

bulletin

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

October 2019 | www.rcslt.org



Interview with
RCSLT president
Nick Hewer

75 years of
speech and
language therapy

Living with a
stammer: Q&A

Stammering awareness: using text messaging to
improve outcomes for children who stammer





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Victoria Briggs

EDITORIAL

Past and future

One of the realities of working on a magazine is that the content for each issue needs to be decided two to three months ahead of when *Bulletin* drops through members' doors. So, while it might be October by the time this issue lands with you, on the *Bulletin* desk it's already 2020.

If you haven't heard the big news yet about next year then we hope this issue leaves you in no doubt about how important 2020 is to us: in January, the RCSLT turns 75 and we want your help to make our anniversary year a special one.

To get you in the anniversary mood, Jois Stansfield—who's conducting an oral history of the speech and language therapy profession—writes in this issue on the development of the RCSLT, from it when it was first established in 1945. To help trace the roots of the profession, Jois is on the look-out for speech and language therapy memorabilia. If you're the kind of person who has old copies of *Speech*, the forerunner of *Bulletin*, squirrelled away somewhere (like we do—see photo on p22) then be sure to get in touch with Jois to help her in piecing together the profession's backstory.

Turning from the RCSLT's past to its present. On p16, we catch up with the organisation's president, Nick Hewer, who's been in post for just six months. Nick shared with us how much he's looking forward to being part of our anniversary year, which includes working alongside members to raise the profile of the profession.

Over the coming months, be sure to let us know what anniversary celebrations you've got planned.

Victoria Briggs

editor

bulletin@rcslt.org
 @rcslt_bulletin

Your RCSLT

FRANCES CORBETT



I joined the RCSLT enquiries service this summer. As an enquiries coordinator, I am the main point of contact for queries from RCSLT members and the general public, as well as for the coordination of a number of RCSLT networks and projects, including our Clinical Excellence Networks (CENs), clinical advisers and leadership mentors. With

a background in working with charities on a variety of information technology change projects, I am excited to also be involved in supporting RCSLT members through the organisation's digital transformation process.

Please don't hesitate to get in touch if there's anything I can help you with.

Frances Corbett, RCSLT enquiries coordinator

LETTERS

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



Retirement network

As a retired member of RCSLT who has continued membership, I was encouraged to read an excellent letter from Barbara Hull (July's *Bulletin*) regarding the changes to services. I was reminded of my early days of practice working for an education authority in clinics and schools, but not having contact with professional colleagues in hospitals.

I do agree with Barbara's comments following the 1974 regulations.

By 1982 I was privileged to build a united service following the demise of 'Area SALTS'. The benefits of working as one team across all specialisms were crucial for both staff and patients.

In the same issue of *Bulletin*, I also read the fine *My Working Life* article by Dylis Skinner, as encouraged by the late, very special Jill Stuffins. Thank you Dylis!

Finally, I am disappointed that so many SLTs cease to continue their membership after retirement. Here in Wessex we have a valuable retirement network, founded nationally by Joyce Cook more than 20 years ago. We still meet twice a year in different locations in the region. All are welcome.

Beryl Kellow, Hungerford



Online dysphagia training

Do any other SLTs working with dysphagia currently run online dysphagia awareness training packages for nursing staff and AHPs? I would be very grateful to hear from SLTs who do, including how they went about designing an online training package and whether it has been successful in keeping staff up-to-date with basic dysphagia awareness. If you are happy to share your training ideas, please email: Ellie.Weeks@dchft.nhs.uk

Ellie Weeks, specialist SLT

Social cognition toolkit

At Frenchay Brain Injury Rehabilitation Centre, we've been developing a toolkit of resources for social cognition therapy following brain injury. Is anyone else developing this area of their practice? What therapies are working for you? Would you be interested in trialling a prototype of the toolkit prior to publication? We're interested in hearing from therapists in a range of settings including neurorehabilitation, autism and mental health. If you'd like to join the conversation, email me at:

katie.fahy@huntercombe.com

Katie Fahy, SLT

FOLLOW THE RCSLT ON AND

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

News

QUICK
LOOK
DATES »

16 OCT

RCSLT minor grants
deadline

19 OCT

International
DLD day

24 OCT

United
Nations day

NHS invests in chief AHPs

NHS England (NHSE) and NHS Improvement (NHSI) have recently published the guide *Investing in chief allied health professionals: a guide for trust boards and clinicians*, which they say they hope will encourage discussions on allied health professional (AHP) leadership among SLTs.

The guide was developed to provide an evidence-based approach to reviewing and improving AHP leadership in trusts. It contains questions for trusts to consider about the potential benefits and common barriers to developing AHP leadership, and key insights as to how those organisations are benefiting from dedicated chief AHP leadership. It shares the findings from a project commissioned to gain insights from executives who had a chief AHP within their trust, particularly focusing on the drivers, impacts and challenges of implementing the roles.

"Overwhelmingly, trust executives told us that once a chief AHP role was in place, the effect on value and contribution of the workforce was immediate," says Stuart Palma, head of allied health professions (professional leadership) at NHSE and NHSI.

This is also an area that RCSLT CEO Kamini Gadholk sees as a priority within the profession. "As a representative of the Allied Health Professions Federation (AHPF), I have attended meetings with ministers to raise concerns about the inequity of access to senior leadership roles for AHPs within NHS

organisations," she says. "It has taken time to make the case, but by working together, we have clearly made an impact. I would encourage all of you to



"Organisations are benefiting from dedicated chief AHP leadership"

read the guide and consider the questions it proposes."

Prompts

Stuart says he hopes that the guide will prompt SLTs to consider several such questions, including the following:

- Who is your chief AHP? Do you have one? Do you feel heard/represented/visible at board level? If not, use the document to start the conversation within the speech and language therapy and wider AHP workforce.
- Are professionally agnostic leadership roles within your organisation or system

ringfenced to a particular profession, prohibiting potential leadership development for you and your colleagues? If so, use the document to make the case to rethink why these historical practices are still in place.

- Contact your executive board member, responsible for AHPs, to discuss the document and make them aware of the key recommendations (most often this will be the director of nursing).

Read the guide at bit.ly/nhsinvestingguide Or if you would like to discuss AHP arrangements within your trust or organisation, email stuart.palma@nhs.net

NEWS
IN BRIEF

Webinar: Giving Voice to Stammering

29 October, 1-1.45pm

Don't miss out on the opportunity to hear from experts and to ask a question in this stammering webinar from the RCSLT, Action for Stammering Children, the British Stammering Association and the Michael Palin Centre for Stammering.

For more information, visit: bit.ly/stammeringwebinar

South East Hub Day

30 October

Book in for this event for a day of CPD, to hear about essential RCSLT updates and for an opportunity to network and collaborate with colleagues living and working in the South East.

For more information and to book, visit: bit.ly/sehubday

RCSLT minor grants

The next deadline for RCSLT minor grants applications is 16 October. If you're looking to attend a conference, complete a short course, or otherwise support your CPD with up to £500 of RCSLT funding, visit bit.ly/rclsminorgrants for more details.

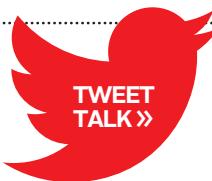
Email grants@rcslt.org with any questions

DLD research priorities

Thank you to all members, education professionals, parents and service users who completed the DLD research priorities card-sort activity. We had a record number of responses and will be launching the top 10 on international DLD awareness day on 18 October.

Visit: bit.ly/DLDresearchpriorities

News



@jorackley

#mysltday A good end to a tough week! Chatting with 2 police officers who regularly attend incidents at our hospital about communication difficulties, they were so interested and appreciative and I hope this is the beginning of something good.

@SLT-Lauren1

Helping a man with aphasia work on his reading so he can read his granddaughter a bedtime story! Functional and patient centred goals! #mysltday

New RCSLT honorary vice-presidents announced

At the RCSLT Honours Ceremony and Giving Voice Awards in September, Dr Della Money, RCSLT chair, announced the appointment of two new honorary vice-presidents.

The first of these will be a familiar name to *Bulletin* readers: Lord Ramsbotham, who has been an outstanding advocate for speech and language therapy over many years and has long championed the work of the RCSLT in the parliamentary arena, most notably through his long-time chairing of the All-Party Parliamentary Group on Speech and Language Difficulties. In recognition of his exceptional personal contribution, we are delighted that Lord Ramsbotham has accepted nomination to be our honorary life vice-president. This is the first time anyone has held the title and the Board of Trustees felt this was a fitting way to mark his service.

The second honorary vice-president is Lord Shinkwin. Over the past 18 months, Lord Shinkwin has worked hard to promote the *Bercow: Ten Years On* report, including



Lord Ramsbotham (above, centre) and Lord Shinkwin (inset).

tabling numerous parliamentary questions and facilitating meetings with ministers for the RCSLT and the children's charity I CAN.

