

bulletin

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

March 2019 | www.rcslt.org

**Aphasia: breaking
down barriers**



**Complex needs:
going the distance**



**Autism: a continental
approach**



**Pam Enderby:
a leading light**

Saving face: the collaborative approach that benefits
patients with facial muscle weakness



25-26 September 2019

IMPROVING QUALITY IN SPEECH AND LANGUAGE THERAPY

EVERYONE'S BUSINESS

CALL FOR PAPERS

Deadline Friday 5 April 2019

The RCSLT is inviting submissions for the 2019 Conference - *Improving quality in speech and language therapy: Everyone's business*. Share your research results or showcase service delivery innovations at the largest gathering of RCSLT members in

the UK. This two-day event will feature oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. The review panel will be looking for submissions that are relevant to the conference themes.

CONFERENCE THEMES

We invite submissions within the following conference themes:

- ✓ New evidence for quality clinical practice
- ✓ Approaches to improvement: Quality Improvement, Improvement Science and Implementation Science
- ✓ Co-production of clinical services and research
- ✓ Collaboration, integrated service delivery and the value-added of speech and language therapy
- ✓ Leadership across the profession at all levels (clinical leadership, academic/clinical academic leadership, and management)
- ✓ Extended scope and advanced clinical practice: Responding to developments in the healthcare landscape

#RCSLT2019



TO SUBMIT AN ABSTRACT, VISIT WWW.RCSLT.ORG

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Victoria Briggs

EDITORIAL



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).



Spring forward

In the RCSLT calendar, March not only brings springtime but also Swallowing Awareness Day. The campaign for Swallowing Awareness Day, now in its fourth year, seeks to highlight how dysphagia impacts lives while raising awareness of how SLTs can improve the experiences of those living with the condition.

Photos of canapés, mocktails, ‘blend-offs’, and other examples of culinary creativity have been a key feature of the *Bulletin* inbox in recent months, with members throwing their energies into getting the message out about both the IDDSI descriptors and swallowing matters more generally.

On 13 March, we look forward to seeing your social media posts of the activities you’ve got planned for this year’s Swallowing Awareness Day. Along with other RCSLT Twitter accounts, @rcslt_bulletin will be retweeting the best of them on the day itself, and choosing a handful to publish in May’s magazine. Be sure to use the #swallowaware2019 hashtag, so we can find them and—top tip—if you’re keen to see your event make the pages of *Bulletin* then we recommend posting high resolution photos taken on a digital camera or using the largest file size on your smartphone.

We look forward to seeing what you’ve got lined up.

Victoria Briggs

editor

bulletin@rcslt.org

@rcslt_bulletin

Your RCSLT

ROSALIND KYLE



I was encouraged to apply for the role of Northern Ireland (NI) representative on the RCSLT Board of Trustees by the previous NI representative, who said the role had been one of the most rewarding of her career.

On being appointed, I realised there was much to learn about the role but the induction and help I’ve received from the RCSLT board and staff have been amazing. The people I’ve

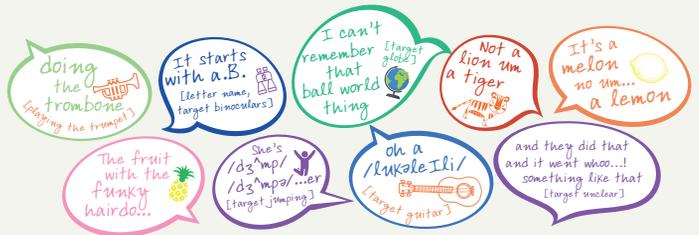
met and the things I’ve learned have been incredible—I never realised there was so much going on at the RCSLT!

When not serving on the board, I work as an assistant manager in Belfast Health and Social Care Trust. I am thankful for the support of my employers and the NI Hub, whose support has enabled me to have this opportunity.

In my role as a trustee, I will endeavour to ensure that the interests of NI members are fully represented.

Rosalind Kyle, RCSLT country representative for Northern Ireland

Email: rosalind.kyle@rcslt.org



Word-finding resources

We are grateful to Wendy Best and Susan Ebbels for their excellent update on therapies for word-finding difficulties (WFD) in November’s issue of *Bulletin*.

The use of pictures in WFD therapy is common—we have created a large resource of object photographs that we use in individual therapy and groups. These are accessible to anyone and we would love for any interested colleagues to get in touch.

The photos can be used for a variety of WFD therapies and we can send you an information sheet describing the ways we have used the resource.

Laorag Hunter and Alexandra Robertson, SLTs, Royal Victoria Hospital, Dundee

Email: Tay-UHB.sltcbir@nhs.net

Health/education split

I have been advised recently that children’s speech and language therapy in Cornwall will be split into separate health and education provider services. Does anyone have experience of this or know of a service which has successfully achieved this separation? We are unlikely to see any additional investment to facilitate change.

I would also like to hear, if adoption of this model proved unsuccessful, how this was resolved. In particular I am interested in what activity was classified under either ‘health’ or ‘education’ and if it has had an impact on any aspect of service delivery, governance and the SLT workforce.

Sue Newman, children’s therapy lead and ASDAT clinical manager

Email: sue.newman8@nhs.net

Ideas exchange

I am an SLT working within a therapeutic social work team as part of a pilot scheme. The team is made up of therapeutic social workers and clinical psychologists (they also have occupational therapy input). The team works with children and young people who have emotional wellbeing needs—most have experienced developmental trauma. I’d be really grateful to hear from any other SLTs working in a similar role to share ideas.

Megan Higgins, SLT, Leeds Community Healthcare Trust

Email: megan.higgins1@nhs.net

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European Day of
Speech and Language
Therapy



Swallowing
Awareness
Day



First anniversary
of Bercow: Ten
Years On

Swallowing Awareness Day 2019

Swallowing Awareness Day takes place this year on 13 March. In previous years, members' efforts to raise awareness of how dysphagia affects people's lives, and the role of SLTs in supporting those with dysphagia to eat, drink and swallow safely, have been at the heart of Swallowing Awareness Day campaigns. We hope this year's campaign will inspire the same acts of creativity and collaboration across the profession and beyond it

Get involved

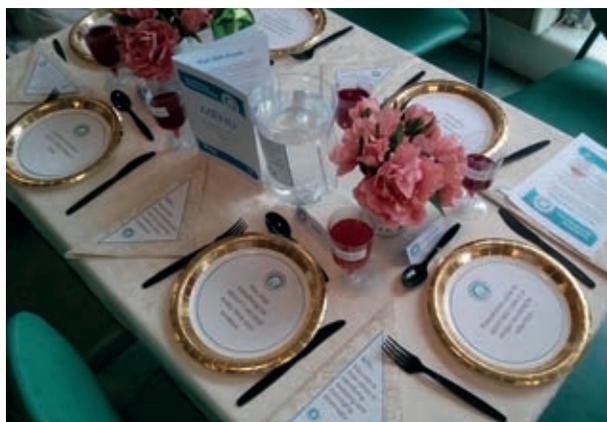
To support your campaign activities, download the Swallowing Awareness Day toolkit from the Giving Voice section of the RCSLT website (rcslt.org/giving-voice). It includes logos, posters, puzzles and factsheets.

There's also a range of event suggestions on there, such as setting-up swallowing challenges, and teaming up with local restaurants or chefs.

Last year, the team of SLTs at Manchester

General Hospital hosted a 'Come Dine With Us' event in the hospital canteen (pictured). By inviting hospital directors along as 'guests of honour', the team created an opportunity to sit down and chat with them about the importance of SLTs in the management of dysphagia. For members planning to host dining events this year, be sure to print off the new Swallowing Awareness Day placemats and coasters that we've added to the toolkit.

To inspire your campaign efforts this year, we've also published a couple of fantastic swallowing awareness initiatives below that members have undertaken to raise awareness and knowledge of IDDSI.



Whatever your plans are this Swallowing Awareness Day, don't forget to post your activities on social media using the hashtag #SwallowAware2019 and tagging @RCSLT and @GivingVoiceUK so we can see and share your efforts. A selection of member posts and photos from social media will be published in the May issue of *Bulletin*.

IDDSI implementation training

With the UK IDDSI implementation date in sight, the adult speech therapy team in Stockport put their heads together to develop a training programme to ensure that information regarding IDDSI was disseminated across all the wards and care homes in their area.

The project was led by SLT Jen Zambas, who developed posters, redesigned information leaflets and helped to coordinate the training. The goal was to improve the patient experience and compliance with SLT recommendations. Care homes received training on dysphagia, safe eating and IDDSI to improve knowledge, timely referrals and adherence to SLT care plans.

SLTs attended wards with a training trolley and mocktails to show off a gum-based thickener. As a team, we wanted to create positivity around the changes, to highlight SLT

recommendations and demonstrate how mealtimes can still be enjoyable.

The SLT team had IDDSI t-shirts to further promote their activities and attract the attention of all departments. Social media was used to continue the promotion of the changes throughout the trust while kitchen posters and tea trolley information posters were given to all the wards. On the week of the IDDSI launch, the SLT team had a stand outside the canteen to target any staff who had not yet come across the changes.

As a team, we felt that the transition from national descriptors to the IDDSI ones, and the change in thickeners, has been met with positivity. Targeting all wards and care homes was a huge project, but succeeded thanks to the careful coordination and enthusiasm of the SLT team.

Elisha Green, specialist SLT, Stockport

GP IDDSI awareness

The Community Learning Disabilities Speech and Language Therapy Service in Hampshire has been rolling out GP awareness sessions for IDDSI implementation, looking at the biggest patient safety risks.

Led by an SLT, we've had GP sessions all over Hampshire ranging from four to more than 100 GPs per session. In one, at the Ageas Bowl venue in Southampton, 150 GPs attended to listen to an IDDSI presentation as part of a development afternoon.

As SLTs, we found it most effective to present information to GPs in person, rather than sending [information] to practices. We did this through making our IDDSI session part of a compulsory GP practice development afternoon, as well as part of an annual 'LD Friendly Practice Day'. These sessions were 20-30 minutes long including questions at the end.

Rosie Batty, SLT, Southern Health NHS Foundation Trust



@lhambling89

Today I had the privilege of helping to set up a patient's communication device on the ward. He was then able to communicate with ward staff and we were able to get his views on his care
#aac #acute #mySLTDay

@SLTsocietyEssex

Fantastic day on Friday with Claire kicking off our #SpringSpeakerSeries talking about the last 3 years using #EyeGaze technology to communicate
#GivingVoice @RCSLT

Student research prize winner

Charlie Strutt, a graduate of Newcastle University, has been announced as the winner of the inaugural IJCLD-RCSLT student project prize.

Her winning project 'Does the duration and frequency of dummy use affect the development of speech?' impressed the judges with its "rigour, clinical importance and evidence of student involvement".

Award runners-up were Olivia Angharad Richards from Cardiff Metropolitan University and Harriet Sibley from City, University of London.

Launched last year, the IJCLD-RCSLT student project prize award is given to the best student research project from UK higher education institutions (HEIs), as judged in terms of scientific quality, clinical relevance, and level of student involvement in the research.

Charlie, whose project was the unanimous choice of the judging panel, wins a cash prize and support from the IJCLD editorial team to write up her project for submission to their journal.

Both the IJCLD editorial team and the RCSLT would like to express their gratitude to all nominating HEIs for their support with



this initiative.

For further information, email:

■ s.bloch@ucl.ac.uk or

■ amit.kulkarni@rcslt.org

Learning disabilities: research priorities

The RCSLT's 'top 10' research priorities for learning disabilities have now been published on the RCSLT website. These 10 areas have been identified as the most important topics that need to be addressed by research, and which reflect the views of service users, parents of people with learning disabilities, researchers, SLTs and other professionals.

