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

September 2020 | www.rcslt.org



Sweet dreams: the impact of sleep difficulties
on language development



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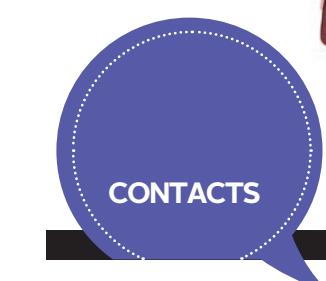
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Victoria Briggs

EDITORIAL

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).



Lifelong learning

Typing in with the start of a new academic year, our 75th anniversary theme for this month is 'education'. While there's usually a shine that accompanies the new autumn term, against the backdrop of coronavirus, the start of this academic year feels somewhat overshadowed by uncertainty. At the time of writing, universities are yet to understand the impact the pandemic might have on admissions, and tutors are grappling with how best to facilitate practice-based learning, as well as managing their own anxieties about how to keep themselves and students safe. In the long term, there is much that remains to be understood about the effects of coronavirus on the higher education sector itself and, consequently, the future pipeline of SLTs.

In this issue of the magazine, student SLTs Sarah Murphy and Erika Mangialardi write for us about an online communication group they set up for people with aphasia when the pandemic put paid to their clinical placements (p11), while Natalie Bryan reflects on her experience as a black student and SLT in her column about the importance of representation within the profession (p9).

On the website, we've expanded our resources for those SLTs who go into schools to raise awareness about the profession, as well as for prospective student SLTs considering a university degree course in 2021 and beyond. If either description applies to you or those you know, please visit bit.ly/34ds4IZ for more information.

Victoria Briggs editor

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Your RCSLT

PÁDRAIGÍN O'FLYNN



For as long as I can remember, I have been passionate about advocacy on a large scale. This led me to pursue an undergraduate degree in political science and economics. My interests and experiences range from international relations and global history through to local organising. But, having been raised by an

SLT mom, I have always held a special place in my heart for advocating for people with speech, language, communication and swallowing needs.

I joined the RCSLT's policy and public affairs team a year ago after moving from the USA. In my role, I primarily support the team in the promotion of policy campaigns and I am very involved in the RCSLT's work on student engagement, diversity and careers promotion. I also help to coordinate Twitter takeovers on the **@GivingVoiceUK** account to mark various awareness events throughout the year. My position at the RCSLT allows me to combine my knowledge of politics and my passion for advocacy to support people with speech, language, communication and swallowing needs, as well as the SLTs that work with them, which I absolutely love!

Pádraigín O'Flynn, RCSLT external affairs assistant
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COVID-19 redeployment

As part of the COVID-19 response, many members of the children's community speech and language therapy team in Derbyshire were redeployed to new roles. I think we all agreed that we couldn't have been further from our collective comfort zone. Working as healthcare assistants (HCAs) on a rehabilitation ward with mainly older adults seemed a million miles from the jobs we applied for. In supporting patients with a range of physical and mental health conditions, including dementia and Parkinson's disease, we have experienced elements of patient care that none of us ever expected to deal with. However, we found that communication and kindness have been central, and we have continued to use our skills to support patients in this new context.

Alongside our duties as HCAs, we used visuals and iPads to support communication, created photo menus for patients and improved the signage around the ward. We gave practical tips to ward (and other redeployed) staff to help them communicate with patients with word-finding difficulties. And we used the Alzheimer's Society's 'This Is Me' template to help see patients more holistically and to start conversations.

There have been lovely high points in this new role, such as caring for older people who were afraid, confused or uncomfortable. Having enough staff on the ward meant that there was time to sit and chat with patients—essential when visitors were not allowed.

There were some challenges along the way too. Not just for SLTs, but for the existing ward staff who had an influx of new recruits to train—most of whom had no experience of working in this kind of environment. We all had to adapt quickly and learn lots of new skills at the same time as having the added worry of being at work during a pandemic.

Some team members have started to return to the speech and language therapy service, and we're all very excited about getting back to the jobs we love. Those of us on redeployment have had to be resilient and support each other throughout, but we have never lost sight of the importance of communication in really good quality patient care.

Vicky Williamson, SLT, Derbyshire Community Health Services NHS Trust
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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

News digest

NEWS
IN BRIEF

Service user survey: access to speech and language therapy



The RCSLT is working with service-user organisations across England, Scotland, Wales and Northern Ireland on a survey—launching in late September—to assess the impact of COVID-19 on people's access to speech and language therapy services.

The ability of people with communication and swallowing needs to access the speech and language therapy they need has been one of our major concerns throughout the pandemic (see policy statement at bit.ly/3jsl2Vl). We are pleased to be working closely with service-user organisations to

ensure the survey questions are insightful and available in a range of accessible formats.

Dr Judy Clegg of The University of Sheffield will be analysing the survey's findings, which will be used to support the RCSLT's policy and public affairs work across the UK, and will form the basis for our influencing work in early 2021.

Keep an eye on [@RCSLTpolicy](#) on Twitter for more updates, and email peter.just@rcslt.org for information on how you can get involved.

Get involved with RCSLT projects

■ **ROOT case studies** are being sought from members who are collecting and using outcome measures to inform their practice. Email ROOT@rcslt.org

■ **Children and young people's mental health learning journey:** a consultation opens on 15 September. Email lucy.adamson@rcslt.org



■ **Practice-based learning guidance:** work on this project has resumed. Email lucy.adamson@rcslt.org

Transparent face masks

The RCSLT has been lobbying for the introduction of transparent face masks for use in health and social care settings. We understand that the government has ordered transparent masks for use across the UK—a welcome development for SLTs. RCSLT Scotland is pursuing supply for SLTs in Scotland separately (see @rcsltscot on Twitter for updates).

◎ Read more at bit.ly/3gDDvwY

NHS People Plan

The RCSLT has welcomed the publication of NHS England's People Plan, but called for more details on how the aspirations in it will be realised, more recognition of the valuable contribution of allied health professionals and a stronger stance against institutional racism in the NHS.

◎ Read more at bit.ly/3oxHoiz

Diversity and anti-racism hub

This new RCSLT website section has been developed following a renewed focus on working with members to improve diversity and inclusivity across the profession. It contains resources, guidance, research and the latest updates relating to this workstream, which we hope to expand over the coming months.

◎ Visit the hub at bit.ly/RCSLTdiversity

New guidance for education settings

The RCSLT has worked with the National Association of Head Teachers to develop guidance for education settings on commissioning speech and language therapy services and training, which has now been published.

◎ Read more at bit.ly/31qoBAH

COVID-19 webinar series

Throughout the pandemic, the RCSLT has released a series of webinars on COVID-19-related topics, including critical care for SLTs; practical and ethical decision in adults with COVID-19; and COVID-19 rehabilitation. Six webinars are now available to view online.

◎ See www.rcslt.org/webinars

For the latest news and information from the RCSLT, visit rcslt.org

News in pictures

September's round-up of pictures features RCSLT members in PPE, adorable creative projects, and some impressive professional and personal achievements.

We love showcasing what you're up to, so email bulletin@rcslt.org or tweet [@rcslt_bulletin](#) with your pictures for a chance to be featured.

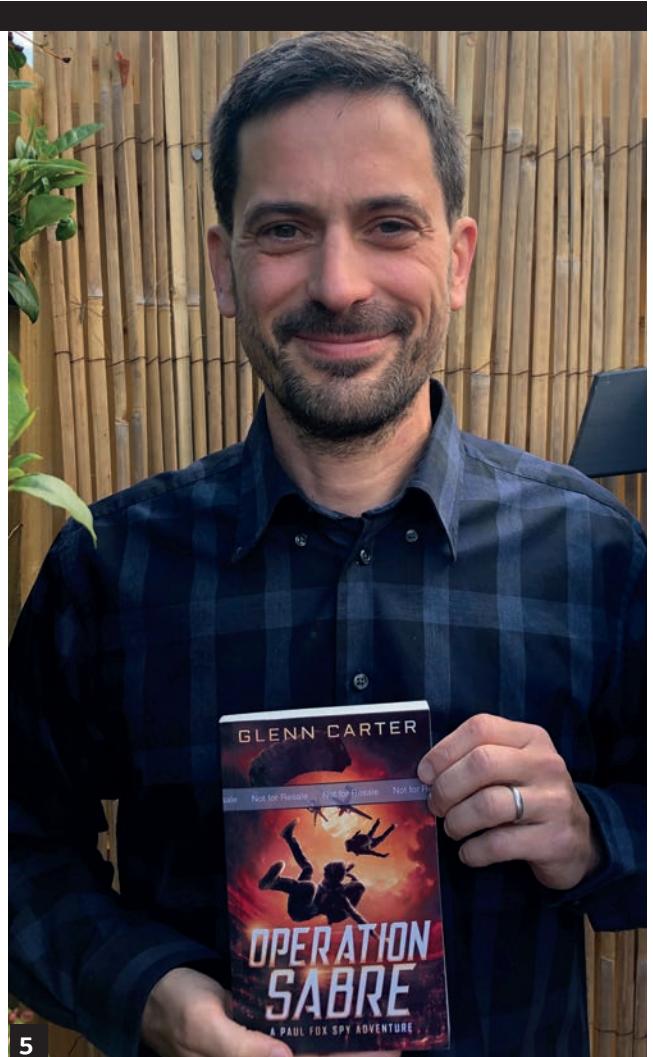
1. Rabiya Dawood poses after completing her respirator hood training—part of her work to explore appropriate PPE for dysphagia and communication patients in the community (@rabiyaslt).

2. Newly qualified SLT Emma Dwyer was awarded The Tavistock Trust for Aphasia prize for her dissertation. Congratulations Emma! (@EmmaSLT99).



3. Paediatric SLT Henny Bernstein had her cuddly likeness made by a paediatric nurse colleague after she was redeployed to work as a healthcare assistant at North East London Foundation Trust Community Ward Hospital (@Henny_Bernstein).





4. As part of their Band 6 supervision during COVID-19, Aislinn O'Reilly, Sarah McCann and Maria Papadaki (from left to right) share experiences, discuss patients and get some CPD done (@mariap_SLT).

5. SLT turned spy adventurer Glenn Carter has published his first novel *Operation Sabre* on Amazon. He started the novel as a Christmas present for his three daughters, and six Christmases later he accomplished his mission. (@gcarterauthor @Glennetal).

6. Charlie Gascoyne decided to cross-stitch herself a larynx bookmark—very useful for keeping her place in big hefty textbooks! (@CharlieG_SLT)

7. For last month's 75th anniversary theme of 'Around the world', Josephine Ohenewa and her team gave us a run down of what speech and language therapy is like in Ghana. Head to our website to read all about it: bit.ly/3iecalm





DELLA MONEY & KAMINI GADHOK

CELEBRATING THE PROFESSION



At the start of the RCSLT's 75th anniversary year, we had big plans for celebrating the speech and language therapy profession and for recognising the incredible difference our members make to so many lives. Royal events were in the calendar, hub celebrations were lined up, and a special awards evening was envisioned.

