

bulletin

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

May 2019 | www.rcslt.org



**Implementing IDDSI in
a care home**

▮ **Acquired brain injury in
children: how SLTs provide
support**

▮ **Videofluoroscopy: improving
practice and standards**

Ahead of the game: the ups and downs of using data
to drive quality improvement





25-26 September 2019

**IMPROVING QUALITY
IN SPEECH AND LANGUAGE THERAPY**

EVERYONE'S BUSINESS

**BOOK YOUR PLACE FOR THE
RCSLT CONFERENCE 2019**

**Join us at the largest gathering of RCSLT members in the UK
for an unmissable two days of CPD and networking**

This year's event will explore *Improving quality in speech and language therapy: Everyone's business* and will showcase the latest in research and service delivery innovations.

This two-day event will feature oral and poster presentations, workshops, parallel and plenary sessions and keynote speakers with topics covering a wide range of adult and

child specialisms. The popular 'brag and steal' presentations will be back, highlighting how research evidence is being applied in clinical practice.

Whether you work in research, are a clinical practitioner, or just starting out in your career as an SLT, the RCSLT Conference 2019 will include something for you!

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

BOOK EARLY AND SAVE MONEY

Early Bird Fees (until 31 July)	One day	Two days
RCSLT member	£160 (£133.33 +VAT)	£248 (£206.67 +VAT)
Non-member	£210 (£175 +VAT)	£298 (£248.33 +VAT)
Fees from 1 August		
RCSLT member	£210 (£175 +VAT)	£298 (£248.33 +VAT)
Non-member	£260 (£216.67 +VAT)	£348 (£290 +VAT)

Delegate fees include refreshments, lunch and materials.

Terms and conditions apply.



#RCSLT2019

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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).



Flying the flag

The new president of the RCSLT is a man who doesn't really need an introduction. Celebrity broadcaster Nick Hewer – best known for his role presenting the long-running TV gameshow *Countdown*, and as Lord Sugar's boardroom confidante on reality show *The Apprentice* – began his new role with the RCSLT last month. His first day on the job saw him being interviewed by Piers Morgan and Susanna Reid on ITV's *Good Morning Britain*, flying the flag for the profession and championing the work of SLTs. Nick will be chairing this year's RCSLT Honours committee and attending the RCSLT conference in September, so expect to hear quite a lot about him in the pages of *Bulletin* over the coming months (for the news story on Nick's appointment, see p6).

On the subject of the Honours awards, we've now opened the call for this year's nominations. If you want to highlight the outstanding achievements of your peers, colleagues and other supporters of the profession, giving them the chance to have their work publicly acknowledged, then be sure to get your nominations in before the closing date in June (story on p10).

Finally, a big THANK YOU to all who took part in Swallowing Awareness Day. We were delighted to see our social media channels filled with photos of the various challenges and activities members undertook to raise awareness of dysphagia. On the opposite page, you'll find a handful we picked out from those that were posted on the day. We're also running a couple of excellent features on the subject of dysphagia too.

Victoria Briggs

editor

bulletin@rcslt.org

[@rcslt_bulletin](https://twitter.com/rcslt_bulletin)

Your RCSLT

JOOWON KIM



I joined the RCSLT as a project assistant in September last year. My role includes providing support to various projects within the organisation's Professional Development and Research and Development teams. I also assist members with accessing RCSLT resources such as journals, and help them to apply for minor grants.

Having come from a science background, I am greatly enjoying broadening my understanding of speech and language therapy, and meeting members from different clinical and academic backgrounds.

If you have any questions or comments about any of the projects that are happening at the RCSLT, please do not hesitate to contact me.

Joowon Kim, RCSLT project assistant
Email: joowon.kim@rcslt.org

Esteemed colleagues

On opening the March issue of *Bulletin*, the first article I read was a feature on Pam Enderby ('Leading Light').

What comes across is undoubtedly all her great achievements, her modesty and self-awareness.

What was missing for me was a sense of her great humour, warmth, listening skills, and approachability, which accounts for her being held in such high esteem.

Karen Krawczyk, SLT, NHS Greater Glasgow and Clyde
Email: karen.krawczyk59@gmail.com

FOLLOW THE RCSLT ON [facebook](#) AND [twitter](#)



VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

CPLOL action group seeks members

The RCSLT is inviting applications from members to join the CPLOL action group, supporting the activities of UK CPLOL delegates Mark Jayes and Hazel Roddam.

Are you:

- Aware of RCSLT policies and operational strategies, or enthusiastic about getting to know more about how the RCSLT works?
- Enthusiastic about engaging with the profession in Europe, with a willingness to develop a greater understanding of European issues?
- Self-motivated with a positive commitment to the profession and promoting the work of the RCSLT?
- Experienced in working on projects to embed or improve standards in practice, education or research?
- Willing to take part in teleconferences up to five times a year and attend an annual meeting with working group members (involving travel to London or another UK location)?
- Able to work in a team and organise awareness-raising activities for the European Day of Speech and Language Therapy?
- Motivated to improve the impact of your own practice using insights from practice, research and education initiatives across Europe?
- A student who is interested in campaigning and raising awareness, and who has a passion for using social media?

What is CPLOL?

CPLOL provides a forum to discuss collaboration between speech and language therapy associations at an international level. The RCSLT was one of its founding members and the organisation incorporates 32 associations from 29 countries. For more information see: www.cplol.eu

www.cplol.eu

⊙ To apply, please submit a statement of your prior experience that is directly relevant to the work of the Action Group, together with your contact details. For further application details and information, please email **Lorette Porter at J.L.Porter@leedsbeckett.ac.uk** Successful applicants will be invited to join the working group for one year, in the first instance.

Deadline for applications is 22 May 2019.



Swallowing Awareness success

On 13 March, SLTs across the UK and the world got together to raise awareness of dysphagia by participating in a range of events for Swallowing Awareness Day.

This was the fourth year of the annual event and it was the most successful yet, with SLTs, students and multidisciplinary colleagues collaborating in a range of activities, from setting up information stands, to hosting meals and tea parties to spread the word about dysphagia and how it affects people's lives.

Here is just a taste of the many activities that caught our eye on social media throughout the day—search **#swallowaware2019** on Twitter to see them all.

1 Angela Crocker from the Belfast Health and Social Care Trust Day Centre for Adults with Learning Disability held a sensory cooking activity with day care workers and adults with PMLD. They created and tasted mocktails at a range of IDDSI levels, and even connected the blender to a switch so that service users of all abilities could join in the fun @ **angelacrocker5**

2 The speech and language therapy team at Mid Yorkshire NHS held an information stand in the hospital restaurant targeted at health professionals and the public. Inspired by the event's tagline, 'Have your cake... but can you eat it?', they challenged people to buy swallowing awareness themed cakes and eat them, with certain restrictions (such as having someone else feed you, or not using your tongue), donating funds raised to a local hospice.

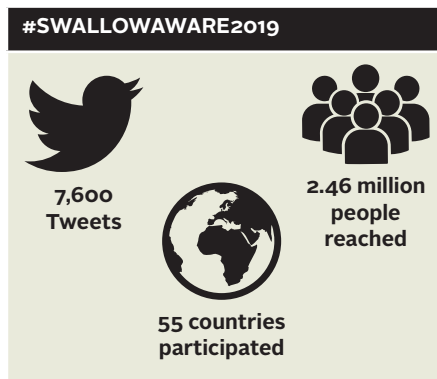
3 Student SLT Gemma Kelly from the University of Sheffield even got her guinea pigs involved on Twitter, pondering how even pets and their owners take swallowing for granted—it wouldn't be easy creating a modified diet for these furry friends! @ **grizzlySLT**

4 Rhiannon Hunnisett, Anita Smith and the team at East Sussex Healthcare Trust created an *Alice in Wonderland* themed tea party with food and drinks at different IDDSI



levels, attended by a range of staff as well as two patients living with dysphagia @ **Smith8Anita** @ **rhunnisett90**

5 University of Sheffield students and SLTs at Sheffield Hospital helped to get things trending with an eye-catching display complete with real-life Instagram photoprop. Pictured: Freya Lloyd and Heather Meakin strike a pose @ **HSC_Sheffield** @ **freyalloydSLT**





News



@aimeespeechie

Had a really reassuring phone call with Julia at @rslt today, really appreciate the time she spent talking to me and answering my questions about NQP competencies. It is wonderful to have professional support a phone call away

@CatherineSluma1

We marked #swallowaware2019 by highlighting the psychosocial consequences of dysphagia and the SLT role with this. Dysphagia management is so much more than texture modification

Health visitors to help boost early language

The RCSLT has partnered with Public Health England (PHE), the Department for Education, (DfE) and other key stakeholders to deliver a cross-government plan aimed at closing the early years word gap.

SLTs, health visitors and early years practitioners are all seen as key to achieving the ambition, which seeks to halve the number of children who fail to achieve their expected level of development at the end of their reception year by 2028.

In support of the plan, a new training programme has been developed to help ensure that children in need of additional support with their speech, language and communication are identified and given access to it as early as possible. The additional training, delivered by the Institute of Health Visiting, and developed with advice from SLTs, will be provided to 1,000 health visitors to enhance their skills in identifying children's speech, language and communication needs, and to support improved signposting and referrals to speech and language therapy services.

Health visitors undertaking the training are expected to partner with their local children's speech and language therapy services to enable the cascade of the training to health visiting teams and early years practitioners, so that they can support

families in promoting early language acquisition.

Other elements of the programme include:

- An assessment tool developed for PHE by Newcastle University to help health visitors identify children in need of support.
- Evidence-based initiatives that will help parents and communities support children's speech, language and communication skills through improving the home learning environment during the first years of life.

SLTs in Derbyshire, Wiltshire, Newham, Wakefield and Middlesbrough will be closely involved in the evaluation of Newcastle University's early language assessment tool.

It is this close working with SLTs throughout the development of the training that has ensured its approach is truly collaborative.

We can make a difference to more children's lives by working together, which is why it's so important for children's speech and language therapy services across the country to come together with their health visiting colleagues to ensure the success of this programme.



- Other ways for members to get involved:
- Partnering with the trained health visitor in your area to consider delivering aspects of the training together.
 - Supporting the evaluation of the programme's impact by reporting on the quality of the referrals to speech and language therapy services in your area.
 - Collaborating with your local authority and NHS to consider using the new PHE pathway guidance for children aged 0-5 years in your area.

For more information, visit: bit.ly/2IbhKGM

Jo Howes, health visitor advisor, and Wendy Nicholson, MBE, deputy chief nurse for children, young people and families, Public Health England

New president for RCSLT

Celebrity broadcaster, author and former public relations consultant Nick Hewer has been announced as the new president of the RCSLT, replacing Sir George Cox, who has stood down from the role after 15 years of service.

For the last eight years, Nick has hosted Channel 4's *Countdown* and was, for 10 years, Lord Sugar's right-hand man on *The Apprentice*.

Commenting on his appointment, Nick said: "I'm very excited to be appointed as President of the Royal College of



Speech and Language Therapists and look forward to applying my media expertise to help the organisation meet its charitable aims and objectives."

Della Money, RCSLT chair, added: "Nick will bring a wealth of experience to his new position, advocating the transformative role speech and language therapists play in assessing, supporting and rehabilitating people with communication and swallowing difficulties. The Board of Trustees and I are delighted to welcome him on board."

SHUTTERSTOCK



@CaraSpe58165636

Paediatric dysphagia can have such a huge impact on young families. Thank you to our brilliant SLT team for using #swallowaware2019 as an opportunity to build knowledge and understanding across our wider paediatric team! #bcuhbtherapies @RCSLTWales

@helenglais

Thought provoking day on 'Caring for people living with dementia at the end of their lives' hosted by Palliative Care Cymru Implementation Board. Affirming to see so much interest and passion #livenow #MySLTDay



DELLA MONEY & KAMINI GADHOK

Speaking up for SLCN



In last month's *Bulletin*, we brought you news of the *Bercow: Ten Years On – 1st Anniversary Update*, which highlighted five areas where urgent government action is needed to improve support for children and young people with speech, language and communication needs (SLCN) in England. Encouragingly, it seems we are not alone in asking the government to do more.

On 7 March, one day after the publication of the *Anniversary Update*, more than 60 organisations joined forces to write to the Prime Minister to urge the government to take action. This included professional bodies such as the British Association of Social Workers, disability charities such as Mencap and Sense, and organisations representing parents, including the National Network of Parent Carer Forums.

On the following day, chairs and co-chairs of relevant All-Party Parliamentary Groups – including Speech and Language Difficulties, Autism, Literacy, Adverse Childhood Experiences,

Looked After Children and Care Leavers, Dyslexia and Other Specific Learning Difficulties, Health in All Policies, Youth Affairs, Families in the Early Years, and Nursery Schools, Nursery and Reception Classes – also wrote to the Prime Minister in similar terms.

You can read more about the letters and find out how you can support the campaign at bit.ly/2GOLnwD. Or you can join the conversation on Twitter by following the hashtags **#SpeakUpForCommunication** and **#SpeakUpForSLCN**.

Once again, we have been incredibly impressed by the activism of RCSLT members in promoting the campaign. If you have not seen it already, do watch Stephanie Burgess' video-poem *Speak Up For Communication* at bit.ly/2SRq67V. It features Michael Palin, 'Lost Voice Guy' Lee Ridley, Nina Conti and Preet Kaur Gill MP, among a host of others.

.....
Caroline Wright, RCSLT policy adviser

Peter Just, RCSLT public affairs adviser

COUNTDOWN TO CONFERENCE

One of the biggest gatherings of the profession is the RCSLT's two-day biennial conference, which this year takes place at the East Midlands Conference Centre in Nottingham on 25 and 26 September.

One of the perks of our job is selecting the location for the conference. We chose Nottingham in recognition of the county where we have both lived and worked.

Two conference keynote speakers have already been confirmed. They are Annette Boaz, professor in health care research at Kingston University and St George's University of London, and Marion Walker, MBE, professor in stroke rehabilitation and emeritus NIHR senior investigator at the University of Nottingham. The RCSLT is in the process of securing other keynote speakers who can share their learning of the concepts required to improve quality in speech and language therapy by drawing from the latest approaches in the field: implementation science, improvement science and quality improvement.