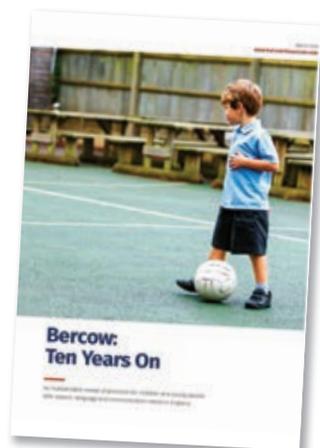
The RCSLT research team would like to take this opportunity to thank all our members who contributed to the project and to encourage SLTs, researchers and funding bodies to support the undertaking of research that contributes to the evidence-base for each of the priorities.

📍 To read the 'top 10' and find out more about the project, visit tinyurl.com/y8vyte2c

Bercow anniversary plans

At the time of publication, the RCSLT and the children's communication charity I CAN are preparing to mark the first anniversary of the *Bercow: Ten Years On* report (the independent review of the state of provision for children and young people with speech, language and communication needs in England).

As part of our anniversary activities, we will be publishing a progress report highlighting all the changes made, including the recommendations that have been



implemented. The report will also look to the future and set out what more needs to be done to improve outcomes for children and young people with SLCN.

Keep a look out for future updates in *Bulletin* and if you want to follow developments on social media, check out @RCSLTpolicy. Do please get involved – we'd love to see a repeat of last year's fantastic campaigning and activism by members.

.....
Peter Just, RCSLT public affairs adviser
Caroline Wright, RCSLT policy adviser

Membership renewal reminder

Your 2019/20 membership renewal information should have reached you by email or letter at the end of last month.

If you pay your fees by direct debit, your membership will be renewed automatically and no further action is required.

However, if you wish to change your membership category, pay by credit card or set up a direct debit, then please contact the membership team by emailing membership@rcslt.org or calling 020 7378 3010/3111.

Please remember that our insurance only covers fully paid-up members. Members paying by cheque or credit card must pay before 1 April 2019 to ensure that full insurance cover remains in place.

@LizzSummersSLT

Great day at the @RCSLT HQ, scoping and planning for the new #voice online clinical guidance! Great to have so many expert colleagues contributing - hope I can do all of their contributions justice in the final doc! #slt @slpeeps #clinicalguidelines

@ldsaltworc

#mySLTDay
discussing plans for
#swallowawarenessday2019
and nutrition and hydration
week with my @SLTatBCU
student @SLTAllice



DELLA MONEY

Mental capacity advocacy progresses



The Mental Capacity (Amendment) Bill has finished its passage through the House of Lords and is currently in the House of Commons.

Following the RCSLT's successful intervention in the House of Lords, we are continuing to liaise with MPs to progress our concerns and are receiving excellent representation of our issues from a variety of MPs from different parties, with supportive replies from the responsible Minister of State for Care, Caroline Dinenage MP.

Working closely with members, the RCSLT has developed written evidence for the second reading of the bill and for the Public Bill Committee. The evidence includes calls for approved mental capacity professionals to be trained in awareness of communication needs and for SLTs to have the chance to train in the role (for more information, see bit.ly/2Dg5e1Y).

Caroline Dinenage MP, responding to a call from Geraint

Davies MP (chair of the All Party Parliamentary Group on Speech and Language Difficulties) for SLTs to be involved in mental capacity assessment, said that "speech and language therapists will play a vital role in the new system" (for her full response, see bit.ly/2Ws7ez4).

As a result of the RCSLT sharing its views on the bill with policy officials at the Department of Health and Social Care, we have been invited to sit on the Government Advisory Group developing the code of practice for this bill.

In this opportunity, as with every other, we will continue our influencing work to ensure that supporting communication and recognising the skills of SLTs in mental capacity assessment is appropriately recognised in policy and legislation.

📍 **To read the Commons debates see bit.ly/2DcweTn, bit.ly/2HkJPMF and bit.ly/2RSpoMM**

Claire Moser, RCSLT policy adviser
Email: claire.moser@rcslt.org

IT'S ALL ABOUT YOU

Writing in her farewell column in October's issue of *Bulletin*, Morag Dorward highlighted the contribution she was able to make to the organisation and the profession in her roles as a trustee of the Board and as RCSLT chair. She also outlined some of the opportunities these roles provided. Similarly, Rosalind Kyle in this issue of the magazine (p4), shares her experience as the country trustee for Northern Ireland.

Whilst getting involved in the governance of the RCSLT may be perceived as a bureaucratic process, the opportunity it affords to develop both the profession and yourself is unique. As Rosalind says, "the things I've learned have been incredible—I never realised there was so much going on at the RCSLT!"

As incoming chair, my inaugural messages at the RCSLT Study Day were about the need to maximise inclusion, involvement and engagement. As a membership organisation, the RCSLT is all about YOU! The Board of Trustees is debating how we can support the growth of the profession across all sectors and employment contexts, and member engagement is tantamount to this.

Engagement, of course, can take many forms, from sharing information, being a part of Hubs and CENs, to being involved more strategically with RCSLT boards and committees. All these roles are key to influencing our direction.

In last month's *Bulletin*, you hopefully saw the high-quality applicants for our general trustee role and executed your right to vote. These applications are hugely encouraging as we strive to support better engagement and involvement.

In next month's *Bulletin*, you will see formal advertisements for six upcoming vacancies on the Board. Terms of Office for the Board are three years and current post-holders are eligible to stand again for one further term of office.

We have decided to split the England representative trustee role geographically to increase capacity for engagement and visibility. Therefore, the vacancies will be: country representatives for Scotland, the North of England and the South of England; a research and development trustee and two general trustees. We hope that recent features in *Bulletin* alongside positive engagement will inspire members to consider applying. ■

"The Board is debating how we can support the growth of the profession"

Dr Della Money, RCSLT chair



DLD workshop update



New learning journeys set to launch

The RCSLT is to launch two new learning journeys that will support members in developing their leadership and local influencing skills.

The learning journeys, which will count towards members' continuing professional development, are designed to be adaptable to different career stages and clinical settings, and are as relevant to newly qualified practitioners as to those in more senior roles.

The learning journeys allow you to 'dip into' the modules so that they can be completed in whatever order you like. Each module has been structured in a way that enables you to learn the basics from the main content or to delve deeper into the subject, should you want to learn more.

Scenarios for you to work through on your own, or with colleagues, are also included, as are self-assessment questions to help you gauge where you are on your own learning journey.

Content overview

The leadership learning journey comprises the following modules:

- **Introduction to leadership:** learn what leadership is and reflect on your own leadership journey.
- **Leadership versus management:** embedding leadership skills across the profession; leadership for all career stages; and, how changes in healthcare and delivery have brought about a change in attitudes towards leadership.
- **Creating positive teams:** looks at the importance of teams and how to create a positive team climate.

- **Leadership concepts:** looks at the theory of leadership and different leadership concepts.
- **Change management concepts:** explores change management and overcoming resistance to change.
- **Setting up an improvement project:** looks at why improvement matters, and how to use models, data and tools to deliver improvement projects.

The local influencing learning journey comprises:

- **Introduction to influencing:** including techniques to improve your communication and presentation skills when influencing, as well as stakeholder analysis.
- **Empathy and emotional intelligence:** looks at relationships, emotional intelligence and understanding yourself, as well as empathy and trust.
- **Managing conflict:** understand what conflict is, how best to manage it, and building resilience.
- **Influencing without authority:** why it matters; building relationships, allies and power.

Find out more

Once the learning journeys launch, we'd love to hear what you think of them and whether you use them to influence your practice.

Keep an eye out for more information in our newsletter about their launch or email elarning@rcslt.org if you want us to notify you as soon as they are ready.

Victoria Harris, RCSLT learning manager

Parents, teachers, teaching assistants, researchers and SLTs were among those who met to discuss research priorities for developmental language disorder (DLD) at an RCSLT workshop in January.

There was a real buzz in the room as small groups discussed 'areas of uncertainty' that had been identified by a member survey, through patient and public involvement activities, and by looking at the current research (on themes such as assessment, service provision and commissioning, and raising awareness). Workshop delegates were asked to consider why these areas were relevant to clinical practice, with discussions focussing on the most important things that need to be known about those topics, and how research could go some way towards addressing them.

The information gathered at the workshop will be collated and combined with information gathered from earlier phases in the project. A second multi-stakeholder workshop, where the areas of priority will be refined further to inform a wider prioritisation survey, will follow in due course.

To find out more about the project visit tinyurl.com/ycdptxqo or email lauren.longhurst@rcslt.org

Lauren Longhurst, RCSLT research and development officer

Up to **54%**

of children with behaviour problems have language difficulties

40%

of stroke survivors experience some difficulty swallowing



Derek Munn

COLUMN

Proposed Autism Bill (Wales): update

In the December issue of *Bulletin*, we highlighted concerns about the proposed Autism (Wales) Bill being championed by Paul Davies AM, and discussed the influencing work the RCSLT has undertaken with other royal colleges and the Welsh NHS Confederation.

Since then, a debate has been held in the National Assembly for Wales to decide whether the general principles of the bill could be supported and pass into its next stage, the amendments phase. In what was a passionate and emotive debate, both sides presented strong arguments for and against the legislation, with a number of Assembly Members revealing their own lived experience of autism.

The RCSLT was particularly pleased to hear the Caerphilly Assembly Member Hefin David refer in the debate to the excellent social communication support he received from SLTs prior to his daughter's diagnosis (you can watch the debate at bit.ly/2HVWciD).

With 28 members voting against and 24 in favour, the bill failed to progress through the legislative process. There was, however, strong consensus amongst Assembly Members that more must be done to improve outcomes for people with autism spectrum disorder and their families—a view the RCSLT shares. To that end, we have since submitted evidence to the Welsh Government consultation on a

code of practice regarding the delivery of autism services under the Social Services and Wellbeing Act 2014. We are grateful to our expert members who supported us in drafting our response and will be closely following developments with the code. Updates on our progress will be published in future issues of *Bulletin*.

To find out more or to get involved in our autism influencing work, contact Caroline at caroline.walters@rcslt.org / 029 2039 7729 or Naila at naila.noori@rcslt.org / 029 2039 7729.

Caroline Walters, RCSLT policy adviser (Wales)



IN THE PLAN

I wrote in the autumn about our work influencing the NHS 10 Year Plan in England. When it finally came out in January, we were pleased to see two specific references to speech and language therapy.

The first relates to the allied health professional (AHP) workforce. It reads: “AHPs can significantly support the demand profile the NHS faces. The national workforce group will make specific recommendations for AHPs, in particular those in short supply – paramedics, podiatrists, radiographers, and speech and language therapists.”

This acknowledgement of recruitment challenges will be a useful lever, and our CEO Kamini has been asked to be part of the group taking it forward.

Speech and language therapy is also named as part of the new models of care for children and young people: “Local areas will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services. These models will support health development, local authority and NHS services including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services.”

Again, this specific reference will enable us to advocate nationally and locally. We discussed it in a meeting with

Minister Caroline Dinenage MP days after the Plan's publication and we will engage with NHS England and other partners to ensure this promising start is borne out as the Children and Young People's Transformation Programme develops.

There are plenty of other areas of opportunity for speech and language therapy—and you can see a briefing on the RCSLT website. These areas include, for example, reduced waiting times for autism diagnosis and key workers for children with a learning disability. Most of all, we will work with you throughout England as the new coterminous integrated care systems and clinical commissioning groups take shape. ■

“There are plenty of areas of opportunity for speech and language therapy”

Derek Munn, RCSLT director of policy and public affairs. Email derek.munn@rcslt.org

Children's AAC study resources

The conclusions and resources from a three-year study aimed at enhancing clinical decision making in the provision of symbol communication aids have been made available online.