The outgoing Speaker of the House of Commons John Bercow continues in his

post as one of our honorary vice-presidents. Keep an eye on future editions of *Bulletin* for further information on the involvement of Lord Ramsbotham and Lord Shinkwin in RCSLT work.

75th anniversary approaching

Next year is the RCSLT's 75th anniversary, and we will be marking the occasion by celebrating the past, present and future of the speech and language therapy profession throughout the year.

Earlier this year, the RCSLT undertook a survey of members to find out how they thought we should mark the anniversary. Survey questions covered the key messages to be used throughout the year, hashtags for social media campaigning, initiatives to mark the anniversary both locally and nationally, and the resources members would like us to produce. We are grateful to all who responded—your thoughts and ideas have been helpful to inform our plans for the year.

We will be bringing members a range of



resources and activities throughout 2020, including downloadable content, stories, competitions and social media campaigns. Stay tuned to *Bulletin* and rcslt.org for more information, and turn to Jois Stansfield's story on p20 to read more about the history of the profession and how you can get involved in kick-starting the 75th celebrations.

Editorial award win for SLTs



Congratulations to Professor Sue Roulstone and Dr Rena Lyons, whose article *Well-Being and Resilience in Children with Speech and Language Disorders* has won the 2018 Editor's Award from

the *Journal of Speech, Language, and Hearing Research*. In the article, the authors explore the importance of 'listening to children's narratives so that those at risk in relation to well-being can be identified'. The recipients will be presented with their award at the ASHA convention later this year to celebrate the achievement. Congratulations, from all at the RCSLT.

@LetSpeakTherapy

Love the RCSLT e-newsletters! Great for an instant catch up #SLT #RCSLT

@LauraBurzioSLT

#mySLTday So proud of my stroke patient today who verbally greeted me & asked me how I am & responded appropriately (without prompts) after 16 months of working together. Just shows what hard work, motivation & dedication can do!

Raising Awareness of DLD Day 2019



This year's International Raising Awareness of Developmental Language Disorder (DLD) Day will be held on 18 October. The theme is 'DLD: you and me' and the focus is on hearing the voices of children and young people with DLD and their families.

Approximately 7.5% of children have DLD (Norbury et al. 2016). That equates to two in a class of 30 students. But very few people have ever heard about DLD, so, as SLTs, it's important that we do something about it.

To help SLTs raise awareness of DLD, there is guidance on the Raising Awareness of DLD (RADLD) website about making short videos and writing stories. Our aim is to show that a diverse population of people are affected by DLD.

Organised activities to raise awareness of DLD include lighting up monuments around the world in purple (including Rochdale Town Hall and Niagara Falls). The DLD information sheet is also being translated into dozens of languages, to be as inclusive as possible.

You too can get involved:

- Learn more about DLD: visit naplic.org.uk/dld
- Keep up-to-date with this year's campaign: [radld.page](#) on Facebook; [@radld](#) on Twitter
- Run a local event: this could be a staff meeting, a stall in the high street or a party for families
- Take photos and post on social media using the hashtag **#DLDyouandme**
- Become a DLD Ambassador: [radld.org/get-involved/ambassadors](#)
- Submit stories or videos: [radld.org/news/tell-us-your-story](#)

Stephen Parsons
Chair, NAPLIC
UK representative on the RADLD international committee

References

- Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G. and Pickles, A. (2016), The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *J Child Psychol Psychiatr*, 57: 1247-1257. doi:10.1111/jcpp.12573



DELLA MONEY & KAMINI GADHOK

WORLD CLASS

While the majority of the RCSLT's work focuses on the UK, we are an organisation that is also well-connected internationally—a position that allows us to carry out our influencing work at a global level.

In August, we attended the International Association of Logopedics and Phoniatrists (IALP) congress in Taiwan. Established in 1924, IALP is a non-profit worldwide organisation of communication, voice, speech language pathology, audiology and swallowing professionals. At the 2019 congress the current president, Professor Pam Enderby, was inaugurated, and Professor James Law of Newcastle University was awarded the prestigious lifetime award.

At the congress general assembly, proposed changes to the bylaws were made, including giving a much stronger voice to affiliated societies, of which the RCSLT is one. This will prove useful in our future influencing work. While there, we also participated in sessions aimed at working collectively through our global networks to make a greater impact for people with speech, language, communication and swallowing needs.

Our international reach also extends to a membership with the Comité Permanent de Liaison des Orthophonistes/Logopedes de l'Union Européenne (CPLOL), the umbrella organisation for speech and language associations across Europe.

CPLOL aims to facilitate the profession by harmonising standards, legislation and training, as well as sharing reports and research. Each year, CPLOL organises an annual European SLT day on 6 March to promote different aspects of the profession—next year's theme will be 'reading and writing difficulties'.

The RCSLT CPLOL action group is also hosting a unique professional development event at St Andrew's Football Ground in Birmingham on 6 November this year, aimed at creating inclusive services, and overcoming barriers of language and culture. This event will focus on supporting SLTs and other allied health professionals to consider ways to make their services more inclusive of people from different linguistic and cultural groups. CPLOL's RCSLT representative is Dr Mark Jayes of Manchester Metropolitan University, and we hope some members will be able to attend.

You can find more information on CPLOL by visiting cpol.eu and IALP at ialpasoc.info

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

Plastic-free trial a success

Many thanks to everyone who provided feedback on our plastic-free *Bulletin* mailing trial over the past three months. We're pleased to announce that it has been a resounding success, and we will be continuing with naked mailing from now on.

It has been heart-warming to hear just how passionate the speech and language therapy profession is when it comes to reducing waste and lessening our impact on the planet. Here is just some of the feedback we received:

■ "I love the new plastic-free, naked *Bulletin*—what a fantastic idea and I really hope you continue it as there really is no need for the wrapping. It's great to see the RCSLT doing their bit and I really support you as I am also trying to reduce my plastic more."

■ "My *Bulletin* has been arriving in pristine condition since the trial was introduced. I expected a few knocks, bends or even tears (which still would have been fine for the sake of getting rid of the plastic) but it's been absolutely fine. Thanks for giving it a go and I hope it can be a permanent solution."

■ "As a member receiving the *Bulletin* monthly I would like to say what a breath of fresh air it is that's it's not covered in plastic! Very pleased that RCSLT is responding to current world issues."

■ "I think the plastic-free *Bulletin* is much, much better. I am more likely to read it now and like that it is reducing plastic waste."



■ "Just received this month's *Bulletin* and it was refreshing to see no plastic cover. Definitely keep it going. There was no damage to my *Bulletin* even with an awkward letter box!"

■ "Just a quick message to thank the RCSLT for ditching the plastic mailing bags. It's a small change but if we all make them we can make a big difference together."

Of course, there were a few instances of the magazine arriving damaged, and the *Bulletin* production team has weighed up this inconvenience to the members affected

and the resources required to have these magazines resent.

However, given that the vast majority of members reported receiving their magazine in good condition, the decision to continue naked mailing was a relatively straightforward one to make.

Please continue to let us know if you have any thoughts or feedback on the *Bulletin* distribution process.

The *Bulletin* team
bulletin@rslt.org

Free eBook access for members throughout October

For October only, RCSLT members will have access to more than 40,000 ebooks from Springer publishers related to speech and language therapy. Continued access will depend on usage, so make the most of it now and increase the chances of having your favourite titles permanently available.

You can access the eBook library from our webpages by visiting bit.ly/e-bookoctober



Research design study

On 18 November, the RCSLT will be supporting the East of England Research Design Service and the National Institute for Health Research (NIHR) with the study day 'Research with the NIHR; opportunities in speech & language therapy'. This event will be invaluable for any SLT interested in applying for NIHR funding or getting involved with research at any stage of their career. For more information, see the R&D forum on p24 or visit bit.ly/researchwithNIHR

40,000

ebooks available to RCSLT members throughout October

5%

of the RCSLT membership gave feedback on the *Bulletin* naked mailing trial

New website guidance pages: feedback needed



The RCSLT professional guidance team is keen for members to provide input on its resources, to ensure their accuracy and relevance to those in the profession.

The guidance pages on the RCSLT website enable members to find advice on how to plan and improve their services in a range of areas. These resources can be found by clicking on 'Guidance' in the main menu, and referring to the following pages:

- Clinical guidance A-to-Z
- Delivering quality services A-to-Z

- Professional accountability and autonomy/HCPC
- Settings

Please get in touch if you have a suggestion for an amendment on the website—for example, if you become aware of any new guidance or research we should include.

We endeavour to work with you, our members, to ensure that content on the RCSLT website is relevant, useful and up-to-date, and welcome any feedback you might have.

Please email info@rcslt.org with your feedback.