The conference programme is currently in the process of being designed and will include verbal presentations, workshop sessions and poster presentations to facilitate the delivery of the conference title and supporting themes: 'Improving quality in speech and language therapy: Everyone's business'.

So often we can learn better from each other when we have the opportunity to generalise ideas across regions and specialisms. The conference is a great opportunity to share good practice, network and connect, as well as find out about what's happening across the nations and Hubs.

We would like to say a huge thank you to all members who have submitted abstracts via the call for papers. These are currently being peer reviewed and we look forward to being in touch with selected members shortly and publishing the conference programme on the website.

Please do join us at the conference in Nottingham later in the year. It forms a key highlight of the RCSLT calendar, and trustees and staff alike are keen to meet and catch-up with as many attendees as possible over the two days.

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

“The conference is a great opportunity to share good practice, network and connect”

SHUTTERSTOCK



News



15
current RCSLT projects
to get involved with

40
professional topics on the
RCSLT Delivering Quality
Services webpage

Kim Hartley Kean named 'Inclusive Communication Champion'

Kim Hartley Kean, head of the RCSLT Scotland Office, has been named 'Inclusive Communication Champion of the Year' in the 2019 Scottish Sensory and Equality Awards.

The awards, which acknowledge the work of individuals 'who are helping to build a Scotland that works for everyone by breaking down language, communication and physical barriers to active citizenship', were judged by a panel comprising members from the organisation deafscotland and the Disability Equality Scotland Boards.

Kim was shortlisted for the award alongside six other individuals, including independent SLT Amanda Bennett.

With more than 16 years' experience of working to raise awareness of communication exclusion, Kim was a worthy winner. Her involvement in projects aimed at creating an 'inclusive communication nation' includes success in securing legislation around the mainstreaming of inclusive communication approaches throughout Scotland's new social security system—a first in the UK.

The awards ceremony was the part of the Sensory and Equality Conference 2019, where the main theme was #CommunicationForAll.



Kim will continue to work on behalf of people living with a communication disadvantage, a particular focus of which is incorporating promotion of the Communication Access Symbol.

For more information about the work of the RCSLT Scotland office, email Kim at kim.hartley@rslt.org



Free webinar

Join our free webinar 'Easy EBP—resources to support you' at **1-1.45pm on 17 June** for an introduction to the evidence-based practice (EBP) model and a comprehensive overview of the RCSLT resources that can support members in taking this approach to practice.

Featuring Dr Hazel Roddam (pictured), researcher in allied health at the University of Lancashire, the webinar will cover why the EBP model is important to SLTs, and practical tips and a discussion about the use of resources. To register for a webinar place, visit tinyurl.com/y5n6nutt

The RCSLT is also working with members of ASLTIP to deliver a parallel EBP resources workshop and information gathering exercise. The purpose of these will be to find out what resources might facilitate members to overcome any unique challenges to EBP faced by therapists working independently. You can speak to your ASLTIP local group co-ordinator or email katie.chadd@rslt.org with any questions.

Lifetime award for Alison McCullough

Congratulations to Alison McCullough MBE, former head of the RCSLT Northern Ireland (NI) office, who received a 'Lifetime Commitment to the Third Sector' award from CO3, the membership body for NI third sector leaders.

Alison's award was in recognition of her 'professionalism, dedication and integrity over a 20-year period'. It was bestowed by the CO3 board in honour of her being someone who has 'affected real change in their sector'.

Alison's work in championing service users in NI with communication and swallowing difficulties was celebrated at a prestigious ceremony. Warm tributes were paid to Alison in video messages from Kamini Gadhok, MBE, RCSLT CEO, former NI children's commissioner Patricia Lwysley-Mooney, the new head of RCSLT NI Ceara Gallagher, and Clodagh Dunlop, a stroke survivor who participated in 'My Journey My Voice' (a multimedia



exhibition spearheaded by Alison during her time as head of RCSLT NI, and designed to raise awareness of communication disability in NI).



51

parents and children involved in the DLD research priorities project

More than

5,000

professional and membership enquiries responded to so far in 2019

Gaelic speech sound first



A Gaelic speech sound resource to support children with speech, language and communication needs who have Gaelic as their first or preferred language has been developed by the NHS Western Isles' (NHSWI) speech and language therapy team.

The Speech Therapy and Gaelic (STaG) resource is the first of its kind, comprising an interactive website, reproducible therapy materials and a smartphone app. The resource is designed to be used under SLT guidance, for practice at home or in the classroom with the support of an adult, to elicit the target speech sounds in a range of words and phrases.

John Swinney, Scotland's Deputy First Minister and Cabinet Secretary for Education and Skills (pictured, second from left),

attended a launch event for StaG at the Western Isles Hospital.

Speaking at the event, the Deputy First Minister thanked the SLT team for pioneering STaG's development, saying: "We want to ensure that those who wish to use the Gaelic language are given every opportunity to do so. That is why it is extremely important that we have the right resources available to support young people and their families... this new resource will help children all over Scotland receive support in their first or preferred language."

Christine Lapsley, NHSWI speech and language therapy manager, said: "STaG is a fantastic resource which will, we hope, be used by SLTs, children, parents and educators across Scotland."

To access the resource, visit speechtherapyandgaelic.org

EAL workshop

The Centre for Literacy and Multilingualism at the University of Reading is hosting a workshop for primary school teachers and SLTs on **21 May**, to share experiences and perspectives around the relationship between EAL (English as an additional language) and speech, language and communication needs.

Attendees will take part in practical activities to support their understanding of how to assess children when it is difficult to know whether issues relate to EAL or SLCN.

Please note there is a limited number of spaces for this free event, so early booking is advised bit.ly/2FYqM81



Victoria Harris

COLUMN

(Derek Munn is away)

SUPPORTING YOUR CPD

The RCSLT offers you support with your continuing professional development (CPD) because we want members to not only meet the requirements set by the HCPC, but to go beyond that and flourish. Our vision is to promote a culture where members feel their CPD needs and career development are supported, and they in turn also feel willing and able to help their peers. Good investment in CPD opportunities improves career prospects, progression and job satisfaction, and drives up the quality of services.

However, we know that CPD can be hard in the current environment. In the RCSLT's 2018 membership survey, members told us that maintaining CPD, access to training and career progression were key concerns. We have listened carefully and devised the following focus areas:

■ Offer a breadth of approaches to CPD, ensuring we meet a variety of learner needs and preferences, including face-to-face events, online learning, and through networks.

■ Build a network of 'coaches' within the membership base: for example, through the new roles of learning champions and leadership mentors, but also through existing methods such as practice education, supervision, Hubs and CENs.

■ Create a clear development framework to ensure SLTs have a clear sight of routes through the profession as part of our wider strategic emphasis on workforce issues.

■ Focus on leadership skills to ensure that SLTs are confident and equipped to lead at all career stages, from students onwards.

■ Ensure members have access to resources and training to develop their technology skills. We will also look at how we can use technology to help deliver CPD opportunities to members, considering approaches like podcasts and streaming of events.

■ Use partnership working with members and other agencies (e.g. health departments, charities, higher education institutions, health professions) to inform areas of need and current issues.

You can find out more about the RCSLT's learning guidance and opportunities at: bit.ly/2T46MoF

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

"Good investment in CPD improves career prospects"

HCPC audit webinar



Ahead of the Health and Care Professions Council (HCPC) audit of SLTs, the RCSLT is hosting a special audit webinar to help members with their preparations. 'HCPC audit—your essential survival guide' takes place at **1-1.45pm on 21 May**. The webinar will feature a presentation from Lucy Bomford, SLT at Devon Integrated Children's Services, who will share her experience of what it's like to be audited. The webinar will help you to understand more about the HCPC CPD audit process, outlining the resources

and help available to support members in gathering evidence.

Members selected for audit will be notified by the HCPC at the beginning of July, and have until 30 September to submit their profile and evidence of CPD activities. Find out more about the HCPC requirements at bit.ly/2OxqsZV

The RCSLT is committed to supporting members with audit questions. If you have any concerns please get in touch via info@rcslt.org or phone **020 7378 3012**.

Creative writing app for aphasia users

Researchers from City, University of London and people with aphasia have collaborated to make an app that supports users in producing poetry and other forms of creative writing.

The MakeWrite app, available for free download at the Apple app store, enables users to choose a piece of text, redact or erase that text, arrange the remaining words, and share the text with friends or on social media channels.

MakeWrite forms part of the Inclusive Digital Content for People with Aphasia (INCA) project, led by City's professor of human-computer interaction Stephanie Wilson, together with a team of researchers.



It is hoped that MakeWrite opens up possibilities for greater digital inclusion and access for people with challenges such as aphasia, although its creators emphasise that it can be used by anyone with a love for words and language.

To watch a YouTube demonstration of MakeWrite, visit: bit.ly/2OuN8AW

RCSLT conference funding

Are you interested in going to this year's RCSLT conference but need some financial support to attend? Visit the RCSLT website to find out more about the minor grants that are available to members—the next deadline is **19 June**. Student, NQPs and assistant members can apply for a conference discount via the Penny Harrison Memorial Fund.

For more information on minor grants, visit: bit.ly/2QRVvwr

For details on the Penny Harrison Memorial Fund, visit: bit.ly/2FKtFJH

RCSLT Honours open

Nominations are open for the annual RCSLT Honours awards, which acknowledge the achievements of those who have demonstrated an outstanding contribution to speech and language therapy. The closing date is **Monday 10 June**, so now is a good time to start thinking about who you would like to nominate.

For more information, visit:

bit.ly/2HU4aXY

Student AAC video

Students from the Giving Voice Society of Plymouth Marjon University have created a video to raise awareness about different forms of augmentative and alternative communication (AAC). The video, which includes Makaton®, the written word, PECS® and high-tech devices, involved several of the university's BSc student SLTs, who were involved in all aspects of its creation, from the initial planning stages through to filming. Students said they gained an insight into the practical considerations surrounding the use of AAC.

The video, which was shown at Marjon's student speech and language therapy conference, was so well received that Professor Rob Warner, the university's vice chancellor, has plans to show the video at future student applicant and open days.

You can watch the video at bit.ly/2TYEfp4

Health care research funding

The Health Foundation has opened its 2019 Insight Research Programme for applications. Outline proposals are invited for research that advances the collection and use of data within national clinical audits and patient registries to improve healthcare quality in the UK.

Find out more at

www.health.org.uk/insight2019



Maja Janicova

Opinion

Maja Janicova writes about the need to improve care for people with dementia in under-represented groups

Stepping up support



ILLUSTRATION Sara Gelfgren

I recently had the privilege to work with Mike Parish and Tom Hughes—a wonderful couple—and it is with their permission and encouragement that I write this. Mike has supported his husband Tom through dementia and increasing communication difficulties, and the couple are publicly campaigning to improve services for people with dementia and their carers within the LGBT+ community. I am inspired by the energy and determination they have shown.

As a couple of more than 40 years, Mike and Tom have had to

overcome a number of challenges in the past. When Tom was diagnosed with a rare form of dementia called HAND (HIV-associated neurocognitive disorder) a new set of challenges presented themselves.

Dementia is no longer considered an 'old people's disease', but a disease of the brain—one that takes away skills that patients once had, in the same way as a brain tumour, a stroke or motor neurone disease might. Despite this, pathways to provide support to people with dementia are not clearly defined, or are in the process of being

developed, with speech and language therapy often not indicated due to the reduced ability of patients to retain information or learn new skills.

This is perhaps understandable in the light of squeezed budgets, as there is currently little evidence for the efficacy of these therapies. With few exceptions, most NHS patients receive a limited number of sessions with an SLT before being sent home with basic advice and minimal support as their condition deteriorates.

“Communication difficulties vary across different types of dementias”

For Mike, this wasn't enough. Seeing his partner's skills diminishing, he started to ask questions and reach out to anybody he could to find the right support. Both Mike and Tom now contribute to numerous local and national projects, webinars, and talks to raise awareness about the need to improve care for people with dementia from under-represented groups, such as the LGBT+ community.

I have observed that charities and various organisations are increasingly involved in providing various types of support, including communication support, for people with different types of dementia. But are we, as a profession, missing out on something huge here?

Communication difficulties vary vastly across different types of dementias and at different stages of the disease. Is it not the role of SLTs to help shape policies and contribute to research to help provide more understanding into different types of dementia and to better support carers?

Mike has become a huge advocate of bringing people

together who are in a similar situation to Tom's and has set up the first ever platform where these issues can be raised. He would like to reach out via this platform (forbrian.co) to encourage greater support for service users from the LGBT+ community, in order to empower them on their difficult journeys. Mike is also happy to respond to any questions SLTs might have for him and can be reached at mikeparish@forbrian.co

Other useful links for SLTs, service users and carers:

■ My Life Films is a company who that will make a free documentary for those with dementia, very much like a communication passport: mylifefilms.org

■ The Dementia Action Alliance Seldom Heard Groups campaign to improve outcomes for groups that include the LGBT+ community: bit.ly/2qljX0D

■ Dr Jane Youell is a chartered psychologist and dementia specialist who is researching issues around intimacy in dementia. She would like to hear from interested readers. Email her at JYouellConsultancy@gmail.com or visit her website: janeyouell.com

■ LGBT+ carers-only group: www.albanytrust.org/services

■ The Wellcome Trust has started a project on dementia and the arts: bit.ly/2VfFI6C and bit.ly/2EdtWtT

■ Opening Doors London (a charity providing support services for older LGBT+ people) Rainbow Memory Café: bit.ly/2BSmnRY

■ The Alzheimer's Society also has a number of helpful groups, including a young dementia onset group and a carers' group. www.alzheimers.org.uk/ ■

.....
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Ahead of the game

Mary Harrington describes the ups and downs of using data to improve speech and language therapy services

ILLUSTRATION BY **Ben Boothman**

In 2001 the combined population of Hull and the East Riding of Yorkshire stood at 557,700. The region included the compact city of Hull (28 square miles with a population of 243,590) and the large rural county of the East Riding (930 square miles with a population of 314,110). There are some larger towns within the East Riding, which were natural bases for health services, but the rest of the population was spread amongst the villages and countryside of the region. Hull was known to have significant levels of deprivation (as measured by the Indices of Deprivation, 2000) and there were also pockets of deprivation across the East Riding. Speech and language therapy, like other allied health professional (AHP) services to the adult population, was delivered by a combination of providers in a range of locations, defined by historical boundaries.