The I-ASC project, whose aims were to enhance the quality of life for children who need electronic augmentative and alternative communication (AAC), was led by Janice Murray, professor of communication disability at Manchester Metropolitan University, who delivered a mixed methods study to provide a UK-informed evidence base for decision making processes.

The I-ASC project collected and analysed data from children as



young as four, their families, therapists, teachers and other professionals, to identify best practice in clinical decision-making.

Commenting on the project, Professor Annalu Waller, chair of human communication

technologies at Dundee University, said, "This level of data collection and analysis is unusual in the AAC field, in which data collection is challenging because of the heterogeneity and dispersed nature of the target population. The contribution [made] to our understanding of AAC in practice is truly ground breaking."

Access resources and find out more about the project:

- Website: www.i-asc.org.uk
- Facebook: search for **I-ASC@identifysymbolcommunicationaids**
- Twitter: **@IASCProject**
- Email: Janice Murray at J.Murray@mmu.ac.uk

The HEAT is on: awards launch

Health Education England has launched the HEAT (healthcare, education and training) Awards, aimed at celebrating the very best in leadership, education, training and workforce development within the NHS in England.

Students, individual professionals and teams, in fields ranging from medicine and dentistry through to nursing and the allied health professions, in England, are eligible to enter.

Judges will be looking for examples of inspiring trainees, students and apprentices, as well as 'shining examples' of leaders and exemplary cases of workforce planning, the NHS constitution in action, inclusion and widening participation, training and digital innovation.

You can make nominations by visiting the awards portal at hee.awardsplatform.com, where full details of the award categories and judging criteria can also be found.

Nominations are open until 5 April with the awards shortlist due to be announced on 20 May. An awards ceremony is scheduled to take place in London on 18 July.



Parkinson's Audit

Registration is now open for the 2019 UK Parkinson's Audit. Speech and language services that see at least 10 people with Parkinson's for assessment, review or intervention during the May-September data collection period are eligible to take part.

With a new online data collection tool, the audit is quick and easy to complete. Services receive a bespoke results report, including feedback from the patient questionnaires, which form part of the audit.

☉ For further details visit parkinsons.org.uk/audit or email audit@parkinsons.org.uk. The registration deadline is 31 March 2019.

RCSLT webinar series

'Placing children and young people at the heart of delivering quality speech and language therapy (part 2)' takes place at 1-1.45pm on 20 March 2019. Join us for the final part of this webinar series, which will focus on putting the guidance into practice. Speakers Mrunal Sisodia, chair of the National Network of Parent Carer Forums; and Glenn Carter, head of speech and language therapy at NHS Forth Valley, will discuss and take questions on the importance of child-centred decision-making.

☉ To register and ask a question visit: bit.ly/RCSLTwebinars

If you missed part 1 of the series and would like to see the recording of this, or any of our other webinars, visit: bit.ly/2FJLyt1

Dysphagia consultation

The RCSLT is updating the Interprofessional Dysphagia Framework and is set to hold a consultation on the draft, starting this month.

☉ Look out for the newsletter and visit the project page on the website for further details at bit.ly/2ROkYkb

Yorkshire and Humber SLTs

A group for SLT leads from the Yorkshire and Humber region has been set up, with the aim of meeting three times a year to share experiences, developments and opportunities. The group is open to other SLT leads who support the goal of providing high-quality services in the region.

☉ For more information email anne.elliott4@nhs.net



Caroline Casula

Opinion

Caroline Casula makes a case for SLTs supporting the development of self-advocacy skills

Stand up and be counted



ILLUSTRATION Sara Gelfgren

Self-advocacy has been described by Schreiner (2007) as “The ability to speak up for what we want and need”. He suggests that the basis for it is self-awareness and self-realisation. Over the last 25 years, self-advocacy has become a cornerstone of the disability rights movement. It is now well established that people with disabilities have a right to be heard. But what skills are necessary in order to be a good self-advocate? How can we as SLTs best support the

development of these skills?

To me, self-advocacy means having the ability and the confidence to speak up for myself, being able to make choices about my life and ensuring that my concerns and opinions are heard. It means that I understand my rights and know my responsibilities. To be effective at this, I need an understanding of my own strengths and limitations and to know when and how to ask for help. I need to have confidence in myself, and the resilience to deal

with setbacks. I need effective communication skills and to be able to understand and respect the perspective of others. All these, of course, are areas where people with speech, language and communication needs (SLCN) might experience difficulty.

I work at a specialist school and college for young people who have complex physical disabilities. Many of the young people I work with are dealing with lifelong communication challenges, and will require high levels of support on an ongoing basis. It is crucial for these young people that they grow up with an expectation that they are active participants in their own lives, that their views and their choices matter and that they are listened to—not just when their opinions are sought, but whenever they have something to say. Often this is a matter of confidence, but there are also specific communication skills which we are able to target.

“Self-advocacy should be seen as a vital set of skills that SLTs can support”

Increasingly, outcomes for young people contained in their Education Health and Care Plans make reference to the development of good self-advocacy skills. This is a positive advance, and self-advocacy should be seen as a vital set of skills where speech and language therapy can offer support.

In my role, I use the Speaking Up! self-advocacy programme for young people with SLCN, which provides a structure for exploring issues around self-advocacy through practical activities, and allows a focus on development of functional communication skills

in meaningful situations. There tends to be a sharper focus on self-advocacy in later adolescence—as young people head towards college or future living placements, the need for such skills becomes more evident. However, it is often at this stage that gaps in communication skills have a greater impact. I believe the sooner that we as SLTs can be involved with children and young people in supporting them to develop good self-advocacy skills, the better it would be.

Understanding how we can scaffold the development of these skills at an earlier age is important. More research in this area, and a greater understanding of the foundation skills that support good self-advocacy development, would be welcome.

Kitty Holmes is a 17-year-old student who has cerebral palsy and uses augmentative and alternative communication. She wrote these words to describe the impact of her difficulties with communication: “If you can’t talk it hurts more than any other kind of disability. I have no words in my mouth, but I have a voice and I have a lot to say.”

As SLTs, we know that we can’t take the hurt of a communication disability away, but from as early on as possible, we can aim to support young people to find their voice, to be active participants in their own lives, and to become powerful self-advocates. ■

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Saving face

Luke de Visser explains how the Complex Facial Clinic at the National Hospital for Neurology and Neurosurgery treats patients with facial muscle weakness

ILLUSTRATION BY Shauna McKeon

At the National Hospital for Neurology and Neurosurgery (NHNN) in London, the Complex Facial Clinic (CFC) has managed people with facial muscle weakness since 2012. Referrals are accepted from GPs, local therapists and consultants, and when accepted to the clinic, patients can receive individualised, evidence-based treatment. Outcomes are collected using the Facial Disability Index (VanSwearingen and Bach, 1996), FaCE Scale (Kahn et. al, 2001), Sunnybrook Facial Grading System (Ross et. al, 1996), and Goal Attainment Scaling. Having observed a positive impact on patients and staff, we are keen to share the success of the collaborative approach that sits at the heart of the CFC.

Introduction

Facial muscle weakness can occur when the facial nerve (CN VII) is damaged in some

way. This can happen following traumatic facial injury, and may occur with certain neuro-medical conditions, such as Guillain-Barré or Miller-Fisher syndromes. It can also accompany tumours and tumour resection or infectious causes. Neuronal damage from a stroke can also affect the facial muscles (Finsterer, 2008).

Facial weakness impacts on both physical and psychological wellbeing (Kahn et. al, 2001). Specific clinical implications may include:

- reduced lip closure, causing an inability to hold fluid in the mouth, as well as fluid escape;
 - reduced lip seal and pressure resulting in imprecise speech sound production, especially for bilabial plosives and labiodental fricatives; and
 - reduced cheek muscle function, which impacts on sucking through a straw, food and fluid bolus formation, bolus propulsion and clearance of oral residue.
- Secondary changes may occur when stronger, unaffected (contralateral) facial

muscles pull weaker muscles over during functional movements; for example when talking or eating. This can lead to an abnormal facial resting symmetry or facial distortion, and people may tend to isolate themselves from participating in social activities such as eating in public or communicating face-to-face (de Swart et. al, 2003).

Recovery and outcomes for facial weakness are highly variable depending on the aetiology, degree of damage and treatment offered (Melvin and Limb, 2008). In the CFC, a physiotherapist and an SLT, both clinical specialists, work together to provide goal-oriented facial rehabilitation. Patient goals for therapy often include being able to smile in photographs, to eat out in public without embarrassment or to fully close an eye.

Assessment

Patients use the Facial Disability Index and the FaCE Scale to self-rate the impact that their facial weakness has on physical →

“Patient goals include being able to smile in photographs, to eat in public or to fully close an eye”

and social wellbeing/function. This self-assessment may identify feelings of low mood due to facial abnormalities, which may require onward referral to psychological services (VanSwearingen and Bach, 1996). The Sunnybrook Facial Grading System is used by therapists to assess symmetry of the face at rest and during voluntary movement, compared to the unaffected side. Hands-on palpation by either or both therapists identify areas of muscle stiffness and muscle tone (Mehta et. al, 2007), as well as specific areas of weakness. Photographs are taken of facial resting symmetry and five standard facial expressions as a baseline, and for an individualised facial rehabilitation programme.

Treatment

Specific treatment focuses on neuromuscular re-education in line with current evidence, which suggests it to be an opportunity for recovery of facial movement and function (VanSwearingen, 2008). This is an important shift away from historically prescribing non-specific exercises, often promoting exaggerated facial movements. Facial neuromuscular re-education focuses on a patient relearning intended facial movements (taught by the SLT or physiotherapist) and suppressing unwanted muscle activity. A common example of such activity is abnormal synchronisation (synkinesis); for example, involuntary eye closure occurring with volitional mouth movements, or involuntary mouth movement with volitional eye closure. This can interfere with facial function and symmetry (VanSwearingen, 2008).

Therapists demonstrate stretching and

exercise techniques with a mirror, and patients are encouraged to incorporate accurate mirror feedback in their ongoing home practice (VanSwearingen, 2008). The mirror is essential since facial muscles lack the sense of position (proprioception) that other skeletal muscles have (Cattaneo and Paves, 2014). The programme is regularly reviewed, either face-to-face or via telemedicine, and updated.

The clinic also offers chemodenervation, where low-dose botulinum toxin injections can be used to selectively weaken overactive muscles in order to improve resting and dynamic symmetry. The injections can also be used to reduce synkinesis (Ito et. al, 2007). Inhibitory taping may be used as an adjunct to the facial programme in order to provide a prolonged stretch for shortened muscles. Facilitatory taping, used to lift or de-weight longer, weaker muscles, also aims to improve symmetry and alignment (Halas et. al, 2005). Strategies such as hands-on realignment are taught by either therapist to improve lip seal when eating, drinking and speaking.

The CFC also collaborates with surgeons in the Facial Function Clinic at the Royal National Throat, Nose and Ear Hospital in London. This team assesses potential and readiness for further nerve or plastic surgeries. Face lifts, brow lifts, nerve grafting and eyelid or eyelid weight insertion surgeries (or a combination) may be offered to further improve facial alignment and symmetry (Kim, 2016).