Get involved with RCSLT guidance

The RCSLT is developing or updating guidance in various areas. We are currently looking for members who are interested in the areas below:

- Augmentative and alternative communication (AAC) guidance

- Guidance for SLTs in the developing world
- Placement education guidance
- Shared decision-making in eating and drinking guidance

Check out the projects webpage for further information and to register your interest: bit.ly/RCSLTprojects



**Derek
Munn**

COLUMN

MUTUAL BENEFIT

In their column on p7, Della and Kamini discuss the recent meeting of IALP, the global body that includes speech and language therapy. It's worth adding that the International Communication Project (ICP)—the international partnership in which the RCSLT works with others to raise awareness of communication as a human right—was also at the IALP congress. There we presented at two sessions on behalf of the ICP, including one where we took centre stage in order to share our plans for global advocacy.

As part of this session, we were able to report on our influencing work with the United Nations (UN) in respect of the Convention on the Rights of Persons with Disabilities, through which the RCSLT and Speech Pathology Australia were accredited as non-governmental organisations (NGOs) and allowed to deliver an event at this year's Conference of State Parties at the UN's HQ in New York. We also shared our narrative of evidence in respect of the UN Sustainable Development Goals relating to poverty, education and health, as they relate to communication disability.

At the event, we focused on the need to co-produce with people who have communication needs, as well as on widening the circle—Finland, Malta, the Philippines and China were among those keen to get involved.

As is only right, there was considerable discussion around strengthening the voice of the majority world in these endeavours, with the direct experience of countries where the speech and language therapy profession is very small indeed, and in languages other than English. Cultural respect is critical here, as is an understanding that such partnership provides a mutual benefit (our US colleagues have experience with mutually agreed work in a number of countries through the Pan American Health Organisation).

I'm pleased therefore that the RCSLT will shortly begin work on our first guidelines for work in the majority world, using the experience of colleagues in networks such as Communication Therapy International. Get in touch if you want to know more.

"Cultural respect is critical here"

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

Free bilingualism resource now available

The Bilingual Assessment of Simple Sentences (BASS) is now available free to download for RCSLT members. This has been made possible with the support of the University of Manchester and an RCSLT minor grant.

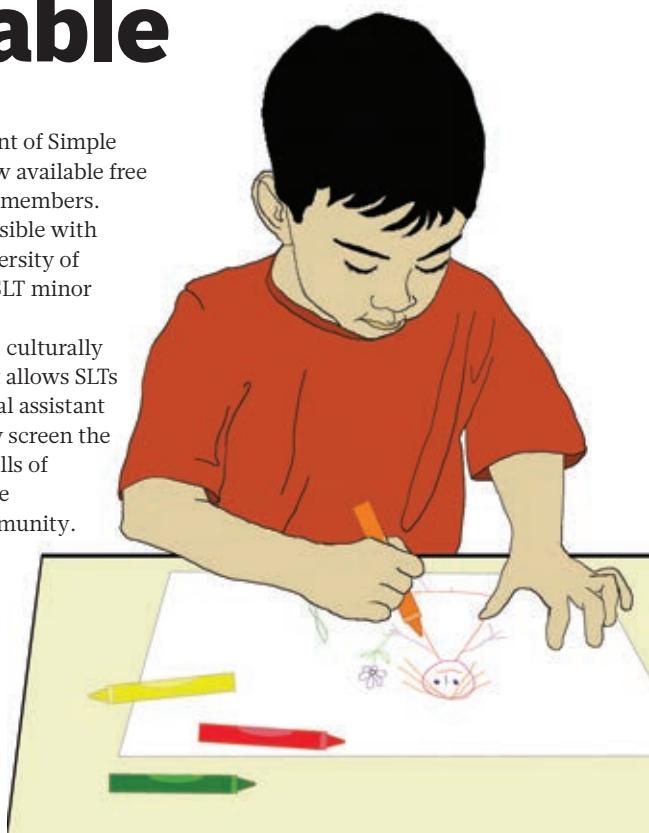
This evidence-based, culturally appropriate assessment allows SLTs working with a bilingual assistant or interpreter to rapidly screen the expressive language skills of young children from the Pakistani heritage community.

Home language assessment is essential to distinguish diversity from disorder and reach a differential diagnosis.

Children with a Pakistani heritage may be exposed to Mirpuri, Punjabi, or Urdu, as well as

English. Mirpuri is the most frequently spoken language in this community, but it is often dismissed as a dialect since it is perceived to have low social status compared to Punjabi and Urdu. Mirpuri also has no written form. Target sentences are transcribed in IPA script for all three languages.

Although bilingual children are no more likely to experience language disorder than their monolingual peers, other factors such as socio-economic deprivation may put this population at risk. Bilingual children often codeswitch between English and their home language (and, in this population, other Pakistani heritage languages) and this is not a sign of confusion. Research has shown that codeswitching occurred in just over 40% of multi-word utterances; that



children codeswitched according to a rule-based system; and that bilingual children's mean length of utterance (MLU) for codeswitched utterances indicated that these were the children's most complex utterances. Children with little or no codeswitching and/or limited MLU should therefore be assessed in detail as they may be at risk of language disorder.

To find out more, download the printable PDFs, including the full manual, picture book, recording and scoring form, target sentences and questions and prompts at bit.ly/bilingualismresources

Dr Sean Pert, senior lecturer, The University of Manchester
sean.pert@manchester.ac.uk

RCSLT CPD diary update

The new RCSLT CPD diary is now live, with some improved tools and functionality to help you get the most out of your continuing professional development (CPD). We have created a special guide to help you start using it. The older version of the CPD diary is no longer accessible online. If you need any content from your old CPD diary, please email info@rcslt.org with your request and the

enquiries team will be able to provide it for you.
① To view the new guide, visit bit.ly/CPDdiaryguide

New guidance now online

The RCSLT has published new online guidance in the areas of critical care and voice. They are now available on the clinical guidance area of the website. Many thanks to all the members who helped with authoring and reviewing these documents.

① For the voice guidance, visit bit.ly/2ZkM6jn
② For the critical care guidance, visit bit.ly/2ZwBLMy

New post for Victoria Joffe

After 18 years at City, University of London. Professor Victoria Joffe will be leaving to take up a new post as professor and dean of the School of Health and Social Care at the University of Essex from 1 October. Victoria has made a significant contribution to the profession throughout her time at City, and we hope she will continue to work closely with the RCSLT and colleagues throughout the profession in this exciting new role.

SLT launches YouTube channel

THINK, TALK and LEARN is a new YouTube channel run by consultant SLT Lyndsey Allen. After 20 years working in the NHS and charity sector, Lyndsey decided to get creative by launching a series of short videos on language, play, literacy and social skill development. "Being a Youtuber has its challenges," she says. "I've learnt about video editing and social media marketing, and it is time consuming, often with very little reward. But it's also fun, and alongside my work with families and training around the globe, makes a varied and exciting part of my SLT career."

① Views the videos at www.youtube.com/c/THINKTALKandLEARN

Alison Oppetit & Louise Stevens

Alison Oppetit and Louise Stevens discuss a case of peer support between two patients, and reflect on the importance of understanding social networks to improve therapy outcomes

A patient partnership for rehabilitation



ILLUSTRATION BY Sara Gelfgren

As two SLTs running hospital-based outpatient clinics for adults with acquired swallowing and communication disorders, we have been led to consider a unique approach to rehabilitation through patient-to-patient support across neurology and voice caseloads.

Mrs H was referred via the

ear, nose and throat outpatient clinic as an 88-year-old woman with a weak voice quality that was impacting on her independence and social life. She had poor breath support and presbyphonia with reduced volume and poor projection. Initially therapy targeted breath support, using Lax Vox (Sihvo & Denizoglu, 2007) to improve

sustained phonation time. Mrs H was highly motivated and completed all therapy tasks on a daily basis, including the use of extended social practice with a friend from her sheltered housing complex who attended therapy sessions with her.

Alongside this, Mr M, another of our patients, presented to the neurology clinic with a diagnosis of non-fluent agrammatic variant primary progressive aphasia. On the *Aphasia Impact Questionnaire* (Swinburn, 2015), he reported difficulty arguing his point, as well as singing along to the television programme *The Good Old Days*. He described a subsequent change in his personality from 'outgoing to introverted'. To support him, we embarked on a period of targeted word retrieval therapy, scripting and rehearsal, to facilitate expression in meetings at his sheltered accommodation and to help him relearn the lyrics of a favourite song. Homework was provided to support independent practice in between sessions.

"...there should be greater consideration for peer support across different client groups"

Initially, unbeknown to us, our patients were in fact friends and residents in the same sheltered housing. They had 'buddied up', supporting each other to complete therapy tasks, provide moral support and generalise new skills to joint shopping trips, shared meals, common interests (in this case, singing), and joint attendance at hospital appointments, where their partnership was ultimately discovered. Singing together was

an opportunity for both patients to work towards impairment-, activity- and participation-based therapy goals, such as improving vocal quality and accuracy of production of target song lyrics, as well as participating in social activities.