In 2003 I was appointed into a full-time post as principal SLT (neurosciences) at Hull and East Yorkshire Hospitals NHS Trust (HEY). At the same time, two other principal SLT colleagues—1.4 whole time equivalents (wte)—were appointed to lead the delivery of services to patients with head and neck or voice disorders. We were joined by one wte locum, giving a total of 4.4 wte registered clinicians delivering the

adult speech and language therapy services for inpatients in one of HEYs two hospital sites (containing approximately 730 beds), as well as outpatients across Hull and a part of the East Riding (approximate population 298,000).

So began the game of ‘snakes and ladders’.

The ‘snake’ that was increasing demand (i.e. changes in clinical acuity and staff attrition) moved us back several places soon enough. Thankfully, we never went back to square one, but the constant threat of the ‘snake’ made us feel dispirited and the

‘ladders’ were never quite close enough for us to make service improvements. Perhaps it feels like that in many SLT services.

In 2007 I was promoted to the role of head of speech and language therapy, reflecting the same structure as other AHPs at HEY. We had also grown a little (see figure 1) and survived the challenges of the Agenda for Change banding.

Over time more things changed: demand grew and service delivery was altered (i.e. we extended our services to both hospital sites, serving a total inpatient bed base of approximately 1,300 at the time). Our caseloads and partner organisations also changed and staffing levels fluctuated. This meant lots of snakes as well as ladders but, on balance, we either remained on the same spot or jumped a few squares ahead.

Changes in the type of patients being referred, particularly in the admission of those with multiple comorbidities, started to highlight the lack of various specialist speech and language therapy teams, and the expertise needed to support their complex needs. Alongside this, certain conditions (e.g. stroke and cancer) were being identified nationally as requiring targeted input.

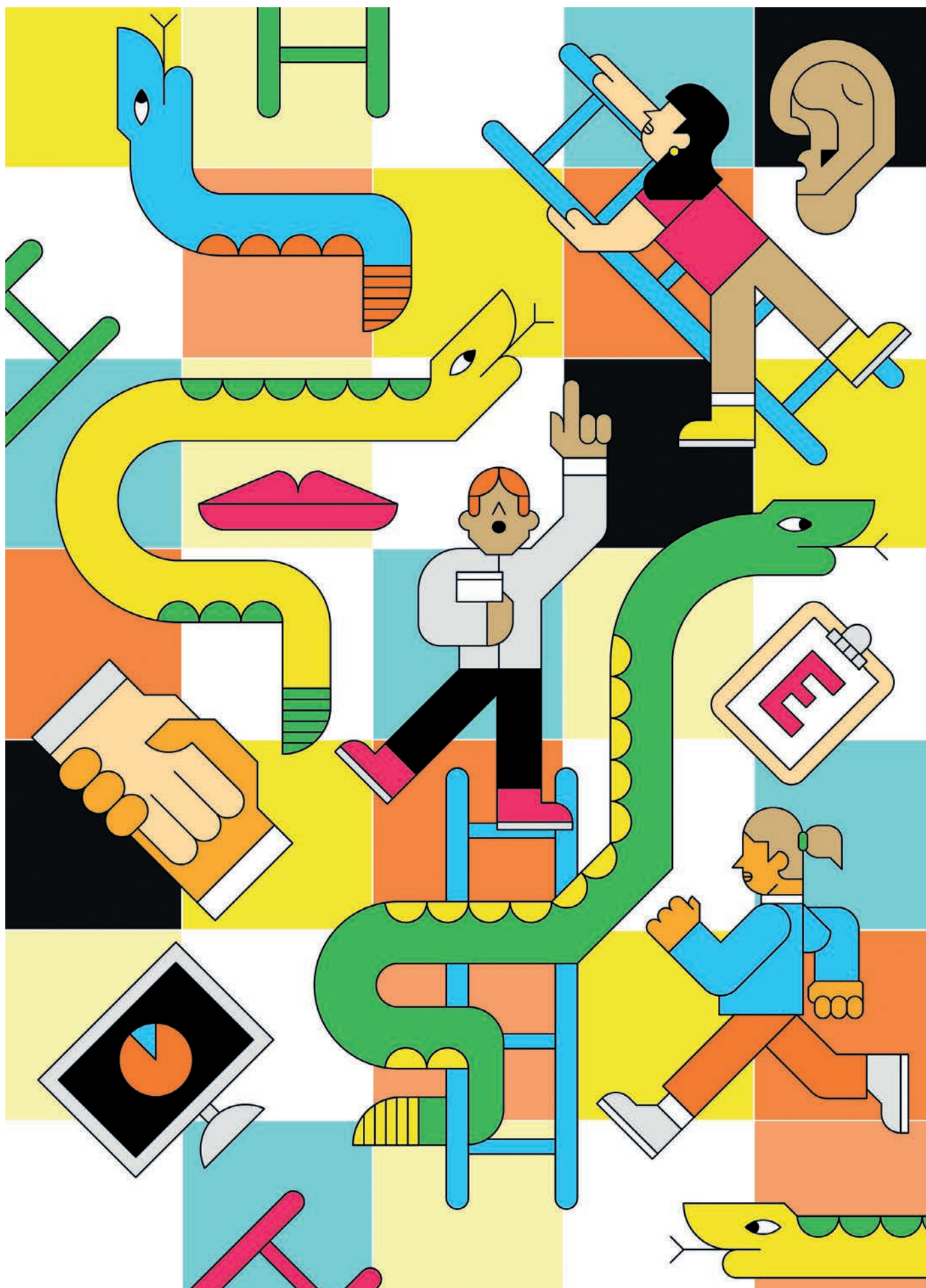
At the time, stroke was the most obvious clinical specialty where strong evidence indicated we were under-resourced. Clearly, stroke was always going to be a high-need area but the Royal College of Physicians (RCP) Stroke Guidelines and associated Sentinel Stroke National Audit Programme (SSNAP) data were starting to make our SLT gaps very obvious. SSNAP measures the quality and organisation of stroke care in the NHS, rating services on an A to E scale. Our stroke speech and language therapy services were consistently being

Figure 1

Year	Referrals	Registered SLTs (wte)	Assistants (wte)
2005/06	605	5.4	-
2007/08	1200	7.4	-
2011/12	1845	8.27	1.0
2017/18	2900	11.82	2.0
2018/19	3015 (projected)	14.87	2.0



FEATURE
QUALITY IMPROVEMENT



“You have to be strong enough to let the data reflect the absolute truth”

rated as an E. Here we met the combined force that was the ladder of powerful data and the snake of how that data made our service look.

Leadership lessons

This was the point where I personally learned one of the most valuable leadership lessons: you have to be strong enough to let the data reflect the absolute truth. We were failing and we knew it. We provided a poor level of input when compared with national guidance and other trusts. Our workforce capacity wouldn't let us do anything else, but that didn't mean we had to accept the status quo.

So, data was the ladder that had a snake climbing up it—an opportunity to highlight the gaps—but with it came the vulnerability of the service being poorly perceived. My approach was to use all the objective data available and present it in a factual manner to anyone who would listen: consultants, business managers, operations directors, planning managers, commissioners and others. In reality this meant sharing the data time and again and frequently defending its accuracy.

In preparation for a 2014 stroke review (by an external panel), I worked with colleagues to map the full AHP workforce

wte in stroke against the recommended levels in the RCP guidelines, and extrapolated this to show any gaps across both five-day and seven-day services. I highlighted the AHP gaps, particularly the SLT ones, to the review panel and was hopeful of some reference to speech and language therapy in the panel's feedback. However, the feedback focussed on the need to develop seven-day services in other professions—something that felt like a big 'down the snake' moment.

Repeated SSNAP E ratings made it clear that speech and language therapy didn't have a sufficient workforce, but how could we show that? We started collecting data on the total caseload number each day, versus the numbers we actually managed to treat, including brief information regarding the available workforce. This took dedication from the team and, at times, felt counterintuitive: should we really be collecting extra data when we had several patients to see? However, it became very powerful data and clearly highlighted our ever present gap, as illustrated in figure 2 (below).

Through some capacity and demand gap analysis, waiting list data and supportive management we climbed some early 'ladders', as reflected in figure 1.

The data also showed the demand for speech and language therapy was frequently at 60% of all stroke admissions, hitting peaks of 81%—a demand far higher than reflected in prevalence research. This meant the workforce required to manage this demand would be higher than the modelling suggested in the 2016 RCP Clinical Guidelines for Stroke.

Further progress along our 'snakes and ladders' board was achieved by fully engaging with several forums (e.g. planning, performance and business meetings), regularly highlighting the data and mapping true demand to the workforce needed (whilst repeatedly stating this demand would need a higher workforce wte than nationally recommended guidelines). The eventual outcome was to achieve an additional investment of three wte SLT staff for stroke. The larger team started in December 2017 and the following SSNAP rating for speech and language therapy (based on January to March 2018 data) was C (from E), reflecting quantifiable service improvement—the best ladder of all. Our next goal is to achieve a B rating.

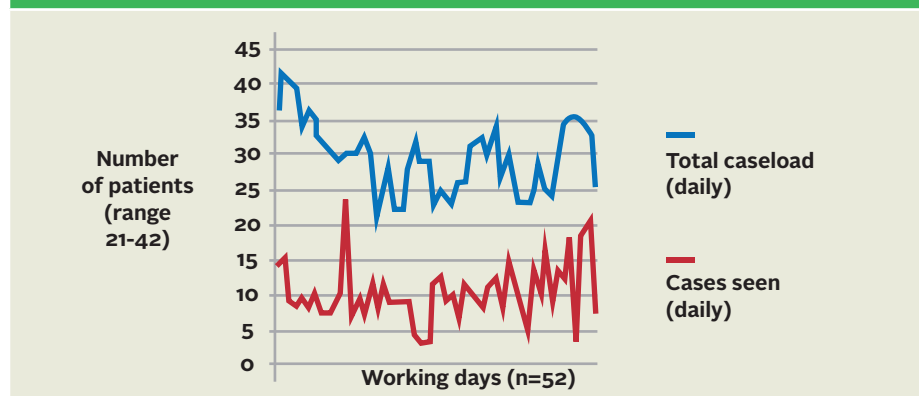
In stroke, and the wider speech and language therapy department, there are still improvements to make and challenges to face. However, if we tackle these with the same focus, we'll hopefully continue to grow and be able to provide the excellent care our patients deserve.

So, how did we get there? Determination and data, along with energy, tenacity, honesty, courage, learning the language of those we needed to influence, expecting apparent failures (the snakes) and constantly looking for opportunities (the ladders). ■

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Figure 2

Total SLT caseload compared with patients treated each day



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FOODS

Piloting IDDSI

Judi Hibberd, George Sampson and Peter Liptak discuss the implementation of the International Dysphagia Diet Standardisation Initiative framework in a residential care home

Many countries recognise the provision of texture-modified foods and thickened liquids as one of the most common treatment approaches for people with dysphagia (Cichero et al, 2013), and a number have developed national terminologies to define levels of texture and fluid modification.

In 2015 the International Dysphagia Diet Standardisation Committee launched the International Dysphagia Diet Standardisation Initiative (IDDSI). This provides a framework for describing texture modified foods and fluids for all ages and care settings, and in all cultures. The benefits include improved safety from choking and aspiration.

Over a period of 10 months, MHA, a charity that provides care for more than 18,000 older people, ran a pilot scheme in one of its nursing homes to implement the descriptors with a view to rolling it out in all of them. From its planning stages in November 2017 to completion in July 2018, we sought to find the best way to help all involved. In the process we found that chefs, kitchen staff, carers, managers and relatives all needed to be involved to ensure a smooth transition.

Prior planning

The hospitality manager and SLT met to look through the IDDSI descriptors and draft the old descriptors onto the new set to see how they matched.

The framework (figure 1) uses levels 0 to 7 to describe fluids and foods, and labels to describe each level. It seemed we were already using a normal and pureed meal (levels 4 and 7) but needed to change our previous descriptor of 'fork-mashable' to 'minced and moist' (level 5); add 'soft and bite-sized' (level 6); and change the fluids

from the stages we presently used to the IDDSI levels. We set up a timeframe, decided which home to use and sought approval for the project from the management company.

Food textures

We changed the information we already had, added the two new levels and produced written and pictorial information. We implemented a training programme for chefs and carers and started a month's trial, intending to bring the fluid changes in once the food was settled. Unfortunately, the company of choice for thickener decided to change its labelling in the middle of the month-long trial, so we had to change the fluid descriptors at the same time.

One of the problems that occurred during the month was in ensuring there were enough food options each day for all the levels, especially for levels 5 and 6 ('minced and moist' and 'soft and bite-sized'). For example, on Friday the choice is fish and chips. To ensure all options are catered we needed:

- Normal (level 7): fish and chips
- Soft and bite-sized (level 6): fish without the batter and chips
- Minced and moist (level 5): poached fish and mashed potato
- Puréed version (level 4)

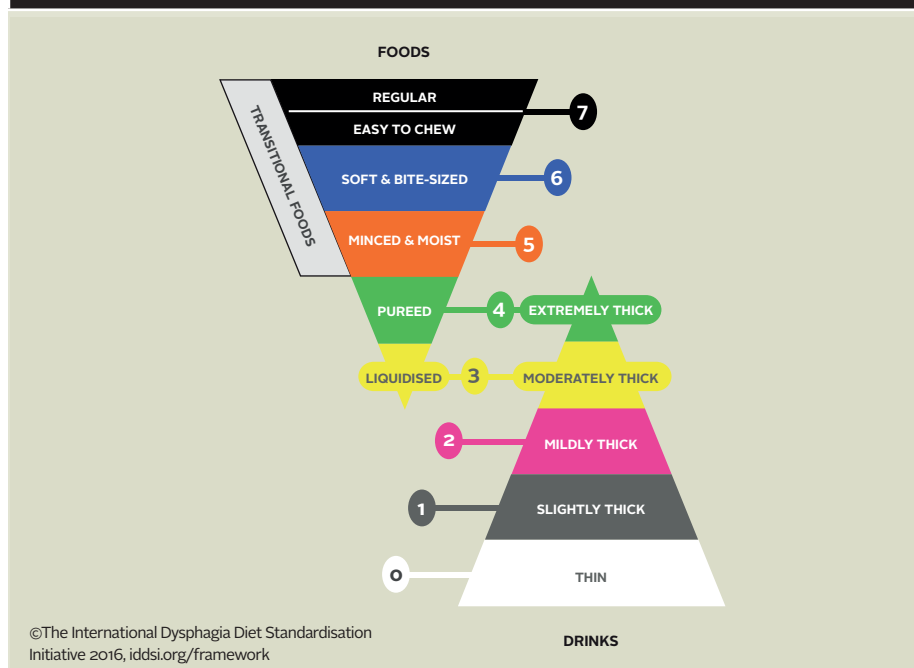
We produced two sets of menus: one for the kitchens, which included the levels (figure 2), and one for the residents without the numbers.

