.

Recommendations for therapy included modelling signs to him, functional object use to develop handshape, (eg holding a cup, then removing it to allow him to retain the handshape) and avoidance of hand shaping and any meaningless imitation that might lead to echolalia and reduced motivation to communicate. We also recommended providing him with stimulating experiences to engage him to tell others about things that move, change, and excite feeling – stressing the importance of using his whole body and face, as well as his hands.

Jane's employers initiated her referral. They were concerned about communication problems at work, particularly her failure to follow instructions, despite the use of a BSL interpreter.

Jane was born with normal hearing, but became deaf at age one after meningitis. A university audiology department diagnosed Jane with 'auditory aphasia' in childhood. The degree of Jane's deafness was unclear. Jane commented she could hear many sounds, but never speech. During the session we observed that she reacted to the sound of a door closing.

Jane had learnt BSL at the age of 12 from other children at school. This was her preferred method of communication with her deaf husband and friends. With hearing people, and at work, she used writing.
Jane acknowledged difficulty with the comprehension of complex material, both in English and BSL, and singled out fingerspelling as being particularly problematic. Her sign production was good, and we saw no word finding or grammatical difficulties in Jane’s use of BSL.

Following an interview, we carried out comprehension tests. Jane did well on a simple test of BSL verb and sentence comprehension, but failed with more challenging tasks. When asked to carry out a series of complex BSL instructions, despite repetitions, she scored only four out of 10.

Her errors involved omissions of elements or substitutions of the wrong items. She repeated the task later in the session with written English instructions. Interestingly, Jane’s performance was now perfect. Finally, Jane completed an informal number recall task, where she had to repeat four digit telephone numbers. Despite repetitions, she could manage no more than two.

Our findings indicated problems with working memory, which impacted on the processing of complex language. Written language, which provides a stable record, was therefore facilitatory. However, fingerspelling, which places a heavy load on working memory, was problematic. We used these conclusions to offer advice about how to handle communication at work to ameliorate some of these problems.

Pauline, aged 6, was profoundly deaf and had been exposed to BSL since birth by her deaf parents. A BSL interpreter and a special needs teacher supported her in a mainstream school. However, staff were concerned about her limited communication, frequent requests for repetition and regular misunderstandings. The school psychologist found her non-verbal skills to be within the normal range.

We used video recordings of Pauline communicating at school and with her mother as the basis of our assessment. In addition, a deaf researcher administered tests. It was clear Pauline did not understand complex signing. She lost interest and looked away from the signer when longer sentences or sentences with embedded constituents were used, suggesting processing difficulties.

Pauline’s mother used shorter sentences away from the signer when longer sentences were used, suggesting processing difficulties. She lost interest and looked away from the signer when longer sentences or sentences with embedded constituents were used, suggesting processing difficulties. Pauline’s vocabulary was age-appropriate, but she was unable to construct a coherent narrative and produced short, simple sentences with uninflected verb forms, using almost no BSL grammar – particularly unusual for a child in a deaf family. Overall, her language was more like that of a three year old. Her strengths were her use of gesture and facial expression. We concluded that Pauline’s language showed signs of atypical language development, similar to a language disorder in spoken language.

We provided advice on specific areas of BSL grammar to target for improvement. Following our assessment, Pauline moved to a school for deaf children to maximise her input in BSL, to receive additional specialist support in BSL and to allow her increased social contact with a signing peer-group.

The future

The Sign Language Assessment Clinic is a valuable specialist resource that complements local services where relevant expertise is often missing. We have an open referral policy and video samples rather than live assessment may be used. For further information contact Bethan Lewis, tel: 020 7040 8288, email: compass@city.ac.uk.

The clinic is central to the Deafness, Cognition and Language Research (DCAL) Centre funded by the Economic and Social Research Council and which involves collaboration between University College London and City University staff. The Centre’s projects include studies of BSL development and atypical signing, including autism, Usher syndrome, and developmental and acquired language impairments.
Bilingual benefits: improving therapy by co-working

Usha Marawaha, Kim Davidson-Kelly and Fiona Whyte talk about their experiences of working together with bilingual children and their families

Usha Marawaha comments:
I have been working at the NHS Greater Glasgow speech and language therapy department for eight years and am currently a bilingual co-worker.

I previously worked as a speech and language therapy assistant for three years with monolingual children, which gave me great experience.

Being a speaker of Punjabi/Urdu/English and Gujarati, and having a knowledge of cultural awareness, has benefited my work with children and families from bilingual backgrounds, as well as in helping them interact with SLTs and other professionals.

I really enjoy my job as a bilingual co-worker. It is challenging because I get the opportunity to work with children from all client groups, including autism, hearing impairment, dysfluency, speech and language disorders, eating and drinking difficulties, physical disability, visual impairment and various other language and communication difficulties.