The impact on our respective interventions was evident: treatment intensity was increased and carryover to meaningful settings and conversation partners outside of our clinics was facilitated. Indeed, comparison of baseline and outcome measures indicated an improvement in Mrs H's sustained phonation and Mr M's production of target items. This led to his renewed participation in weekly sing-a-longs to *The Good Old Days* and increased confidence when talking to unfamiliar listeners.

It would appear there should be greater consideration for peer support across different client groups. Friendships and common goals promote carryover of therapy tasks and contribute to measurable progress. Understanding a patient's social support network is essential to making meaningful gains in communication therapy. Perhaps the use of needs-led support groups would be preferential to diagnosis-led support groups. ■

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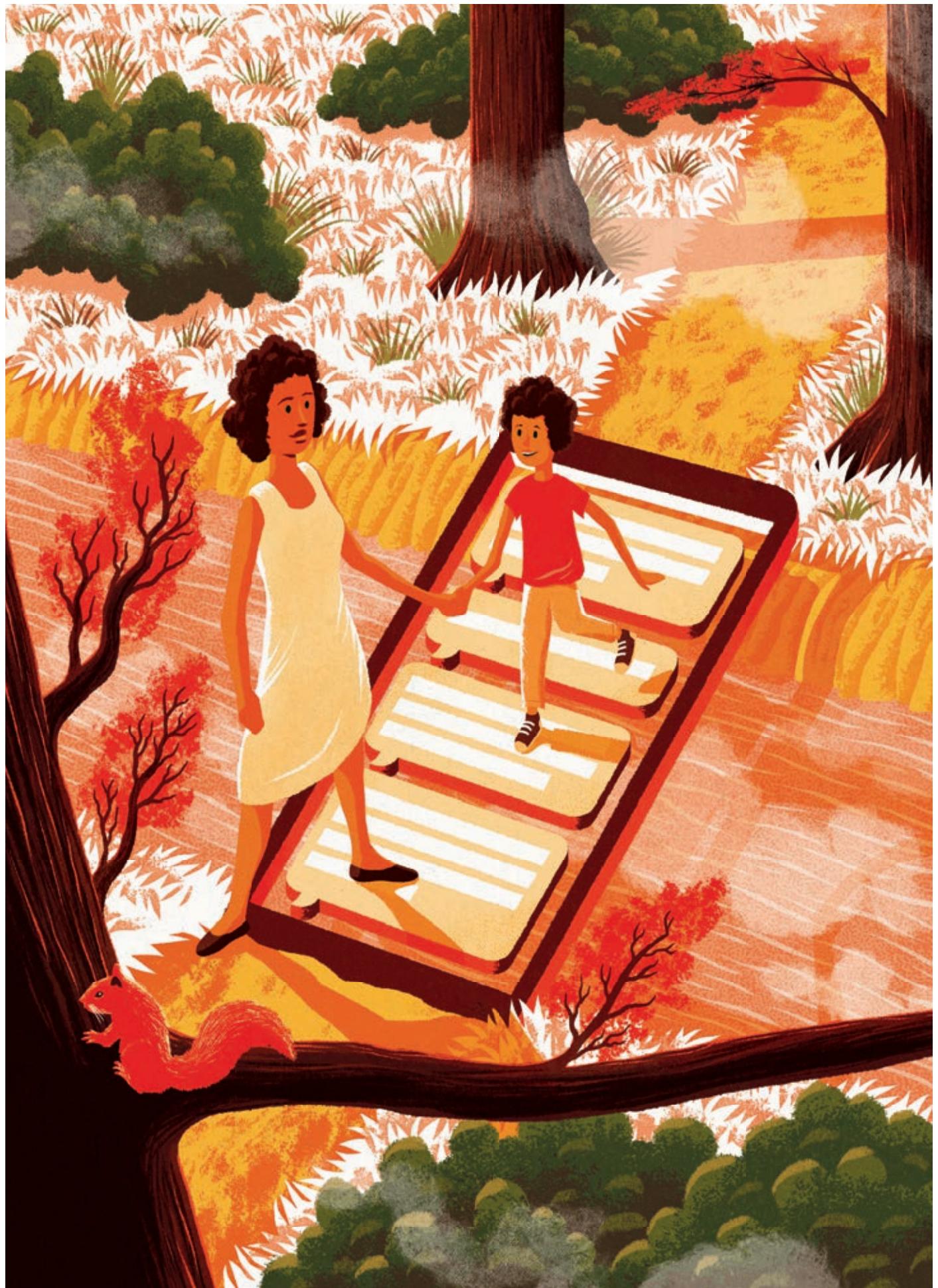
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A nudge in the right direction

Gemma Croasdell shares the results of a text messaging pilot to improve the outcomes of a therapy group for children who stammer

ILLUSTRATION BY Sam Brewster

The Heywood, Middleton and Rochdale (HMR) specialist dysfluency team delivers intensive group therapy for children aged 7 and above who stammer, along with their

parents. Groups run for three hours for six consecutive weeks, attended by the young people who stammer and one or both parents. School staff are also invited along on week five.

While recovery rates for dysfluency are high under the age of 7, there are relatively few examples where stammers have been resolved after this age. Our group therapy for this age group focuses on supporting confidence, increasing activity and participation in social and educational activities, and ensuring emotional wellbeing for the young person who stammers. Our groups also aim to ensure families feel empowered to manage these areas for their child independently, without the need to rely on long-term speech and language therapy, in order for the child to fulfil their potential. These areas are found to be key areas of management for this client group (BSA, 2018) and, clinically, have been found to be best addressed through a group format (Liddle et al., 2011).

The main challenge identified by the team when running the groups was that 'homework' activities were not reliably or

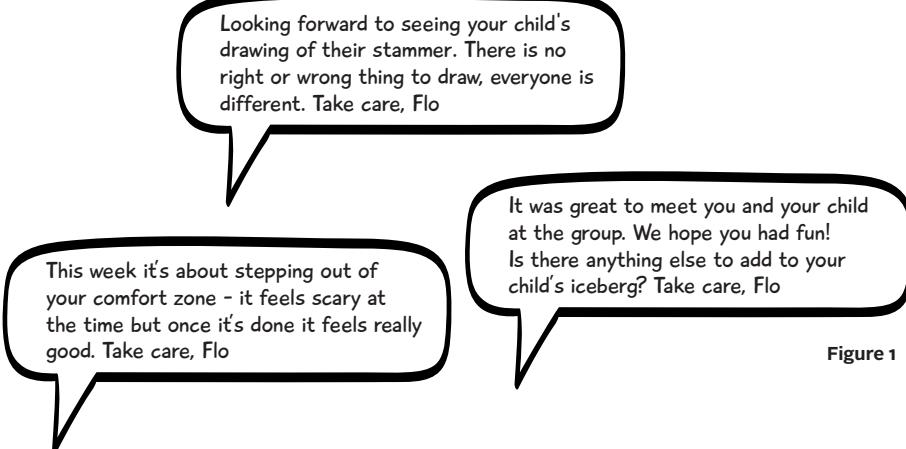


Figure 1

consistently undertaken. We wondered whether this played a role in the difficulties experienced during therapy sessions, as the follow-on activities assigned were often more challenging. The team was concerned that this led to a less effective use of therapy time, which may have been affecting the outcomes of the young people in attendance. In addition, levels of attendance varied. To maximise the potential for therapy to improve outcomes, we decided to make a change.

Text messaging service

Flo is an interactive text messaging service that the HMR dysfluency team opted to trial with the intensive therapy programme. The aim of this was to support pathway redesign, and to address the identified challenges within our service. The HMR dysfluency team developed two sets of messages to be sent to parents via the text service. In the first set, three messages were sent to parents across the week prior to the group starting; these were intended to reduce any potential anxieties related to attending a group, and to reinforce the value

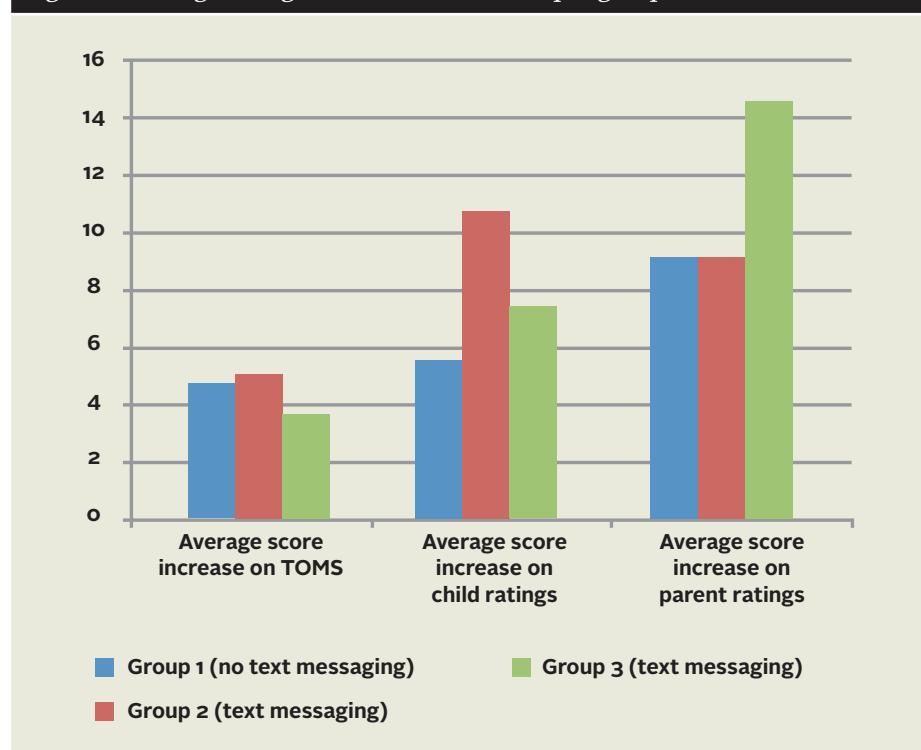
of the group therapy for their child. In the second message set, twice-weekly texts were sent to reinforce homework activities, serving as both prompts/reminders and encouragement to undertake the activity. A total of 16 messages were sent to the parents attending the group before, during, and up to three months after completion of the group. Figure 1 shows an example of the text messages sent to families during the group.