Reflecting now on our anniversary year, few would disagree that 2020 has been an extraordinary year. The COVID-19 crisis has brought with it huge challenges, as well as opportunities to adapt, learn and grow. This experience, along with the swelling power of the Black Lives Matter movement, has made for a year that will have a lasting impact around the world.

Throughout this time, the speech and language therapy profession has been affected in different ways. But whether you've been shielding, working from home, taking on new roles, or on the front line seeing patients with COVID-19, you've faced huge challenges together, and there's much to celebrate.

To recognise all that you have done, we're inviting everyone to come together (virtually) to celebrate speech and language therapy, reflecting on the time we

"To recognise all that you have done, we're inviting everyone to come together"

are living through and to lift one another up. Taking part is easy, and you can do it any time, starting in September. Just share a few words, a picture, a video or a drawing, on Twitter, Instagram or a public post on Facebook—anything that tells the story of the experience you and your colleagues have had, and that shines a light on the value of the profession. Be sure to use the hashtag **#SLTappreciation** so others can find your posts.

It may not be the celebrations we planned, but we certainly still have a profession to be proud of. Find out how to get involved at www.rcslt.org/news/75th-anniversary-celebration

Dr Della Money, RCSLT chair
Kamini Gadhok, MBE, RCSLT chief executive
Email: kamini.gadhok@rcslt.org



DEREK MUNN

Other business

The external and public affairs work of the RCSLT has been focused on COVID-19, like the rest of the organisation, and as it should be—from PPE to clear face coverings, redeployment to restarting services, to children's services and telehealth. In recent months we've also been seeking to play our part in response to Black Lives Matter. But I thought a round-up of some other areas might be of interest.

First, we continued to raise the profile of inclusive communication with the Scottish Parliament and Government, including giving oral evidence to a parliament committee. With inclusive communication now written into two Scottish laws (social security and consumer law) we want to see an overarching legal provision.

Second, we have made use of legislation passing through the Westminster Parliament to raise the importance of speech, language, communication

"We are conducting a major survey of users of speech and language therapy services"

and swallowing needs. For example, during the passage of the Domestic Violence Bill we briefed MPs and Lords on the links between language and communication and situations of abuse, and a number of strong contributions were made in the debates.

We have also worked with other allied health professions to use a rather technical bit of legislation related to Brexit—the Medicines and Medical Devices Bill—to press the case for SLTs and others to begin the right to prescribe. We are phrasing it as a duty more than a right, because it is people with swallowing needs (in particular, but not exclusively) who would benefit from the flexibility and speed of response this would bring. But it will be a long process to get there.

Finally, we are moving ahead this autumn with a long-held ambition to conduct a major survey of users of speech and language therapy services (see p5), partly in response to the COVID-19 experience. We are working with service user partners and ensuring that the survey is in all accessible formats. Watch this space in the weeks ahead!

Derek Munn, RCSLT director of policy and public affairs
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Focus on diversity

As one of only three people of colour on her course, Natalie Bryan speaks on the importance of representation within the profession

Throughout my school years I never heard of speech and language therapy, but a chance meeting with an old school friend helped me realise I could combine my love of languages and interest in healthcare, and in 2012 I began my postgraduate diploma in speech and language therapy.

From the outset, it became very clear that people of colour were under-represented in the speech and language therapy profession. I was one of only three people of colour on my course and there were moments when I very much felt my race—although I did, for the most part, feel supported by my lecturers and peers.

Over the course of my career, I have definitely missed out on seeing people like myself within the profession. We do not appear in speech and language therapy related articles or job adverts, and we rarely feature in publications (including *Bulletin*). If we cannot see ourselves, this means the community we work with cannot see us—we may be mistaken for carers or support workers and not recognised as the SLTs we are.

I am extremely honoured to currently work as a senior specialist SLT across two teams that are more diverse than any other I have previously worked in. This has made a huge difference—I am able to have conversations I couldn't have before, with people who understand.

Being an SLT is something I love; and I hope that, in the coming years, young people of colour are encouraged to pursue a career in the profession. We are able to achieve anything we put our



“Sometimes it helps to see someone like you achieve it first”

minds to, but sometimes it helps to see someone like you achieve it first. This is something that should be addressed by our profession—we can only become diverse if we promote the profession among our diverse youth.

Natalie Bryan
Twitter: @nattybungo84
Instagram: @nattybungo1984

The Focus on Diversity column is a space dedicated to raising the voices of black, Asian and ethnic minority SLTs, as well as other minorities within the profession. Here we want to encourage the stories and experiences of our membership, as well as create opportunities for discussion and education, with the ultimate goal of striving for change.

If you would like to share your story or have a topic that you would like to write about, please email Siobhan Lewis at **siobhan.lewis@rcslt.org**

Email your CEN notice to
bulletin@rcslt.org

To find out more about RCSLT CENs, visit: bit.ly/rcslnet

AAC London CEN

14 September

Free online study day on the practicalities of collaborative working in the field of AAC. Will provide participants the opportunity to consider barriers to effective collaboration, and reflect on specific practices to help overcome them. Sign up at webcollect.org.uk/aaclondon

West Midlands CEN in Disorders of Fluency

9 October, 9am-4pm

A refresher day on the update to The Swindon Packs - the Smoothies, Blockbuster and Teens Challenge Pack. Note that this is a refresher day and not a replacement for our two-day Packs Training held in September. Ideally therapists should have already attended this training or be familiar with our packs. Cost: £30. To be held over Zoom. To book, email wmcen.disordersoffluency@outlook.com

Promoting Communication in the Early Years CEN

11 October, 9.30am-12pm

Virtual Study Day: Learning from the Early Outcomes Fund. Featuring presentations from Early Outcomes Fund areas across England on their practical and strategic outcomes and project evaluations. We are pleased to offer a virtual study day using Microsoft Teams. Cost: Free for members, £10 for annual membership. To book, email lesley.cherriman@gmail.com

East Midlands & Yorkshire Aphasia CEN

13 October, 1-2.30pm

What is 'self-management' and could it help improve quality of life for stroke survivors with aphasia? An introduction to the StarStep study. Free online event, the second of a series of three, exploring the psychological needs of people with aphasia. Guest speaker: Dr Faye Wray, Research Fellow, University of Leeds. Time for facilitated discussion and questions. To register, email hazel.warren@nhs.net

East Midlands Progressive Neurology CEN

9 November, 1.30-3pm

Free Huntingdon's disease webinar. To register, email gale.cockayne@nhs.net and ian.dunn1@nhs.net. Alex Fisher, OT, West Midlands Neuropsychiatry & Huntington's Disease Service, talking on social cognition in Huntingdon's disease, and a discussion between Elise Adams, Huntingdon's disease specialist nurse, and Maggie Moon, specialist SLT, Community Neurology Service Nottingham. Time allocated for questions.



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Student SLTs Erika Mangialardi and Sarah Murphy share an innovative approach to supporting people with aphasia while furthering their own learning

The iCafe group catch-up

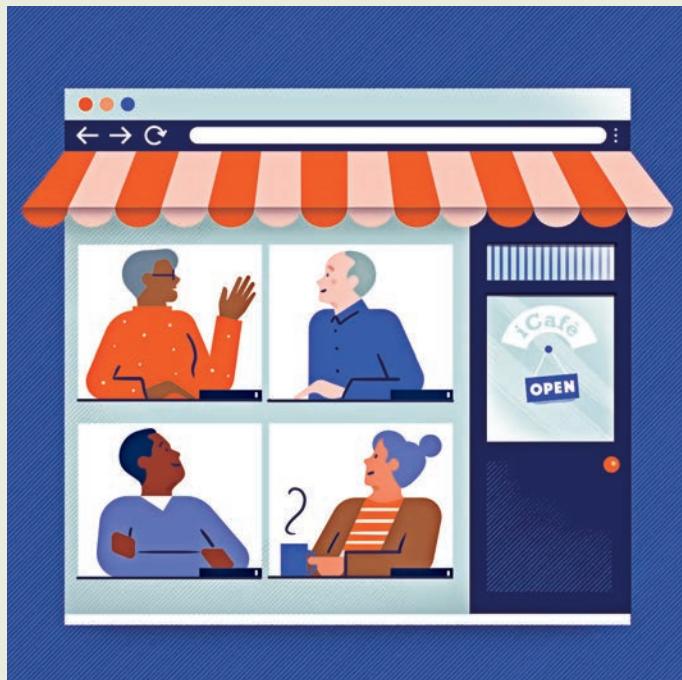


ILLUSTRATION BY Sara Gelfgren

Earlier this year, as the pandemic struck and our final clinical placements at the University of Essex could not go ahead as planned, we looked for alternative ways to support patients' communication while gaining clinical experience. We found many Facebook groups for stroke survivors and people

with aphasia and felt that our role was to offer these people a safe place to share their stories and practise their communication skills. As we were particularly interested in teletherapy, we thought that an online group could be a great solution to make the difficult days of lockdown more enjoyable.

We set up the 'iCafe group on Zoom', an online communication group comprising four or five participants and two facilitators. At first we were hesitant about people's willingness to use the necessary technology to access a group such as this, but we couldn't have been more wrong.

Our sessions have included games, fun activities, music and conversation topics. No therapy goals were implemented. Participants were free to join discussions or to remain silent and observe the session, contributing when they felt confident to do so. Although conversations were mainly led by us, the main goal was to allow space for people in the group to take the lead and propose conversation topics that were meaningful for them.

"...we thought an online group could be a great solution"

Participants have enjoyed being part of the initiative, returning each week to Zoom to take part. They have been willing to share their stories and seem very engaged in trivia quizzes and visual imagery sensory activities. Their personal strategies to effectively communicate their message during the sessions have included writing via the Zoom 'chat' feature, showing pictures on their phones, and speaking slowly and clearly.

It has been very rewarding to provide an opportunity for participants to interact with each other and have real conversations. From a clinical point of view, it reached the last step of therapy sessions: people were communicating with each other in a new environment using their strategies and forgetting

about the label of their disability.

The passion we used to plan the session materials and the strategies we learned to keep the conversations flowing were invaluable for our clinical experience. Sharing ideas with each other beforehand and debriefing afterwards provided a valuable opportunity to reflect on the sessions and find ways to make continuous improvements. As students, the group provided us with a lot of creative freedom to try new ideas. Participants were very supportive of us on this journey and of the group itself as it evolved.

The lecturers at the University of Essex have been very encouraging of this initiative, providing us with ideas on how to extend the project. They have offered us informal supervision, helping us to develop our reflective practice and to work through challenging situations as they arise.