I find it very rewarding to be able to explain to families/extended families, the therapy given to their children or to carry out training with parents using therapy programmes. I often give news of diagnoses in their mother tongue.

It is very important for parents to be able to understand what is happening to their child, as this enables them to ask any relevant questions. I support and assist SLTs in assessments and the management of the child, parents and extended families.

I carry out first assessments in the mother tongue with the SLT. I can also provide language samples, translate and jointly analyse these with the SLT, and help with information taken from family to assist the SLT’s diagnoses.

Working in various settings, including moderate and complex learning difficulty schools, mainstream schools, nursery, homes and clinics, I carry out programmes under the guidance of an SLT, conveying their advice to parents and extended family.

I feel that it is not always easy for SLTs to work with a co-worker, as success depends on the trust built up between them. The co-worker has to accept the directions of the SLT and both have to respect each other’s role. It is fair to say that SLTs may sometimes have to share control of a situation if working with a co-worker. They may feel they are being left out or have lost control, as the conversation takes place in an unfamiliar language. The SLT has to trust the co-worker, who often has to use more language to interpret the SLT’s advice or questions to parents.

Co-workers sometimes have to listen very carefully to the long responses given by the parents before giving feedback to the SLT. My job is to explain what a parent is saying, but I have to use my own discretion on the interpretation. I am able to identify and advise on cultural issues that could impact on the child’s therapy that the SLT may not have considered. However, I will always include the SLT if something is uncertain or unclear and I do not make any decisions or give advice without first asking the SLT.

I also provide culturally-appropriate therapy materials, including alternative and augmentative communication, communication books/passport and symbols, both for parents to use with their child at home and at school. I often adapt materials to suit the child, for example if a mummy in a story is wearing salwar kameez.
BILINGUAL CO-WORKERS

(traditional clothes) rather than a skirt and blouse, a child will give a better response, as they can more easily identify with the mummy in the picture.

When assessing a bilingual child in English, the presence of a co-worker is essential because sometimes the child’s vocabulary in the mother tongue will be stronger than in English. For example, a child may know the vocabulary in their mother tongue but not in English. A co-worker can strengthen the accuracy of assessments, because otherwise an SLT might think the child does not know the vocabulary.

I also assess in the mother tongue and English along with the SLT and doctors in specialist diagnostic teams and am involved in explaining reports to the parents during home visits and feedback assessment results to parents along with the SLT specialist and consultant.

It is particularly important to explain an autism spectrum disorder diagnosis, as there is not enough easily available information for ethnic groups. I find this challenging, because it is extremely difficult to explain autism in the mother tongue to a parent who sees this as a mental disability. In ethnic groups, I find this challenging, because sometimes the child’s vocabulary in the mother tongue than in English. For example, a child may know the vocabulary in their mother tongue but not in English. A co-worker can strengthen the accuracy of assessments, because otherwise an SLT might think the child does not know the vocabulary.

I also assess in the mother tongue and English along with the SLT and doctors in specialist diagnostic teams and am involved in explaining reports to the parents during home visits and feedback assessment results to parents along with the SLT specialist and consultant.

It is particularly important to explain an autism spectrum disorder diagnosis, as there is not enough easily available information for ethnic groups. I find this challenging, because it is extremely difficult to explain autism in the mother tongue to a parent who sees this as a mental disability. In order to reassure parents that it is a physical condition as a mental disability. In various specialties and traditions, the clinical, management and research issues currently at the forefront of the profession.

This will impact on the scope for future change and developments likely to affect everyday practice. The RCSLT will also launch Communicating Quality 3 on 12 May.

For further information, contact the University of Ulster’s Continuing Professional Development Unit. Tel: 028 9036 6850 or email: cpdu@ulster.ac.uk or visit the conference website via the RCSLT homepage (www.rcslt.org).

Over 300 delegates already confirmed: book your place before it’s too late
Talk-Away: a new way of working with parents and children

Lisa Dobraszczyk discusses an initiative that helps parents to encourage their children towards life-long learning

Talk-Away is an intervention that, by primarily targeting parents, aims to raise children’s levels of language and communication skills in the Foundation Stage. It is based at an Oxford primary school in one of the lowest 10% of wards in England, according to measures of multiple deprivation.

The project arose from collaboration between the head teacher, school staff and an SLT. The head acquired initial funding in 2000, with part of the SLT’s time coming from the Education Action Zone (now known as the Excellence Cluster). From April 2003, the DfES funded Talk-Away for two years as one of 16 early years and parents pilot projects.

Talk-Away has developed an accredited course that can provide parents with a qualification through the Open College Network (OCN). This is particularly relevant in an area where nearly half of adults have no other qualifications.

I became involved with Talk-Away in January 2004, together with a recently appointed specialist early years teacher. The current model began as an accredited course in September 2004.