Impact

Encouraging results using clinician-recorded outcome measures have been made post-treatment, and patient-reported outcome measures have highlighted

improvements in physical and social wellbeing function following their care at the CFC. Subsequently, SLTs have provided positive feedback about the learning opportunities it has offered. We hope to extend the success of the CFC, by liaising with local therapists throughout the UK and offering support in the management of facial muscle weakness. ■

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For more information, contact **Luke de Visser** or **Ann Holland** at the Complex Facial Clinic, The National Hospital for Neurology and Neurosurgery, Queen Square London, WC1N 3BG



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REFRESHING NEWS

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Breaking down barriers

Sarah Woodward, Brian Petheram and Nicole Campbell explain how the **Aphasia Software Finder** can be used to support aphasia therapy

ILLUSTRATION BY **Cat Finnie**

The potential for making an impact on aphasia rehabilitation has increased exponentially during the past 30 years (Yang, 2017). Major contributions include:

- better understanding of the nature of the disorder itself;
- better understanding of ways in which people with aphasia can be supported to build a fulfilling life;
- better understanding of neuroplasticity and the ways in which the brain can learn or relearn capabilities at any age and at any time post-onset;
- new approaches to therapy that go beyond the traditional desktop activities, such as engaging in virtual worlds (Marshall et al, 2016); and
- evidence that therapy delivered by computer can be efficacious (Lavoie et al, 2017).

Today's challenge is to make an impact by providing sufficient evidence-based rehabilitation in the context of feasible and affordable therapy service provision. While a growing body of evidence suggests that aphasia therapy can be effective (Kelly et al., 2010), there is also an associated body of evidence demonstrating that intensive

therapy or longer-term regular therapy is needed to deliver this effective treatment (Bhogal et al, 2003, Cherney et al, 2011).

At the same time, increasingly constrained resources make this difficult to deliver. Resources are limited for the service as a whole, and in terms of the diminishing proportion of overall speech and language therapy resources allocated to aphasia compared to other disorders in the speech and language therapy caseload, such as dysphagia (Enderby and Petheram, 2002).

The Aphasia Software Finder (ASF) can be used to help clinicians deliver a level of therapy in line with recommendations from research—within the constraints of today's speech and language therapy services.

Why do we need it?

Some common practices in aphasia therapy illustrate the relevance of software use in aphasia rehabilitation. For example, a typical component is the provision of additional therapeutic activities for clients with aphasia to take home, in order for them to boost the amount of therapy they receive and to encourage carry-over into non-clinical environments. These activities have traditionally been paper-based, but therapists are increasingly using technology such as

computers or mobile devices to deliver this supplementary therapy, which enables users to receive immediate and direct feedback.

Furthermore, clinicians are often recommending digital tools to support service users in their daily activities; for example, those with difficulty reading may benefit from screen readers to read emails, or from picture-supported calendars.

However, even with the possibilities that are opened up by greater access to technology for clients and therapists, there are still barriers to overcome.

The ASF, a free-to-use web-based tool funded by the Tavistock Trust for Aphasia, is designed to address some of these barriers. The advantage of the ASF is its independence and objectivity, made possible due to its lack of affiliation or financial relationship with any supplier of software.

The right resources

An increasing body of research indicates that computer-based therapy can be effective (Zheng et al, 2016, Lavoie et al, 2017), but one barrier to the application of this is the time it takes clinicians to find and evaluate the plethora of apps and software available for individual service users. By using the ASF, the therapist can search for programmes and apps by entering the area of language difficulty that is to be targeted, which will generate a customised list of potentially appropriate software and apps, and reduce the time spent searching and evaluating individual programmes.

Alternatively, if the clinician already knows the name of the software or app, they can search via an alphabetical list. It is also possible to search for particular programme features—such as automatic recording of results, personalisation of exercise stimuli or remotely accessing results. As well as software and apps specifically designed for aphasia therapy, there is also a separate section for programmes from other fields, such as adult literacy. For clinicians who are familiar with the programmes on the ASF, the 'What's New' tab may prove useful, since it allows them to see, at a glance, any programmes that have recently been added or updated.

Supporting the client

Devices such as smartphones, tablets and computers are increasingly available, and many households now own one or more devices. However, many of our clients experience difficulties in using them—they may have visual difficulties, for example, or find it hard to use on-screen keyboards. There



“The vision is not to replace the therapist, but to remove some of the barriers to using digital technology”

are many features that can make technology more accessible, such as screen magnifiers or text-to-speech programmes. The ASF has a section providing links to these resources, supporting the therapist in enabling clients to access digital technologies as part of therapy and also to support their everyday activities.

Collating the evidence

Any form of therapy needs to be supported by evidence. This can often be difficult to find, and it is time consuming to stay up-to-date, especially in a fast-moving field such as technology. The ASF has a section listing recent research that specifically addresses issues relating to the use of computers in aphasia therapy. These have been found to be useful in justifying the use of digital therapy materials in clinical practice, and some therapists have fed back that they have used this resource when making a case for this development to commissioners.

The ASF today

During the past year, the ASF has hosted more than 24,000 sessions from users all over the world. It has also recently been updated so that it's easier to view on mobile devices. New apps, software, and research evidence are added on a regular basis, and we are funded to continue maintaining and updating the ASF for the foreseeable future. The vision is not to replace the therapist, but to remove some of the barriers people experience when using digital technology. For service users who are keen to use technology in their rehabilitation journey, the therapist can use scarce one-to-one sessions to focus on strategy and management, engaging the client as a partner in the rehabilitation process and working with conversation partners while employing technology to provide some of the therapeutic exercises and activities in a personalised format.

The ASF is funded by The Tavistock Trust for Aphasia, who are grateful for the generous support from The Eranda Rothschild Foundation and Mrs Charmaine Mallinckrodt.

The ASF can be found online at www.aphasiasoftwarefinder.org ■

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Going the distance

Marianne Dowling discusses the findings from the **Newham Children’s Speech and Language Therapy Service’s Complex Needs Project**



The London Borough of Newham has a population of 307,984, including 118,802 people under the age of 25 (LB Newham, 2011). An estimated 3,564–6,415 children

living in Newham have varying levels of complex needs¹. Of these, 1,188–2,376 children have learning disabilities, and 416 children have profound-to-moderate learning disabilities. In 2017, the Newham Children’s Speech and Language Therapy Service celebrated the successful completion of the Complex Needs Project. The three-year project was funded by the London Borough of Newham in partnership with the NHS to provide additional specialist services for school-aged children and young people with complex needs.

Prior to the Complex Needs Project, the core SLT NHS service was predominately school-based and consultative, with limited flexibility in the packages of care that could be offered. Unless a child met the stringent criteria for the AAC Hub’s funding route via NHS England, complex needs children with learning difficulties were only offered one-off assessments, then discharged with environmental support advice and early communication strategies.

Aims

The Complex Needs Project launched in September 2014 and was staffed by a team of 2.5 SLTs and one occupational therapist (OT). Its remit was to support the development of communication in pupils with complex needs

by providing additional resources while working collaboratively with existing core NHS and educational provisions. The project aimed to help determine whether regular contact with therapists over longer periods of time improved pupils’ progress.

Referrals and criteria

Project referral criteria were as follows:

- Pupils were school-aged and had been allocated High Needs Funding Level 3–4 by the London Borough of Newham Local Education Authority.
- Pupils had severe communication limitations and at least one of the following difficulties: physical,

cognitive, sensory, hearing, vision or complex health, documented by medical diagnoses.

The project received 164 referrals within four months of its launch and 322 referrals during the life of the project. The project worked with 175 individual pupils. An average of 94 referrals was active on the caseload at any one time.

Intervention

Once a referral had been accepted, the therapist met with the pupil’s parents and school staff. A baseline of the pupil’s communication profile was taken using observation checklists. Therapy targets,

Table 1: Case study (Child – Age 9)

Diagnoses	- Cerebral palsy (GMFCS 5) with severe bilateral porencephalic cysts and cortical visual impairment
Pre-intervention	- Vocalising and using facial expressions for communicating pleasure or discomfort. - Using single message devices (e.g. BIGmack) to request “more” with hand-under-hand support.
Intervention	- OT and SLT joint sessions; six visits over six months. - Modelling strategies to school staff in liaison with family, and adjusting recommendations based on progress at each review.
Post-intervention	- Developing head motor pattern for communicating yes/no responses. - Auditory scanning with up to three choices, including generic options (e.g. “more”, “finished”, “something else”).

1. Based on Institute of Education report, which estimated an average 3.0%–5.4% of children in English local authorities had a statement of special educational needs and were in receipt of the Disability Living Allowance (2008); and a separate study by the British Institute of Learning Disabilities estimating 1%–2% of the population to have learning disabilities, and 0.35% to have profound-to-moderate learning disabilities (2008).

delivery format and duration would be agreed jointly with the therapists, parents and schools. A typical intervention format comprised an initial training session for parents and school staff where the therapist modelled equipment and strategies, followed by weekly or fortnightly sessions over one to two school terms. Progress was measured by therapist observations and by parental/staff report at the end of the intervention. After the final session, the pupils were discharged with final recommendations and targets. A re-referral could be made when discharge recommendations had been implemented. An average of 11.4 sessions were offered per referral, and the average length of an intervention block was 13 months.

Results

An informal questionnaire was given to parents, schools and pupils for all appointments during a period of one month. Question 1 asked participants to rate their service satisfaction using a rating scale of 1 to 5. Blank comment sections were then provided with a prompt to identify the most positive aspects of the service, and ways to improve the service. There were 31 completed questionnaires returned: 26 from school staff, two from parents and three from pupils. All 31 respondents rated the service 5 out of 5 (extremely satisfied). Comments were thematically analysed.

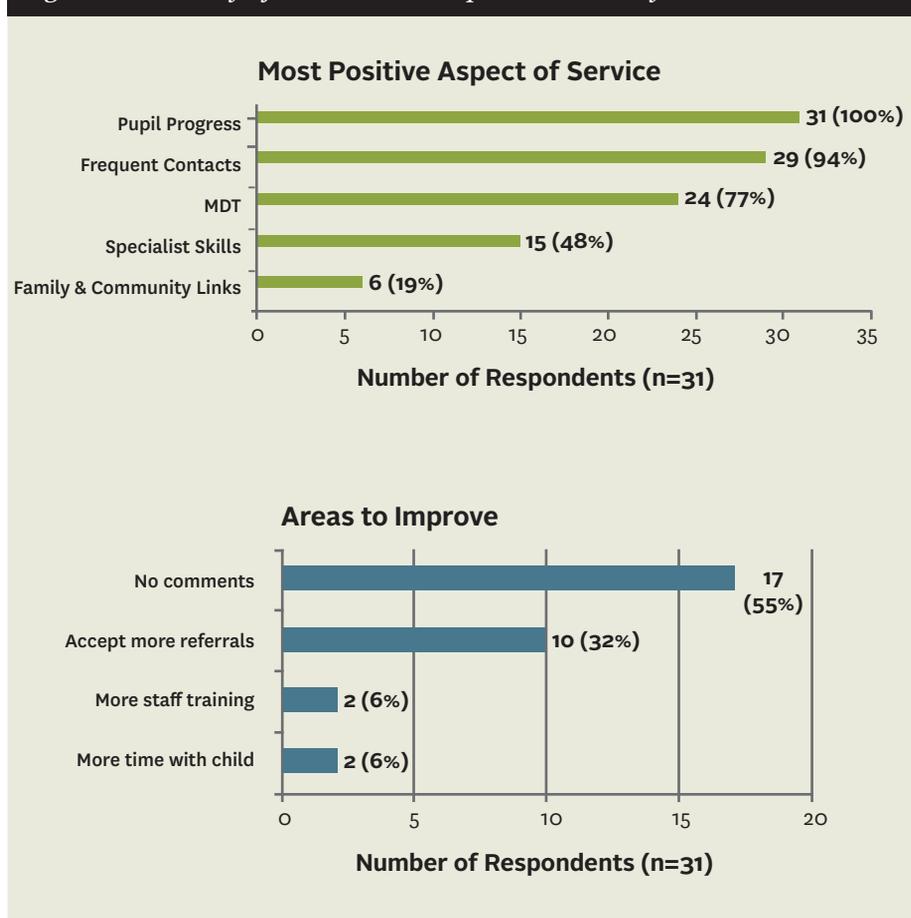
Figure 1 depicts a summary of comments made in response to question 1, grouped thematically. It shows that 100% of respondents reported pupil progress, 94% valued the frequency of contact with the therapists, and 77% valued the multi-disciplinary team (MDT) approach to the service. When asked for areas of improvement, 55% did not comment, 32% would like the service to be expanded to accept more referrals, 6% would like more staff training, and another 6% would like more therapist time with the child.