Fluid levels

The thickener company came in for two sessions to train the carers, and the SLT changed care plans to ensure the right levels were being used. We had to change from stages 1, 2 and 3 to levels 0, 1, 2, 3, and 4 respectively. We wrote a letter to all the relatives of the residents in the home to explain the changes we were making. We also ensured the pharmacy had the correct prescription, because we bulk order thickeners.

The new descriptions offer a way of measuring the stages using a syringe. This is called a flow test. The guidelines suggest taking 10mls of thickened fluid,

Figure 1: The IDDSI Framework



©The International Dysphagia Diet Standardisation Initiative 2016, iddsi.org/framework

Figure 2: The revised weekly menu featuring the IDDSI levels

	LUNCH	TEA
MONDAY	Fish cakes (7-6) Minced meat & potato pie (7-6-5) – pureed version (4) Mashed potatoes (7-6-5-4) Peas (7) cauliflower (7-6-5-4) Stewed apple & custard (7-6-5-4) Chocolate & orange cake with cream (7-6-5-4)	Cream of vegetable soup (7-6-5-4) Macaroni cheese (7-6) A selection of sandwiches (7-6) Mixed fruit crumble with cream (7-6-5) Butterscotch angel delight (7-6-5-4)
TUESDAY	Chicken casserole (7-6) Minced chicken (5) – pureed version (4) Haddock frittata (7-6-5) Mashed potatoes (7-6-5-4) Broccoli (7-6-5) swede (7-6-5) Banoffee pie with cream (7-6) – without pastry (5-4) Fresh fruit salad (7)	Tomato & basil soup (7-6-5-4) Cauliflower cheese (7-6-5) A selection of sandwiches (7-6) Raspberry cheesecake (7-6) – without base (5-4) Yoghurt selection (7-6-5-4)
WEDNESDAY	Shepherd's pie (7-6-5-4) – pureed version (4) Vegetable burger (7) Mashed potatoes (7-6-5-4) Carrots (7-6) butternut squash (7-6-5) Semolina pudding with jam (7-6-5-4) Chocolate cake with custard (7-6-5-4)	Cream of mushroom soup (7-6-5-4) Sausage (7) Chips & beans (7-6) A selection of sandwiches (7-6) Egg custard tart with cream (7-6) – without the pastry (5-4) Banana mousse (7-6-5-4)
THURSDAY	Lamb & rosemary hotpot (7-6) Lamb mince (5) – pureed version (4) Chicken with bacon & red wine sauce (7-6) Mashed potatoes (7-6-5-4) Greens beans (7) cauliflower (7-6-5-4) Syrup sponge with custard (7-6-5-4) Arctic roll (7-6-5-4)	Cream of lentil soup (7-6-5-4) Macaroni cheese (7-6) A selection of sandwiches (7-6) Lemon & lime cheesecake (7-6) – without the base (5-4) Selection of ice cream (7-6-5)
FRIDAY	Fish & chips (7-6) Poached fish with parsley sauce (7-6-5-4) Beef burgers in gravy (7-6) Mashed potatoes (7-6-5-4) Mushy peas (7-6-5-4) Peach crumble with custard (7-6-5) Banana & custard (4)	Cream of lentil & chickpea soup (7-6-5-4) Spanish omelette (7-6) A selection of sandwiches (7-6) Rice pudding with puree fruit (7-6-5-4) Chocolate angel delight (7-6-5-4)
SATURDAY	Pork & apple cider stew (7-6) Minced pork (5) – pureed version (4) Vegetable tikka masala with rice (7-6) Mashed potatoes (7-6-5-4) Broccoli (7-6-5) mixed veg (7-6-5) Chocolate & beetroot cake with cream (7-6-5-4) Vanilla posset (7-6-5-4)	Cream of sweetcorn soup (7-6-5-4) Jacket potato with cheese or tuna (7-6-5-4) A selection of sandwiches (7-6) Celeriac & vanilla cake with cream (7-6-5-4) Yoghurt selection (7-6-5-4)
SUNDAY	Roast lamb (7) Minced lamb (5-6) – pureed version (4) Mashed potatoes (7-6-5-4) Roast potatoes (7) Carrot (7-6) swede (7-6-5) Apple strudel with custard (7-6) Strawberry fool (7-6-5-4)	French onion soup (7-6-5-4) Bubble & squeak (7-6-5) A selection of sandwiches (7-6) Sticky toffee pudding with cream (7-6-5-4) Selection of ice creams (7-6-5)

Alternative dishes consist of baked jacket potatoes, omelettes, salads & egg dishes.

running it through a syringe for 10 seconds and measuring the volume that remains. There are pre-set values to check against and see what level you have made. For example, a level 3 needs to have between 8-10mls left after the 10 seconds have elapsed. We had already run a pilot using the test and wrote that up separately. We felt this could be used in training and as an audit tool, but not on a day-to-day basis.

Lessons

We learnt a few lessons in the process of making the pilot site IDDSI-compliant for food and fluids. The first was that the chefs are crucial to this process. Training of the chefs and kitchen staff needs to be thorough, and the chefs need clear guidelines as to what constitutes each level and the differences between the levels. It is they who will be asked questions by carers and they need to be able to answer those queries with confidence.

We learned that the three-week menus needed additional choices to cope with the new levels. After several attempts we came up with the numbering system for each choice. Once the chefs were comfortable with the changes, the care staff needed to understand them too, and how they affected residents' choices.

We also learned that relatives and residents need to understand both the fluid and food changes at the beginning so they can see why they are being offered food that seems altered and is called something different. We found we needed extra written material, preferably visual, to illustrate what constitutes a minced and moist diet. Pocket versions are useful for care staff and nurses while out and about in the home. It was also important to liaise with local SLT and dietetic departments, as they too were preparing to change.

It was a challenging month, but we have overcome issues together and feel the information we have gained will be of use for a smooth roll-out across the organisation. ■

Judi Hibberd, independent SLT;
George Sampson, MHA hospitality manager;
Peter Liptak, MHA chef coach
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The International Dysphagia Diet Standardisation Initiative (IDDSI). iddsi.org



A higher-level of support

Dr Karen Cundy and Isobel Hatfield outline the role SLTs can play in supporting children and young people with acquired brain injuries

ILLUSTRATION BY **Kate Hazell**

Acquired brain injury (ABI) is the most common cause of injury in childhood and affects 18 in every 100,000 children in England (NHS England, 2013). This includes both traumatic brain injury (e.g. road traffic accident) and non-traumatic brain injury (e.g. tumour, stroke, infection). As the brain continues to develop until the late 20s, the impact of an ABI is considered to be a developing condition, rather than confined to a single physical injury.

The Children's Trust is a charity supporting children and young people (CYP) with an ABI; it provides residential paediatric level 1 neuro-rehabilitation and/or support for CYP in their own environment through the Brain Injury Community Service (BICS). BICS is a non-intensive, community-based neurorehabilitation service covering the UK. It is made up of clinical specialists working within NHS major trauma centres across the country, and a multidisciplinary team (MDT) based in Surrey.

Hidden difficulties

BICS commonly see CYP who may appear to have made a good recovery following their ABI and have returned to mainstream school. However, these CYP have a range of 'hidden difficulties' in areas such as:

- higher-level language (e.g. narrative skills, understanding figurative or ambiguous language and making inferences);
- social communication;
- memory;
- attention and concentration;
- planning and organisation;
- problem solving; and
- fatigue.

These can all significantly impact on CYP's communication. As CYP develop, they are expected to communicate in a range of increasingly complex academic, social and vocational contexts. They are learning to regulate their own behaviour, negotiate and communicate to achieve complex goals (Ciccia et al. 2009). Difficulties in higher-level communication can potentially have a significant impact on their participation

in all areas of their lives, including education, home, socialising, leisure activities and planning for the future.

Access to services

Evidence suggests the incidence of communication impairment after ABI is commonly more than 75%, and SLT interventions have been shown to be effective in this client group (McDonald, 2017).

Although higher-level cognitive and communication difficulties can have a devastating impact and are often ongoing and long-term (e.g. Anderson et al. 2004, Shakalai et al. 2014) there is variable access to SLT services. This can be for several reasons:

- ABI is a developing condition; difficulties can emerge years later when services are no longer involved.
- Difficulties may be misattributed; e.g. disruptive behaviour.
- Higher-level communication difficulties may not be identified on commonly used standardised assessments (Ciccia et al. 2009, MacDonald 2017).



- Local SLT services may not have access to specialist assessments or advice.
- Children with higher-level communication difficulties may not meet SLT service criteria.

Assessment

In a review of non-standardised assessment approaches, Coelho et al. (2005) found that individuals with traumatic brain injury often demonstrate possible limitations in everyday activities despite good performance on standardised cognitive and language tests. For example, it is not uncommon for the CYP we see within BICS to have received a core language score within the average range on the Clinical Evaluation of Language Fundamentals 4 (CELF 4), yet receive below average scores on assessments which specifically look at higher-level language.

The assessments BICS commonly use include: Test of Language Competence (TLC), Expression, Reception and Recall of Narrative Instrument (ERRNI) and Test of Abstract Language Comprehension (TALC). For older children, the student version of the Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES) is useful as this looks specifically at functional skills and activities which CYP may realistically be involved in. It provides valuable information regarding the ability to problem solve, be flexible, prioritise, reason and make decisions.

Higher-level communication skills can also be assessed through observation, checklists (e.g. La Trobe Communication Questionnaire) and informal functional tasks. For example, a community assessment in a supermarket can reveal much about the ability to sequence, understand complex language and plan. Ciccia et al. (2009) suggest that everyday tasks such as homework assignments, peer conversations and daily scheduling are likely to be more revealing of challenges faced than scores on standardised tests.

Intervention

In the case of 12-year-old Sam (a pseudonym), who was involved in a road traffic accident aged four, his seemingly disruptive 'naughty' behaviour in the classroom was found to be related to a combination of: difficulties interpreting and inferring at the language level expected for his age; impulsive behaviour; and difficulty concentrating. Sam's difficulties also resulted in misunderstandings and 'falling out' with his friends.

The BICS MDT work collaboratively with the network around the child and support for Sam's higher-level communication difficulties consisted of:

- goal setting;
- brain injury education for teachers;
- sessions with Sam and his teaching assistant to explore strategies to support his processing of language and self-advocacy skills;
- peer sessions to support social communication;
- joint session with a local SLT who had termedly input;
- advocating for Sam's difficulties to be considered in the context of his ABI through input into his Education, Health and Care Plan; and
- liaison with Sam's football coach regarding his difficulties understanding abstract language and the impact this had on behaviour.

BICS routinely uses outcome measures including Service User Feedback (child, family and professionals), Child and Adolescent Scale of Participation (CASP) and Child Wellbeing Index (CWI).

Sam's mother commented that following support from BICS, others understood him more and he was not getting into trouble at school, which resulted in less anxiety for him. Service evaluation has demonstrated a statistically significant increase in activity and participation levels across settings (Desai et al. 2017).

Clear role

SLTs have a clear role in supporting these CYP and the network around them, considering the impact higher-level communication difficulties have on all areas of their lives. Both statutory and non-statutory services face challenges and restrictions in providing support to this population, such as reliance on funding, limited resources and difficulty accessing specialist services. However, we know that without the right level of support, children with ABI are at risk of increased mental health difficulties, reduced education and employment opportunities, antisocial behaviour and involvement in the criminal justice system (Hoofien et al. 2001, Williams et al. 2015). Our next step is to examine assessment and intervention data from our service in order to add to the evidence base for CYP with higher-level communication difficulties resulting from ABI. ■

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“The incidence of communication impairment after ABI is commonly more than 75%”

An easier process to swallow

Members of the NHS Greater Glasgow and Clyde Acute Adult Speech and Language Therapy service share their videofluoroscopy of swallow protocol

ILLUSTRATION BY Ben Mounsey-Wood

Videofluoroscopy of swallow (VF) is a vital adjunct in determining pathophysiology and management that can improve safety and, where

appropriate, efficiency of swallowing. The speech and language therapy team at Glasgow Royal Infirmary (GRI) pioneered the establishment of the first SLT-led VF clinic in the UK. The model was recognised for its innovative practice when Catherine Dunnet, head of speech and language therapy at GRI, was awarded the 1997 Sternberg Clinical Innovation Award.

Further development of SLT-led VF services in the UK was undertaken by Catherine Dunnet, Cameron Sellars of GRI, Kim Clarke, head of service at Northwick Park Hospital (NWP) in London, and Stephanie Allen, also of NWP. Their work resulted in the first RCSLT position paper to describe the scope of VF and competency requirements for SLTs engaged in running clinics. The position paper was updated in 2013, with Catherine and Cameron among its authors.

Current VF practice for the NHS Greater Glasgow and Clyde (NHS GGC) Acute Adult Speech and Language Therapy service has developed out of various health board reorganisations, a requirement to evidence equity of service across all sites, and the need to ensure that standards were in line with the statutory Ionising Radiation (Medical Exposures) Regulations (IR(ME)R 2000 and

thereafter). These drivers, along with the requirement of the RCSLT position papers to produce a local protocol, have resulted in what we consider to be a top-class service backed up by more than 20 approved IR(ME)R documents.