Aims and method

We set out to see if text messaging could add to the outcomes achieved by children and parents accessing the groups. Our aims for the groups were to:

- increase confidence;
- increase understanding and knowledge of stammering;
- increase understanding and knowledge of communication skills;
- increase positive thoughts about speech; and
- develop self-help and problem-solving skills.

Figure 2: Average change in outcome measures per group



These aims were evaluated using a combination of formal and informal outcomes measures, including: Therapy Outcome Measures (TOMs); individualised solution-focused rating scales based on the individuals' 'best hopes'; and a set of rating scales developed by the team to evaluate the aims above—for example, 'On a scale of 1 to 10, how do you feel about your speech (1 being very negative, 10 being very positive)?'.

Outcome measures were taken pre-group, post-group and three months after group completion. Outcomes from a therapy cohort who did not receive the Flo text messaging service (group 1) were taken for comparison purposes and compared to two therapy cohorts who did (groups 2 and 3).

Initial findings

Although cohort numbers are small, and we have only been able to analyse data from pre- and post-group measures (not three-month follow-up data, as not all group members returned for three-month follow-up appointments), we are so far seeing some early, positive meaningful outcomes emerging for both the service users and the service itself.

Through both a patient feedback form and informal verbal discussions, there has been very positive feedback from service

users regarding their experience of the text messaging service. Service users report that the number, timing and content of the text messages are appropriate and that they would recommend the care pathway to family and friends. Of the families in the text messaging groups who completed the feedback form, 100% gave the highest possible positive scores for all items.

Figure 2 shows the average change in scores per group for each of three outcome measures used. It can be seen that outcomes across all measures improved for all groups. However, looking across both experimental groups, there is generally a greater increase of scores in groups where text messaging was used. An exception to this is the TOMs scores for group 3, which increased less than for the control group (group 1). This cohort of children, however, had a range of additional needs, such as autism spectrum disorder, ADHD and speech sound difficulties. When rating these children's activity, participation and wellbeing on the TOMs, it was difficult to separate the impact of these needs from the stammer, possibly resulting in less improvement being noted. It is also interesting that while increases in parent ratings for group 2 did not differ from the control group, those from group 3 showed a substantial increase.

Finally, parents have reported informally and in their rating scales that they feel

empowered and confident to support their child's dysfluency independently, which could lead to possible reductions in service demand and length of episode of care. In the 'no Flo' control group, 4/5 families required follow-up therapy for dysfluency three months after the group, compared to 2/5 and 2/8 in groups 1 and 2 respectively.

Attendance at these groups is also informally reported by clinicians to be high in comparison to other speech and language therapy groups where text messaging is not used, suggesting that text messaging services may help to support attendance at therapy sessions.

Conclusions

This pilot has demonstrated that the use of interactive text messaging potentially offers SLTs a simple, clinical enhancement to standard care in group therapy, and appears to be successful in supporting families' self-management of their child's dysfluency. It is also likely that this is a cost-effective addition to therapy that improves service provision, but this will need to be explored by future cost analysis work. There has been no decline in any outcome measure evaluated in the cohorts of families where text messaging has been used, providing clinicians with a level of confidence that text messaging may offer a safe enhancement to standard care. Further evaluation is ongoing, in order to add to the evidence we have gathered so far. Other areas within the service are now considering whether interactive text messaging can be used in other clinical pathways to support engagement and self-management approaches, as well as address service delivery challenges.

With thanks to Caroline Poole, clinical improvement lead, Pennine Care NHS Foundation Trust, for her work on this article ■

Gemma Croasdell, highly specialist SLT, Pennine Care NHS Foundation Trust



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- For more information on Flo, visit www.health.org.uk/news-and-comment/featured-content/power-of-people/flo

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An extraordinary profession

Six months after taking on the role of RCSLT president, *Bulletin* catches up with Nick Hewer to hear how he's settling in



Before becoming president of the RCSLT earlier this year, Nick Hewer already had a pretty good understanding of the profession, thanks to all the SLTs in his life—starting with his partner Catherine McAllister (née Coulthurst), who trained as a SLT in the 1960s. “Through her, I’ve had the opportunity to meet and admire many of her fellow practitioners over the years,” says the television presenter and former public relations (PR) consultant.

Then there’s the SLT his oldest pal is married to, who was at college with Catherine. By some quirk of fate, Nick also grew up with Pam Enderby, emeritus professor at The University of Sheffield, who was a childhood friend turned “pillar of the community,” he says. When approached by the RCSLT and asked to take on the presidency role, it was Pam who was to prove instrumental in Nick accepting the position.

“It was a great honour to be asked, but before agreeing to take the role, I had to be sure that I would be capable of meeting the expectations that would accompany it. Pam used her persuasive powers to overcome some doubts I was entertaining about my suitability,” he says.

“She was so persistent that I was left in no doubt that this was something I had to do. And I’m so glad I did agree because this is an extraordinary profession. Indeed, I have a very personal experience of it now in that Sophia, my step-granddaughter, who is two

and a half, has a speech and language delay. She is under an SLT at John Radcliffe Hospital in Oxford.”

A career in communication

While Nick’s presidency of the RCSLT might mark his first professional foray into speech and language therapy, it is clear from his career that communication, in one form or another, has been at the heart of everything he’s done.

When he moved to London at the age of 21, the public relations industry was still in its infancy. Nick joined a firm of PR consultants as a trainee, proving so adept at the work that by the time he turned 30 he had risen to become a member of the board, eventually buying out the owner and becoming the sole shareholder in the business.

It was while running his own PR consultancy that Nick was approached by Amstrad, the UK electronics giant owned by Alan Sugar, to help them make a move into the 1980s home computer market.

For the next 21 years, with Amstrad as a client, Nick was Sugar’s right hand man. It was a relationship that grew into a firm friendship, spanning Nick’s retirement in 2004, a period in his life that he describes as being “a gloomy time... I struggled to adjust.”

His retirement, though—thanks to Alan Sugar—was to be short lived. In 2005, Nick was invited to become one of Sugar’s advisers on BBC TV reality show *The Apprentice*—a position he held for 10 years. Since 2012, he’s been the host of Channel 4’s *Countdown*.



Nick at home (photo by Geoff Wilson)

“It is a serious responsibility to be made president and I hope that I will deliver”

and has presented a number of BBC documentaries, panel shows, and a farming series besides.

“Public relations is all about communication. It’s the same in television—that’s all about communication too,” he says.

Since becoming president of the RCSLT, Nick hasn’t wasted any time in putting his consummate communication skills to good use in boosting the profile of the profession.

“I was fortunate that within a couple of days of joining, the RCSLT’s PR manager had arranged for me to go on *Good Morning Britain* to talk about the work of SLTs in supporting those with speech, language and

swallowing difficulties.”

In addition, Nick has been as far afield as Manchester and Plymouth on service visits, to meet with members and build his knowledge of the breadth of the profession’s work.

He has also been a regular visitor to RCSLT HQ, where he’s been acting as an adviser on the development of the communication access symbol, as well as chairing the Honours Committee. In September, he will also have attended the RCSLT Honours ceremony in Nottingham, presenting our winners with their awards alongside the Countess of Wessex.

“If I take something on, I like to make a real

contribution. It is a serious responsibility to be made president and I hope that I will deliver and prove to be a valuable asset to the RCSLT,” he says.

Of the future, he says he is looking forward to working with RCSLT staff on key projects, meeting with many more members, and putting his PR and TV skills to very good use.

“I believe that the general public has little understanding of the breadth of issues addressed by the profession,” he says.

“Having spent some 50 years in the fields of marketing and public relations, I hope that I can raise awareness of the important and wide-ranging work of SLTs to support those with speech, language, communication and swallowing needs across society.