Discussions

The questionnaires provided some interesting points for discussions, but were not without problems, which included:

- Only a small sample size of 31 questionnaires was collected.
- Pupils' progress was based on questionnaire reports rather than objective measurements.
- Although baselines of pupil communication profiles were collected, individual therapists had used different checklists, which made it difficult to compare progress between pupils.
- Progress between pupils was variable and could not be attributed to the impact of speech therapy alone.

Figure 1: Summary of Comments Grouped Thematically



- A majority of questionnaires was completed by school staff, who may have held different opinions to parents and pupils.

Nonetheless, the findings suggest a viable model for delivering intervention to pupils with complex needs in the borough. The majority of pupils referred to the project were seen for up to 10 sessions, and many referrals were discharged in less than six months. This pattern suggests that an episode of care model might work well to support pupils with complex needs, with intervention spread over longer periods of time. The project supports the notion that pupils with complex needs can make significant progress through short bursts of therapy contact if they are supported over a slightly longer period of time (e.g. over one to two school terms), although further research is needed to discover the most effective intervention approach for pupils with complex needs.

Future plans

More data is needed to further guide the structure of the complex needs service. For example, a follow-up questionnaire for parents and pupils could help to investigate whether their priorities for speech and

language therapy differ significantly to those identified by schools, and whether those differences impact their perception of pupil progress. Objective measurements of pupil progress can be obtained using standardised baseline and outcome tools.

Since the completion of the project, additional funding has been secured for appointing two permanent SLTs and one OT to join the core NHS service. The expanded therapy team will strive to implement the lessons learnt from the complex needs project: providing a multi-disciplinary service, supporting pupils across school and community settings, and offering short bursts of therapy contact over longer episodes of care. ■

Marianne Dowling, SLT



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A continental approach

To mark the European Day of Speech and Language Therapy, **Helen Coward, Susanne Paez and Mark Jayes** find out what SLTs across Europe say about their work with service users who have autism

ILLUSTRATION BY Ben Mounsey-Wood

On 6 March every year, CPLOL, the umbrella organisation representing SLTs across Europe, celebrates the European Day of Speech and Language Therapy. The aims of the day are to increase awareness of the profession, the rights of people with communication and swallowing disabilities, and a specific clinical theme: this year has autism spectrum disorder (ASD) as its focus.

To mark this year's event, the UK CPLOL Action Group decided to find out what SLTs working with service users who have autism in different European countries had to say about their practice. We interviewed:

- **Julia Andersson**, an SLT working in a mainstream school in Sweden;
- **Kirsten Pulis**, an ASD clinical lead SLT from Malta;
- **Linnu-Lydia Mae**, an augmentative and alternative communication (AAC) specialist SLT working in a school for children with intellectual disabilities in Estonia;
- **Sara Isoli**, an SLT working with children with autism in Italy;
- **Sarmite Tubele**, professor of speech and language therapy, and autism expert from Latvia; and
- **Susanne Paez**, an ASD specialist SLT working with children in the UK.

Q Who makes a diagnosis of autism? What is the SLT's role in diagnosis?

Julia (Sweden): It varies across the country. The diagnosis is often done by child and adolescent psychiatrists, and SLTs rarely participate. Regardless of whether the children have an official diagnosis or not, SLTs can assist with communication difficulties.

Susanne (UK): The person who makes the diagnosis is a paediatrician. However, during the assessment we work as a team: there is also an educational psychiatrist, as well as an SLT.

Kirsten (Malta): There are two main routes. The first one is through the state service, where the child is assessed and diagnosed by a multi-disciplinary team (MDT). This may take between one and two years. The other route is the private one, where the individual is assessed by a psychologist and/or another professional. This is quicker, and the diagnosis is issued in one or two months.

Q How closely do you work with other professionals to support the children or adults you work with?

Linnu-Lydia (Estonia): The SLT has the role of group leader, evaluating, adjusting, controlling and monitoring, while other specialists follow the SLT's recommendations.

Kirsten (Malta): Usually we liaise with

each other via email. Although our country is small, it is still hard to actually schedule joint sessions.

Sara (Italy): I think it's more important to work with people who share your methods and opinions, even if you work in different locations, than to work alongside people but not communicate about different points of view, or which methods would suit a specific child.

Sarmite (Latvia): SLTs are in close contact with special education teachers,





psychologists and other specialists; our work is very collaborative and goal-focused, based on individual learning plans.

Susanne (UK): Working in the NHS enables me to work very closely with pre-school specialist services. Often key workers from a nursery will come and observe and participate in one of my sessions so that they can carry it on at their own setting. I can also signpost parents to relevant support professionals.

Q What evidence-based interventions do you find particularly support the children or adults you work with?

Susanne (UK): SCERTS—Social Communication, Emotional Regulation, Transactional Support—and Treatment and Education of Autistic and related Communication Handicapped Children (TEACHH). Picture Exchange Communication System (PECS) is another intervention that has a strong evidence base and has good outcomes. I also use Intensive Interaction as a way of establishing a relationship with the child.

Sarmite (Latvia): In Latvia there is a growing number of Applied Behaviour Analysis specialists; some are SLTs but many are other professionals—special education teachers, audiologists and occupational therapists.

Q What challenges do you face when working with service users who have autism?

Julia (Sweden): Ignorance and preconceptions about what it means to have autism and other neuropsychiatric disabilities.

Sarmite (Latvia): Sometimes the challenge is not the person with ASD, but their family, especially in the early stages, when they are not ready to accept the condition.

Susanne (UK): The challenges are less about the service users and more about their environments. Implementation of communication strategies throughout the child's different settings, such as at nursery, is very challenging, because there is often a high staff turnover. Nursery staff are not necessarily trained in these strategies, resulting in ongoing training needs. Also, the challenge of supporting parents can never be underestimated.

Kirsten (Malta): Lack of resources—material, time etc. It would be ideal to have a team of different professionals working together at the same time with these children.

Q What would you like the general public to be more aware of, regarding people with ASD?

Sarmite (Latvia): That we can't change the person with ASD, we have to accept them and try to facilitate their social adjustment and wellbeing.

Susanne (UK): No one person with ASD is the same as another. Everybody's different and everybody has a personality, and they are entitled to have their voice heard.

Sara (Italy): I would like the general public to know more about neurodiversity.

Julia (Sweden): How ASD manifests itself

in girls. Their problems are often interpreted as other difficulties and this group is easily overlooked.

Q What improvements would you like to see in the future for people with ASD? Can SLTs be a part of this? If so, how?

Kirsten (Malta): First and foremost, we need to prepare children to face the real world once they finish school, as very often services fade out at this age.

Linnu-Lydia (Estonia): I would like SLTs to be able to assess the communication skills of adults with ASD for government services that help unemployed people find jobs. SLTs could advise employers about how potential employees with ASD could be supported to do jobs.

Susanne (UK): I'd like better teacher awareness, with special educational needs placements part of teacher training. I would also like to see more autistic adults in paid employment. SLTs could be involved in both: we are a flexible profession.

Julia (Sweden): A coordinated approach with increased cooperation between various social agencies. Focussing on early intervention can save society money and save children, teenagers, and their families unnecessary suffering and alienation.

Conclusions

Although the SLTs we interviewed described different models of service delivery and individual practice, their responses revealed a common passion for supporting the needs and rights of people with autism. When we asked the SLTs about the types of professional development opportunities they valued, several emphasised the importance of learning from colleagues, especially those in other countries. We hope this article demonstrates that, as a profession, we can all learn from each other in order to improve services for people with ASD. What's more, we can share resources and combine our efforts to raise public awareness about the needs of this client group and of people with communication disabilities more generally.

On 6 March, please join CPLOL and your colleagues across Europe in flying the SLT flag and shining the spotlight on ASD.

To find out more about the European Day of Speech and Language Therapy, visit bit.ly/2FCyBLs ■

.....
Helen Coward and Susanne Paez, specialist SLTs, Southend-on-Sea, and Dr Mark Jayes, research fellow in communication disability, Manchester Metropolitan University.
Email: helen.coward@nhs.net; susannepaez@nhs.net; m.jayes@mmu.ac.uk
Twitter: @MCAsupporttool

Leading light

Ahead of last year's event at Speakers House to celebrate her contribution to the profession, **Victoria Briggs** caught up with **Professor Pam Enderby OBE** to take a look back at her achievements



“I still find speech and language therapy unbelievably interesting, and in many ways I wish I was starting out now,” says Pam Enderby, whose career in speech and language therapy spans five decades and countless achievements.

The latest comes in the form of an OBE, awarded in the 2018 Queen's Honours list for her dedicated services to speech and language therapy, an accolade that Pam receives with her signature modesty.

“The thing is it's not just you getting the award. It also belongs to the other people in your life—your colleagues, friends and family.

It seems inappropriate to single one person out when so much comes down to luck and timing,” she says.

For someone who, by their own admission, ‘fell into’ the profession, Pam has risen to become one of its leading lights, and is among its greatest advocates.

“I didn't particularly enjoy studying speech and language therapy at college. It was the '60s and you had to wear a skirt to lectures, whereas I wanted to wear my pink, green and yellow trousers, which were de rigueur in the late '60s! Back then, speech and language therapy courses had a finishing school atmosphere, which I found irritating.”

All that changed in 1970 when, after graduating, Pam accepted a position as a locum SLT in Greenwich.

“I loved it... It was demanding but exciting,” she says, while admitting that trying to help those with speech, language and communication disorders when she didn't feel equipped to was initially overwhelming.

“I was fresh out of college and the sole SLT charged with covering three hospitals,” she says.

“The great thing now is that you can be in touch with more experienced therapists who can act as mentors and give clinical and personal support. Back then, you were very much on your own.”

Pam's next job took her to Swindon and a learning disability team, before she went on to join a neurology team and stroke unit in Bristol. It was here, she says, where she started to understand the importance of research and team work.

A PhD on stroke and dysarthria followed, motivated in part by her father's experience of undergoing several strokes while in his 40s.

“None of them altered his speech, at first, and he could still function socially and at work, although his coordination was affected,” she says. That situation changed when, following a further stroke in his 50s, her father became dysarthric.

“Because his speech sounded abnormal, he wasn't able to work. Almost overnight, friends dropped away because they were embarrassed they couldn't understand him, although he was the same man inside,” she says.

“Speech problems can be so disabling and yet speech was seen as being almost a cosmetic problem compared to walking difficulties, for example, as a result of stroke. Speech was just not regarded as being as important as other abilities.”

In the early '80s when technological devices to support speech and communication began to be developed, Pam found herself an early adopter of technology to help those who couldn't speak, setting up the first dedicated augmentative and alternative communication (AAC) centre at the Bristol Speech and Language Therapy Department.

Soon after, the Bristol Speech and Language Therapy Research Unit (BSLTRU) was established with the objective of integrating research and clinical application. The BSLTRU will be 30 years old this year, and Pam ranks the establishment of the AAC service as being amongst the things she's most proud of achieving. Another is the 14-year long ‘equal pay case’ she fought to get speech and language therapy recognised as being on a par with male-dominated professions in healthcare, and requiring a career structure in just the same way.

“Speech was seen as being almost a cosmetic problem...”

“Then, as now, SLTs were predominantly women and the profession had no career structure. It just wasn’t seen as being necessary—although things around gender equality had moved on a long way in the 1960s, healthcare professions hadn’t caught up. The case was less to do with pay, although pay was obviously a part of it, and more to do with having a career structure for SLTs.”