Talk-Away is a 10-week programme running for two hours each week. Two groups run simultaneously on different mornings with up to six parents and children in each. The Foundation Stage teacher and Talk-Away staff discuss which families they feel would most benefit from attending. The children usually have one or more of the following: delayed receptive and/or expressive language skills; delayed listening, attention and turn-taking skills; difficulties with social interaction; or lack of confidence in communicating.

Parents can attend an informal coffee morning to learn more about Talk-Away before committing to attend. Formal assessment of the children’s language skills takes place at the start of the programme and six months after they leave, using the Pre-School Language Scales-3 (UK) and Renfrew Action Picture Test. A crèche caters for younger siblings.

Talk-Away teacher Anne Wells and I developed Helping your Child with Language and Communication Skills, a course accredited through the OCN at entry level and level 1. We devised learning outcomes and assessment criteria for each session for both levels. To gain the slightly higher accreditation at level 1 parents have to demonstrate greater awareness of why communication skills are important and provide clear evidence as to how they have tried to put the skills into practice.

The course informs parents in a simple and accessible way about the skills that help language development, such as the importance of non-verbal communication, helping play and interaction, and the use of rhymes, songs and descriptive commenting. Figure one shows an extract of the course content.

Each week there is a time for parents and staff to discuss the course focus. We ask parents to fill in a weekly handout to add to their folders to show they have understood that week’s focus and tried to put it into practice with their child. We give them as much help as needed with reading and writing and add photographic records, taken throughout the course, to their folders.

At the end of the course the Foundation Stage teacher internally assesses the folders before external assessment by an OCN moderator, to award either an entry level or level 1 certificate. Completion of a folder to gain a certificate is optional, but we encourage parents to do so.

Since introducing the course, it has given us a greater focus on the information we are trying to share with the parents. It also lessens the feeling that we are making judgements about their skills, because they feel they are gaining something personal and worthwhile from attending, in addition to a qualification.
to helping their child.

We split each session into four main elements:

- Parent focus time. 30 minutes for parents and staff to discuss that week’s course focus while the children are in their class.
- The children join us for 15 minutes of speaking and listening games. Parents learn in advance about the aims of the activities and are encouraged to join in to support their child.
- The parents and children then have 30 minutes of free play with various activities. This is an opportunity for the parents to try out anything already discussed.
- Snack time at the end allows for demonstrating and developing social language and skills.

In June 2005, we reassessed the children whose parents were the first to complete the accredited course (their first assessment was in September 2004).

Eight out of the 10 children made greater gains over the time elapsed between assessments in either their receptive or expressive language or both. Of these, four progressed from the normal range to above average on reassessment, three progressed from the normal range to above average on reassessment, three progressed from the normal range to above average on reassessment, and one progressed from moderate to mild language delay.

The other two children made less than 10 gains over the time elapsed between assessments in either their receptive or expressive language or both. Of these, four progressed from the normal range to above average on reassessment, three progressed from the normal range to above average on reassessment, and one progressed from moderate to mild language delay.

Despite these encouraging outcomes, it is nevertheless difficult to evaluate how parents feel about the groups. We decided to record comments from parents throughout the duration of the course and these show what they feel they, and their children, have gained from Talk-Away:

“P’s confidence has really come on. When we go to see friends, she used to hide behind me and now she’ll look at them and have a conversation.”

“I’ve loved having time for me and M, but also having something to focus on for myself – doing the folder. I would love to carry on and do something else with M and also maybe some further training when M is full time at school.”

“At first I thought I wouldn’t do a folder – I’m rubbish at putting pen to paper, but last week after you helped me fill in some of it, I thought I’d do it and I feel a real sense of achievement.”

Since November 2004 I have been working as part of a new children’s centre in the same area in Oxford and have run the accredited course in another school. I am also developing the course to offer it to parents of younger children from the wider community. We are keen for people who are interested in the course to visit us or to hear from anyone undertaking similar projects.

We feel very encouraged by the way Talk-Away has developed. The progress in the children’s language and communication skills is very positive and the benefits for the parents have been numerous and generally unexpected. Encouraging those who are most important in these children’s lives to feel confident about themselves, their achievements and their future, is undoubtedly the most effective way to encourage their own children towards lifelong learning.