“Next year marks the RCSLT’s 75th anniversary, a year we hope will be punctuated by a series of events and publicity initiatives that will serve to increase awareness and understanding of the profession. So next year is a very important year, and I’m very much looking forward to being a part of it, working alongside Kamini Gadkari and her team, as well as members everywhere, to celebrate the profession and getting a public conversation going about the work that members do.” ■

Stammering

What's it like living with a stammer?

To mark international stammering awareness day this month, *Bulletin* asked the RCSLT's Paul O'Meara for a firsthand account

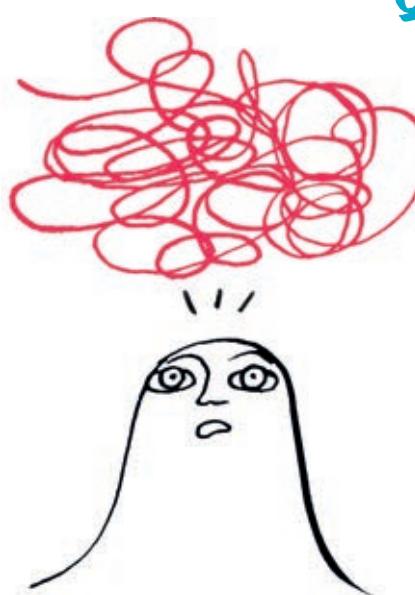
Q: What's the worst experience you've had relating to your stammer?

Without a doubt it was during my time at university. My class were tasked with choosing a film, researching particular aspects of it, and then delivering an oral presentation to our peers. A task like this is problematic for me, as it would be for many stammerers, in that it requires saying particular words, and words that have no substitute. Before I even arrived at university that day, I knew it was going to be a bad experience—and, as predicted, it was horrific. I stammered on almost every word—and even every syllable. Once I started to stammer it got worse and worse as my confidence was massively dented. As a stammerer, I would have liked to have been offered another route to complete an assignment like this. This was some years ago, and I would hope education practices have changed since then.



Q: What aspect of having a stammer do you think people underestimate?

I don't think people realise the daily mental strain that comes with trying to speak when you stammer. Every time you need to talk to anyone—whether it's someone you know or a total stranger—you're constantly thinking, not only of what you will say, but how you will say it. Each situation is different, too. You know the words or sounds that are difficult to use and you are always thinking of the best way to navigate around them. Fluent speakers give little or no thought to the physical action of speaking; it is second nature to them. Whereas a stammerer experiences a near-constant stream of thought dedicated to enabling the delivery of most words. It really is tiresome. I compare it to having a second full-time job!



Q: Is it true that nerves are a key trigger for stammering?

This is partly true, but at the same time, it's not quite that simple. When you're nervous it can be worse, but for me, it is more related to the words I need to say in a situation, rather than my own nerves. For example, I've given speeches at weddings and although I was nervous—terrified, actually—because I wrote the speech and chose the words strategically, my delivery was relatively successful. But in something like a job interview, nerves can get the better of you. This is a situation where a lot rides on not only your words, but on you delivering your messages with relative fluency, and it can be overwhelming.



AWAReNESS

Q: What can people do to help?

As I've gotten older and become more comfortable with my stammer, this is something I've given a lot more thought to. I think most stammerers would agree that it helps if people do not ridicule, mimic or laugh at you when you struggle. Letting me finish my words is very important. Even if people are sure they know what I'm trying to say. This is often a matter of pride for a stammerer—or at least it is for me. And although it may be difficult, holding eye contact is also important, as if people look away or seem agitated, or even bored by me stammering, it can feel quite insulting.

Q: Do you think society does enough to cater for stammerers and others with communication difficulties?

I think the answer to this falls into two categories, as on a general day-to-day basis with people you encounter on the street, you will always receive a variety of reactions and responses. As a stammerer you accept that some people just don't take time to appreciate that we can't all communicate to the same level. However, I do think that people who work for public-facing companies or organisations could be armed with better skills and knowledge when it comes to interacting with people who have communication difficulties. For example, calling a service provider on the phone can be incredibly frustrating when you stammer, as the person on the other end will probably not know how to respond in a way that is helpful. This is why projects like Communication Access UK*, which offers training to organisations in how to respond to someone with a communication difficulty, are so valuable.

Stammering: the facts

- 8% of children aged 2 to 5 are affected by developmental stammering, the most common type of stammering.
- The majority of children who stammer will stop naturally or through speech and language therapy.
- Stammering often runs in families: around 60% of people who stammer have a relative who stammers or used to stammer.
- Stammering has a neurological basis: research tells us that the brains of people who stammer are wired slightly differently from those who don't.
- Up to 3% of people continue stammering into adulthood—that's around 1.5 million adults in the UK.
- Some people who stammer choose to change the way they speak, while others are completely comfortable with their stammer.
- There are many ways people can learn to manage their stammer—not one type of therapy is effective for everyone.
- Stammering can have a significant impact on a person's wellbeing at home, in education and in the workplace.

Facts supplied by the British Stammering Association.

For more information visit stamma.org and bit.ly/RCSLTstammering

*The Communication Access UK project is working to make the UK more communication friendly, through training programmes and the implementation of a communication access symbol for business and public spaces. For more information, visit www.rcslt.org/policy/communication-access-uk

Paul O'Meara, RCSLT project coordinator and author of a book on stammering

Email: [@paulomeara](mailto:paul.omeara@rcslt.org)

SLT Winifred Cooke
and young service user
demonstrate voice
recording in 1948

75 years of speech and language therapy

As the RCSLT prepares to celebrate its 75th anniversary next year, Jois Stansfield traces the development of the RCSLT from its founding in 1945 to the present day

Speech and language therapy in the UK became organised under a single professional body in 1945 as the College of Speech Therapists, now the Royal College of Speech and Language Therapists, which is planning celebrations for its 75th anniversary in 2020. Exploring the history of speech and language therapy gives us the opportunity to understand where we have come from and recognise how this influences our current and future professional lives.

I am currently conducting an oral history project, which has involved interviewing SLTs who qualified between 1945 and 1969. This has been eye-opening in terms of how the profession has changed in numbers (from just over 200 members in 1945 to the most recent figure of 17,422 members, indicated in the RCSLT's 2018–19 *Impact Report*), but also in terms of the methods, challenges and opportunities reported by the participants. Full analysis is at an early stage, but during

the conversations, participants provided all sorts of pictures and artefacts that reflected their experiences of work across the years. No doubt current readers also have memories of a wide range of items that have had professional resonance.

Professional identity

Speech and language therapy thrives on both real and stereotyped professional identity. In my interviews, 'twinset and pearls' were mentioned on numerous occasions, and one participant said that, while studying at college, student SLTs "had to wear blazers with the colours round it, and the proper scarf".

There were many references to the professional and statutory bodies; logos and publications produced by these organisations were seen as defining the profession. Other items included qualification 'parchments', Licentiateship of the College of Speech Therapist (LCST) badges (the original LCST badge had the member's number on the

back) and *Communicating Quality* (1991, 1996 and 2006). Academic life was represented by examination papers, journals, key text books and photographs of fellow students.

Innovation

In the 1950s there were no British standardised speech and language therapy assessments, and necessity was the mother of invention. One participant mentioned, for example, Joan van Thal's invention of "a piece of apparatus which was a sort of jam jar for detecting nasal escape".

The first standardised test to be published was probably the Coral Richards language test in the late 1960s, followed by the Renfrew Scales and the Reynell tests for children (which are still in use) and the Edinburgh Articulation Test. Assessment of grammar was enhanced by the Language Assessment, Remediation and Screening Procedure (LARSP) in 1978, although many participants struggled with this at first because, as one said of their course in the





Student SLTs at the Central School of Speech and Drama at a 1960s facial musculature tutorial

“In the 1950s there were no British standardised speech and language therapy assessments...”

1950s, “we did phonetics, but linguistics wasn’t part of our curriculum”.

Adult assessment continued to use American materials, including the Boston Diagnostic Aphasia Examination, with the ‘cookie theft’ picture being one element of the more detailed assessment.

People listed a range of therapy essentials. In the words of one participant, who qualified in the early 1950s, she had only “one of these little wicker baskets... and in it, a set of small hand mirrors and a package of straws”. Others mentioned “a bunch of keys to entertain kids” (or, more soberingly, “a bunch of keys to a locked hospital ward”), as well as ping pong balls for blowing exercises, popular games, reward stickers and specifically designed therapy tools.

There are still firm favourites that make a regular appearance in many clinics (*Pop-up Pirate*, anyone?), but technology has changed the way speech and language therapy is delivered, and people mentioned both old and new approaches. Older members of the profession recalled recording devices that were too heavy to carry, and ‘eye pointing picture charts’. In stammering work, the electronic metronome and Edinburgh Masker have given way to altered auditory feedback (AAF) phone apps, while tools such as electro-palatography now support articulation therapy, and augmentative and alternative communication has become increasingly sophisticated.