Other career ‘bests’ for Pam include establishing the first Speak Week—a public awareness campaign in the 1980s to highlight speech, language and communication needs—as well as, more recently, assisting the RCSLT in developing the ROOT (the RCSLT Online Outcome Tool).

What Pam doesn’t mention, but could have,

is the RCSLT fellowship she was awarded in 1983, her MBE for services to speech and language therapy, awarded a decade later, or the honorary DSc awarded from the University of the West of England in 2000.

She might also have mentioned her role as chair of the RCSLT, as president of the Society for Research in Rehabilitation, or as clinical director of the South Yorkshire Comprehensive Research Network.

She was the first woman—and the first non-medic—to become dean of the faculty of medicine at The University of Sheffield, where she was also awarded an emeritus professorship, contributed more than 200 academic papers and supervised 20 PhD students.

Then there’s her work developing TOMs (Therapy Outcome Measures), READ coding and SNOMED, the clinical vocabulary for use in electronic health records, and her pioneering research into swallowing disorders. Recognition of her work in last year’s Queen’s Birthday Honours ‘for outstanding contributions to healthcare and research’ came as a surprise to possibly nobody but herself.

When it comes to those starting out in their SLT careers, undertaking leadership roles or contributing to other disciplines, what’s Pam’s advice?

“It’s important to be a member of a team, to ask for help from others, reflect on what you learn and take time to think about things. Be still. Analyse what you’re doing,” she says.

“Having a mentor helps, another person you can talk things through with.

“It’s important to be part of a team with different skills. No one person can do everything themselves. Once you are part of a good team, you can work out who can write a clinical or business plan, who knows what technology is best for what purpose, who works best with a particular individual, and so on. Use your skills appropriately and realise you can learn from others and other disciplines.” ■



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Barбора Krausova & Amit Kulkarni

In this month's R&D Forum, RCSLT research manager Amit Kulkarni welcomes Barбора Krausova, Lucy Goulding and Louise Hull from the King's Improvement Science team at King's College London, who introduce the first in a three-part series on healthcare improvement

Healthcare improvement: part one

Anyone who has been working in speech therapy for more than a few years will know that ideas to improve clinical services come and go. However, over the past 15-20 years, three particular approaches have come to the fore that directly address key questions for healthcare practitioners and researchers, such as 'how do we improve the quality of clinical services?' and 'how would we measure and evidence any improvements?' In this and the next two issues of *Bulletin*, researchers from the King's Improvement Science (KIS) team will introduce three different but related and inter-connected disciplines: quality improvement (QI), improvement science and implementation science. What are they? How do they differ from one another? What are the benefits (and drawbacks) of using them? And how does

one get started? This first article in the series looks at the use of terminology in the field of QI.

Introduction

According to the biblical story of the Tower of Babel (Genesis 11: 1-9), everybody used to speak the same language. When the people decided to build a tower so that they could reach the heavens, it displeased God, who made them speak in different languages so they could no longer understand each other and the tower could not be built.

The field of healthcare improvement is a little bit like that—people have the same or similar goals (e.g. to improve the quality and safety of care) but the languages they speak are often very different, which can result in a great deal of confusion and common goals being overlooked.

Healthcare improvement is full of different 'languages' because it is not a homogenous,

unified field—there are many different ways to improve health services. When people talk about healthcare improvement they may mean 'transformation', 'service development', 'quality improvement', 'innovation', or a myriad of other things. In addition, even the same terms may mean different things to different people as there are no universally agreed definitions.

In the words of management consultant Joseph Juran: "If communication is purely through labels, it is easy to be deluded into believing there is an understanding, despite the fact that each of the parties does not know what the other is talking about." (Juran & Gryna, 1988)

'Quality' explained

Before we think about QI, it is worth taking a step back to consider the term 'quality' itself. Quality in healthcare is a multi-faceted umbrella term that conjures up different meanings for different people. For instance, healthcare professionals might focus on the attainment of intervention goals, service users might be equally concerned with quality of life, and commissioners and policy makers might be thinking about how best to get 'bang for their buck'.

Therefore, we shouldn't think of 'quality' as a single, fixed entity but rather a construct that depends on the meaning ascribed by the person or people who are concerned with it.

When we talk about quality in the QI sense of the word we usually mean 'STEEEP'.

STEEEP is a handy acronym for remembering the characteristics or dimensions of healthcare identified as 'most in need of improvement' by the Institute of Medicine in its report on healthcare quality in the US. The six quality dimensions are:



- **Safe** – avoiding harm to patients from care that is intended to help them.
- **Timely** – reducing waits and harmful delays.
- **Effective** – ensuring the best evidence-based treatments and care are offered.
- **Efficient** – avoiding waste.
- **Equitable** – care that does not vary in quality because of a person's characteristics.
- **Patient-centred** – providing care in line with the needs and wishes of patients and service users.

Improvement experts from the Institute for Healthcare Improvement define QI as "the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead

Research and Development Forum



ILLUSTRATION BY Ben Leon

to better patient outcomes (health), better system performance (care) and better professional development (learning)” (Batalden & Davidoff, 2007).

Our team at KIS like to think of QI as involving all relevant people at all levels in making (and sustaining) efforts that result in positive changes. These efforts do not have to be big initiatives or programmes of work. QI is often about relatively small, contained projects that aim to change how things are done at a very localised level; reducing waiting lists in a clinic, or improving communication between staff, for example. The idea is that if such efforts are being made everywhere and by everyone, this will have an important cumulative effect overall, leading to improved

health services (for more information see: bit.ly/2T8Deql).

QI methodologies

It is important to note that even for a seasoned ‘quality improver’ the learning (and associated linguistic confusion) doesn’t stop with the term itself. There are numerous QI methods and tools; for instance, Lean, Six Sigma or the Model for Improvement, which all use their own set of terminology. Some might argue that the use of a specific style of language or terminology (e.g. Japanese words in Lean) helps define a brand or adds an element of uniqueness, while others might simply find it cumbersome and alienating.

There is not much we can do about the fact that different QI approaches will most likely

continue speaking different languages. However, what’s important is to promote an understanding of the overall field of QI to help people identify the best QI approach for the specific issue they are facing.

KIS Glossary

Our team at KIS have been gathering and learning improvement terminology for a number of years, leading to the development of a comprehensive glossary of terms used in the fields of QI, improvement science and implementation science.

While not exhaustive, the glossary contains relevant terms from health economics, patient and public involvement, evaluation and research based on our work and experience.

One of the most useful

features of the glossary (which you can find at bit.ly/2FIYQpU) is that every term and definition provided is linked to an online resource where the reader can learn more about specific topics.

A final thought: QI is influenced (and helped) by other related fields such as improvement science and implementation science. However, the challenge is that those fields address different sorts of questions and come with their own languages and terminology. In the next two articles in this series, we will be looking at improvement science and implementation science, so make sure you check out the next two issues of *Bulletin* for more linguistic fun! ■

Barbora Krausova, King’s Improvement Science researcher; **Dr Lucy Goulding**, King’s Improvement Science programme manager; **Dr Louise Hull**, King’s Improvement Science senior researcher and deputy director, Centre for Implementation Science
 Email: kis-team@kcl.ac.uk
 @CLAHRC_SL
 Or **Amit Kulkarni** at amit.kulkarni@rcslt.org



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In the journals

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

Child speech: the ins and outs

This study sought to examine whether there was a relationship between ‘input frequency’ (how many times you hear a word) and production accuracy in typically developing children. The study indicates an association, but acknowledges the topic would benefit from further research.

In the study, 33 typically developing children aged 3–4 years listened to non-words (with pictures of ‘make-believe’ animals) and were then asked to produce that word. Test conditions varied according to input frequency and speaker numbers. A ‘post-test’ employed an input frequency of one and word learning was examined by word-to-picture matching.

The study found an input frequency of three seemed most facilitative of accurate production in the test condition only. This was not observed in the post-test. Production practice (i.e. trial repetition) influenced word learning. Speaker variability did not have a significant impact on production accuracy or word learning.

Though there is support for frequency, the findings suggest that ‘more is not necessarily better’. The paper raises questions as to whether production could be inhibitive, and perceptual learning facilitative, of linguistic learning.

The authors write: “Perceptual experience acts as a starting point and as a form of corrective feedback... production is the driving force, compelling the production mechanism forward in development”.

Suzanne Churcher, SLT and university teacher, The University of Sheffield



Richtsmeier, P. T. & Good, A. K. (2018). Frequencies in Perception and Production Differentially Affect Child Speech. *Journal of Speech, Language and Hearing Research*, 61, 2854-2868. Assessment of voice, speech and communication changes associated with cervical spinal cord injury. *IJLCD*, 53 (4), 761-775.

Accessible information for aphasia

This study looked at creating novel materials about health information and included people with aphasia in the design process. The materials developed differ from previous ones by reflecting directly the views and preferences of those with aphasia, and by using language and images suitable for them. The products created were based on existing research evidence and on the outcomes of this study.

The study included 14 participants over the age of 18 with acquired difficulties in reading comprehension. They were divided into three groups and viewed a single version of a possible solution rather than each generating a solution. The groups met twice to discuss the designs and once to view the final product. Each meeting was facilitated by someone without aphasia and participants were also paired with a conversation partner to encourage participation.

The participants commented on the overall design, layout, language, images and typography on information presented on 170mm by 110mm white, matte cards. The results indicated the participants’ preference for information consisting of one idea expressed via common words and simple sentence structures; one or two images relating directly to keywords (either line drawings or photographs); and sans serif typography with keyword emphasis.

Although the sample size was small the authors commented that “novel criteria were identified in the study, relating to layout, language, images and typography”.

Niina Mathews, highly specialist SLT, Charing Cross Hospital



Herbert, R., Gregory, E. and Haw, C. (2018). Collaborative design of accessible information with people with aphasia. *Aphasiology*. DOI: 10.1080/02687038.2018.1546822

Oropharyngeal dysphagia impacts

This systematic review indicates that the presence of oropharyngeal dysphagia may increase a patient’s length of stay (LOS) in hospital, and implicate greater healthcare costs. It suggests that dysphagia presents an added burden to pressured healthcare systems.

The researchers identified papers reporting on adults with oropharyngeal dysphagia (any cause) and that referenced LOS in inpatient settings and/or the financial/economic cost in any healthcare setting. Following a critical appraisal, 29 papers were analysed, with 11 assigned a GRADE quality rating of ‘moderate’, and the remainder identified as ‘low’.

The mean dysphagia-attributable cost was equivalent to US \$12,715—40.36% more than costs for patients without dysphagia. Similarly, analysis of LOS data showed a significantly longer LOS for patients with dysphagia compared to those without dysphagia. Specifically, a meta-analysis of stroke-related dysphagia demonstrated a mean difference of 4.73 days.

The authors recommend “strategies that facilitate the early identification, timely and evidence-based management of oropharyngeal dysphagia across any clinical population will likely result in significant reductions in dysphagia-related negative health outcomes, and consequently LOS and attributable healthcare expenditure”.

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



Attrill, S., White, S., Murray, J., Hammond, S., & Doeltgen, S. (2018). Impact of oropharyngeal dysphagia on healthcare cost and length of stay in hospital: a systematic review. *BMC Health Services Research*, 18(1), 594. doi:10.1186/s12913-018-3376-353-62. doi:10.1177/0265659018755526.

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 find any of these interesting, follow them up and apply your own critical appraisal.

Wish there were two of you to do your job?



If you work with young children, you know what it takes to make a real difference in their language outcomes. What if there was a way to multiply your impact and increase the support each child receives?