The iCafe group on Zoom continues to offer opportunities for people to participate in meaningful conversation within a safe environment after a stroke. While it's still early days for us, the value of the group is evident. Some participants already appear more confident about initiating conversation, and witnessing this has felt incredibly rewarding. One participant commented, "I like the group as it enables me to exercise and enhance my speech skills after suffering two strokes."

The number of participants has increased each week. Given the group's value to participants, our plans are to continue with the sessions throughout the pandemic and beyond, while looking to expand it too. ■

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FEATURE

LANGUAGE DEVELOPMENT





Sweet dreams

Dr Victoria Knowland and Dr Lisa-Marie Henderson delve into the nocturnal world of sleep difficulties and their impact on children's language development

ILLUSTRATIONS BY Jason Lyon

We spend roughly half our lives unconscious, which—in terms of evolution—is a terrible idea because it leaves us highly vulnerable to attacks from mountain lions. Fortunately, it has long been recognised that sleep offers us considerably more than just passive recovery. Indeed, sleep plays a key role in various aspects of our mental and physical health (Chaput et al, 2016). Beyond this, sleep actively supports our ability to learn and retain new information.

Sleep and language learning

Language learning is a key example. Numerous studies show that sleep facilitates the consolidation of newly-learned language,

strengthening memory for new words, integrating them into existing lexical networks and allowing new linguistic information to be generalised across different contexts (Schreiner and Rasch, 2017). We can see the practical consequences of this in the poor academic performance of children who do not sleep well; the fact that extending sleep in teenagers can lead to improvements in school performance (Dewald-Kaufmann, Oort and Meijer, 2013); and the finding that grades can be sacrificed by late-night study (Thatcher, 2008).

Children with developmental disorders of learning and cognition often suffer from sleep disturbances. These are well documented in children with autism and attention deficit hyperactivity disorder (ADHD) (Singh and Zimmerman, 2015). At the University of York we

are investigating the under-researched possibility that sleep problems might also contribute to the language learning difficulties of children with developmental language disorder and language delay. Understanding the ways in which sleep is affected in disorders of language might have important implications for the design and implementation of effective assessment and remediation programmes—particularly around early intervention.

Clinical perspectives on sleep

One important step in understanding the links between childhood sleep and language development is to take a look at the clinical landscape. We were interested to know whether sleep is something that crops up in speech and language therapy clinics. Do parents perceive their children to have sleep problems? If so, do they link those →

“Children with developmental disorders of learning and cognition often suffer from sleep disturbances”

problems with language and mention this in clinic? Do language professionals routinely ask parents about sleep? What happens to support families when difficulties become evident?

We circulated an online questionnaire to colleagues via email, word of mouth and social media, and 116 paediatric clinicians responded. They worked primarily in the UK and saw children across a range of settings, mostly schools and clinics. Twelve clinicians worked exclusively with an early years caseload; 36 with primary-age children; 13 with secondary-age children; and the remaining 55 had a mixed caseload with children ranging from under one year right up to the end of education.

We asked clinicians, ‘Is sleep something that the parents or teachers of children with language difficulties ever bring up?’ Most (89%) said it was. Responses indicated that the frequency with which sleep is mentioned varies fairly evenly along the continuum, from ‘occasionally’ to ‘often’. Sleep is clearly on clinicians’ radars. Indeed, 93% of respondents said they have asked parents about sleep in clinic at some point.

We are particularly interested in whether sleep issues in children with language and communication difficulties extend beyond those on the autistic spectrum or those with ADHD. We asked clinicians which particular groups of children they see sleep issues in. As expected, a sizable percentage mentioned children with autistic spectrum disorders (ASD) (79%) and/or ADHD (46%). Interestingly, other groups also emerged. Children with severe language difficulties (27%) and children with ear nose and throat problems (32%) were popular responses. Beyond the options given, clinicians reported a number of additional

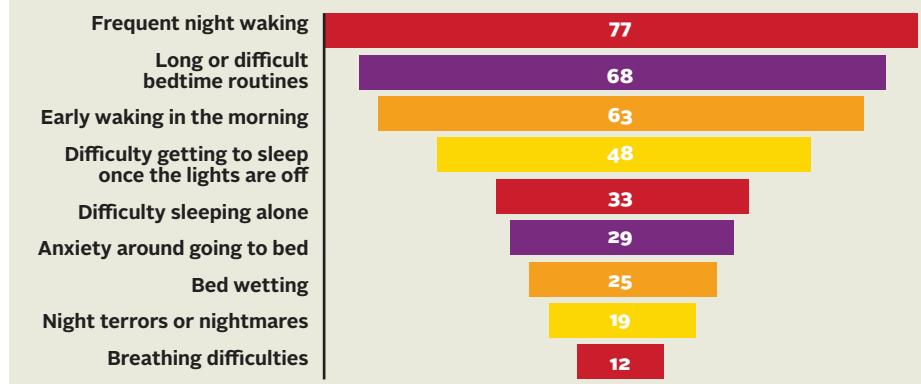
groups, most commonly those with issues around anxiety, including stammering, and children experiencing environmental deprivation.

Common sleep problems

Sleep is a surprisingly complex behaviour and can fall apart in many different ways, so we asked clinicians what particular problems parents brought up in clinic. The three most popular responses, as depicted in Figure 1 below, were frequent night waking (77%),



Figure 1:
Percentage of respondents who mentioned each of the given sleep issues



long or difficult bedtime routines (68%), and early waking in the morning (63%).

This accords fairly well with the only study on sleep behaviour in children with language disorders currently published. This found that, according to parent report, children with language disorders, including ASD, had difficulty getting to sleep once the lights were off, compared to their typically-developing peers, and were more likely to wake early (Botting and Baraka, 2017).

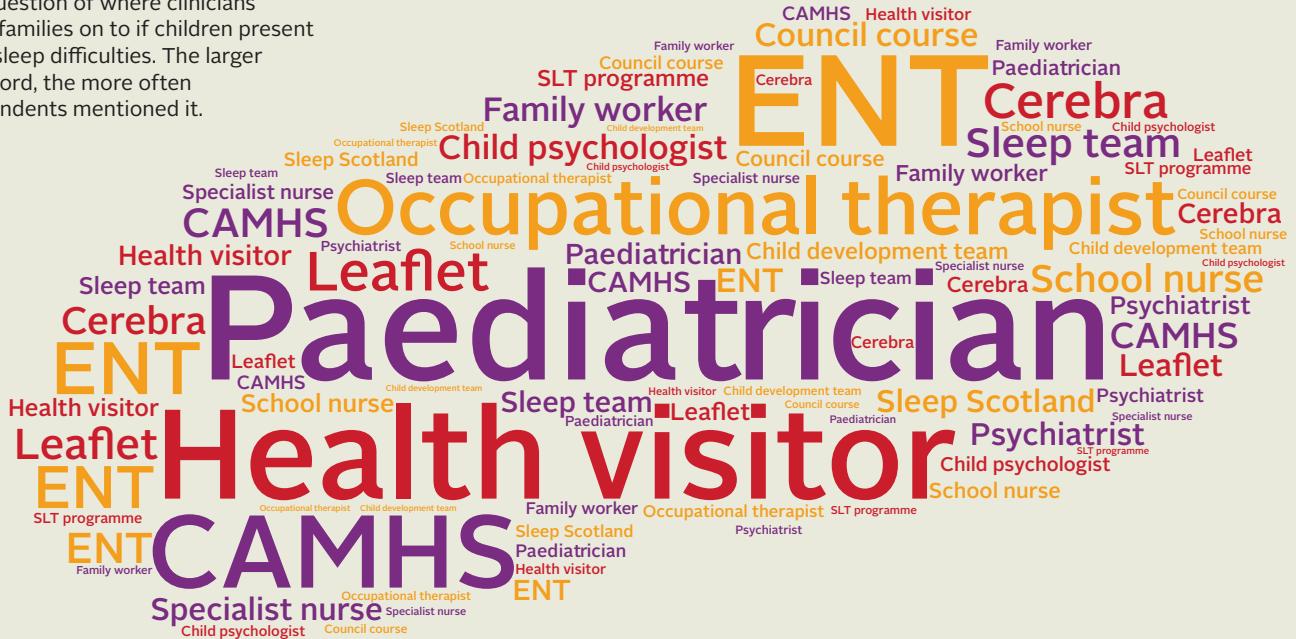
We broke responses down by dividing clinicians along two dimensions: by the age of children they worked with and by whether they worked with, or specialised in working with, children on the autism spectrum. Some interesting patterns emerged. Long or difficult bedtime routines were reported almost equally commonly across clinicians working with each age group, from the pre-school group (58%) to the secondary school group (46%). Perhaps unsurprisingly, difficult bedtime routines

were reported much more frequently by clinicians whose caseloads included children with ASD (65%) or were made up exclusively of children with ASD (71%), compared to those who didn’t mention working with children on the spectrum (35%).

There were three issues that only clinicians who specialise in ASD mentioned as problems: difficulty sleeping alone, breathing difficulties and anxiety around going to bed. They were also more likely to say that children on their caseload showed early

Figure 2

Word cloud of responses to the question of where clinicians refer families on to if children present with sleep difficulties. The larger the word, the more often respondents mentioned it.



morning waking. All seven ASD specialists mentioned this compared to 52% of other respondents. Looking across age groups, frequent night waking was much more commonly reported by those working exclusively with pre-school children (83%) compared to those with an older or mixed caseload (54%). Anxiety around going to bed saw the opposite pattern, with clinicians working with secondary school children more likely to report this (54%) compared to those with a younger or mixed caseload (21%).

Referral pathways

We asked clinicians where they refer families on to when sleep issues arise in clinic, and were surprised by the variety of answers given. Figure 2 shows where the 46% of clinicians who had referred families sent them to. Two respondents highlighted the issue here by stating there is no clear pathway for referral, especially for school-age children. Encouragingly though, it seems some services do have local specialist teams or set pathways for onward referral.

Ways forward

When asked for any further thoughts, several respondents laid out the negative sleep loop. Children with language issues require greater concentration to get by at school, meaning a greater need for sleep. If

that sleep is then insufficient in some way, it has an impact on how well children can attend the next day in therapy or school, leading indirectly to language issues worsening or progress stalling. This on top of the possibility that poor sleep constrains the consolidation of new words.

While limited in its scope and size, this survey highlights the fact that sleep is obviously an area of interest for many professionals in clinic and something that deserves more investigation. We need to determine which children sleep poorly and why. We also need to work out whether there are definitive links between poor sleep and poor language, and if so whether early intervention can help boost children's progress. Emerging findings are already pointing to ways in which sleep and/or learning might be manipulated to optimise consolidation of new language.