In NHS GGC there are currently seven acute sites providing VF clinics on a weekly or fortnightly basis. Approximately 35 inpatients and outpatients are seen in these clinics every week. Specifically, we have set up the following:

- Four levels of training in VF with associated competency frameworks. These range from the basic level 1 to level 4, which, as well as being an extended scope practitioner, carries strategic responsibility for the VF service.
- All SLTs undertake level 1 training, either to support their VF interpretation skills when discussing results with patients and carers, or in preparation for becoming a VF practitioner.
- SLTs of Band 6 and above undertake a two-day taught course, followed by in-clinic experiential learning and building an extensive log of complex and less complex studies, during which time they are supernumerary to SLT clinic staffing, before qualifying as level 2 practitioners.
- Band 7/8 SLTs that undertake further experience and achieve a minimum of 100 studies annually may be designated as level 3 practitioners.
- All SLT VF practitioners that achieve level

2 and above are recognised as non-medical referrers (NMRs) and as operators as defined by IR(ME)R.

There is currently one SLT VF practitioner at level 4 in the service, seven at level 3 and six at level 2.

The clinic's safety procedures are as follows:

- Every clinic must have a minimum of one level 2 and one level 3 practitioner.
- The prescribing of Gastromiro (for thin fluids) must be supported by a patient group direction (PGD)¹ covering all VF practitioners.
- The administration of barium (which does not require a PGD) by SLTs must be registered in a separate protocol agreed with Imaging and Pharmacy.
- All aspects of clinic procedure across all GGC sites have been published in an IR(ME)R-recognised service protocol, which is available to view on the GGC intranet. This includes:
 - IR(ME)R-defined clinic roles (see table 1)
 - 'Recipes' defining bolus textures according to the current International Dysphagia Diet Standardisation Initiative (IDDSI) for fluids
 - At the time of writing, the National Descriptor scheme (NPSA/RCSLT/BDA 'Dysphagia Diet Food Texture Descriptors' 2011) for foods were in use; all documentation has since been updated to reflect the IDDSI descriptors for food and fluids
 - Detailed procedural guidance





Table 1. IR(ME)R VF clinic roles (note: these were not in place when the original SLT-led service was developed in 1997)

Role	Task	Profession
Referrer	Makes referral on Trakcare system	Designated SLT with non-medical referrer status
Practitioner	Justifies VF following advice from SLT as to the appropriacy of the VF procedure	Radiographer (or radiologist)
Operator	Sets up the appropriate X-ray unit programmes, including pulse rate, as required Confirms patient identity and pregnancy status Positions patient chair for the procedure Positions X-ray unit for the procedure Performs positioning of collimators	Radiographer
Operator	Directs/communicates the movements and positions for the X-ray unit, and image intensifier during the procedure Indicates start and stop of screening, and the need for repeat X-rays Selects images for storage to PACS Retrieves previous PACS images for recall patients Reports on outcome to Clinical Portal	SLT

Other procedural requirements include the following:

- Referral for a VF study is restricted to our group of NMRs. Medics and others wishing to make a referral are advised accordingly online and must contact the speech and language therapy service to discuss the appropriacy and urgency of the referral.
- All referrals are made in a two-stage online process whereby the referring SLT ‘requests’ a referral. This is then subject to vetting and further discussion by the NMR SLT before formal ‘referral’ of the patient for a VF study.
- All reports are jointly agreed by the two clinic SLTs and uploaded to the electronic patient record at the time of the study, allowing results to be viewed by nursing and medical colleagues immediately.
- The online referral and report forms are IR(ME)R-recognised documents.
- Clinic diaries are held online and, where possible, earlier appointments may be arranged at a non-local clinic.
- All inpatients and outpatients undergo a standardised consent procedure and are provided with pre- and post-study leaflets advising them of the possible risks and post-study complications. Further support comes from:
 - regular VF practitioner group meetings;
 - a quarterly peer review aimed at improving consistency of practitioner judgments;
 - regular service audits as required by

IR(ME)R and clinical governance; and
 ■ an encouragement to engage in research. The VF service as it is currently constituted has benefited from close collaboration with a number of GGC services, and we acknowledge the support and advice that have been forthcoming from our colleagues in Imaging Quality, Radiation Protection, Imaging Administration, Imaging (Radiology and Radiography) and Pharmacy.

Conclusion

We hope that this article gives a helpful framework to our SLT colleagues who want support to develop their VF practice and standards, recognising, of course, that local circumstances might be quite variable. We would also be happy to share our detailed documentation (forms, etc). Future plans for the service include training three more VF practitioners locally and running a training course open to colleagues; research and audit is under consideration. ■

.....
Cameron Sellars, Catherine Dunnet, Clare

Crawford, Marcina Novitzky-Basso, Julie Telford and Fiona Zycinski are members of the NHS Greater Glasgow and Clyde (NHSGGC) Acute Adult Speech and Language Therapy service videofluoroscopy of swallow strategy group. Email: julie.telford@ggc.scot.nhs.uk



References

NPSA/RCSLT/BDA. Dysphagia Diet Food Texture Descriptors. April 2011.
 RCSLT Position Paper: Videofluoroscopic evaluation of oropharyngeal swallowing function (VFS): The role of speech and language therapists. 2013.

[Footnote]

¹Patient group directions (PGDs) are written instructions for administering medicines to patients, usually in planned circumstances and only if there is an advantage for the patient without compromising their safety. PGDs are developed by a multi-disciplinary group which usually includes including a doctor, pharmacist and a representative of any professional group expected to supply the medicines under the PGD. It is also good practice to involve local drug and therapeutics committees, area prescribing committees and similar advisory bodies. These are reviewed at least every three years.



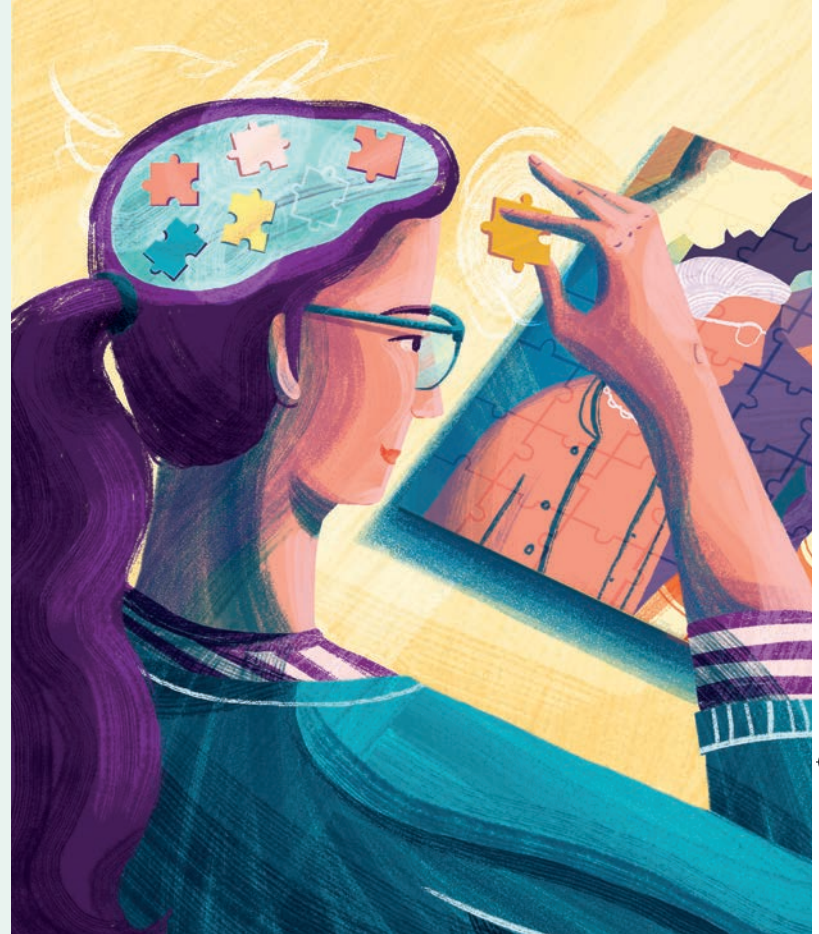
Louise Hull

In the last of our series from the King's Improvement Science team, Louise Hull, Lucy Goulding and Barbora Krausova explore how implementation science can help SLTs to put evidence into practice

Healthcare improvement: part three

Implementation science has been defined as 'the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice... It includes the study of influences on healthcare professionals and organisational behaviour' (Eccles & Mittman, 2006). Put simply, implementation science investigates factors that hinder or help the implementation of evidence-based interventions, with the aim of optimising methods and strategies to improve healthcare. Implementation science is a relatively new scientific discipline within health and social care but its importance has grown rapidly in recent years. So much so that in 2005, an open-access journal dedicated to the field was launched: *Implementation Science* (available at bit.ly/2HwL0gk).

Like quality improvement (QI) efforts, the overarching goal of implementation science is to improve the quality and safety of healthcare. Despite sharing the same overarching goal, there are a number of differences between implementation science and QI efforts. For example, QI projects typically attempt to improve the quality and safety of care by identifying potential solutions to a problem, and then testing these solutions. In contrast, implementation science is focused on promoting the adoption, implementation and sustainment of evidence-based interventions (i.e. the solution to a problem has already been identified, developed and found to be effective). Another difference concerns the scope of QI and implementation science projects. Implementation science aims to generate generalisable knowledge, whereas QI efforts are typically focussed on addressing a specific local problem, underperformance, or



dissatisfaction without aiming to generate knowledge that can be applied in other settings.

Barriers to success

Despite tried and tested treatments and care being readily available, it is increasingly acknowledged that across healthcare, very few evidence-based interventions are implemented into routine practice. As a result, patients fail to receive optimal care and health and social care organisations do not benefit from cost-saving opportunities. Even when evidence-based interventions are implemented, anyone that has tried to implement change, which inevitably involves changing human behaviour, will more than likely have found this to be an extremely complex, unpredictable, challenging and

slow process, with research suggesting an average time lag of 17 years before evidence-based practices are routinely used in everyday clinical practice (Morris et al, 2011).

But why is this the case? Surely if an intervention has been found to be more effective than current practice, it will be implemented quickly and enthusiastically? There is much evidence to suggest that this is simply not the case and many factors have been found to affect implementation success. For example, a survey of SLTs in Ireland suggested that the three perceived greatest barriers to successful implementation were: not having time to read research (71.9%); the research has methodological inadequacies (62.5%); and therapists have insufficient time to implement new ideas (59.4%) (O'Conner &



Research and Development Forum



ILLUSTRATION BY Brittany Molineux

Pettigrew, 2009).

Recent pioneering research in speech and language therapy, however, has started to tackle this issue head-on.

Trailblazing projects

A small but growing body of work in speech and language therapy has used implementation science methodology to support the implementation of evidence into practice. For example, the 'Supporting Spoken Language in the Classroom' (SSLiC) programme (UCL, 2019) uses a knowledge exchange (KE) approach, based on the principles of implementation science, to facilitate discussions between researchers and school practitioners, and to support the implementation of evidence-based SLT interventions in the classroom. In another example,

the 'Acute Aphasia Implementation Study' (AAIMS) (Shrubsole et al., 2018) showed a tailored implementation intervention could help SLTs deliver evidence-based support for service users with aphasia. However, these are some of the few trailblazing projects in speech and language therapy that use implementation methodologies.

Recommendations

Drawing from studies across many areas of healthcare and our experience, here are some recommendations for successfully implementing evidence-based interventions in speech and language therapy:

- Prospectively consider and systematically identify factors likely to affect implementation success. Many factors are likely to affect the successful implementation of a given evidence-based practice. Without a clear understanding of these factors, overcoming barriers will be challenging, thereby reducing the likelihood of implementation success. The Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009), can be used to prospectively identify barriers and facilitators to implementation efforts. The CFIR website (CFIR, 2019) contains a number of resources, including an interview guide tool that can be used to identify factors likely to affect implementation.

- Carefully select implementation strategies to maximise implementation success. Select implementation strategies that address the factors likely to affect a change effort, have an adequate and relevant evidence base and engage stakeholders (e.g. SLTs, service users) in the process of selecting and tailoring these strategies. See the ERIC study for a comprehensive list of implementation strategies (Powell et al., 2015).

- Assessment and measurement of service and patient outcomes

are important but not sufficient for understanding implementation success, or failure. It is important to identify and measure implementation outcomes (the effects of deliberate actions to implement evidence-based interventions) to understand implementation success or failure.

- Be mindful of and explore the potential unintended consequences, both positive and negative, of implementation efforts. Implementation efforts can be unpredictable, even if the anticipated benefits of implementation are achieved, it is likely that unanticipated consequences will also occur. Therefore, unintended consequences should not be overlooked and can offer valuable opportunities for learning.
- View implementation efforts as a genuinely collaborative undertaking between those responsible for implementation and all those affected by implementation. Involve and engage all stakeholders in change efforts.

Conclusion

Whether you are a clinician looking to implement evidence-based practices, or a researcher looking to support the implementation of evidence-based interventions into clinical practice, implementation science has lots to offer. Why not draw from the KIS team's recommendations to help make both of these things a reality? Maybe you could even carry out an implementation science research project and add to the knowledge base in speech and language therapy in this increasingly important field. In next month's *Bulletin*, we share top tips and resources for achieving this, and provide a brief overview of RCSLT plans in this area. ■

Dr Louise Hull, King's Improvement Science senior

researcher and deputy director, Centre for Implementation Science; Barбора Krausova, King's Improvement Science researcher; Dr Lucy Goulding, King's Improvement Science programme manager;

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Twitter: @CLAHRC_SL



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Changing the Lives of Children and Young People with Speech, Language and Communication Difficulties



Jules Whicher; an inspiring and empowering mother to Charlie, who lives with Angelman Syndrome and has complex needs, won the *Communication Champion of the Year Award* and was crowned winner of the prestigious *Pearson Outstanding Achievement of the Year Award* at the 7th annual Shine a Light Awards.