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London, England Mar 4-6, 2019

MARCH CEN NOTICES

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All Wales Neurodevelopmental CEN

7 March

Venue and agenda TBC. All professionals welcome (AHPs, Medics, Psychologists, Social Carr/Education). Cost: £15, or £20 membership for the year (to include a second event in September 2019). Email Kathryn.bowen2@wales.nhs.uk or phone 01685 351104.

West Midlands AAC CEN

13 March, 9.30am – 3.30pm

Of interest to people working with clients with developmental AAC needs. Presentations on CEN, Access to Communication & Technology and NHSE updates. "No such thing as a silly question in Augmentative and Alternative Communication". TECHCESS supplier update including SCORE Low and High Tech AAC. Venue: St Lazar Church Hall, 92 Griffins Brook Lane, Bournville, Birmingham B30 1QG. To book a place, email valentina.osborne@bhamcommunity.nhs.uk. Membership: £5 for 1 year (3 meetings), meetings free for members.

Yorkshire Dysfluency CEN

14 March, 9.30am – 12.30pm

Venue: The Reginald Centre, 263 Chapeltown Road, Chapeltown, Leeds, LS7 3EX. Tea/coffee provided. Tel: 0113 8434331.

National Transgender Voice & Communication CEN

15 March, 9.30am – 4.30pm

Study Meeting & AGM: Applying Arts to Science. Includes: Exploring Improvisation to Support Voice Change, Gillie Stoneham; Experiential Voice Workshop, Annie Morrison, Voice Coach & Therapist RADA; Facilitated discussion, Matthew Mills, Sean Pert & Naz Kurji-Smith. Lunch provided. Venue: The Old Diorama Arts Centre, 201 Drummond Street, Regents Place, London NW1 3FE. Fee: £30 for members. Places limited, application through Eventbrite, Email: gstoneham@tavi-port.nhs.uk

South West and Wales Dementia CEN

25 March

Venue: UWE, Bristol. To include 'Trusting our instincts in dementia communication' with Professor Alison Wray, and 'Understanding the experiences of eating and drinking for people living with dementia' with Lindsey Collins. Cost: £10 payable on the day which includes membership and a further study day at Cardiff Met University on 9 September. For more information or to book a place, email kearing@cardiffmet.ac.uk

Practical approaches to working with children who have Social, Emotional and Mental Health Needs CEN

28 March, 9.30am – 4pm

AM: Growth Mindset – applying this learning philosophy with parents and teachers. PM: Mindfulness for students with SEMH needs. Fee: £30 for members and new members (includes this plus 2 further meetings). Venue: Kaleidoscope Centre, 32 Rushey Green, Catford, SE6 4JF. Email donnahopesalt@gmail.com by 21 March to reserve your place.

London ASD CEN Spring Event

1 April, 9am – 5pm

Location: Friend's House, 173-177 Euston Rd, London NW1 2BJ. Speakers TBC. Free tickets will be released for members on 1 March and £30 tickets on 8 March for non-members. Tickets will be released via email. For more information, email londonasdcen@gmail.com

Cleft Lip and Palate CEN

5 April

Venue: AMBA Hotel, Marble Arch, London. Register online: craniofacialconference19.co.uk. For more information and agenda, visit www.cleftsig.co.uk

Learning Disabilities CEN South and West Wales

10 April, 10am – 3.30pm

Kate Richardson, SLT, will be getting us exploring sensory processing in working with people with ASD in a workshop presentation. Jade Williams, SLT, will be sharing her knowledge on DIR Floortime and working with people with ASD. Venue: Neath Port Talbot Hospital, Port Talbot, SA127BX. Cost: free for members. For more details, email the chair on sianm.jones@wales.nhs.uk

The National CEN in Selective Mutism

2 May, 9am – 4pm

'Understanding Selective Mutism and Autism', to include a range of specialists on this subject, including SLTs, psychologists and a parent. Venue: St Thomas Centre, Ardwick Green North, Manchester, M12 6FZ. To book, visit: bit.ly/2Sgjkkip. For enquiries, contact Anna Biavati-Smith at nationalsmcen@gmail.com

Promoting Communication in the Early Years CEN

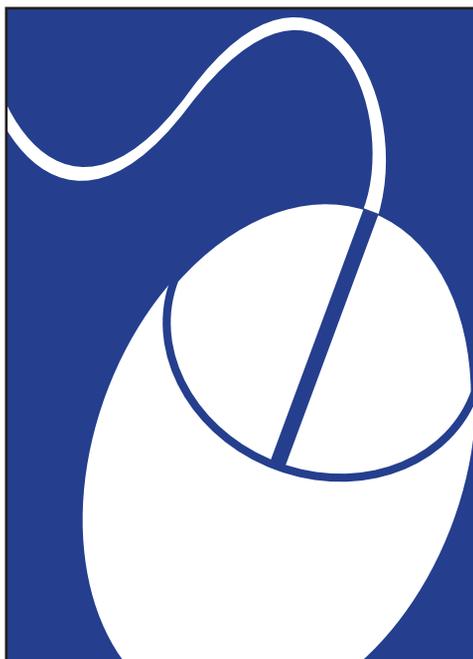
22 May, 9.30am – 3.30pm

Workshop Day: Influencing Partners to Promote Early Communication. Venue: RCSLT, 2 White Hart Yard, London, SE1 1NX. Cost: £10 for members, £20 for non-members (to include membership to August 2019). To book, please email: caroline.clough@nhs.net

London and South East Region CEN in Selective Mutism

2 July, 9.15am – 4pm

The London and South Eastern Region CEN in Selective Mutism invites you to a day on the topic, 'Selective Mutism – Learning from the Community'. Venue: RCSLT, London. To book, visit: bit.ly/2BhKnoy. For enquiries, contact Roberta Mendes at londonsmcen@gmail.com



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Sue Mabbutt, Senior Speech & Language Therapist on 01604 773910 or e-mail susanmabbutt@bbrook.co.uk – term time.

Information on how to apply can be found on the school website: www.billingbrook.co.uk Please return your completed application form by email to: head@billing.northants-ecl.gov.uk

Closing Date: 2nd April 2019

Interview Date: 25th April 2019

Start Date: September 2019 or sooner

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For more information about this job or to register for the school visit prior to application, please contact Stacy Booth, stacy.booth@naschurchlawton.cheshire.sch.uk

School Visit: Monday, 4th March 2019

Closing date: Monday, 11th March 2019

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Full time – 37.5 hours per week (working term-time for each academic year - 39 weeks per year but paid 52 weeks)

Our School

Trinity School is a 3-19 year special school for students with MLD, SLD, PMLD and Autistic Spectrum Condition. We are committed to the development of quality learning and communication opportunities. This is an ideal opportunity for you to develop your skills in working with children with a range of learning disabilities with associated complex needs. You will work alongside experienced therapists with additional specialist support to deliver input via a consultative model of Speech and Language Therapy. Our dynamic and enthusiastic communication team works as an integral part of the whole school and is seeking a new team member.

You should be prepared to work as part of the whole school team, be innovative, flexible and passionate about this area of work.

Band 5

Newly Qualified Therapists are welcome to apply for the Band 5 post and progression to Band 6 following completion of the Newly Qualified Practitioner year is an option available for an excellent Therapist who is aspiring to progress.

You must be registered with the HCPC and RCSLT. You should have an interest in or some experience of:

- children with complex communication difficulties
- learning difficulties
- profound and Complex Learning Difficulties
- dysphagia
- the implementation of AAC and PECS

Band 6

We are looking for a confident and skilled professional with excellent interpersonal and communication skills to extend clinical and leadership skills in a School which is committed to enhancing language and communication skills throughout the curriculum. You will have already delivered a therapy service to children with a range of difficulties, including learning disabilities with associated complex needs and Autistic Spectrum Disorder preferably in an educational setting.

You will:

- work collaboratively with teachers to plan, deliver and evaluate language and communication
- modules across a number of curriculum areas
- be involved in training staff in aspects of language and communication development
- be involved in supervising colleagues and students on clinical placements

We can offer professional supervision, a highly supportive team of teachers and classroom assistants, a environment that values language and communication skills and the expertise of our SLTs, support for CPD, training and development opportunities and a pension scheme.

Visits to the school are strongly recommended before submitting an application. Please contact Eimear Adair, HR Assistant on 020 3435 5959 to arrange an informal visit.

An application pack is available by contacting: Eimear Adair, HR Assistant on 020 3435 5959 or emailing: eadair@trinity.bardaglea.org.uk

Closing date: 3pm on Monday 18 March 2019

Additional information about the School can be found at www.trinityschooldagenham.org.uk

Trinity School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment. An enhanced criminal record check via the DBS will be undertaken for the successful candidate.

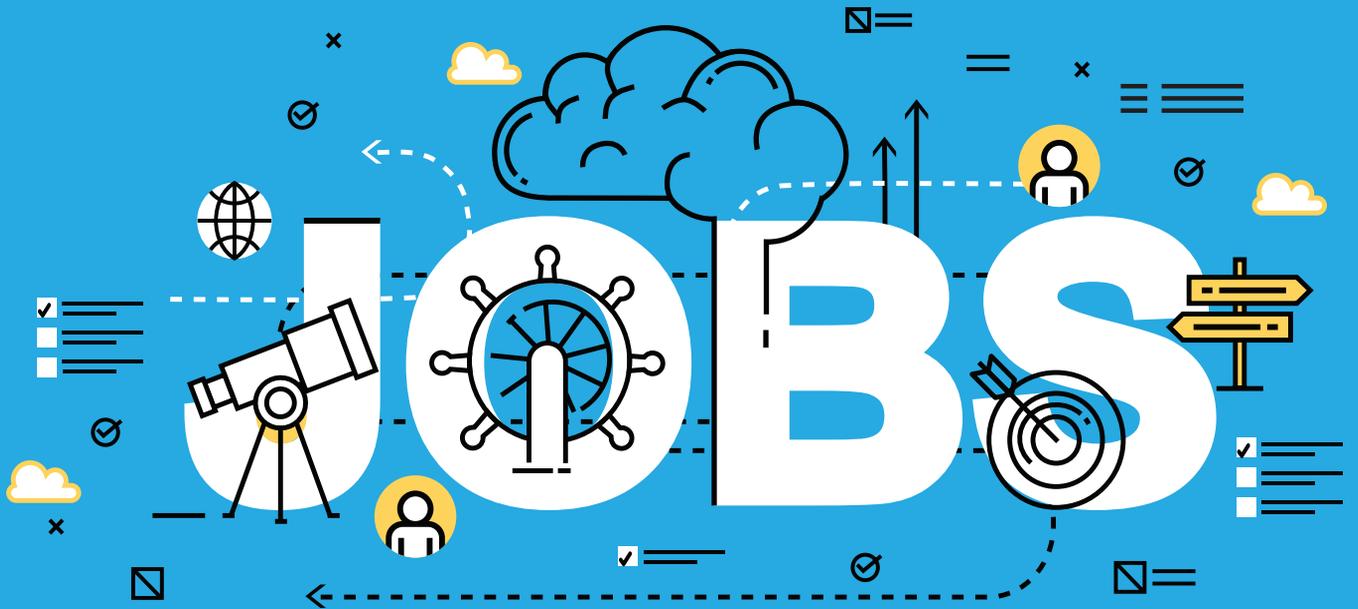
This post is exempt from the Rehabilitation of Offenders Act and a comprehensive screening process, including a disclosure check will be undertaken on all applicants.