The role of sleep in developmental disorders of language is an area we are continuing to work on at the University of York's Sleep Language and Memory Lab. Please get in touch if you have any thoughts about this subject. ■

Dr Victoria Knowland, SLT and Dr Lisa-Marie Henderson, senior lecturer, Department of Psychology, University of York
Email: victoria.knowland@york.ac.uk and lisa-marie.henderson@york.ac.uk



References & resources

There are several online resources available to learn about children's sleep and sleep management, for example:

Great Ormond Street Hospital: bitly.ws/8LNi

Sleep Council: bitly.ws/8LNj

Children's Sleep Charity: bitly.ws/8LNk

Botting N and Baraka N. Sleep behaviour relates to language skills in children with and without communication disorders. *International Journal of Developmental Disabilities*. 2017; 238-243. doi:10.1080/20473869.2017.1283766

Chaput JP, et al. Systematic review of the relationships between sleep duration and health indicators in school-aged children and youth. *Applied Physiology, Nutrition and Metabolism*. 2016; 41: S266-S282. doi: 10.1139/apnm-2015-0627

Dewald-Kaufmann, JF, Oort, FJ and Meijer AM. The effects of sleep extension on sleep and cognitive performance in adolescents with chronic sleep reduction. *Sleep Medicine*. 2013; 14: 6, 510-517. doi:10.1016/j.sleep.2013.01.012

Schreiner T and Rasch B. The beneficial role of memory reactivation for language learning during sleep: A review. *Brain and Language*. 2017; 167: 94-105. doi:10.1016/j.bandl.2016.02.005

Singh K and Zimmerman AW. Sleep in autism spectrum disorder and attention deficit hyperactivity disorder. *Seminars in Paediatric Neurology*. 2015; 22 (2): 113-125. doi: 10.1016/j.spen.2015.03.006

Thatcher PV. University students and the 'all nighter': Correlates and patterns of students' engagement in a single night of total sleep deprivation. *Behavioural Sleep Medicine*. 2008; 6 (1): 16-31. doi: 10.1080/15402000701796114

Counting the COST

Josie Tulip reflects on how participating in a collaborative network helped to boost her research skills and forge international connections

ILLUSTRATION BY Ben Mounsey-Wood



One way to make an impact within speech and language therapy is to join collaborative networks. These are usually large-scale incentives or organisations with specific goals, and have various members in many locations. They can do great things, such as developing the knowledge and skills of members and pushing their chosen topics or fields forward through the contribution of many voices and perspectives. However, many of us aren't sure how to join such collaborations, or don't know if they would be welcoming for those who are not experts or well-connected. It can also be hard to strike a balance between managing day-to-day professional priorities and collaborating within bodies in the speech and language therapy field. This is especially the case when considering European or worldwide research initiatives.

These concerns were addressed for me when I became involved in a large-scale research initiative led by one of my PhD supervisors, Professor James Law, at Newcastle University. It was known as COST Action IS1406, and the final meeting was held in Bulgaria in April 2019. The Action's primary focus was to improve the evidence base underpinning delivery of services to children with developmental

language difficulties. I was involved for the final two years, and it benefited me greatly. I want to share what a COST Action is, in the hope that it may encourage others to take part in wider research collaborations.

COST Action

The European Cooperation in Science and Technology (COST) is a funding body that helps researchers and practitioners across Europe and beyond create interdisciplinary and collaborative networks known as COST Actions. They do not fund the research, but collaboration activities associated with it—including workshops, conferences, research group meetings, training schools, short-term scientific missions, and dissemination and communication.

COST Actions can be proposed or joined by anyone, regardless of scientific field, profession, experience (variety is encouraged) or connections, as long as they are interested in being involved in the Action's topic. My PhD supervisors were significantly involved in COST Action IS1406 (Professor Cristina McKean was a group leader), but there were many people who had never heard of a COST Action or had no connections before joining. You can also be as involved as you want. You do not have to go to or contribute to every meeting, and can even just attend meetings to see what research is going on. As such, they are more accessible to join than many research groups, incentives and bodies.

Global reach

COST Action IS1406 involved more than 200 members from 36 countries across Europe, as well as 'near neighbour' countries such as Lebanon, Turkey, Russia and Israel. While countries with well-established research infrastructures were involved, the chair and working group leaders worked hard to include less research-intensive countries (a major priority for COST). This meant that the research produced involved voices that have fewer opportunities to be heard in the field, and provided opportunities for researchers in Western countries to benefit from a wider perspective.

COST Action IS1406 focused on intervention for children and young people with language impairment, the term recently superseded by developmental language disorder. It had three main aims split into three working groups that examined: the linguistic and psychological underpinnings of interventions for language impairment; the delivery of interventions for language impairment; and the social and cultural context of intervention for children with language impairment. Each group focused on a specific part of the Action's research topic, having different research priorities and even methodologies. However, the working groups also collaborated to conduct larger-scale research. Projects included: systematic reviews for language interventions; an international interactive map of service provision; a European-wide (and beyond)



“These experiences and opportunities have helped shape who I am as a researcher”

survey to practitioners about the practice and management of children with language impairment (which had more than 5,000 responses); a European-wide survey for public awareness of language impairment; and a cross-cultural dialogic book-reading intervention.

IS1406's immediate output was a book published from the practitioner survey results (Law et al, 2019). The countries that were part of the Action also used the data to understand what was happening in their own jurisdictions, and more than half of the book is taken up by vignettes of practice in more than 30 countries. I even had the opportunity to co-author some of the chapters. Many members of the Action have stated that they are going to continue to collaborate on research projects in the future, across countries and professions. Future dissemination will also happen via the IS1406 website, conferences, journals, and field and public interactions, and the

survey data has been uploaded to an open data repository so others can access and use it for their own research.

The widespread dissemination of the IS1406's survey findings and other work aims to inform practitioners across Europe and help develop policy changes on national and international fronts for the benefit of children with language impairment.

Personal development

I was given various opportunities to take part and be proactive in a number of activities, including helping to lead logistics for creating and translating the survey into 34 different languages, contributing to its contents, and I was part of the team that created datasets from the survey and conducted their analysis. I also supported work for one of the systematic reviews. These tasks gave me important research skills such as working with large datasets, writing accessible reports,

presenting for large and varied audiences, coordinating COST members' global work and conducting large-scale and complex research procedures. These opportunities also provided a lot of experience working in a large and diverse cohort of individuals from different cultures and professions, broadening my perspective in the process, and allowing me to make connections with people I would not have met otherwise. Our cultural and practical similarities and differences served us well when we worked together, and will do so in the future. These experiences and opportunities have helped shape who I am as a researcher and how I want to work with others in the future.

Get involved

If you want to join collaborative networks, the COST website has many incentives that could be interesting for those in speech and language therapy—or you could propose your own. There are also a number of projects and incentives developed from older collaborations that help individuals or groups share their work with international audiences, and connect them with others to form new ones. For example, one of COST Action IS1406's legacies is a new website called ECHO (Enhancing Children's Oral language skills). Anyone can join, and it allows you to share details of intervention evaluations you are involved in with an international audience.

Although uncertainties remain about how the UK will work with European and international countries in the future, I believe it is more important than ever to build global professional networks and involve ourselves in research that takes us beyond our day-to-day practice. This not only boosts our own development, but also helps us stay involved with the plethora of innovative and impactful speech and language research out there. ■

Josie Tulip, speech and language PhD student at Newcastle University Email: J.Tulip2@newcastle.ac.uk Twitter: @JosieTulip



Resources & references

COST Action: www.cost.eu/actions/IS1406

Data repository of the COST Action IS1406 survey data: data.ncl.ac.uk/articles/COST_Action_IS1406_Practitioner_Survey/9802880

ECHO: research.ncl.ac.uk/echo

Law J, McKeon C, Murphy CA, Thordardottir E (Eds.). *Managing Children with Developmental Language Disorder: Theory and Practice Across Europe and Beyond*. UK: Routledge, 2019.

Reviews

Books and resources reviewed and rated by *Bulletin* readers

BOOK

Laryngeal Function and Voice Disorders: Basic Science to Clinical Practice

AUTHORS: Christopher R Watts and Shaheen N Awan

PUBLISHER: Thieme Medical Publishers

PRICE: £102.50

REVIEWER: Gemma Clunie, clinical specialist SLT (ENT/airways), Imperial College Healthcare NHS Trust

RATING Book

This book is a comprehensive text for both speech and language therapy students and qualified therapists working in the clinical specialism of voice. The book progresses logically from the anatomy and physiology of laryngeal function, with chapters on voice disorders, case history taking, perceptual evaluation of voice, voice assessment methods (aerodynamic, acoustic, laryngoscopy and stroboscopy), and the diagnosis and treatment of voice problems.

It ends with a chapter devoted solely to voice rehabilitation after laryngeal cancer, including surgical voice restoration and oesophageal speech. Case studies are used throughout the text to help apply material, and each chapter ends with multiple-choice questions to review learning—these are particularly impressive because each answer includes a detailed response to help consolidate understanding.

The text is complemented by high-quality diagrams, appendices and images of vocal pathologies and surgeries. There are practical resources for use in clinic (for example, exercise logs and hierarchies), as well as extensive references for further reading. The book is targeted at US clinicians and certain discussions (for example, licensing and funding) are not relevant to UK-based therapists. However, it is a detailed, practical and useful text book for anyone interested in the management of voice disorders.

BOOK

Grammatical Profiles: Further languages of LARSP (Communication Disorders Across Languages Series)

AUTHORS: Martin J Ball, Paul Fletcher and David Crystal

PUBLISHER: Multilingual Matters

PRICE: £30 (PAPERBACK)

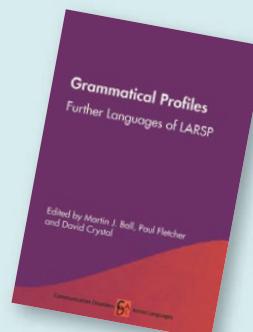
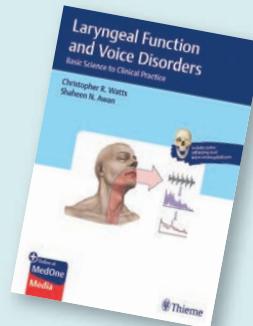
REVIEWER: Lauren Drake, specialist paediatric SLT, Airedale NHS Trust/private sector

RATING Book

The Language Assessment, Remediation and Screening Procedure (LARSP) is a commonly used assessment tool. Over the years the LARSP has been developed to be used with a range of different languages, so detailed assessment information can be gathered.

This book consists of 12 chapters that constitute the final volume of adaptations to the LARSP in languages other than English. Each chapter of the book focuses on a different language, with the first eight focusing on Indo-European languages and the latter chapters dealing with Slavic languages.

The book is a useful tool for individuals working with different languages where there is little standardised assessment or no documented evidence of non-typical language development. The information offered on said languages allows clinicians to gain an insight into the language patterns of non-English speakers. This can be useful in ascertaining typical and non-typical presentations, thus assisting with the identification of communication difficulties. The book is also a useful tool for individuals interested in the development of language internationally.