Jules is a pillar of support for hundreds of families whose children use augmentative and alternative communication (AAC) devices, and has developed a range of bespoke communication books and created her own 'hangry', 'floss' and 'mic drop' symbols that are now available globally.

The awards celebrate innovative work and excellent practice in supporting children and young people's speech, language and communication development. They also recognise the hard work and determination of children and young people who have some form of long-term and persistent speech, language and communication needs (SLCN).

In total, 11 winners across 12 categories were recognised for their incredible contributions across the UK. In addition, ten finalists received Highly Commended accolades. The awards were hosted by British comic actress and writer, Sally Phillips, whose eldest son, Olly, was born with Down's Syndrome and was the inspiration for her acclaimed documentary *A World Without Down's Syndrome?*

Britain's Got Talent Winner, Lee Ridley (known as Lost Voice Guy) also performed at the ceremony. Lee has cerebral palsy and uses AAC, via voice software on his iPad, to communicate and express himself.



Sally Phillips

"The amazing winners and highly commended finalists of the Shine a Light

Awards prove what a difference we can make if we become informed, impassioned and engaged in the speech language and communication needs of those around us".



Lee Ridley

"I may not be able to speak but I most certainly have a voice. I know

first-hand that with support, determination and a sense of humour you can achieve what others may think is impossible".



Our monthly look at the latest in published research

In the journals

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

Parent intervention for deaf children

This study is the first pilot-randomised control trial to test the effect of a parent-coaching intervention on both parent outcomes (communication support strategies) and the outcomes of their deaf children (pre-verbal skills).

Nineteen mothers and their babies were randomly assigned to a control group (standard care, n=10) or a treatment group (standard care plus a parent-focused communication intervention for hearing loss, n=9). Babies were 6 to 24 months of age and had a moderate to profound bilateral hearing loss.

Over six months, the treatment group received 26 sessions of parent-coaching at home. Strategies such as waiting for the child to look and following the child's lead were modelled by the interventionist and practised by the parent. Parents in the control group did not receive parent-coaching as part of their standard care. Parent and child data were collected pre- and post-treatment.

Parents in the treatment group increased their communication support strategies by 17%, compared to the control group (a 2% increase). Children in the treatment group scored higher in their pre-linguistic skills all round, with significant improvements in their speech pre-linguistic skills.

Though the sample was small, this study suggests 'children with hearing loss are likely to benefit from intervention when provided early and when a parent is taught to use specific communication strategies'.

Martina Curtin, specialist SLT in deafness, Whittington Health NHS Trust and HEE Bridging Fellow at City, University of London



Reference

Roberts, M. Y. (2019). Parent-Implemented Communication Treatment for Infants and Toddlers With Hearing Loss: A Randomized Pilot Trial. *Journal of Speech Language and Hearing Research*, 62 (1), 143-152

Prelinguistic skills of pre-term infants

In this cohort study, children born before 30 weeks gestational age had lower language scores than term-born peers, particularly in the areas of social communication and symbolic skills. The authors suggest it may be beneficial to target these areas in early language interventions for this population.

The study compared language outcomes in 134 pre-term children and 133 term-born peers. Data relevant to language outcomes was collected at birth and the Schedule for Oral Motor Assessment was administered at 12 months. At two years corrected age, hearing loss history was taken and language was assessed using the Communication and Symbolic Behavior Scales-Developmental Profile (Infant Toddler Checklist) (CSBS:DP) and/or the Bayley Scales of Infant and Toddler Development.

For both language assessments, children born before 30 weeks had lower mean scores on all subtests and total scores than term-born children. In particular, these children had lower scores in the CSBS:DP social communication and symbolic skills subtests. Male sex, home language other than English, gestational age at birth and hearing loss were significantly predictive of lower language scores on multivariable analysis.

The authors conclude: "Further investigation into the impact of early environment on language outcomes, and effective language interventions will be critical in facilitating the best results for children born pre-term."

Sarah Edney, clinical lead SLT for neonatology and paediatric feeding, Royal Preston Hospital



Reference

Sanchez, K., Spittle, A. J., Cheong, J. L., Thompson, D. K., Doyle, L. W., Anderson, P. J., & Morgan, A. T. (2018). Language in 2-year-old children born preterm and term: a cohort study. *Archives of Disease in Childhood*. doi: 10.1136/archdischild-2018-315843

Mentoring AAC students in social media

This paper follows a pre-experimental design, trialling e-mentoring support for online participation for AAC users. There were positive self-reports about using online communication but the authors acknowledge limitations and state that further research is needed in this area.

There were four participants in the study, who were all familiar with using AAC. Participants and mentors were matched by the communication method they used and mentoring took place over a period of six months via Skype, email and Facebook.

Mentoring did not include a standardised format but was individualised for each participant. Self-rating using the Self-Reported Experiences of Activity Settings (SEAS) was used in a pre-/post-test design to measure participants' views.

The researchers found there was generally a positive experience for participants, which was maintained over time. Participants reported experiencing choice and control, psychological engagement and social belonging in online interactions. However, there was variability amongst participants and researchers reported that there were variables which were difficult to control. The authors include a discussion about how participation is a difficult outcome to measure and state: "An important finding of this research is that, across all time points, participants experienced relatively high ratings of social belonging, despite the online only context for interaction."

Izy Utley, SLT, NHS Lothian and clinical tutor, University of Strathclyde



Reference

Grace, E., Raghavendra, P., McMillan, J. and Shipman Gunson, J. (2019). Exploring participation experiences of youth who use AAC in social media settings: impact of an e-mentoring intervention. *Augmentative and Alternative Communication*, DOI: 10.1080/07434618.2018.1557250. 3.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not offer a critical appraisal. If you find any of these interesting, follow them up and apply your own critical appraisal.



International Journal of Language and Communication Disorders

Volume 54, Number 2, March-April 2019

Research Reports

WordDriver-1: evaluating the efficacy of an app-supported decoding intervention for children with reading impairment

Antonette Seiler, Suze Leitˆao and Mara Blofelds
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Technology-enhanced writing therapy for people with aphasia: results of a quasi-randomized waitlist controlled study

JaneMarshall, Anna Caute, Katie Chadd, Madeline Cruice, KatieMonnelly, Stephanie Wilson and CeliaWoolf
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'I kind of figured it out': the views and experiences of people with traumatic brain injury (TBI) in using social media—self-determination for participation and inclusion online

Melissa Brunner, Stuart Palmer, Leanne Togher and Bronwyn Hemsley
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Use of electropalatography in the treatment of speech disorders in children with Down syndrome: a randomized controlled trial

Sara E. Wood, Claire Timmins, Jennifer Wishart, William J. Hardcastle and Joanne Cleland
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Efficacy of a self-administered treatment using a smart tablet to improve functional vocabulary in post-stroke aphasia: a case-series study

Monica Lavoie, Nathalie Bier and Joˆel Macoir
249

Feasibility of parent communication training with remote coaching using smartphone apps

Katy Stockwell, Ebtisam Alabdulqader, Dan Jackson, Anna Basu, Patrick Olivier and Lindsay Pennington
265

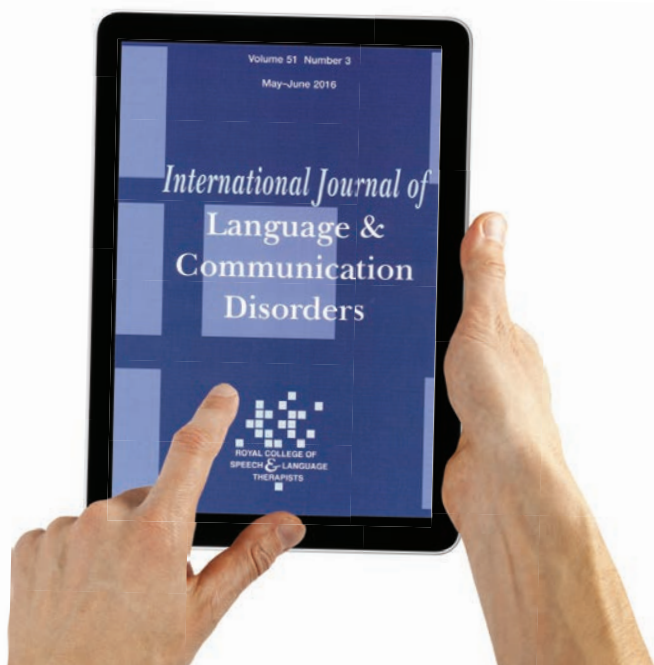
Special Issue

Telehealth and autism: Are telehealth language assessments reliable and feasible for children with autism?

Rebecca Sutherland, David Trembath, Marie Antoinette Hodge, Veronica Rose and Jacqueline Roberts
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Assessing voice health using smartphones: bias and random error of acoustic voice parameters captured by different smartphone types

Stephen Jannetts, Felix Schaeffler, Janet Beck and Steve Cowen
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Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituary



Jean Robinson (née Cooper)

1931–2019

Jean Cooper (as we will always know her) was a steely professional, a kind leader and a model to all who were lucky enough to know her during her years as Principal of the National Hospital's College of Speech Sciences.

Jean was greatly respected both inside and outside of her profession. She was a pioneer—not only was she one of the first SLTs to complete a doctorate, but she was one of the first whose doctorates addressed the important issue of how to intervene to support language development in children with delays and difficulties.

Perhaps even more significantly, she negotiated and established the first large degree programme in speech sciences, leading to a BSc with licence to practise. This collaboration between the National Hospital in Queen Square, London, and University College London was ground-breaking and at the vanguard of a transformation of the profession.

“She established the first large degree programme in speech sciences”

It also offered fertile ground for the development of a raft of early career staff who went on to professorships in leading universities, nationally and internationally. Indeed, those of us who were students or academics at the National Hospitals College in the '70s and '80s were privileged to be led

by a formidable female force before many of us knew what that actually entailed.

Jean fought battles on our behalf as an inveterate professional; she kept a tight rein (for the delinquent among us, too tight), but she also enjoyed a gossip over coffee every day. Perhaps our overriding collective memory is of a leader who never looked flustered, and was always serene and elegantly dressed, gliding as if on invisible roller-skates across the staff room. When she left us to spend a long retirement in Devon, we were all surprised to witness her emotion—and with a teary smile, to utter, “Yes, I am human”.

Her legacy lives in on in the speech and language therapy profession, and in us all who aspire to her ideals.

From friends and colleagues who were at the National Hospitals College of Speech Sciences between 1979 and 1989



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Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

Essex DLD CEN

8 May, 9.30am – 4pm

Focus: Stephen Parsons talking about his Language for Thinking programme, a structured approach to developing children's language based on the Blank, Rose and Berlin (1978) model. Cost: £25 (inc. membership for the whole year, and the November meeting). Cash or cheque accepted on the day. Address: The Cordite Room, Wat Tyler Park, Pitsea Hall Lane, Pitsea, Basildon, Essex, SS16 4UH. Email janetaylor5@nhs.net to make a booking.

Dementia and Mental Health of Older Adults CEN

14 May, 9.30am – 4.30pm

Location: Chandler House, UCL, 2 Wakefield Street, London. Study Day. Programme to include: Professor Celia Kitzinger with a workshop on legal issues, advance planning and dysphagia; Claire Devereux speaking about functional dysphagia; and Hannah Luff speaking about dysphagia in end stage dementia. Cost: £15 for members and students; £25 for non-members. Email dmhcen@gmail.com for further information and to book your place. You can also contact us via our website: www.dementiamentalhealthcen.com

East Midlands DLD CEN

14 May, 9.30am – 3pm

An excellent opportunity to hear a well-respected speaker and network with colleagues in our region. Morning session: Stephen Parsons – Vocabulary learning and Word Aware. Afternoon session: break-out session to consider how to put ideas into practice to support vocabulary learning. Cost: £20. Location: Kairos Centre, Wilks Walk, Grange Park, Northampton NN4 5DW. Free parking. Please bring lunch, refreshments provided. Confirm attendance with susan.foster@nhft.nhs.uk

TRACHE CEN

15 May

Study day: 'Improving trache care within the MDT'. To include talks from MDT colleagues on topics including implementing trache ward rounds, paediatric emergency algorithms, anti-psychotics and swallowing, plus an update from Dr. Brendan McGrath on how trache care has been improved in the UK. MDT colleagues welcome. Location: Queen Mary University, London. Cost: £20 (inc. tea/coffee/lunch). Tickets via Eventbrite. Visit: tinyurl.com/y622sg47

Central ASD CEN

16 May, 9.15am – 1pm

Working with Pathological Demand Avoidance: a practically focused session offering group-based learning and a 90-minute talk from Rachel Swinger, an adult with demand avoidance. Location: Parkview Clinic, Queensbridge Road, Moseley, Birmingham B13 8QE. Please email Angela Watson to confirm attendance: angela.watson7@nhs.net

ABICA (Acquired Brain Injury in Children & Adolescents) CEN

17 May, 9am – 4.30pm

Venue: Great Ormond Street Hospital, London WC1N 3JH. Cost: £20. Topic: Cognitive and behavioural difficulties affecting communication. Agenda to follow. To book a place, please email ihatfield@thechildrenstrust.org.uk

Children who have Social Emotional and Mental Health Needs CEN (SE)

20 May, 9.30am – 3.30pm

This is a participant-led day. We will be discussing current projects, recent research, issues raised from practice, looking after yourself and feedback from training. Please bring assessments/resources/interventions to share. Woking. Email angelajloan@btinternet.com to book a place.

Promoting Communication in the Early Years CEN

22 May, 9.30am – 3.30pm

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

East of England SLT Assistant CEN

23 May, 9.30am – 3.30pm

Location: RCSLT, London SE1 1NX. Cost: £10. Speakers include Kaleigh Maitetta, RCSLT Events and Member Engagement Officer, and Dr Anna Cauter and Katie Chadd, talking about the CommunicATE project (Enhancing Communication in Aphasia through Technology and Education). Anna and Katie will then lead a workshop on reading and writing technologies. This approach can be applied to many different clinical areas. Email: tamson.chipperfield@cpft.nhs.uk

London Adult Neuro CEN

30 May, 8.30am – 4pm

Face to Face: Assessment & Management of Facial Palsy. For further information and tickets, visit: facetofacewithfacialpalsy.eventbrite.co.uk

London Special Schools CEN

4 June

'Working with and engaging families'. Location: The Village School Brent. Book via EventBrite or email lgarfield.312@glfmail.org for details. Students welcome.