Lisa Dobraszczyk
Specialist SLT, Oxford City PCT
Email: lisa.dob@oxfordshire.gov.uk

Acknowledgements
Thanks to Anne Wells, Talk-Away teacher and Liz Smith, educational psychologist, for her write-up for the DfES

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**Figure one: Helping your child with language and communication skills - level 1**

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Assessment criteria</th>
<th>Method of assessment</th>
<th>Evidence of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Show they realise the value of non-verbal communication as they interact with their child</td>
<td>1.1 Adapt their position to be on a level, face to face with the child, giving good eye contact to make the most of talking opportunities</td>
<td>Tutor observation and discussion</td>
<td>Tutor records. Student folder</td>
</tr>
<tr>
<td>2. Show they can model or demonstrate good listening skills as they interact with their child</td>
<td>2.1 Use some of the following: looking, waiting, copying what the child has said, adding some words to the child’s or answering to show the child they are listening</td>
<td>Tutor observation and discussion</td>
<td>Tutor records. Student folder</td>
</tr>
<tr>
<td>3. Understand the value of praise in encouraging a child’s language</td>
<td>3.1 Use praise regularly to encourage a child’s talking, listening and play</td>
<td>Tutor observation and discussion</td>
<td>Tutor records. Student folder</td>
</tr>
</tbody>
</table>
CPD online: make a date for your diary

From mid-April, RCSLT SLT and support workers members can start using the electronic diary system to record their continuing professional development activities. Here Annie Faulkner talks to members who have already tested the scheme, and the RCSLT’s Head of Professional Development, Sharon Woolf, who is taking the online system forward.

Online continuing professional development (CPD) systems are already well established and are used by other healthcare profession groups, including doctors, ophthalmologists and paramedics as a means of simplifying and customising the CPD process.

The RCSLT’s electronic scheme offers all practising therapist and support worker members a simple way to record and update all their CPD activities and their reflections on learning on an ongoing basis.

Its aim is to minimise paperwork and to align methods with Health Professions Council (HPC) requirements for CPD and the NHS’s Knowledge and Skills Framework (KSF) processes (see February’s Bulletin, pp18-19).

Testing the diary

As part of its development process the online diary has gone through several stages of field-testing. In May 2005, the RCSLT ran a three-month pilot scheme with 13 therapists and support workers to give the diary a small-scale test run.

We then offered the diary to CPD network members. Over 160 registered to try the system out between November 2005 and February 2006, to assess its capability and give feedback on any modifications deemed necessary.

Fifty network members gave feedback through questionnaires and the online diary forum. The feedback received has been overwhelmingly positive and the diary is seen as a welcome development.

Comments included: “very user friendly”, “straightforward to use”, “so much easier than then log”, “a big improvement on the old system”, and “just what I have been waiting for”.

RCSLT Head of Professional Development Sharon Woolf said, “The reasoning behind the pilot testing was to find out where the glitches were.

“As a member-led organisation it is vital to have input from members about what they wanted. We have been pleased with the response that we have had from members so far.”

Responses from the pilot scheme users

June Hardiman – senior speech and language therapy assistant Hertfordshire Partnership NHS Trust

“I used the initial pilot scheme for six months. I found it easy to use and enjoyed using it. I initially used it once a week. I put records in the diary and then transferred them once month. The manual was clear and easy to follow.”

Ruth Nieuwenhuis – researcher, Cardiff and Vale NHS Trust

“The diary format is easy to follow for anyone with a basic knowledge of computing (especially online ordering). The ‘menu’ system is not too complex and you can flip between the different sections quite easily. I have kept using the diary every 3-4 weeks and managed to update my personal development plan (PDP) and CPD activities as the year progressed. This has avoided the end-of-year panic as the dreaded log hits the floor through the post box. I would not now want to return to the paper exercise we did before. This is much quicker and links activities, reflections, and CPD together in an economical way.”

Mei Lee – SLT, Queen Elizabeth Hospital, Woolwich

“I found it generally great but wished that the KSF linkages could be more obvious and simpler so I did not have to type every time which level it linked to. However, it is a really good site and I have found it essentially user friendly. You and the team have done great work. I am glad it is going to be online and that I can pick it up and do it when I have free bits of time.”

Ruth Frost – Principal SLT (job share), the Cochlear Implant Programme, Great Ormond Street Hospital, London

“The RCSLT has sent out lots of useful paperwork in the form of the CPD toolkit with paper-driven forms to be used for all aspects of the CPD process. However, I expected that these forms would have been incorporated into the online diary via drop-down menus and options to be filled in.”
Other suggestions from the pilot users group included:

- Site-based in-service training sessions on how to use the diary
- A mechanism to list all CPD activities according to dimension categories, and relate these to your KSF dimensions
- Using first names and surnames when posting messages in the forum rather than a formal title, e.g., Mrs
- A spell-check in the diary
- Prompts on reflection and development, as in the paper version
- Adding the significant events analysis to the CPD website

The RCSLT welcomes these suggestions, all of which will feed into and influence the final product.

In response to some of the specific feedback above, Sharon Woolf comments, “The online diary has been designed as a planning and recording system rather than a word processing programme, which is why there is no spell-check function. You can write your text first using a word processing package, such as Word, and spell-check it before uploading it to the online diary.

“The Toolkit will be available online so you will be able to download or complete the forms you need. However, we recognise that paperwork differs greatly between PCTs, health boards, local education authorities and social care settings, so the forms are included in the Toolkit as a resource for people who do not have anything similar to use in their workplace.”