BOOK

Medical Setting Considerations for the Speech-Language Pathologist

AUTHORS: Kristie Spencer and Jacqueline Daniels

PUBLISHER: Plural Publishing

PRICE: £54.15

REVIEWER: Lucy Roebuck Saez, Specialist SLT, The Walton Centre

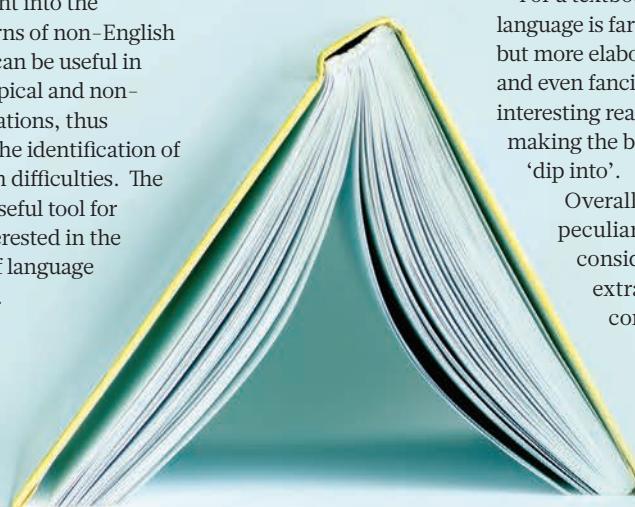
RATING Book

The book's preface states that this is a significant revamp from previous editions and offers a comprehensive update of the theory, assessment and management of aphasia and related conditions. As it aims to do this from a strongly patient-centred, humanistic perspective, the book gives rise to some interesting topics that may not be covered elsewhere—for example, stages of the illness and the inclusion of several case studies that bring life to the information presented.

The book is intriguingly structured with some unusual choices for core topics; eg acute care is allocated a whole chapter while other settings are not. Augmentative and alternative communication, evidence-based practice and telepractice are all covered, although these chapters are fairly short. Statistics and specific references are often US-based, as are entire chapters on resources for families and clinicians, and the funding of speech and language therapy services.

For a textbook, the style of language is far from dry or academic, but more elaborately descriptive and even fanciful. This makes for interesting reading while equally making the book difficult to 'dip into'.

Overall this is a somewhat peculiar book that I would consider as an optional extra rather than a core text.



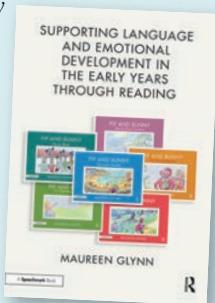
BOOK

Supporting Language and Emotional Development in the Early Years Through Reading

AUTHORS: Maureen Glynn**PUBLISHER:** Routledge**PRICE:** £8.71**REVIEWER:** Kate Eden, Specialist SLT, Magic Words Therapy**RATING** Book

Supporting Language and Emotional Development in the Early Years Through Reading is a useful guide for teachers, SENCOs, early years workers and other healthcare professionals working with children in the early years. This book guides the reader through the collection of six 'Pip and Bunny' books created by Maureen Glynn. As well as including links to the Early Years Foundation Stage framework and additional activities for the different books, Maureen also breaks each story down into several sections. These include new vocabulary, action words, location words, emotions and feelings and other sections for themed vocabulary specifically found in the different stories. For each area the steps are clearly laid out to describe how ideas can be extended from the stories and subsequently support the language and emotional development for children in the early years.

Maureen has written a cohesive handbook with many ideas and activities to help support the carefully planned vocabulary and themes written into her 'Pip and Bunny' stories. This book is perfect for the busy therapist or early years worker to pick up and refer to.

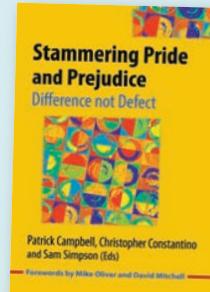
**BOOK**

Stammering Pride and Prejudice: Difference not Defect

AUTHORS: Patrick Campbell, Christopher Constantino and Sam Simpson (Eds)**PUBLISHER:** J & R Press Ltd**PRICE:** £23.49**REVIEWER:** Sheeva Abolhassani M.S. CCC-SLP, Allen Speech and Language, London Children's Practice**RATING** Book

Stammering Pride and Prejudice sheds a humanistic light on stammering, with a refreshing and easy to follow style of writing presented by both of the authors. Each chapter presents its own theme while also continuing to tie into the overall topic of the book. This book pushes forward a humanistic element instead of the medical model/theory, which we as SLTs are usually presented with in relation to stammering. In the book the authors present deep, organic insight into feelings and thoughts through poetry, images and personal stories authored by individuals who stammer. *Stammering Pride and Prejudice* is an excellent read for anyone who is interested in gaining a deeper perspective into the thoughts of individuals who stammer. This book also acts as a supportive read for those who do stammer, as it shows that there are others who have gone through what they are experiencing, providing them with comfort that they are not alone in their journey.

As a whole, I enjoyed reading this book as I felt that it depicted a very human insight into the life journey and outcomes for individuals who stammer.

**BOOK**

We love the NHS

AUTHORS: Eleanor Levenson and Marek Jagucki**PUBLISHER:** Fisherton Press Limited**PRICE:** £7.49**REVIEWER:** Ann-Marie Anderson, SLT, Prestwick**RATING** Book

We Love the NHS is written for children and celebrates the NHS, explaining its role and its history. Marek Jagucki provides eye-catching, child-friendly illustrations that complement Eleanor Levenson's child-friendly text.

The book explores the early days of the NHS and discusses current themes relating to funding and political impact. The reader is informed about the wide variety of roles required for the NHS to function.

We Love the NHS would be an excellent resource for schools or libraries and provides a starting point for discussions on the NHS. Speech and language therapy is not specifically mentioned, but could be highlighted as part of a discussion.

I would recommend this for any child who is interested in finding out more about the NHS or adults who wish to promote this as a topic.



This month we are embracing the theme of education, with a bumper crop of book reviews to help you meet your CPD goals.

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Or if you have a book, film or resource in mind that you would like to review, get in touch with us. Resources reviewed in *Bulletin* can focus on speech and language therapy theory or practice, or on more general topics of interest to SLTs, such as language and communication; working in health and social care; multidisciplinary topics; and diversity and inclusion.



Amit Kulkarni

RCSLT head of research and outcomes
Amit Kulkarni welcomes the new
editors-in-chief of the International
Journal of Language and Communication
Disorders

Dr Joanne Cleland,
senior lecturer,
The University of
Strathclyde



I published my first ever journal paper in the *IJLCD* in 2002, so I am delighted to now be joining the

editorial team. I am a senior lecturer at the University of Strathclyde in Glasgow where I teach undergraduates and research students. My own research focuses on technical solutions for the diagnosis and treatment of developmental speech sound disorders. I enjoy working with NHS colleagues in intervention studies and with engineering colleagues on improving technology.

As the *IJLCD* moves towards open access, RCSLT members can look forward to content being available to a much wider audience of SLTs across the world, and I hope this will increase the international flavour of the *IJLCD* even further. I hope to encourage RCSLT members to submit their clinical research to the journal and act as peer-reviewers. This in turn will help us to ensure that the papers we publish are both high-quality and clinically useful.

I am interested in ways in which we can make the content of the *IJLCD* more accessible to RCSLT members so that translating research into practice is supported. I hope to do this by capitalising on the relationship between the journal and the RCSLT membership and by using the different types of technology that are now available to most SLTs. For example, using social media effectively to communicate key messages from the papers that the *IJLCD* publishes. It's clear that the landscape of academic publishing is changing rapidly—this is therefore a very



Driving force

The *International Journal of Language and Communication Disorders (IJLCD)* is a must-read for all of us in the profession who are interested in evidence-based practice (EBP) (Sackett, 2000). Established in 1966, the *IJLCD*—the official journal of the RCSLT—has been a driving force in the move towards EBP in speech and language therapy in the UK, publishing clinically-relevant research that supports clinicians to keep abreast of the latest developments in research across the world.

The journal's outgoing editors-in-chief (EiCs), Dr Steven Bloch and Dr Cristina McKean, have done a fantastic job leading the *IJLCD* over the past few years. They have ensured the *IJLCD*'s editorial team, the RCSLT and Wiley—the journal's publisher—have worked closely together to develop the reach and impact of the *IJLCD*. They have implemented a number

of successful initiatives to promote research awareness within the profession, from the *IJLCD* lectures to special editions, the *IJLCD* student prize and more. It has been a real pleasure working with them, but it is with great excitement that we announce Dr Joanne Cleland, Dr Paul Conroy and Dr Lindsay Pennington as the new EiCs of the journal, who take over this month.

The new team bring a wealth of clinical and research expertise, along with a great many ideas for driving the *IJLCD* further forward in a time of great change in academic publishing. Here, the new team introduce themselves and share their plans. We very much look forward to working with them, to continue to support clinicians across the world to access the latest, high-quality evidence relevant to speech and language therapy.

challenging but exciting time to be joining the team.

Email: joanne.cleland@strath.ac.uk

Dr Paul Conroy, senior clinical lecturer, The University of Manchester



I'm really pleased to be taking up the role of EiC of the *IJLCD* alongside Lindsay and Joanne. I am a senior clinical lecturer in speech and language therapy at The University of Manchester, specialising in acquired communication disorders. I've been an associate editor of the *IJLCD* since 2015, a role I've always found to be a rewarding experience, providing me with

Research and Outcomes Forum



ILLUSTRATION BY Freya Lowy Clark

“The IJLCD is a must-read for all in the profession who are interested in EBP”

the opportunity to be directly involved in the editorial process for applied research. It is very satisfying to see innovative lines of research progress from initial submission, through peer review and finally published study, which can influence clinical practice and future research. A huge factor in the smooth running of the journal

has been the fantastic support and guidance from the outgoing EiCs, Steven Bloch and Cristina McKean. Alongside associate editors Dr Natalie Munro from The University of Sydney, and Dr Silke Fricke from The University of Sheffield, Steven and Cristina have created a strong culture of teamwork, transparency and response

to change. They will be greatly missed!

Our goals in moving forward will be to build on this strong foundation, and ensure the *IJLCD* continues to be a source of high-quality, clinically relevant and diverse research. Our recent experience of social distancing and working from home highlights the potential (and possible limitations) of technology in our lives. As well as the increase in SLTs accessing literature online, there is also the move towards open access, where science is becoming more freely available worldwide. This change will begin to accelerate soon and the *IJLCD* editorial team will work closely with the RCSLT and our publishers to manage any challenges. More involvement of clinicians in submitting high-quality research and in the peer review process (reading and offering feedback on early drafts of manuscripts) should be a key goal in the future. It will be important to ensure the *IJLCD* is central to ongoing learning and continuing professional development for SLTs in the UK and beyond.