On the move

Many people noted the difficulty they had moving materials, therapists and patients around. Early qualified therapists spoke of a range of transport necessities:

- “We used to walk everywhere, because we didn’t have a lot of money... we would walk from Buccleugh Place [in Edinburgh] over to the Royal Infirmary, and not always in ‘sensible’ shoes.”
- “I couldn’t have afforded a car. When it was quite far away, like Kincardine, which was about the furthest point out from Dumfermline, I would go on my bike.”
- “Half past seven in the morning I would catch a bus into Canterbury to catch another bus out of Canterbury to go to Folkestone or... the Margate area.”
- “I travelled the length and breadth of Argyll, and I had to work out things like

boat and ferry timetables."

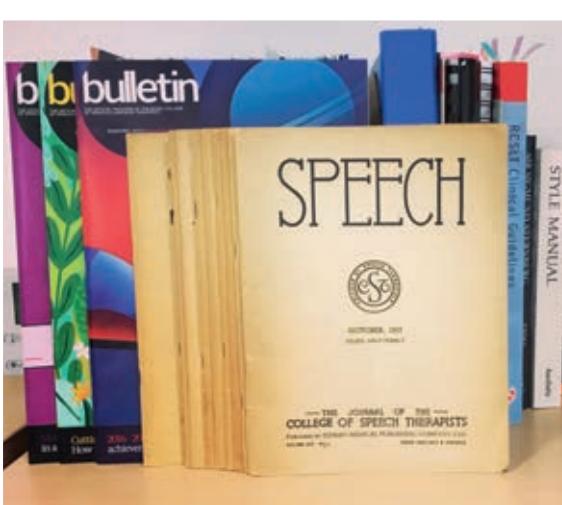
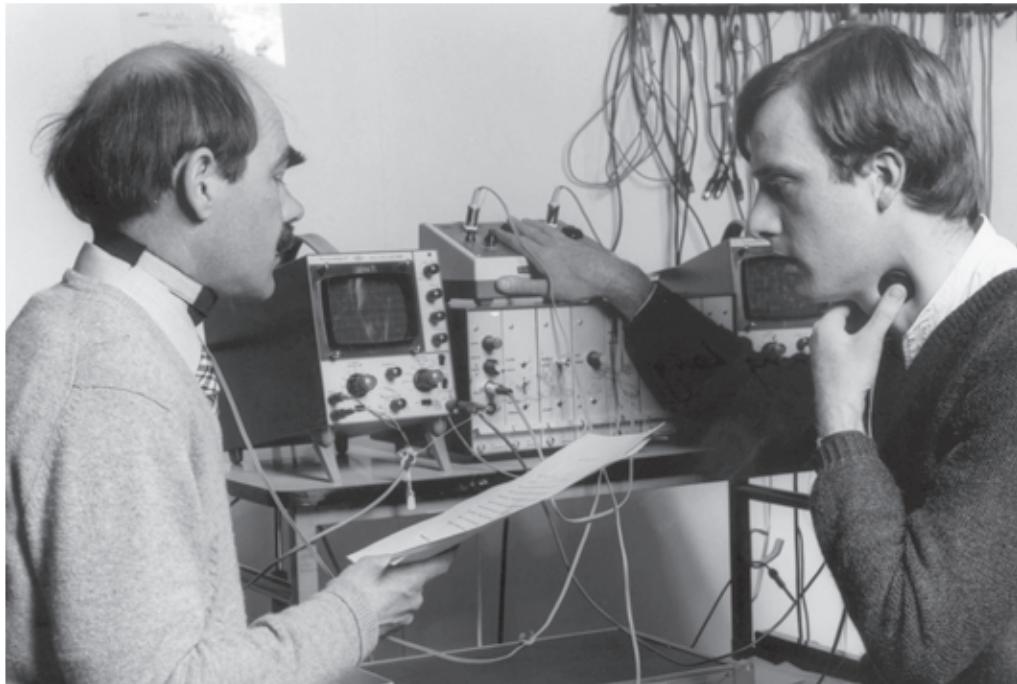
Many therapists worked across a wide range of clinics and spoke of their cars being their offices, complete with case notes and therapy materials. One participant reported that a school "hadn't got a room for me to treat anybody in, so I packed two boys into the car, took them to [the next village] for the morning and treated them there. I did check the car insurance first." Another recalled gaining a mobile clinic thanks to a *Blue Peter* television appeal.

Tracing our roots

As we can see, things have changed! As part of the plans for the 75th anniversary of the RCSLT, we hope to be able to build upon this group of artefacts by collecting photos of items from each year of its existence, as examples of items that have had professional resonance for members.

If there is an object or artefact that says 'speech and language therapy' to you, especially from the earliest years of the RCSLT, be it a piece of equipment, a badge or a publication, then please get in touch with a picture and a brief explanation. Email: j.stansfield@mmu.ac.uk ■

Jos Stansfield, emeritus professor, faculty of health, psychology and social care, Manchester Metropolitan University



Dr Peter Hawkins, phonetics lecturer at Queen Margaret College (now Queen Margaret University) Edinburgh with SLT student Eric Foggett.



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Anniversary year

Bulletin also wants your help to celebrate the RCSLT's 75th anniversary in print and online.

One of our key aims throughout the anniversary year will be to look at ways of connecting the profession's past with its future.

How you can help

- Share a piece of **professional advice** with us that's stood you in good stead throughout your career. Perhaps it's something you'd to say to your younger self, to remind you of why you became an SLT. What do you know now that you wished you'd known then?
- Or maybe you want to **look to the future** and think about the changes

you want to see in the profession. Where are we headed in the next 10 to 20 years? What will help make the profession stronger?

- We'd love you to send in your **photographs**. In the same way that the photos above capture a moment in time, we'd love you to take a snapshot of the profession that's illustrative of *now*. Think about those SLTs of the future perusing their centenary anniversary copy of *Bulletin* in 2045—what aspect of the profession do you want to present to them? What technology, device or intervention do you want to showcase and tell them: 'I did this'?
- We're also on the look-out for your 75th anniversary celebrations for our news section—tell us how your service is



planning to raise awareness of speech and language therapy and those the profession helps to support in this anniversary year.

Send your contributions to **bulletin@info.org** with 'RCSLT 75th anniversary' in the subject header and we'll publish a selection over the coming months.

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Suzanne Murphy

Dr Suzanne Murphy from the NIHR Research Design Service shares an exciting opportunity for SLTs to get funding for research

Research opportunities for SLTs



ILLUSTRATION BY Ben Mounsey-Wood

Do you think you might like to be involved with research to advance our knowledge of speech and language therapy but don't know where to start? Have you finished your master's degree or PhD and are wondering about the next steps? Do you think you might

like to take part in research but don't want the commitment of running a study? While many practitioners want to be involved with research, not everyone has the same objectives. With the National Institute for Health Research (NIHR), there may be more funding opportunities than you think.

Research and Development Forum

Q: What is the NIHR?

NIHR's mission is to improve the health and wealth of the nation through research—it is the largest funder of health and care research in the UK. NIHR was set up in 2006 by the academic surgeon Lord Darzi and Professor Dame Sally Davies (now the chief medical officer for England). Right from the start, NIHR's aim has been to fund studies that are identified as important by patients and practitioners—studies that give us practical evidence of what we can do to make our clients' lives better. For this reason, many studies funded by NIHR are run by a team of people that includes practitioners (SLTs or other health professionals), university academics and clients (the children and adults on the receiving end of the final product of research), all working collaboratively together.

"NIHR is keen to encourage SLTs to participate in a number of ways..."

Q: What research activities can I get involved with through the NIHR?

NIHR is keen to encourage SLTs to participate in a number of ways. You could apply to run a small study leading to an educational qualification, such as a PhD, or for post-doctoral work. You could apply to lead a small team on a new research idea of your own, or you could become a member of a team to support a larger study. You may want to receive training and test out new interventions for projects that NIHR is already running. Or, if you are an experienced researcher, you may already know about bidding to

other funders but would like to find out more about NIHR's unique funding streams for applied research.

Q: Want to know more?

On 18 November, the NIHR Research Design Services, supported by the RCSLT, will be running an event at City, University of London: *Research with the National Institute for Health Research (NIHR); opportunities in speech & language therapy*. At this event, attendees will hear about the range of grants and fellowships that the NIHR offer. While these are primarily focused on clinicians and researchers in the NHS in England, there are also opportunities for those across the UK and/or in independent practice. Attendees will also hear first-hand experiences from people who have been successful in applying to NIHR and about the kinds of projects they are running. They will also hear from people who sit on NIHR funding panels who will be sharing what really impresses them when they look at applications. Unlike many funders, ideas for most NIHR bids come from practitioners; NIHR therefore provide lots of help for writing bids. At the event, the NIHR Research Design Service will explain the support it provides, take potential applicants step-by-step through the bidding process and tell attendees how they can get involved with NIHR projects currently running. What's more, the event is free and includes lunch. To book a place, contact Dr Muhammad Waqar at muhammad.waqar@beds.ac.uk or visit bit.ly/NIHRevent2019 ■

Dr Suzanne Murphy, principal research fellow, University of Bedfordshire and NIHR Research Design Service (East of England) adviser
Email:
suzanne.murphy@beds.ac.uk
[@SunnyDays_850](https://twitter.com/SunnyDays_850)



Our monthly look at the latest in published research

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

Health-related quality of life

Children with developmental language disorder (DLD) or autism spectrum disorder (ASD) may experience poorer health-related quality of life (HRQoL) in specific domains according to this study—however, further research is needed.