**Start using your online diary**
The online diary will support you in complying with the RCSLT’s CPD standards. The diary offers these great added benefits:

- Email alerts
- A forum for discussion
- Summative functions of hours or analysis of work done of type of activity required to meet RCSLT standards

“We have now included some ‘prompts’ on reflective writing to users in the review of activities section of the diary,” Sharon adds.

Although the HPC audit on CPD for SLTs will not take place until September 2009, if you are selected for audit you will have to report on your CPD activities for the previous two years.

The RCSLT is helping you to prepare for this by giving you the diary now so that you have plenty of time to get used to it. We are also compiling a list of frequently asked questions and their answers to address some of your concerns.

**Future developments**
The RCSLT met with its IT partners, Premier IT, on 6 March to iron out any ‘snagging’ details. We plan to examine the diary again in November 2006 to assess any major diary amendments that might require further programming.

By then, more members will be using the diary and the RCSLT will be able to determine what additional diary features for the diary would be useful.

“The RCSLT is looking forward to receiving feedback from all users via the message forum or by email, all of which will feed into and influence this evolving tool,” Sharon says.

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**Commissioning a patient-led NHS: what does it mean for you?**

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Find out about the big issues:

- **System reform:** Kay East, Chief Health Professions Officer
- **Commissioning:** Heather Wicks, Head of Commissioning and Service Redesign, Oxford City PCT
- **Payment by results:** Noel Plumridge, former NHS Finance Director
- **Different provider models:** Jo Webber, NHS Confederation
- **Workforce planning:** Judy Curson, National Workforce Review Team

**Connecting for Health:** Jan Laidlow, Connecting for Health AHP Clinical Lead

Listen to these key speakers

- Have your say on this important topic
- Network with your health, education and social care colleagues
- Take away essential learning to help you develop your role

Great value: £65 for RCSLT members and £110 for other allied health professionals

Visit: www.rcslt.org/april27 for more information and to book your place online

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**Log on to the new RCSLT online CPD diary**

If you have computer and Internet access you will be able to log on to your CPD records easily and quickly using the online diary.

If you have any questions or concerns about using the diary, email: sharon.woolf@rcslt.org

Further information on CPD, the toolkit and the online diary will be available at: www.rcslt.org/cpd from mid-April
Any Questions?

Want some information? Why not ask your colleagues?

Email your brief query to anyquestions@rcslt.org. RCSLT also holds a database of clinical advisers who may be able to help. Contact the information department, tel: 0207 378 3012. You can also use the RCSLT’s website forum to post your questions or reply to other queries, visit: www.rcslt.org/forum

**Aphasia-friendly menus**
Have you made your hospital menus ‘aphasia friendly’? What techniques do you use in goal planning with adults with aphasia?

*Jill Whitaker*
EMAIL: jill.whitaker@midyorks.nhs.uk

**Group work for adults who stammer**
Do you offer regular group therapy after initial assessment and/or after individual therapy? If so, what do you include in each?

*Jenny Hill*
EMAIL: jenny.hill@erhtsp.nhs.uk

**Clinical advice intranet**
We are designing an SLT intranet to assist knowledge sharing of clinical ideas and advice across our teams, etc. It will be accessible on the NHS network, but not in the public domain. Has anyone done this? What was your structure? How successful has it been?

*Anita Smith*
TEL: 01424 755 470 ext 8639
EMAIL: Anita.Smith@esht.nhs.uk

**Cognitive/non-verbal screening**
Have you devised an informal screening tool for tapping into the non-verbal skills of pre-school/primary age children?

*Lucy Clark*
TEL: 0161 980 8041
EMAIL: Lucy.Clark@trafford.nhs.uk

**Branchio-oto-renal syndrome**
Do you have a child or adult on your caseload with Branchio-oto-renal syndrome? Do you know of a parent support group? Can you share any information on cleft palate and/or hearing impairment in this condition?

*Jenny Nayak*
EMAIL: jnayak@ncht.trent.nhs.uk

**ASD service**
Have you experience of assessment and advice services for mainstream adult ASD clients? Any suggestions re: assessments to use?

*Wendy Corner*
EMAIL: wendy.corner@nhs.net

**NVQ for assistants**
Do you have assistants who have successfully gained NVQ Level 3 (diagnostic and therapeutic units) recently or some time ago? Please send details of the centres.

*Michèle Kelly*
TEL: 01494 426 981
EMAIL: michele.kelly@buckshosp.nhs.uk

**Fluency questionnaire**
Do you know of a good pre-appointment questionnaire that can be used for dysfluency in children (any age)?

*Sian George*
EMAIL: sian.george@pdt-tr.wales.nhs.uk

**Stroke rehabilitation reviews**
How do you offer reviews for communication patients following discharge within community stroke rehabilitation teams?