Email: paul.conroy@manchester.ac.uk

**Dr Lindsay Pennington,
senior lecturer,
Newcastle University**



I'm delighted to be taking up the role of EiC alongside my colleagues, Paul and Joanne.

As a team, we are planning some exciting developments and hope that, over the next few years, the *IJLCD* will continue to grow.

My own research focuses on childhood neurodisability and I am acutely aware that, as SLTs, we work in multidisciplinary teams (MDT) and create evidence not just for our own profession,

but also to influence the practice of psychologists, educators, other allied health professionals, physicians and psychiatrists, to name but a few. Similarly, we are influenced by the theories and practice of other groups. As EiCs, we will be strongly encouraging 'team science' with the publication of papers by multi- and inter-disciplinary teams that have direct messages for SLTs. The COVID-19 pandemic is necessitating a hitherto unseen pace of change in the way we approach clinical practice and the education of SLTs. The *IJLCD* will be a vehicle to share these changes, inform our colleagues and drive innovation. We will be looking at different types of papers that could promote immediate influences on clinical practice. We hope that as members of the RCSLT and readers of the journal, you will get involved, submitting and reviewing papers, and also commenting on them and their application in your clinical practice. As Joanne says, social media has an important part to play in spreading our message and we benefit from discussion of *IJLCD* papers through different media.

A final but important point for us as EiCs, is Plan S (see: www.coalition-s.org) and the move to open access for all academic journals. We will be in touch about how we can use this international change to our advantage and develop the journal and its relevance to RCSLT members and wider readership over the coming months.

Email: lindsay.pennington@newcastle.ac.uk



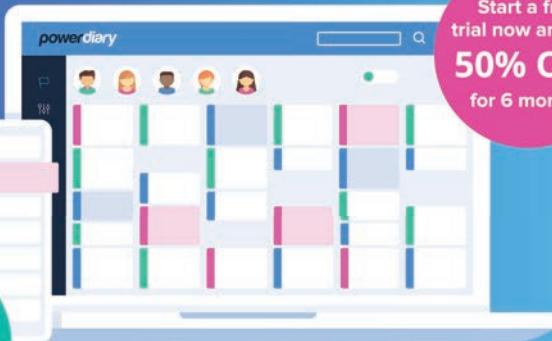
Resources & references

Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence-based medicine: How to practice and teach EBM*. Edinburgh: Churchill Livingstone.

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In the journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Airways stenosis after COVID-19

In this consensus opinion paper from the European Laryngological Society, the authors advise healthcare professionals working with COVID-19 patients who were intubated and/or required tracheostomy to be alert to the potential development of airway complications and refer to tertiary airway centres where concerns exist.

The presentation and treatment of COVID-19 patients are described, with a focus on potential mechanisms of laryngotracheal injury. The common use of prone position ventilation and delayed tracheostomy are two risk factors for airway injury. Preventative management strategies are discussed.

Early involvement of otolaryngologists is recommended, particularly if airway stenosis is suspected. Red flag symptoms are described as 'worsening breathless on exertion and at rest, variously associated to hoarseness, stridor, dry cough, and swallowing problems'. These symptoms can present acutely, but often manifest in the mid- to longer-term. Patients need to be monitored closely following discharge.

The authors discuss potential surgical protocols for patients who develop airway difficulties, including the balance between breathing, airway protection, voice and swallowing. They emphasise that specialist multidisciplinary management of these patients is essential to optimise their outcomes.

Gemma Clunie, NIHR/HEE clinical doctoral fellow and clinical specialist SLT, Imperial College London and Imperial College Healthcare NHS Trust

Reference

Piazza, C., Filauro, M., Dikkens, F. G., Nouraei, S. A. R., Sandu, K., Sittel, C., Amin, M. R., Campos, G., Eckel, H. E. & Peretti, G. (2020). Long-term intubation and high rate of tracheostomy in COVID-19 patients might determine an unprecedented increase of airway stenoses: a call to action from the European Laryngological Society. *European Archives of Otorhinolaryngology*.

Narrative skills of children in care

This study looked at narrative language skills of children living in care and age-expectations norms. Eighty-three children aged 5.3 to 12.10 were included, all of whom were identified as having been subject to neglect and/or abuse, and were subsequently living in foster care, kinship care or residential placements.

Assessment included receptive and expressive narrative ability, together with structural language skills. Care placement circumstances were also collated.

The results showed wide variability in performance on narrative scores. Receptive narrative scores were close to the average range, yet only 19.3% of children scored at or above the expected level on the expressive narrative component. A higher education level of the female carer was shown to have a modest correlation with stronger narrative skills. There were significant positive correlations between participants' narrative skills and their structural language scores. However, the authors suggest that structural language screening alone may not identify an adequate number of those at risk of expressive narrative difficulties.

Implications are discussed regarding the investigative interview processes used with children following maltreatment. The authors concluded that speech and language therapy has a role in 'ensuring that vulnerable children are exposed to linguistically rich early environments, and are identified early for specialist intervention if needed'.

Rebecca Keeping, highly specialist SLT, Bridgewater Community Healthcare NHS Foundation Trust

Reference

Snow, P.C., Timms, L., Lum, J.A.G. & Powell, M.B. (2020). Narrative Language Skills of Maltreated Children Living in Out-of-Home Care. *International Journal of Speech-Language Pathology*, 22 (2), 117-128.

Reading skills in aphasia

This study investigated the impact of intensive anomia treatment on the reading skills of people with aphasia (PWA) and found that both Semantic Feature Analysis (SFA) and Phonemotor Treatment (PMT) generalised across modalities to reading abilities of these participants.

The retrospective analysis of data was collected as part of a larger randomised controlled trial of word retrieval therapies in aphasia. A total of 58 participants with chronic post-stroke aphasia were randomised to two treatment groups and received 56–60 hours of either SFA or PMT over six to seven. Oral reading and reading comprehension data were compared within and between groups at pre-treatment, immediately post-treatment and three months post-treatment.

Significant improvements were seen in oral reading of regularly spelled words for both the SFA and PMT groups, with the PMT group also showing improved oral reading of irregularly spelled words. There were no significant differences between the reading abilities of the two groups.

This cross-modal generalisation supports a connection between phonology, semantics and reading, and may suggest that 'in addition to traditional reading approaches, a focus on underlying semantic and phonological processing skills in clinical practice might also bolster reading skills'.

Kate Gray, highly specialist SLT, Dover and Deal Intermediate Care Team, Kent Community Health NHS Foundation Trust

Reference

Madden, E. B., Torrence, J. & Kendall, D. I. (2020). Cross-modal generalisation of anomia treatment to reading in aphasia. *Aphasiology*, DOI: 10.1080/02687038.2020.1734529.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you follow them up and apply your own critical appraisal.

NEW DYSPHAGIA E-LEARNING

Between 50-75% of nursing home residents suffer from dysphagia¹

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NUTRICIA HAS A SOLUTION!

A FREE e-learning covering
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dysphagia using
Nutilis Clear*

4 modules
60 minutes

Reference: 1. O'Loughlin G, Shanley C. Swallowing problems in the nursing home: a novel training response. *Dysphagia*, 1998; 13: 172-183.

This e-learning is intended for health and social care staff who care for people living with dysphagia.

*Nutilis Clear is a Food for Special Medical Purposes for the dietary management of dysphagia and must be used under medical supervision.

Contact resourcecentre@nutricia.com with any questions.



 SCAN ME

Point your camera at the code
to access the registration link

On being a student

Jois Stansfield shares the experiences of students in the early days of the profession

Can you imagine studying in wartime Britain? This was the experience of some who joined the profession in the early years. Joan, who qualified in 1945, spoke of "Buzz bombs during exams, we were told to get under the tables" (and then continue the exam after the bombing!), while Sally, who qualified in 1946, remembered that just after she had left her flat "a bomb went through the roof over one of the beds".

Happily, not everything was quite so exciting after the end of the war. The RCSLT at the time prescribed a curriculum that included many of the subjects studied today. There was anatomy and physiology, child development, neurology, a lot of phonetics, psychology and speech pathology.

In addition, there was a great deal of work on normal voice and speech ("Three times a week we had voice classes," said Jess) and on relaxation, which, as Selma said, was "good fun, lying on the floor Friday morning doing relaxation". Although Carol was not so sure: "Lots of relaxation and mime and movement, which I absolutely hated."

Students were worked hard. In the 1960s Kathy had "lectures on a Saturday morning," while Abigail reported "a full day of clinical placements then lectures at 5pm," and sometimes hairy moments with a clinical supervisor. "She would give me a lift. Her car was something else. You perched on the seat and looked down through the floorboards and saw the road and she drove like a maniac."

What was missing? Students in the 1950s and 60s reported that terms like linguistics and autism "hadn't been invented", with many topics we consider standard today entering the curriculum only slowly over the decades.

Exams were set centrally by the RCSLT. Every student sat the same papers on the same day at the same time. An interesting glimpse into what these exams were like comes courtesy of the 1956 papers. Second-year students sat two three-hour anatomy and physiology papers on day one, and on the morning of day two came a three-hour 'speech pathology and therapeutics' paper, followed by a three-hour phonetics paper in the afternoon. On day three a two-hour 'normal voice and speech' exam. Third-year students sat two three-hour speech pathology papers on the first day, two three-hour psychology papers on the second, and a two-hour neurology paper on the third.

Here is one of the phonetics questions from this era for today's SLTs to practise on:

Transcribe the following passage phonetically in your own conversational style, marking the stress:

"Then I fear that leaves us only Tuesday," said Mr Oriel penitently. "That is if you don't mind being a little late; I have to take a funeral for a dear old friend at Nutfield that afternoon and stay to tea..."

The passage continues in this vein for another three hundred words. Enjoy! ■

Jois Stansfield, emeritus professor, Manchester Metropolitan University



Visit www.rcslt.org/75years to download September's illustration by Elly Walton



Lead Speech and Language Therapist (Adult)

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Bupa is one of the most well-known and respected healthcare businesses in the world, because what we do matters.

We are recruiting for a Lead Speech and Language Therapist (Adult) to work at Bupa Cromwell Hospital, which is an internationally recognised hospital located in the heart of Kensington, London, who are committed to providing the highest quality healthcare for patients. You shall be working with several multi-disciplinary teams within adult in-patients and out-patients.

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To be part of this highly supportive and passionate team, please submit your CV or contact Louise Griffiths, Senior Specialist Recruiter at Bupa, on 07714 073450 or louise.griffiths@bupa.com for further information.

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Judith A Scholefield

OCCUPATION: CONSULTANT NEUROREHABILITATION SLT

“I have seen clients right across the brain-injured spectrum”

I qualified as an SLT in 1979 and I have worked nearly 30 years in acquired brain injury (ABI). My first post was as part of an NHS multidisciplinary team within the local regional neurosurgical team, being responsible for clients with acute ABI on wards and in intensive care. This led to working in a regional acute neurorehabilitation unit, and recently being part of a multidisciplinary community physical disability team.