West Midlands AAC CEN

12 June

Venue: Smartbox, Malvern WR14 1JJ. Cost: free for members of the CEN (yearly membership £5 for 3 meetings). To book a place, email valentina.osborne@bhamcommunity.nhs.uk. For more information, view the flyer online: tinyurl.com/y4l8y9nf

Speech and Language Therapists in Neonatal Care CEN

13 June

'Hot Topics in Neonatal Care': An exciting day of presentations and discussions of new research and developments for SLTs in neonatal care, including instrumental assessments; lactation consultants and SLT role on the NICU; and the developing role of the SLT in NICU and follow up. Agenda TBC. Where: City University. Cost: £35. Email neonatalslts.uk@gmail.com to register your interest.

Midlands SEMH CEN

14 June, 9.30am – 4pm

Location TBC (close to Birmingham city centre). Will include talks from two external speakers: Sarah Spencer (SLT, researcher and lecturer at Sheffield

University) on adolescent language disorders and interventions; and Paula Backen (Intermediary, SLT and anger management specialist) on approaches to anger. As usual, we'll have time for case discussions, networking and SEMH updates. Annual membership: £15. Email claire.westwood1@nhs.net to book a place.

Computers in Therapy CEN (CITCEN)

20 June, 9.15am – 4.30pm

Skype in the NHS: Member presentations about their experiences of Skype implementation within their services and sharing of resources to support this. Plus Technology & Aphasia Review: Kathy Cann will present the results of her survey of more than 200 people regarding technology used by people with aphasia. Cost: £22.50 full day attendance; £10 livestream attendance (½ day). Venue: Weston Super Mare. To book, visit citcenjune2019.eventbrite.co.uk/

Secondary SLCN CEN

28 June, 9.30am – 4pm

Social Communication Interventions for Secondary Aged Young People. Will include: TalkAbout Social Skills with Alex Kelly, an introduction to assessing and teaching social skills; an introduction to SMILE Therapy with Karin Schamroth; and a workshop on sharing experiences of social communication assessment and interventions. Venue: RCSLT, London SE1 1NX. To reserve a place, email Nafisa.Shehu@merton.gov.uk

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/2BhKn0y. For enquiries, contact Roberta Mendes at londonsmcen@gmail.com

South East and London Stammering CEN

12 July, 9.30am – 4.30pm

A study day exploring how we talk about stammering to clients, parents and in the media. Jaik Campbell, stand-up comedian, talks about his experience, and the BSA on their new 'Stamma' campaign and how the public perception of stammering has changed. Plus opportunities for discussion and sharing ideas with colleagues. Cost for the day and CEN membership: £20; students and retired: £10. Venue: RCSLT, London, SE1 1NX. Email: sealsmembership@gmail.com

Trent Voice CEN

18 July, 9am – 5pm

Paediatric Voice Therapy Study Day: 'Paediatric Voice Disorders: What Are We Dealing With?' For paediatric therapists (with 3 years+ experience) and adult voice therapists beginning to work with children. Will cover anatomy differences between the adult/child larynx, common pathologies and management of dysphonia in children. Rotherham General Hospital. Cost: members £30; non-members £60 (including membership). Speakers: Rehab Awad, Clinical Lead SLT, Lewisham Hospitals; Lizzie Nash, ENT SLT Lead, Evelina London. Email trentvoicecen@outlook.com

Appointments



Do you want to be part of an exciting and pioneering team with fantastic opportunities for progression?

Communicourt is the leading provider of intermediaries to the criminal and family courts across England and Wales. We carry out detailed communication assessments and give practical advice to the courts about how a person's communication difficulties will impact on their ability to understand and participate in the justice system. We then suggest strategies that will assist and provide practical support for vulnerable people through the process.

This is a chance to get valuable experience with a wide range of communication disorder. The people we work with may have a learning disability, a mental health condition, Autistic Spectrum Condition, an acquired communication disability, ADHD, or ABI, and may be any age from 10 upwards. The oldest person we have worked with is 101!

Full Time Permanent

Trainee Intermediary in the Criminal and Family Courts (Multiple positions)

Salary **£21,703 increasing to £23,700 with training and experience.**

10% London weighting applies within M25.

Location: You may live anywhere in England provided you have easy access to a major railway station by public transport.

The right person will be a dynamic graduate who is passionate about justice and fairness for communication impaired people. You will need to have knowledge of a full range of communication difficulties, mental health conditions and learning disabilities. In addition, you must have excellent oral and written communication and a desire to develop your professional skills. The post involves travelling across England and Wales by train and some overnight stays in hotels. In return, you will receive excellent training and supervision, experiences to achieve your SLT competencies, and opportunities for rapid career progression.

NQTs welcome to apply.

If you think you have what it takes to be part of a vibrant team of professionals, email: Ashleigh.gibbs@communicourt.co.uk to request an application pack.

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Leading independent speech and language therapy service working collaboratively with 55 schools across the UK. Caseloads are diverse with students presenting with a range of SLCN. Most students have English as an additional language.

Team interests are varied with SLTs involved in research at leading universities, multimedia and charity projects.

Therapy Network is recruiting creative and dynamic SLTs at all levels, to join our vibrant mainstream primary & secondary schools service in London & Manchester for academic year 2019/2020.

Fixed term contracts awarded on a full or part time basis

CPD & Supervision	£25,000-£34,000 per annum
Clinical resources	12 weeks paid holiday
Laptop	Smart Pension

Apply online: speechandlanguagetherapy.org.uk

Interviews: 3rd-7th June 2019

Start: 2nd September 2019

Enquiries: Eleanor Stone (HR)
0203 488 1027
hello@therapynetwork.org.uk

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bulletin

Speech and Language Therapist(s)

Competitive salary and 10 weeks
paid annual leave



We currently have openings within our Speech & Language Therapy service at Pace, an established children's charity for children aged 0-18 years.

Pace has been providing innovative integrated education, therapy and support for children with cerebral palsy, related sensory motor disorders & developmental delay, and support & guidance for their families for more than 25 years

We have vacancies for dynamic SLTs, interested in maximising and furthering expertise with children with cerebral palsy and other motor disorders. We work as part of a dedicated transdisciplinary team, planning and developing integrated classroom programmes and/or clinic sessions, providing detailed assessments, intensive and individual therapy and making a hands-on difference with a small caseload. Our ideal candidates will be experienced in AAC and Dysphagia.

Currently, we are seeking

1. **School Lead SLT (Band 7 equivalent) 3 days**
2. **Specialist SLT (Band 6 equivalent or Band 5 in a Developing role) Full/part time**

We provide excellent in-service training, access to other CPD opportunities and supervision within an expert and supportive team. Pace is committed to wellbeing, safety & protection of all our children

For further details see:

<https://thepacecentre.org/about-pace/vacancies/>

For an informal chat and/or further details please contact:

Fiona Jones, HR fiona.jones@thepacecentre.org or
Laurel Allen, Clinical Lead SLT, laurel.allen@thepacecentre.org,
Tel: 01296 614287

Applications should be sent to vacancies@thepacecentre.org or Fiona,
HR Department, The Pace Centre, Bradbury Campus, 156 Wendover Road,
Aylesbury, HP22 5TE

Closing date: 17 May 2019

Interview date: 22 May 2019



SHAPWICK SCHOOL

Speech and Language Therapist

Band 5/6 post, Band dependent on experience (NQP will be considered). Term time only plus 5 inset days per year, 22.5 hours per week with possibility of this increasing

Shapwick School in Somerset specialises in educating students aged 8 to 19 years by breaking down barriers to learning associated with dyslexia, dyspraxia and dyscalculia.

We are seeking a Speech and Language Therapist to join our team working with students who have speech, language and communication difficulties associated with their SpLD including ASD. Newly qualified applicants are welcome.

The successful candidate will provide assessment and therapy to students, input and training to the school staff teams (academic and pastoral) and give advice to parents at this specialist school for students.

Requirements:

- Registered member of RCSLT
- Registered member of HCPC
- Knowledge of SpLD

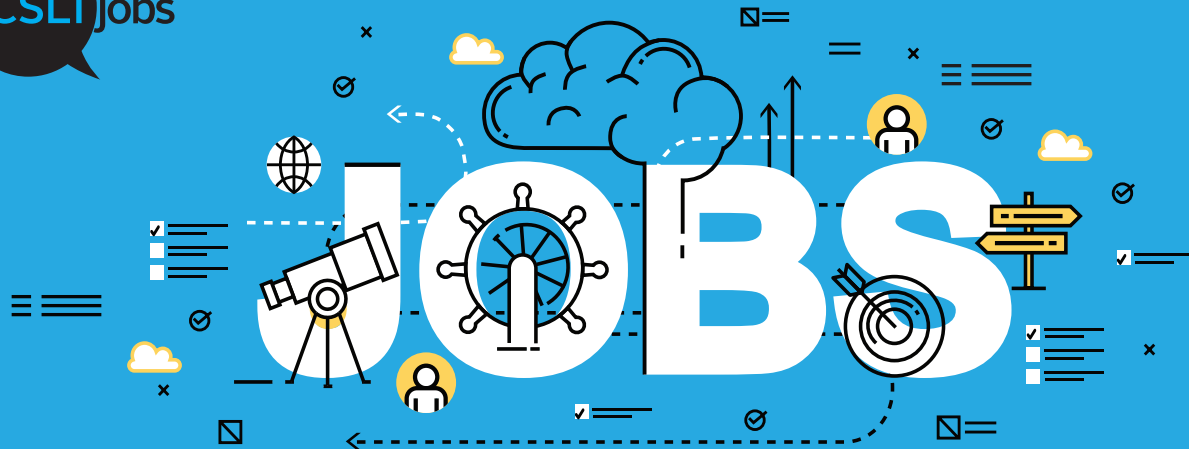
To discuss this post or for further information or to arrange an informal visit, please email

admin@shapwickschool.com or call on 01458 210384

Closing date for applications: Friday 24th of May

Interviews will be week commencing of 10th of June.

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Royal College of Speech
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Writing for *Bulletin*



...marks the vital roles of the wider profession

Making the switch from public to private practice: The joys and challenges of working independently

Cutting a path through the terminological jungle: How to talk about developmental language disorders

Reshaping the linguistics curriculum: Different models for the delivery of linguistics education

As the professional membership magazine of the RCSLT, *Bulletin* relies on articles written by members, for members.

We welcome submissions from people working across the speech and language therapy profession, in all settings and whatever stage you're at in your career, including students, retirees, and everyone in between.

Whether you've got news, an opinion or a case study to share, *Bulletin* gives you a great way of connecting and communicating with your peers.

Publishing in *Bulletin* also counts towards your continuing professional development (CPD) hours.

TYPES OF CONTENT

LETTERS TO THE EDITOR

Share your thoughts on a particular issue, respond to something you've read in *Bulletin*, or put a question to other members in 250 words or less.

NEWS

We accept news items about members, or on issues that are of interest or importance to the profession. We don't accept news about commercial events, products or services. News submissions should be a maximum of 300 words.

MY WORKING LIFE

Tell us about your professional life in 650 words. Or send us a 120 word snapshot of who you are and what you do for YOUR RCSLT, along with a recent photo.

OBITUARIES

Please get in touch if you would like to contribute an obituary for a friend or colleague who has passed away. These pieces should be 600-650 words in length and include a photo, if possible.

BOOK REVIEWS

If you wish to be added to our list of book reviewers, email us with your details and clinical areas of expertise and we'll get back to you as we're sent new titles. Book reviews should be around 200 words.

FEATURES

Bulletin features are in-depth articles on topics likely to be of interest to a broad range of SLTs. Examples include professional advice (eg 'Making the switch from public to private sector work'); clinical conditions and their treatment; individual case studies; service users' first-hand accounts; the instigation and outcomes of innovative ways of working; and evaluations (including audits, service evaluations, qualitative projects and dissertation projects of clinical relevance).

The word count for a one-page feature is 650 words, while two-page features should come in at 1,200 words (which includes references, graphs, tables and charts).

Please note that we do not accept articles that have been previously published (including online). Submitted features should also observe the set word count limits.

OPINION

Is there a topical issue you want to shout about or a personal perspective you'd like to share? Opinion pieces should be 650 words long and draw on your own experiences and perspectives, while being relevant to the profession.

SUBMISSIONS PROCESS

Email your submission to bulletin@rcslt.org with the proposed section you're contributing to ('News', 'My Working Life' etc.) in the subject line. The editorial team will acknowledge receipt of your submission within one month and will endeavour to review it and return it to you with any suggestions or amendments within eight weeks. If your article is accepted for publication, the editor will contact you with more detailed edits and information about when it will be published.

You can also submit queries to the team with an outline of a proposed article, if you're unsure whether or not it will be suitable for publication. The team will aim to get back to you within eight weeks with recommendations.

The RCSLT retains the copyright of any article accepted for publication.

Please note there is a strict three-month embargo on content from the date of publication and, while we normally permit re-printing, we would ask you to credit *Bulletin* with first publication rights and seek permission from the magazine's editor.

PHOTOGRAPHY

Photographs submitted to *Bulletin* should be of a high resolution (normally 300 dpi or 500kb in size). Please notify us at the time of submission of any photo credits and ensure you have obtained the written consent for publication of everyone depicted in the photo. Scanned images from books and magazines cannot be used for copyright and technical reasons.

Send your contributions to:
The Editor, RCSLT,
2 White Hart Yard,
London SE1 1NX
Email: bulletin@rcslt.org
Tel: 020 7378 3004
Twitter: @rcslt_bulletin





Shafaq Hassan

MY WORKING LIFE

OCCUPATION: SLT, VLOGGER AND MEDIA WORK

“My goal is to reach people who have no access to SLTs”

I am a UK-born SLT who graduated from University College London with an MSc in voice pathology. Having lived in Mumbai, Delhi, Abu Dhabi, Texas, and London, I am no stranger to diversity. As I speak English and Urdu, I am passionate about raising awareness of the importance of speech and language therapy amongst the wider community. Parents can experience anxiety when their children have communication difficulties and it can be hard for them to know where to find the right support. Often, in some communities, it can be a taboo subject and people do not seek help.