*Lisa Sherman*
TEL: 01323 503 758 (option 2)
EMAIL: Lisa.Sherman@eastbournedownspt.nhs.uk

**Oromotor packs**
Does anyone have details of the MORE oromotor pack or any other, including exercises and equipment?

*Angela Metcalf*
EMAIL: Angela.Metcalf@northamptonpct.nhs.uk

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**MS team working**
Do you provide a community service to patients with MS as part of a specialist MS multidisciplinary team in collaboration with the MS Society or other organisations?

*Sarah Robinson*
TEL: 01635 273 422
EMAIL: Sarah.Robinson@berkshire.nhs.uk

**Branchio-oto-renal syndrome**
Do you have a child or adult on your caseload with Branchio-oto-renal syndrome? Do you know of a parent support group? Can you share any information on cleft palate and/or hearing impairment in this condition?

*Jenny Nayak*
EMAIL: jnayak@ncht.trent.nhs.uk

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A Strange World - Autism, Asperger's Syndrome & PDD-NOS
MARTINE F DELFOS
Jessica Kingsley Publishers, 2005
£22.50

This is a fascinating but dense text targeting an academic and lay readership. It offers a scholarly analysis of cognitive theories currently influencing our understanding of autism, and demonstrates that these theories provide only a partial explanation for the complexity of the autistic condition.

The author is concerned by the lack of insight these theories provide into emotional development, in particular the capacity of individuals with autism to generate internal anxiety.

In response, she presents a new conceptual framework, the 'socioscheme'. This construes autism and autistic behaviour as a distinct variation of normal development as opposed to a consequence of dysfunction. The core issue becomes one of underdeveloped self-other differentiation with consequent impact on social interaction and behaviour.

Maleness differences in brain function and behaviour are fundamental to the theory.

The socioscheme incorporates and expands on theory of mind, central cohesion and cognitive and biopsychological models with executive functioning theories, combining on theory of mind, central cohesion and behaviour are fundamental to the theory. Male/female differences in brain function and behaviour are fundamental to the theory.

The socioscheme incorporates and expands on theory of mind, central cohesion and executive functioning theories, combining cognitive and biopsychological models with psychotherapeutic principles.

The translation from Dutch is occasionally awkward and the book suffers from insufficient editing. Focal points and summaries following each chapter are helpful. This weighty book is informed and creative, driven by the author's extensive experience and commitment to the autistic community.

CONTENTS: READABILITY: VALUE:

JANE MACER
Independent Specialist SLT
Social Communication Consultancies

FEEST Flexible Endoscopic Evaluation of Swallowing With Sensory Testing
JONATHAN E AVIV, MD, THOMAS MURRY, PhD
Plural Publishing Inc, 2005
£75
ISBN 1-59756-000-6

This is the first book devoted to the technique of laryngopharyngeal sensory testing. It will appeal to experienced dysphagia therapists with knowledge of FEES who may be developing FEEST and may also interest ENT colleagues working in this field. The authors cover the practical aspects of sensory testing including equipment requirements, procedures and the safety of FEEST.

Overall, the explanations are very clear but the drawbacks of the technique are not presented fully. The book explores the wider applications of sensory testing, namely detection of laryngopharyngeal reflux and the technique of transnasal oesophagoscopy, which is probably more applicable to ENT.

The book describes a voice and swallowing centre approach to dysphagia management. It stresses the importance of a sensory testing tool; however, a heavy emphasis is placed on its sole use.

Clinical scenarios and case studies of a range of conditions illustrate the applications of FEEST. These are enlightening but may appear unbalanced in advocating FEEST over and above other instrumental assessments such as FEES and videofluoroscopy. As a result the reader should not rely on this text alone to guide crucial decision-making over choice of instrumental assessment.

There are useful colour photographs of nasal and laryngeal anatomy and of sensory testing equipment. This book, at only 123 pages, is expensive but will be of practical value to SLTs who want to familiarise themselves with FEEST.

CONTENTS: READABILITY: VALUE:

SARAH WALLACE
RCSLT adviser and clinical lead in dysphagia, South Manchester University Hospitals NHS Trust

A Career in Speech and Language Therapy
JANINET A WRIGHT, MYRA KERSNER
Metacom Education, 2004
£12.95
ISBN: 0-95474-570-1

This book aims to inform parents, teachers, career advisers and prospective students about speech and language therapy as a profession. Readers ‘interact’ with the text through self-study questions that guide them to reflect on their own experiences and how these relate to speech and language therapy.

Parts one and two focus on the breadth and depth of the profession and the skills and qualities required to be both a student and a therapist. Relevant terminology is explained clearly. The authors address the complexity of the communication process and outline factors influencing communication breakdown from a holistic perspective. Of particular interest is the case study section that illustrates the diversity and range of speech and language therapy clients and environments.