I have always taken an active role in my local Headway group, and have held the posts of chair and vice chair. It was through this work that I got the idea to branch away from the NHS and start to undertake private work with medico-legal clients. Fifteen years ago I started my own private company, and within three years I had so many referrals that I left the NHS and went private full-time.

My company has gone from strength to strength and I now employ five SLTs, treating adolescents and adults with ABI. I feel proud to have employed many newly qualified staff who have gone on to secure promotions within my company, as well as in the NHS.

Over the past 15 years I have had many opportunities that would never have arisen had I not branched out into private practice. I was one of the first SLTs appointed as an intermediary in the justice sector and, via the Ministry of Defence, I've worked with a number of high-profile soldiers who returned from Afghanistan with acquired brain injuries. I have also undertaken a number of press and television interviews in connection with this work, although most



of the work I do now is connected with the courts, which includes the criminal, civil, and coroners court.

My work takes me all over the country and I spend my time working alongside barristers, solicitors and the police. I am often called upon to deliver expert reports on high-value medico-legal cases within the civil courts. I also run a private videofluoroscopy clinic and act as an RCSLT specialist advisor on dysphagia and ABI.

Thanks to medical advances, more and more people are surviving severe brain injuries. As a result, there are more clients who present with severe cognitive and swallowing problems who are supported to live within the community.

I have always been passionate about my work with people with ABI. By and large, these are young people whose way of life is dramatically changed forever, often through no fault of their own. Their lives are turned upside down in a matter of minutes, with whole families deeply affected.

I have seen clients right across the brain-injured spectrum; from those clients in prolonged disorders of consciousness, through to the mild head injured whose hidden cognitive problems may mean that they cannot return to the jobs they had before.

Most recently, as a private speech and language therapy company, we have felt the impact of COVID-19, and the resulting unprecedented changes to our practice, in more ways than one. Along with implementing caseload prioritisation procedures and tackling the steep learning curve around the use of technology within practice, we have also had to source our own personal protective equipment (PPE) to keep us safe during essential visits.

Although the changes have been challenging, we learned to adapt as a team, staying positive and continuing to provide essential input to clients with neurological impairments. Looking back, I am amazed at my career path. I never set out with a plan, just took opportunities as they presented themselves, but I have loved every minute of it! ■

Judith A Scholefield, consultant neurorehabilitation SLT
Email: judith.scholefield@jasspeech.co.uk

Communication - essential to our children's recovery from the pandemic

ADVERTORIAL

Billy Smallwood has recently been appointed as the Clinical Director at Witherslack Group - a leading provider of specialist education and care for children in the UK. She discusses real life examples illustrating the challenges posed by COVID-19 and how communication is essential to overcoming barriers.

Witherslack Group's Schools and Children's Homes have remained open throughout the pandemic, and as Billy explains below, this has enabled her and the clinical team to gain some insight into the challenges that may arise during the upcoming academic year.

The last 6 months, living in the Coronavirus pandemic has undoubtedly been a challenge for most of us, a context within which our 'usual' was arrested, our interactions with ourselves, others and the world around us flew beyond our control.

For some this has brought opportunities, a time to re-evaluate and re-prioritise however sadly for many this has meant a loss of safety and security and the protective factors that help to maintain emotional wellbeing and mental health.

The impact of such potentially traumatic events can be significant, however, for children and young people having such experiences during their informative and developing years, could lead to both acute and chronic mental health difficulties.

For children living with developmental trauma, neurological conditions and current or historic mental health difficulties the impact is likely to be even more profound.

A recent survey of children with a history of mental health needs undertaken by

Young Minds¹ revealed that 81% believed the Coronavirus had made their mental health worse in relation to loneliness and social isolation, loss of motivation and purpose, anxiety and their ability to cope.

Critical to healthy development and emotional wellbeing is a 'felt' sense of safety, safety which will allow a child to function within their Limbic and Cortical brain regions.² Brain regions within which attachments can be developed, emotions regulated and explored and thinking and learning skills engaged.

Safety for children is established through emotional containment from reliable, consistent, nurturing relationships and environments, through routines, structures and boundaries and opportunities to express and have feelings, ideas and thoughts validated - all of which may have been turned upside down in response to the virus.

As we unlock our society and children rediscover their 'new design' education settings (re)establishing a sense of safety will be critical and an absolute pre-requisite to enabling our children to take in new knowledge, take on new challenges and access learning.

For any intervention to be effective it will need to meet the child or young person where they are developmentally and pay attention to their present levels of functioning. Neuro sequentially, cognitively, physically and emotionally.

And establishing 'felt' safety for children with special educational needs is a 'specialist' task and one that requires a multi-disciplinary approach.

For many children, essential to achieving this will be the specialist contribution from the Speech & Language Therapist, an understanding of the child or young person's communication skills and translating this crucial information into practical advice.



(Statistics published by the DFE in July 2019 revealed that Speech, Language and Communication needs were the most common, primary need, of children identified to have Special Education Needs;³ (22%). An NHS Digital 2018 survey revealed that children with a mental health difficulty were five times more likely to have a speech or language difficulty than those without.⁴)

Research has long established that our ability to communicate is vital for our general wellbeing and mental health; allowing us to develop reciprocal relationships, express ourselves, to be understood and gain understanding.

Ensuring children have effective communication methods in the context of the pandemic will be essential to support and maintain their mental wellbeing.

¹ Young Minds Survey 2 Summer 2020 Coronavirus: Impact on young people with mental health needs

² The Neurosequential Model of Therapeutics - Dr Bruce Perry

³ National Statistics, Special educational needs in England: January 2019, Information from the schools census on pupils with special educational needs (SEN) and SEN provision in schools - Published 4 July 2019, Department for Education

⁴ NHS Digital 2018 Mental Health of Children & Young People in England, 2017: Multiple conditions and wellbeing.



"We all want the same thing, which is the best outcome for children and young people but to do this we need an engaged team working in the safest environment that we can feasibly create."

Where do we start - Safety

Helping children and young people get to know their new look educational settings, the new rules, the new class arrangements, the expectations on them and others - the facts and reasons. Before the first day back if possible!

Translate the changes and emphasise important points for example "How to get to my classroom in the one-way system!" We have adapted and been inventive during this time in our use of visual supports - pictures, photos, symbols, videos, cartoons, can even use systems such as Class Dojo to share information.

Start to establish new routines incorporating familiar rituals. Explaining why the change is happening where appropriate.

Try to make the unfamiliar, familiar.

Focus on strengths, this will help the student feel more secure. We have time in the future to focus on needs. Remind everyone that behaviour is a form of communication and these are unprecedented times.

Re-establishing a sense of control:

Providing opportunities for children to reflect on what they can control rather than what they can't.

Opportunities to take control are difficult in a classroom situation particularly when a student wants to be at home in comfortable clothes with their own iPad. However, engaging children in problem-solving and creating solutions about things they care about is achievable.

What next: Emotional containment

Process the emotions.

Normalise the strange.

Validate feelings.

Throw out fake news, establish facts.

Challenge magical thinking.

Re-establish a baseline.

Look at positives - we have all gained something.

Look to the future.

And eventually: new learning can recommence.

Food for thought - The right team and environment

Throughout the pandemic, we wanted to make sure that we maintained the right environment to support learning for our young people and that starts with safe environments and our staff teams.

We installed hand sanitising stations, thermal imaging cameras, utilised e-learning platforms, digital events, new rota systems, bonuses and measures to keep everyone safe and help our staff feel connected and appreciated during the pandemic.

We all want the same thing, which is the best outcome for children and young people but to do this we need an engaged team working in the safest environment that we can feasibly create. I am immensely proud of my team who have done an excellent job in adapting to the new normal; who have continued to change young people's lives throughout the year.

We're on the lookout for talented speech and language therapists to provide a high standard of support for our young people. If you're interested you can visit www.witherslackgroupjobs.co.uk/SALT to view our upcoming roles and find out more about our clinical team at sites across the country.

Identify children and young people's communication challenges, wherever they may be

The Clinical Evaluation of Language Fundamentals fifth edition (CELF-5 UK) is a streamlined, flexible, UK normed approach to language assessment that reflects today's diverse population from 5 to 21 years 11 months.

To enable you to continue using the **CELF-5 UK** to identify your patient's communication disorders via Telepractice, we are offering 33% off* the complete digital kit on Q-global with code **ZADCDK32**.

**Learn more on the CELF-5 UK digital kit at:
pearsonclinical.co.uk/qglobalcelf5**

*offer available until the 18th December 2020

PEUK A2120 | Version 1.0 | Clinical | Aug 2020 | DCL1: Public

Pearson



New from
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Sound Builders

Individualised, four step programmes to help parents and school staff support children with unclear speech

From £30 a month

- Emphasis on listening to sounds
- Clear guidance indicating readiness for next step
- Coloured photos included. Graded from simple to multi-syllabic words
- Child's own name inserted
- Print off and or email to parents and schools
- Supported by new e-learning course 'Supporting Children with Unclear Speech'

Stage 1 LISTENING TO AND ARTICULATING SPEECH SOUNDS

Stage 2 THINKING ABOUT SPEECH SOUNDS IN WORDS.

Stage 3 USING SPEECH SOUNDS IN WORDS

Stage 4 USING SPEECH SOUNDS WHEN TALKING IN SENTENCES



Learn how to transform a child's communication without leaving home!

Workshop space is limited! Register today.