My goal is to reach people who may have no access to SLTs or have no information about what we do. To that end I offer consulting and therapy in London, as well as internationally.

Take Adam, for example, an 11-year-old boy who stammers. He lives in Jeddah, Saudi Arabia. His father contacted me recently after seeing me on a TV programme where I was advocating the importance of speech and language therapy.

Adam's father was very distraught at the lack of access to an Urdu/English-speaking SLT. The family was thinking of relocating to another country in order to get therapy for their son. That would have meant uprooting Adam from his school, and leaving his home and friends behind. The family had never come across a person who stammers. They were searching for a diagnosis and treatment for what they thought might be a stammer. They were under the impression a 'stammer' could be treated but a 'stutter' could not.



Television also remains a powerful medium and I am regularly invited as a guest speaker on various programmes, discussing topics such as special needs and employment, communication difficulties and ethnic minorities who may speak little or no English. One of the programmes was in collaboration with The Stroke Association, which involved me telling viewers about the warning signs to look out for when somebody has a stroke, and explaining the role that SLTs play in stroke rehabilitation. I was happy to interact, discuss and address concerns about what SLTs do live on-air. The positive response from viewers about the programme being

available in both English and Urdu made me feel as if I have been able to get closer to my goal.

My media activity also includes raising awareness of sensitive issues to improve people's quality of life while promoting the vision of the MP Jo Cox that we all have #moreincommon. I regularly receive queries from all over the UK about what I do and if therapy might help a particular individual or their child. The queries I receive continually remind me of the importance of engaging and raising awareness. Part of engaging is also about encouraging employers to give people with special needs a chance of being valued members of the community.

I am proud of being able to reach people through various media channels—it's an important way of raising the importance of speech and language therapy, particularly in reaching more diverse communities. ■

Facebook: Shafaq Hassan

@SHorizon

Via telepractice, I engaged the family in discussion to help address their concerns. I administered assessments, identified Adam's level of anxiety about his stammer, and offered the family strategies to support him. I educated them about what a stammer is and reassured them that relocating was not the only option available to them. To me this case was an important reminder why we, as a community of practitioners, need to take deliberate steps to engage communities across language, cultural and geographic barriers.

We live in an era where social media is helping to break down barriers. Twitter and Facebook provide important platforms for me to engage in community outreach—I regularly vlog on Facebook, speaking about communication, voice and swallowing difficulties, consolidating what I have learnt and know.



QUICK LOOK DATES

Various dates

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

15 May, Redruth, Cornwall; 22 November, RCSLT, London. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

15 May, Redruth, Cornwall; 22 November, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of preschoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

4-5 June, Portlaoise, Ireland; 12-13 June, RCSLT, London; 18-19 November, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £450 (+ VAT). Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, Worcestershire

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses £130: FOTT Study Day, 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; 9-11 September (part 1) and 11-12 November (part 2). Email: admin@arcos.org.uk; tel: 01684 576795.

Various dates, RCSLT, London

Elklan Total Training Package for Verbal Pupils with ASD

10-11 June and 18-19 November. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs. Cost: £450 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, RCSLT, London

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

12-13 June (3-5s) and 14 June (0-3s); 20-21 November (3-5s) and 22 November (0-3s). Equipping SLTs and EY advisors to provide accredited training to Early Years staff. Cost: £450 + VAT for 3-5s; £250 + VAT for 0-3s; £700 + VAT for both. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Speech disorders – phonetic or phonological?

A practical course for SLTs working with children with articulation (phonetic) disorders. Dr Anne Harding-Bell presents a psycholinguistic approach for categorising and treating a range of articulation disorders inc. lateral fricatives, dental /s/, gliding of /r/ & /s z/, backing, active nasal fricatives & syllabic nasals from childhood to adulthood. Cost: £140 (inc. lunch). Bristol, 21 June; Northampton, 6

September; Birmingham, 11 October. Email: secretary@sltconsultancy.co.uk; tel: 07871 985354.

16 May, Surrey

The Shape Coding System Part 1

The Shape Coding™ system is a resource used by SLTs to teach spoken and written grammar. No prior knowledge required. Visit: www.moorhouse.surrey.sch.uk/courses-and-conferences; tel: 01883 712271; email: training@moorhouseschool.co.uk

17 May, RCSLT, London

smiLE Therapy Training: Day 3

For SLTs and teachers. Innovative 10-step therapy teaching functional communication and social skills in real settings. Outcome measures and empowering parents integral to therapy. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

19 May

Breathe Easy: theories and practices for speaking and singing

This event will focus on respiratory issues for all voice users. The problems caused by asthma, coughing and ageing will be discussed and there will be two introductory workshops presenting established approaches to breathing. Visit: www.britishtoiceassociation.org.uk (Events); email: administrator@britishvoiceassociation.org.uk

22-24 May, 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. Visit: hanen.org/mtw-22-may-2019-london

29-30 May, London

SOFI Method: Supporting Oral Feeding in Fragile Infants

Therapy Links UK is proud to host this event the UK for the first time. This course is relevant for doctors, nurses and therapists working with preterm and medically complex infants in the NICU and community settings, and covers assessment and intervention strategies. Cost: £450. Visit: www.therapy-links.co.uk/training

1-4 June, London

SOS Approach to Feeding – Advanced

This four-day international conference aims to expand on the SOS Approach to Feeding Basic Course. Advanced modules address special populations and/or specific topics in feeding including supporting the 6-16 month, Food Tolerance, Reflux and Tube Feeding, Food Science, Severe Developmental Impairment and Autism. Cost: £840 (+ VAT). Email: sos@therapytrain.co.uk; visit: www.therapytrain.co.uk/sos-approach-to-feeding

3 June, Derby

A Journey through Complaints Using Empathy

This thought-provoking, one-day course empowers staff to journey through and explore the emotion behind concerns, complaints and serious incidents to improve outcomes and the emotional experience. Venue: London Road Community Hospital, Derby. Cost: £115. CPD: 5 hours. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

6-7 June, RCSLT, London

smiLE Therapy Training: Day 1 and 2

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10-step therapy teaching functional communication and social skills in real settings. Outcome measures and empowering parents integral to the therapy. 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 11-16s

Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £450 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14 June, Manchester

Introduction to working with children and young people with SEMH needs

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215. Visit: coursebeetle.co.uk/semh-slc-june-2019-manchester; email: info@coursebeetle.co.uk

14-15 June, Gatwick

Cognitive Rehabilitation Workshop

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

17-18 June, Derby

Dysphagia for Speech and Language Therapists

Lecturer: Dr Maggie-Lee Huckabee. Begins with a review of physiology in the context of innervation and muscular anatomy and will focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. This seminar will provide an overview and update of information related to long-term rehabilitation of disordered swallowing physiology; particular focus on exercises targeted toward improving pharyngeal motility. Venue: Hallmark Mickleover Court Hotel, Derby. Fee: £280. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

18 June, Surrey

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

Provides an update to SLTs on current evidence base for intervention for school-aged children with DLD. Visit: www.moorhouse.surrey.sch.uk/courses-and-conferences; tel: 01883 712271; email: training@moorhouseschool.co.uk

18 June, London

Learning to use the Therapy Outcome Measure (TOM)

One-day training workshop with Prof. Pam Enderby. Venue: 52 Club, Central London. Delegate fee: £175 (check website for CTN member discount). Visit: www.communitytherapy.org.uk

24 June, Derby

Cervical Auscultation

Lecturer: Dr Alison Stroud. Therapists will learn the theory and the 'How, What and Where' of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds. Venue: London Road Community Hospital, Derby. Fee: £130. CPD: 5.5 hours. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net



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2 hours DVD 6730

A Fresh Look at Stuttering

24 minutes DVD 4083

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26 June, Derby

Advanced Course: Therapy Management of Parkinson's

The programme will cover management at each of the 4 stages of Parkinson's – Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Venue: Royal Derby Hospital, Derby. Fee: £130. CPD: 5.45 hours. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

2 July, Surrey

The Shape Coding™ System – Part 2

Suitable for those who have attended Part 1 or have read the published articles and used the system with a range of children. Visit: www.moorhouse.surrey.sch.uk/courses-and-conferences; tel: 01883 712271; email: training@moorhouseschool.co.uk

4 July, Birmingham

Shape Coding™

Learn this effective system to help school-aged children improve understanding and production of grammar. Suitable for SLTs and teachers. No prior knowledge of Shape Coding is required. Cost: £220. Visit: coursebeetle.co.uk/shape-coding-july-2019-birmingham; email: info@coursebeetle.co.uk

5-7 July, Wirral

PROMPT LEVEL 1: Introduction to Technique

This three-day intensive workshop focuses on teaching the technique of PROMPT (PROMPTs for Restructuring Oral Muscular Phonetic Targets), embedding this within a holistic framework for the assessment and treatment of speech and language disorders from a speech-motor perspective. 9am – 4.30pm, The Village Hotel, Wirral CH62 4UE. Visit: www.promptinstitute.com/calendar

7 July

Hormones and Voice

Hormones are crucial to our wellbeing. They are also important to our voice. This BVA Study Day focuses on the role of hormones on our voices. It is intended for everyone who works with voice: SLTs, singing teachers, physical therapists, doctors and performers. Study Day concludes with the presentation of the 2019 Gunnar Rugheimer Lecture by Jean Abitbol. Visit: www.britishvoiceassociation.org.uk (Events); email: administrator@britishvoiceassociation.org.uk

9 July

Hearing loss and social competency in teenagers

Gain confidence to recognise the complex skills our deaf teenagers need to thrive socially. A focus on how the language we use and our actions affects what people think, imagine and feel about us and what we can do about it. Cost: £90, bring a friend for £10. The Ear Foundation. Email: Susanna@earfoundation.org.uk

9-10 July, London

MDT Tracheostomy Study Days

Back by popular demand: London MDT Tracheostomy Study Days at Northwick Park Hospital, North West London. 9 July: MDT Fundamentals of Tracheostomy Care; 10 July: MDT Advanced Skills for Tracheostomy Care. Cost: £100 per day (or £175 for both days). Course includes: tutorials, practical demonstrations & workshops. Suitable for both acute & community healthcare professionals. Tel: (020) 8869 2254/51; email: lnwh-tr.courses@nhs.net; visit: www.medicalcourses-nwlh.com

www.medicalcourses-nwlh.com

15 July, Derby

A Journey through Leadership Using Empathy

The day is an empathy journey that will help develop an understanding of the psychology and neuroscience of empathic and emotionally focused thinking and challenging unconscious processes. It will examine, in an authentic and honest way, how our own emotions and biases influence us and our outcomes. Venue: London Road Community Hospital, Derby. Fee: £115. CPD: 5 hours. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

18-19 July

Foundation 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@uclh.enquiry.therapy.courses@nhs.net; tel: 020 34483476; visit: www.uclhcharitycourses.com

Various dates, London

Reading Adult Videofluoroscopies

9 September: Introduction to neurological disorders. Common neurological dysphagia presentations, utilisation of VFS and approaches to analysis. Intermediate. 28 November: Challenging neurological diagnosis, refining analytical skills and dysphagia management plans. Location: Queen Square, London. Cost: £200 both days; £110 individual days. Email: Alkida.Domi@uclh.enquiry.therapy.courses@nhs.net; tel: 020 3448 3476; visit: www.uclhcharitycourses.com

19 September, RCSLT, London

Mental Capacity Assessment – Focus on Acquired Neuro Caseloads

A CTN workshop run with expert Speech and Language Therapists, Mark Jayes and Anna Volkmer. Delegate fee: £85. Visit: www.communitytherapy.org.uk

23 September, Birmingham

Cervical Auscultation Course

Run by Quest Training. A practical, skills-based course to be held in Birmingham. Cost: £146.50. Tel: Jo.Frost@07904981462; visit: www.thespeechtherapypractice.com/training; email: info@thespeechtherapypractice.com

8-9 October, RCSLT, London

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

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: £450 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

10 October, RCSLT, London

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 + VAT. 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: £450 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

21-23 October, RCSLT, London

PROMPT LEVEL 1: Introduction to Technique

This 3-day intensive workshop focuses on teaching the Technique of PROMPT (PROMPTs for Restructuring Oral Muscular Phonetic Targets). Teaches a system for assessing and treating language and speech disorders from a perspective of speech-motor control and learning. The course trains SLTs to provide tactile-kinesthetic input to support the development of speech movement. Using a holistic framework, participants will learn how to embed speech goals within functional communication, thus developing social interaction and language. Instructor: Justine Rhind. Register at www.promptinstitute.com/event/10421. Visit: www.promptinstitute.com; email: Justine@rhindspeechtherapy.co.uk; tel: 07533 081818

14-15 November, RCSLT, London

smiLE Therapy Training: Day 1 and 2

For SLTs and teachers. Innovative 10-step therapy. Teaching functional communication and social skills in real settings. Outcome measures and empowering parents integral. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

smiletherapytraining.com

11-12 November, Cheltenham

Johansen IAS

Independent Learning (equivalent of 2 attended days) plus 2 taught days. How to use specific and customised music recordings to organise and enhance listening & auditory processing. Supports spoken and written language for all ages. Individual and group programmes. Cost: £500 (early bird £450). Email: cathy@johansenias.com; visit: www.johansenias.com

20-21 November, RCSLT, London

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: £450 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

22 November, RCSLT, London

Elklan Let's Talk Together Training Pack

Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.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: £390 + VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk



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- Retains a consistent thickness over time

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To find out more, visit www.whatwewereadeof.org

Find out more about dysphagia

For expert information, advice, case studies and the latest developments in clinical dysphagia research call Fresenius Kabi on **01928 533 516** or email scientific.affairsUK@fresenius-kabi.com

References

1. <http://iddsi.org/> Date accessed: November 2017
2. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014.

Date of preparation: March 2019. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



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