Parts three and four focus on the application process and the various routes to qualification. Guidance is given on completing application forms and interview techniques. There is also an overview of the professional and legal bodies associated with speech and language therapy, together with CPD requirements.

The authors provide a fair perspective of the intensity of the course and the difficulties of balancing study and social life. This is essential reading for all those considering a career in speech and language therapy.

CONTENTS: READABILITY: VALUE:

SAMANTHA HAWKESFORD
RCSLT student research prize winner, 2004

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SAMANTHA HAWKESFORD
RCSLT student research prize winner, 2004
All SLTs should be aware of the importance of accurate record keeping. It is a requirement of employers, the profession and the Health Professions Council (HPC), and may be required in court in cases of litigation or tribunal.

Accurate case records are also our only sure defence if a complaint is made against us. Maintenance of records is a core responsibility, whether we work in health, education, independently or in the voluntary sector.

A quarter of HPC complaints actioned from April to November 2005 had inadequate recordkeeping as part or all of the complaint. This underlines the importance of the task.

The guidelines for record keeping are outlined in Communicating Quality 2, and will be updated in CQ3. Our records need to be factual, accurate, objective, contemporaneous (written within 24 hours), dated and timed. They should record all patient activity whether direct or indirect. This includes discussion and telephone calls, with a clear record of what was said and action agreed.

This is straightforward where a patient is clearly identified for treatment. However, our work is constantly changing, and in the light of new health promotion initiatives we are dealing with more cases where we are giving general advice to groups with no identified patient or client at the centre. In these cases, we are not required to record advice given, but this leads to less protection for both therapist and individuals receiving the advice.

The RCSLT Professional Development Board has issued advice to cover the situation. This can be found in Michelle Morris’s paper, Accountability for Professional Advice Given to People who are Not Registered Patients – available on the RCSLT website. This advice relates only to communication. Any advice on dysphagia management should always be recorded in an independent patient record. The advice applies to all staff working in a speech and language therapy department, including SLTs, assistants, technical instructors and co-workers.

**Foundation principles for preventative advice**

The advice must be based on general awareness-raising strategies to facilitate communication development. It cannot be targeted at specific individuals or based on a skills profile generated from assessment. Advice should be evidence- or consensus-based, ie it should either be attributable to research or generally accepted practice.

If more advice is required, then you must gain consent and open a patient record. If the family is reluctant to do this, you should advise them about what consent and becoming a patient would involve. It does not free the therapist to give more specific advice without registration.

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**Accountability**

Clinical teams could develop a standard presentation or set of key evidence-based statements to structure presentations. These could be paired with a set of responses to frequently asked questions. The local clinical governance committee should approve this package.

There should be an anonymous set of notes containing basic details about the function. Peers should audit these every four months to monitor adherence to guidance and appropriacy of advice.

For a more detailed explanation visit: www.rcslt.org/resources/publications/downloadable

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**Alison Hodson**

On behalf of the RCSLT Professional Development Board
South & West Wales Assistants SIG (WA11)
3 April, 9.30am – 3pm
AGM. Setting standards for and developing SLT assistants training and education in Wales, Will Oliver, professional advisor (AHP); Dysphagia, Kathryn Head SLT; Paediatric stammering, Alison Holloway, SLT. Postgraduate Lecture Theatre, Prince Charles Hospital, Merthyr Tydfil. Members free/non members £3/Membership renewal £5. Contact Susan Williams, tel: 01685 723244 ext 4687, email: susan.williams@nghl-tr.wales.nhs.uk

North West/North Wales SIG for adults with learning disabilities
5 April, 9.30am – 3pm
Promoting speech and language therapy research in ALD. Speaker: Darren Chadwick, Manchester Metropolitan University, Ashton House, Wirral, Merseyside. Cost: refreshments 50p. SIG members free/non-members £5. Tel: Emma Molloy, tel: 0151 653 9660, email: emma.molloy@cwpnt.nhs.uk

Computer Assisted Therapy (Adults) SIG (N41)
25 April, 9am – 4pm
Computer assisted therapy, speakers Caroline Tapster, Ruth Richardson, Nuala Davis (AbilityNet), Jane Morley (Steps). Location to be confirmed. Costs: £10 SLTs (including annual SIG membership)/£5 SLT Assistants/Students (including annual SIG membership). Contact Jennie Morgan, tel: 0191 333 2608, email: jennie.morgan@ccddah.nhs.uk for further details

SIG for Specific Learning Difficulties (E26)
27 April 4.30 - 6.30pm
Tea and subscriptions at 4.30pm; AGM 4.45pm – 5.15pm, wine then talk till 6.30pm. Phonological processing and spelling development: early markers, speaker Marian McCormick; The phonological skills programme, speaker Kathryn Dickie. The Moat School Bishops Avenue, London, SW6. Members free/non-members £5/annual subscription £10 due now. Contact Carolyn Codner, email: codnerfamily@hotmail.com