Language Delay - It Takes Two to Talk® Workshop

1:30pm - 10:00pm GMT

9-11 November, 2020

Autism - More Than Words® Workshop

1:30pm - 10:00pm GMT

7-9 October, 2020

Learning Language and Loving It™ Certification Workshop

1:15pm - 9:30pm GMT

14-16 October, 2020

More dates and times on our website

www.hanen.org/online-workshops

Online

Hanen e-Seminar

Starting Early: Red Flags and Treatment Tips for Toddlers on the Autism Spectrum. 30 days of unlimited on-demand access. Now at 20% off with code SEMINAR20. Visit: www.hanen.org/Professional-Development/Online-Training/SE.aspx

Various dates, online

Talking Mats Online Training

8 September, 22 September, 6 October and 3 November. Be more effective in involving individuals in sharing their views and making decisions. Register now for Talking Mats Online Training! Advanced Keeping Safe' online course starting 1st of every month. Email: info@talkingmats.com; visit: www.talkingmats.com; tel: 01786 479511

Various dates, online

Elklan Total Training Package for 0-3s

7-10 September 2020, via web access, 2-4.30pm each day, 18-21 January 2020 via web access, 2-5pm each day. Equipping SLTs and EY advisors to provide accredited training to early years staff. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, online

Elklan Supporting Children and Adults using AAC – Accredited CPD

12 and 19 October, 16 and 23 November via web access, 7.00pm-8.00pm. Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over 5 webinars with personal study between. Cost: £340 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk Together Training Pack

14 and 21 October via web access, 6-8.30pm each day; 4 March 2021, Holiday Inn Media City, Salford; 11 June 2021, RCSLT, London. Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

15 and 21 October via web access 6-8.30pm each day; 4 March 2021, Holiday Inn Media City, Salford; 11 June 2021, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Training Pack

13 and 21 October via web access 6.00pm-8.30pm each day. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 0-25s with Complex Needs

9-12 November via web access 2-4.30pm daily; 9-10 June 2021, RCSLT, London. This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

7-10 September 2020 via web access, 2-4.30pm each day; 18-21 January 2021 via web access, 2-5pm each day. Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

9-12 November 2020 via web access, 2-5pm daily; 1-2 March 2021, Holiday Inn Media Centre, Salford. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 3-5s

9-12 November 2020 via web access, 9.30am-12.30pm daily. Equips SLTs and EY advisors to provide accredited training to Early Years staff. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, online

smILE Therapy Training Day 1 & 2

19-20 November 2020 via web access; 23-24 November 2020 via web access. For SLTs and teachers. Innovative 10-step therapy, teaching functional communication and social skills in real settings. Outcome measures and empowering parents integral to therapy. Visit: www.smiletherapytraining.com; visit: info@smiletherapytraining.com

Various dates

Elklan Total Training Package for 5-11s

1-2 March 2021, Holiday Inn Media City, Salford; 7-8 June 2021, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

3-4 March 2021, Holiday Inn Media City, Salford; 7-8 June 2021, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 3-5s, with optional TTP for 0-3s

3-4 March 2021, Holiday Inn Media City, Salford (3-5s) and 5 March (0-3s); 9-10 June 2021, RCSLT, London (3-5s) and 11 June (0-3s). Equipping SLTs and EY advisors to provide accredited training to Early Years staff. These will be delivered as face to face training unless circumstances change. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices are excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

21 September, online

How to support children's language in the early years

Presented by Professor Julian Pine and colleagues from the ESRC LUCID Centre. Cost: £99-£120 Students & returners £50; visit: coursebeetle.co.uk/early-years-lang-sep-2020-online/; email: info@coursebeetle.co.uk

24 September, online

Speech & Language Profiles in Children with Neurodevelopmental Conditions

A one-day course presented by the Neurodisability Speech and Language Therapy Team, Great Ormond Street Hospital, live via Zoom webinar, 9.30am - 5pm. We welcome colleagues who have deferred bookings from our postponed study day (March 19 2020) and new registrations. Email: GOSHLanguage. StudyDay@gosh.nhs.uk; visit: courses.gosh.org/language_profiles_neurodevelopmental_conditions2020

2 October, online

Prolonged Disorder of Consciousness training: Translating the PDOC guidance into practice

Updating participants on the new 2020 National Clinical Guidelines for PDOC. Email: elica.ming.brown@nhs.net; tel: 020 8869 2808

13 October, online

Learning to use the Therapy Outcome Measure (TOM)

One-day virtual training workshop with Professor Pam Enderby. Cost: £175 (check website for CTN member discount); visit: www.communitytherapy.org.uk

12-13 October, online

Nuffield Dyspraxia Programme: Modules 1 and 2

Presented by Dr Pam Williams, FRCSLT, co-editor of current NDP third edition. Cost: £99-£120, students and returners £50; visit: coursebeetle.co.uk/nuffield-dyspraxia-online-mod1-2-oct-2020/; email: info@coursebeetle.co.uk

12-15 October, online

Elklan Total Training Package for Pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk

14-15 October, RCSLT, London

Elklan Total Training Package for Vulnerable Young People (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

16 October, online

Understanding and supporting attachment difficulties and complex trauma

How they can affect children and young people's development, including their communication skills, presented by Melanie Cross, co-author of Language for Behaviour and Emotions (in press). Cost: £99-£120, students and returners £50; email: info@coursebeetle.co.uk; visit: coursebeetle.co.uk/attachment-and-trauma-oct-2020-online/;

19-20 October, online

Nuffield Dyspraxia Programme: Modules 3 and 4

Presented by Dr Pam Williams, FRCSLT co-editor of current NDP third edition. Cost: £99-£120, students & returners £50; visit: coursebeetle.co.uk/nuffield-dyspraxia-online-mod3-4-oct-2020/; contact: info@coursebeetle.co.uk

5 November, online

Functional Communication in Complex Brain Injury

A webinar for clinicians working with cognitive communication disorders following brain injury, looking to explore the different approaches to managing CCI following complex brain injury. The webinar will cover: assessment and rehabilitation techniques, person-centred goal setting and case discussions, with breakout sessions to share experience and generate ideas for future practice.

Cost: £20; visit: www.rhn.org.uk/events/functional-communication-in-complex-brain-injury/

11 November, online

Speech Transcription Refresher

Revisit the fundamentals to maintain essential skills, presented by Dr Sean Pert of Manchester University. Cost: £60-75; email: info@coursebeetle.co.uk; visit: coursebeetle.co.uk/speech-transcription/

23 November, online

Bilingual Children with Speech and Language Difficulties

A day re. the current evidence base for identification and management, with clear pointers for practice, led by Dr Sean Pert of Manchester University. Cost: £99-£120, students & returners £50; email: info@coursebeetle.co.uk; visit: coursebeetle.co.uk/bilingualism-nov-2020-online/

2-11 December, online

Selective Mutism Masterclass: Modules 1-4

For parents and professionals. Presented by Maggie Johnson FRCSLT. Cost: £99-£320; email: info@coursebeetle.co.uk; visit: coursebeetle.co.uk/selective-mutism-december-2020-online/

14-15 December, online

Solution Focused Brief Therapy

Applicability for all work with those with SLCN and their families. Presented by Ali Berquez, MSc, PG Dip CT (Oxon), BRIEF Cert. SF practice, Reg. RCSLT, Reg. HCPC. Cost: £199-£220, student and SLT returners to work £100; email: info@coursebeetle.co.uk; visit: coursebeetle.co.uk/sfbt-dec-2020-online/

18 January, online

smILE Therapy Training day 3

For SLTs and teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real settings. Outcome measures & empowering parents integral to therapy. Email: info@smiletherapytraining.com; Visit: www.smiletherapytraining.com

18-19 January, Northampton

Dysphagia for Speech & Language Therapists

Lecturer: Professor Maggie-Lee Huckabee. Begin with a review of physiology in the context of innervation and muscular anatomy and will focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. This seminar will provide an overview and update of information related to long-term rehabilitation of disordered swallowing physiology; in particular, focus will be on exercises targeted toward improving pharyngeal motility. Cost: £300; CPD: 11.5 hours. Tel: 01332 254679; email: uhdbscore@nhs.net; visit: www.ncores.org.uk

20-22 January, Derby

Supporting 8-14 year olds who stammer

This workshop will increase knowledge and skills in assessing and treating primary school-aged children who stammer. The course will also aim to develop participants' confidence in the management of this age group. This course is appropriate for therapists working with children from 7 to 14 years old. Cost: £300; CPD: 19.5 hours; Tel: 01332 254679; email: uhdbscore@nhs.net; visit: www.ncores.org.uk

21-22 June, Midlands

TalkTools Level 1

Learn the therapy tool techniques of TalkTools tactile sensory approach. Train/transition muscle movements for speech production and feeding. Suitable for SLTs, OTs, Physiotherapists, BCBA, Nurses, SEN. Cost: £449 early bird; Tel: 01530 274747; email: info@eg-training.co.uk; visit: www.eg-training.co.uk

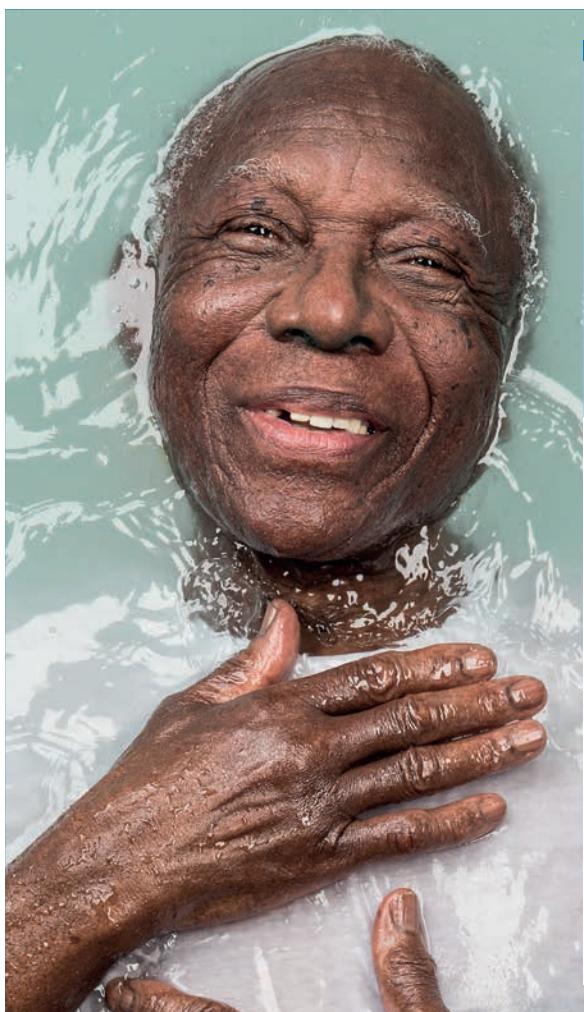
23-24 June, Midlands

TalkTools Level 2

Tactile sensory approach to improve speech/feeding. Level two develops therapeutic program plans to meet Oral Placement needs. Practical examples shown via video and live assessment sessions. Cost: £539 early bird; Tel: 01530 274747; email: info@eg-training.co.uk; visit: www.eg-training.co.uk

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We know what you're made of

Are your patients drinking enough?

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

Dysphagia sufferers, estimated at 8% of the population² often struggle to take in enough liquids, even developing a fear of swallowing.

It's time to take hydration seriously

Thick & Easy™ Clear

Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

Thick & Easy Clear:

- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks³
- Retains a consistent thickness over time

Helping patients to stay hydrated

Join today, visit www.whatwearemadeof.org to help hydrate the nation and make a dramatic difference to peoples' care.



A **NEW** online resource for healthcare professionals, carers and patients bringing training, expert information and helpful advice about caring for patients with dysphagia in the community.

Visit dysphagia.org.uk

Alternatively, call Fresenius Kabi on 01928 533 516 or email scientific.affairsUK@fresenius-kabi.com

References 1. Emma Derbyshire. The Essential Guide to Hydration. Available from: <https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf> Accessed 29th January 2018 2. <http://idsi.org/> Date accessed: November 2017 3. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014. **Date of preparation:** June 2020. **Job code:** EN01831a.
Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.

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