APPOINTMENTS

Call 020 7324 2755 or email rsltjobs@redactive.co.uk

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Royal College of Speech
and Language Therapists



Naomi Brown

OCCUPATION: SPECIALIST SLT, EARLY YEARS TEAM LEADER, NORTH LOCALITY (DARTFORD, GRAVESEND AND SWANLEY)

“Masters-level learning has given me a completely different way of thinking”



Until last year, my career as an SLT had been pretty ordinary; I started as a band 5, passed preceptorship and progressed to band 6. Then I decided to apply for the National Institute for Health Research (NIHR) funded Master of Research (MRes) degree. I had always hoped to do a masters, but wanted to get a few years of clinical practice under my belt first. Although it only lasted 15 minutes, the MRes interview was the toughest I have ever had. Sadly, I wasn't successful and was offered a place on the Integrated Clinical Internship Programme (ICAP) instead. Bitterly disappointed at first, I decided to pick myself up and to go for the MRes once I'd done the ICAP.

In 2016 I started the ICAP at the University of Brighton and was fortunate enough to be given some study leave to complete two masters modules. That allowed me to secure a place on the MRes at St. George's University, London, the following year. As if that wasn't enough change, I was successful at progressing to my first band 7 post as an early years team leader for North Kent Children's Therapies Service. Believe me, there were times when I wondered what on earth I was doing to myself, but when an exciting opportunity comes along, I just can't refuse.

Going back to university has been really enjoyable, while also being something of a learning curve. I love the atmosphere of a busy teaching hospital, lectures, and don't



even mind the odd bit of essay writing. Study modules are thought-provoking and engaging; the most interesting so far being improvement science and research translation. Masters-level learning has given me a completely different way of thinking, where I don't just accept things at face value, but question why we do things and what could we do better. I've learnt that academic writing is an art and critical reflection—questioning why we think what we do—can also be a valuable tool.

Moving into a team leader role has also been a learning curve. Initially, I was worried that I would miss doing as much clinical work as I had in previous roles. Although, at heart, I will always be a therapist, I have found line management and giving supervision equally rewarding; I love seeing my team members grow and develop.

In some ways it might seem that the two parts of my role are separate; however, there has been much more crossover than I expected. Clinical knowledge and experience have enabled me to develop a piece of research that has real application to the clients I work with, while moving into a team leader role has given me more perspective on balancing research questions with what is feasible within a stretched NHS setting. Critical appraisal has enabled me to look at the evidence base for therapies and evaluate whether it has clinical application. Improvement science has helped me to structure my thinking and to plan changes in my team. I now consider things such as 'culture change' and am not daunted by reactions to change.

With a mixed timetable of clinical practice and masters study, I can just about get away with calling myself a novice clinical academic. If I can, I would love to continue working this way, and, if any other SLTs are considering walking the same path, here's what my learning curves have taught me:

- Develop resilience — it can be tough.
- Embrace critical thinking — it's worth it.
- Maximise your time — I have learnt to do two things on the train; write essays and sleep.
- Seek out support — I would never have been able to do this without the support of my trust, managers, team, friends and family.
- Excitement — if something feels like an exciting opportunity, get involved! ■

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Email: naomi.brown9@nhs.net
Twitter: [@naomigrace891](https://twitter.com/naomigrace891)

QUICK LOOK DATES

Various dates

Elklan Total Training Package for 5-11s

4-5 March, Salford; 4-5 June, Portlaoise, Ireland; 12-13 June, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools.

Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

6-7 March, Salford; 10-11 June, 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. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

8 March, Salford; 15 May, Cornwall. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Talking Mats foundation course

Be more effective in involving people in decisions and attend a Talking Mats foundation course. Stirling: 28 March/25 April; Online: 16 April; London: 19 June; Manchester: 9 May; Birmingham: 22 March. Book through Course Beetle: tinyurl.com/y8gg9dser. Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511.

Various dates

Talking Mats courses

Develop your use of Talking Mats at an advanced level. There are opportunities in the following:

Safeguarding, Stirling, 2 May (morning); Advance Care Planning, Stirling, 2 May (afternoon); Dysphagia and Decision Making, 23 May; Train the trainer 22-23 May. Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511.

Various dates, Worcestershire

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses £130: FOTT Study Day, 13 May and 14 October; Moves to Swallow, 10 June and 18 November; Making the most of Mealtimes, 8 July and 9 December; Therapeutic Oral Hygiene, 16 September. Five-day, two-part courses £625: 6-8 May (part 1) and 15-16 July (part 2); 9-11 September (part 1) and 11-12 November (part 2). Email: admin@arcos.org.uk; tel: 01684 576795.

Various dates

Respiratory Muscle Strength Training

With Dr Christine Sapienza. Evidence base and practice with free EMST 150 provided. London 5 June; Birmingham 7 June; Cardiff 10 June. Cost: early bird rate £175 (until 30 April). Email: info@svsassociates.co.uk

4-5 March, Salford

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

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. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

4-5 March, Salford

Elklan Supporting Children and Adults using AAC: Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC.

Cost: £340. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

4-6 March, London

More Than Words® Certification Workshop

Learn how to involve parents of children with autism to facilitate their child's social and communication skills in everyday contexts, fulfilling the key criteria for effective early intervention for these children. www.hanen.org/workshop-schedule

6 March, Salford

Elklan Training Package – Supporting Children and Adults Using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. Cost: £235 Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

6-8 March, Salford

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

6-7 March 0-3s, 8 March 3-5s. Equipping SLTs and EY advisors to provide accredited training to early years staff. Cost: £495 (0-3s); £745 (both); £250 (3-5s). Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

8 March, Salford

Elklan Let's Talk With Under 5s Training Pack

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

8 March, Salford

Elklan Let's Talk Together Training Pack

Practitioners will be equipped to provide accredited training to parents of pupils with social communication

needs including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

12 March, Birmingham

The current evidence base for school-aged children with Developmental Language Disorder

An update on the current evidence base for intervention for school-aged children with language impairments. Led by Dr Susan Ebbels. Cost: £215. Visit: tinyurl.com/y8ysz3ru; email: info@coursebeetle.co.uk

15 March, RCSLT, London

Introduction to working with children and young people with SEMH needs

Presented by Melanie Cross, lead author of the Royal College of Speech and Language Therapists clinical guidelines on SEMH. Cost: £215. Visit: tinyurl.com/y9jauqxj; email: info@coursebeetle.co.uk

27-29 March Birmingham

1, 2 or 3 Day Masterclass: Selective Mutism for Professionals and Parents/Carers

With Maggie Johnson. Suitable for teachers, therapists and parents. Cost options: £195 - £499. Visit: coursebeetle.co.uk/selective-mutism-mar-2019-birmingham; email: info@coursebeetle.co.uk

1 April

Developing language and literacy

This course gives you the opportunity to examine how the experiences, activities and the use of great children's books lay the foundation for children learning to read and write. Leave with a good understanding of the process as well as lots of practical ideas and resources for using with young children and their caregivers. Cost: £90, bring a friend for £10. Email: Susanna@earfoundation.org.uk

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5-6 April, London

Insight Workshop

This two-day interactive workshop is suitable for professionals working with adults who have insight problems following brain injury. Cost: £185. Venue: Gatwick Hilton Hotel. Email: enquiries@braitretraining.co.uk; tel: 01276 472 369; visit: www.braitretraining.co.uk

10-12 April, London

It Takes Two to Talk® Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. www.hanen.org/workshop-schedule

11 April, Birmingham

The current evidence base for speech interventions: Translating research into practice

Best practice recommendations for transcription and analysis will be included.

Presented by Dr Anne Hesketh of Manchester University. Cost: £215. Visit: tinyurl.com/y7b9bggl; email: info@coursebeetle.co.uk

3 May, Birmingham

Attachment difficulties and complex trauma – impacts on SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215. Visit: tinyurl.com/y6xdyxxd; email: info@coursebeetle.co.uk

3-4 May, London

Mindfulness for SLTs

Experiential introduction to key elements of mindfulness with reference to mindfulness-based stress

reduction and mindfulness-based cognitive therapy. Relevant to wide range of adult/paediatric client groups and has personal stress management/wellbeing benefits for therapists. Cost: £199. Location: City Lit London. Email: speechtherapy@citylit.ac.uk; tel: 020 7492 2578.

11 May, Birmingham

NAPLIC Conference & AGM

Growing up with DLD. Speakers include: Cristina McKean, Maxine Winstanley and Danielle Matthews. Practitioner presentations: Making use of evidence and sharing best practice. Exhibition. Cost: Members £99 to 15 February 2019/£130 after. Non-members welcome. Venue: Aston University. Visit: www.naplic.org.uk/conferences; email: carol.lingwood@bopenworld.com; tel: 01273 381009.

w/c 13 May, London

Intensive Training Week: Early Intervention

Often, auditory learning is confused with auditory training and the link between cognition and language is missed. This intensive week enables you to plan sessions with greater impact. 30 AG Bell CEUs. Cost: £500. Email: susanna@earfoundation.org.uk

13-16 May, Manchester

ADOS2 administration and coding course

ADOS2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism. Visit: ados2training.co.uk

17 May, RCSLT, London

Word Aware: teaching vocabulary in primary schools

Practical whole school curriculum based approach. Highly rated course.

Suitable for teachers and SLTs so bring a colleague. Trainers: Stephen Parsons and Anna Branagan. Cost: from £120. Visit: www.thinkingtalking.co.uk/training/

17 May, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

Day 3 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

17 May, London

Active Relaxation Training Workshop

This one-day interactive workshop is suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. Cost: £90. Location: Gatwick Hilton Hotel. Email: enquiries@braitretraining.co.uk; tel: 01276 472 369; visit: www.braitretraining.co.uk

21 May

Executive Functioning

Developing the skills to succeed academically and socially. This course will unpick the various cognitive processes that make up our Executive Functions, what we need to plan a task and implement the plan. Cost: £90, bring a friend for £10. Email: Susanna@earfoundation.org.uk

4 June, RCSLT, London

VOICE: This and That

Lunch and learn voice workshop. A good lunch with bookstall and endoscope demos then afternoon workshop. Presented by Dr Christine Sapienza and Dr Bari Hoffman. Cost: early bird rate £60 (until 30 April). Email: info@svsassociates.co.uk

6-7 June, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

10-11 June, RCSLT, London

Elklan Total Training Package for Verbal Pupils with ASD

Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

12-14 June, RCSLT London

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

12-13 June 3-5s, 14 June 0-3s. Equipping SLTs and EY advisors to provide accredited training to early years staff. Cost: £495 for 3-5s, £745 for both, £250 for 0-3s. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

18 June, London

Learning to use the Therapy Outcome Measure (TOM)

One-day training workshop with Prof Pam Enderby. Delegate fee: £175 (check website for CTN member discount). Visit: www.communitytherapy.org.uk

18-19 July

Foundations of Neurology Course

'Foundations of Neurology' for SLTs working with adults living with neurological disease. Focusing on aspects of neuroplasticity, differential diagnosis and assessment using a hypothesis-testing approach to underpin the nature of disorders and possible SLT interventions. Cost: £200. Venue: The National Hospital for Neurology. Email: Alkida Domi at uclh.enquiry.therapy.courses@nhs.net; tel: 020 3448 3476; visit: www.uclhcharitycourses.com

8-9 October, RCSLT, London

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. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

10-11 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. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

7-8 November, Nottingham

FEES Practical Skills Workshop

Foundation Level November 7 and 8, followed by Practitioner Level in spring 2020. Venue: Nottingham Clinical Skills Centre. We can also provide bespoke training for your own department. Email: info@svsassociates.co.uk

14-15 November, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

November 2019, Midlands

TalkTools Level One and Level Two

Tactile-sensory approach using therapy tools to train/transition muscle movements for speech production. Learn how motor activities are used to improve phonation, resonance, and speech clarity. Visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

7-9 January 2020, RCSLT, London

Communication Support for 0-25s with Complex Needs

Two-day course for practitioners with accreditation. Followed by 'Let's Talk with Special Children' Tutor Pack on day three. Cost: £380. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk



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