SIG Head and Neck (South) (L10)
28 April, 9.15am (for 9.30am) – 12.30pm
Photodynamic therapy in the treatment of head and neck cancer. Speakers, Colin Hopper, senior lecturer/consultant oral and maxillofacial surgeon and Anna Wolfl, photodynamic therapy research lecturer/consultant oral and maxillofacial surgeon and neck cancer. Speakers, Colin Hopper, senior lecturer/consultant oral and maxillofacial surgeon and Anna Wolfl, photodynamic therapy research lecturer/consultant oral and maxillofacial surgeon. The Moat School Bishops Avenue, London NW10 3RY. SLTs £15/students and free/non-members £5/fee for year £10. Contact Christina Evans, tel: 020 8977 4674 (evenings only), email: cevans@lampton.hounslow.sch.uk

Trent Dysphagia SIG (C17)
2 May, 9.15am – 12.15pm
Ethical Issues in Dysphagia Management, speaker Dr Tom Robinson, stroke consultant. Annual General Meeting, Post Graduate Lecture Theatre, Clinical Education Centre. Glenfield Hospital, Groby Road, Leicester LE3 9QP. Members £10. For further information contact Bronilla Cole, tel: 0116 2585563, Michele Adams, tel: 0116 2563597 or email: bronilla.cole@cnwlpct.nhs.uk and michele.adams@cnwlpct.nhs.uk

AAC (Scotland) SIG (S7)
4 May, 9.15am – 3pm

South West Thames SIG in Developmental Speech and Language Impairment (E15)
24 May, 9.30am – 3.30pm
Controlling your environment. Focusing on the integration of communication and environmental control systems for adults and children. Nuffield Orthopaedic Hospital, Headington, Oxford. Non-members £10/members £5, including lunch. Contact Sally Chan, tel: 0171 9247527, email: sallychan@blueyonder.co.uk

London SIG Bilingualism (L2)
7 June, 9am - 4.30pm
Dysfluency and bilingualism, includes seminars, workshops, and personal perspectives on the use of stammering packages, and working with diverse families. Meeting Room 3, Willeseed Centre for Health and Care, Robson Avenue, Willeseed, London NW10 3RY. £15/students and assistants £5. To confirm place, send name, address, trust, and cheque, payable to: London SIG Bilingualism, by 15 May to: Tanvi Shah, Flat 10 Kensington Heights, 13-23 Sheenpote Road, Harrow, Middle HA1 2LW. Contact: Sunita Shah, email: sunita.shah@bpprentpct.nhs.uk

SIG Psychiatry of Old Age (South of England)
16 May, 9.30am – 4pm
Family therapy with older adults, speaker Colin O’Keefe, Clinical SLT specialist Maudsley Hospital; CBT for older people, speaker Steve Boddington, Clinical psychologist, Maudsley Hospital; Feedback on using SPAARC with people with dementia. Cost includes refreshments and lunch. Members £10/non-members £20. Contact Julia Marjoribanks, tel: 01732 368928, email: juliamarjoribanks@swkentpct.nhs.uk

SIG in Voice Scotland (S4)
16 May, 9.30am – 4pm
Instrumentation in voice: use in assessment and therapy. Issues in clinical application of acoustic measurement, Dr Janet Beck; Speech science, Dr Colin Watson; Laryngograph speech studio, Richard Blowes; Airflow assessment, Myra Lockhart; Stroboscopy assessment, Lynsey Pearson and Fiona Paton. Lecture Theatre, Wishaw General Hospital, Wishaw. Members and students £15/non-members £20. Contact Jill Richardson, tel: 01698 366423 or email:wlgtherapy@lanarkshire.scot.nhs.uk

SIG in AAC (Central Region) (C16)
24 May, 9.30am – 3.30pm
Controlling your environment. Focusing on the integration of communication and environmental control systems for adults and children. Nuffield Orthopaedic Hospital, Headington, Oxford. Non-members £10/members £5, including lunch. Contact Sally Chan, tel: 0171 9247527, email: sallychan@blueyonder.co.uk

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email: viv.robinson@rcslt.org by 3rd April to book your SIG advert

Specific Interest Group notices
Commissioning a patient-led NHS: what does it mean for you?

An essential conference for all allied health professionals

27 April 2006, Holiday Inn, Regents Park, London

Find out about the big issues:

System reform: Kay East, Chief Health Professions Officer

Commissioning: Heather Wicks, Head of Commissioning and Service Redesign, Oxford City PCT

Payment by results: Noel Plumridge, former NHS Finance Director

Different provider models: Jo Webber, NHS Confederation

Workforce planning: Judy Curson, National Workforce Review Team

Connecting for Health: Jan Laidlow, Connecting for Health AHP Clinical Lead

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