HRQoL was self-reported using KIDSCREEN 52 by 114 children with DLD or ASD attending mainstream schools in England. Non-verbal IQ (NVIQ), language ability, ASD features and behavioural, emotional and social difficulties were assessed.

Children with DLD reported overall HRQoL within the average range, but ‘moods and emotions’ and ‘social acceptance/bullying’ domains were significantly lower. Children with ASD reported HRQoL significantly below the normal range. Controlled comparisons with the DLD group indicated children with ASD scored significant lower on ‘autonomy’ and ‘parents/home life’ domains. Correlations were identified between KIDSCREEN 52 domains and other characteristics. For example, NVIQ and ‘self-perception’ were negatively correlated in children with DLD, as were behavioural, emotional and social difficulties and ‘parents/home life’ scores in children with ASD.

The authors discuss the challenges of using self-report methods with this study sample but highlight: “It remains important to understand how children with neurodevelopmental disorders perceive their own HRQoL”.

Sally Mordi, clinical lead for autism (specialist education), Barnet, Enfield and Haringey Mental Health Trust



Reference

Coales, C., Heaney, N., Ricketts, J., Dockrell, J. E., Lindsay, G., Palikara, O. & Charman, T. (2019). Health-related quality of life in children with autism spectrum disorders and children with developmental language disorders. *Autism & Developmental Language Impairments*, 4, 1-14

Optimum voice rest

Following phonosurgery, most patients undertake voice rest to facilitate wound healing. The optimum length of voice rest is not established. Participants in this study struggled to comply with absolute voice rest and the findings suggest that functional outcomes may be greater in those who undertake relative voice rest (RVR) compared to absolute voice rest (AVR).

Twenty individuals undergoing removal of benign vocal fold lesions were randomised to either seven days post-operative AVR, or RVR. A portable voice dosimeter calculating phonation time calculated compliance. Short-term (seven days) and long-term (three to six months) outcomes considered perceptual evaluation, endoscopic findings and vocal loading task performance.

AVR participants phonated significantly less than RVR participants but were not silent (3% versus 7%). Perceptual improvements did not differ between groups but those on AVR had significantly improved endoscopic evaluation at seven days. Conversely, in a vocal loading task, those who had undertaken RVR did better than those on AVR.

The authors conclude: “AVR may be fruitful for short-term histological recovery, but the long-term benefits are not shown in this study.” Moreover, “Patients recommended for RVR showed significantly better vocal stamina and immediate recovery from vocal loading” at long-term follow up.

Anna White, pathway lead ENT SLT, Queens Medical Centre, Nottingham



Reference

Whiting, S., Lyberg-Åhlander, V., & Rydell, R. (2018). Absolute or relative voice rest after phonosurgery: a blind randomized prospective clinical trial. *Logopedics, phoniatrics, vocology*, 43 (4), 143-154

In the journals

Social motivation in children with ASD

Social interaction difficulties commonly seen in children with autism spectrum disorders (ASD) may result in withdrawal and isolation from peers. Despite opportunities within inclusive settings, children with ASD typically continue to struggle with their peer interaction.

Four children with a diagnosis of ASD, aged 4–6 years, were paired with four typically developing children, all of whom attended an inclusive early years setting. Baseline data including frequency of initiation and response to peer interaction, as well as duration of play, were collected from observation during free play. An age-appropriate play activity was designed around the specific interests of the child with ASD, then initially explained and modelled by an adult.

Increased peer social interaction was seen in all children with generalisation made to novel peers and observed gains maintained six weeks post-intervention. Following intervention, three children were initiating interaction at levels comparable to their typically developing peers.

The authors claim that their findings “support the social motivation theory of autism” and argue that “embedding preferred interests into social activities might potentially increase the motivation of some children with ASD to interact with their peers”.

Nikki Grattan, SLT, Humber Teaching NHS Foundation Trust

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



Reference

Watkins, L., O'Reilly, M., Kuhn, M. & Ledbetter-Cho, K. (2019). An interest-based intervention package to increase peer social interaction in young children with Autism Spectrum Disorder. *Journal of Applied Behaviour Analysis*, 52 (1), 132-149

Join us for a free educational afternoon on Post Laryngectomy Pulmonary Issues

We were delighted with the positive response to our first National Symposium on **Post Laryngectomy Pulmonary Issues**.

"A very informative and insightful day with lots of new tips and tricks to link to my practice" – Healthcare professional, National Symposium May 2019

We are now taking this topic on the road! The content of the education is based on **evidence and research** within the field of pulmonary health and HME use, with feedback from the **largest worldwide quantitative** laryngectomy survey.

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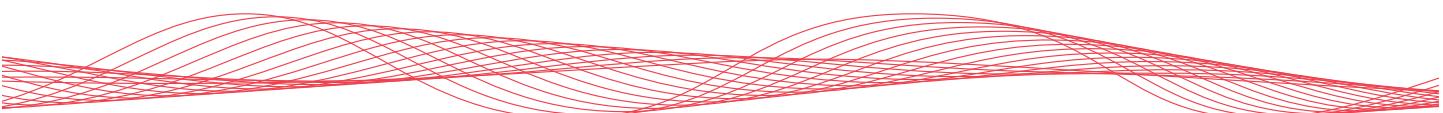


We are holding the educational afternoon 1:45pm - 5:45pm in the following cities:

Exeter, 12th November
Glasgow, 13th November
London, 14th November

A CPD certificate will be provided at the end of the day.

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Your voice



The RSCLT invites individuals to apply for the position of:

Associate editor, International Journal of Language and Communication Disorders (IJLCD)



Following recent changes in the editorial team, we are seeking a new associate editor for the IJLCD from January 2020 to join our supportive editorial team.

The IJLCD is an international, peer-reviewed journal, which draws together findings from research in language and communication disorders. The IJLCD is published in six issues per year, with occasional special issues.

The role of associate editor offers the post-holder the opportunity to make a significant contribution to the dissemination of quality research in the field of communication disorders and related SLT activities.

The successful candidate for this position will:

- Have a PhD in a relevant academic discipline
- Have an up-to-date knowledge of **developmental child** language and communication disorders
- Possess a proven track record in research (peer-reviewed publications, presentations at conferences and/or other research enabling activities)

- Have experience of carrying out peer review
- Commit to carrying out the role for a minimum term of three years
- Be able to participate in four editorial meetings a year
- Membership of the RSCLT and experience as an SLT is desirable

An overview of the role is available on request from Christina McKean (email address below).

For applications please email the following to christina.mckean@newcastle.ac.uk

- A covering letter and supporting statement (200 words max)
- Your CV
- A list of publications and presentations and/or other enabling activities

Closing date for applications September 27th 2019.

Interviews to take place via Skype in October 2019.

Send your CEN notice by email to bulletin@rcslt.org by 6 November for December and 6 December for January. To find out more about RCSLT CENs, visit: tinyurl.com/rcslnet

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

National CEN for Adults with Autism

24 October

In Nottingham. Topics include Positive Behavioural Support, Long Term Segregation, Interventions, pre and post diagnostic issues and presentation by a service user. Please contact Heidi Keeling for more information on heidi.keeling@nottshc.nhs.uk

National Sensory Integration CEN

29 October, 10am - 4pm

First meeting of a new CEN to support SLTs and SLTAs working within an Ayres Sensory Integration frame of reference across all clinical areas. Social networking opportunity in the evening following meeting. Speakers: Prof. Pam Enderby - Outcome Measurement, TOMS and SI; Gia Kuek - Combining SLT and SI in a parent coaching model. Venue: RCSLT, 2-3 White Hart Yard, London SE1 1NX. Cost: £15 payable on the day (limited spaces). To reserve a place, or to join the mailing list, contact Amy Stephens: Amy.Stephens@aChatterofMagpies.com

Promoting Communication in the Early Years CEN

4 November, 9:30am - 3:30pm

Learning from Successful, Long Term Models. Venue: RCSLT, 2 White Hart Yard, London, SE1 1NX. Cost: £20 for members, £30 for non-members (to include membership to August 2020). To book, email emily.martin@centralbedfordshire.gov.uk

London Adult Neuro CEN

5 November, 8:30am - 4:30pm

Advances in Motor Speech Disorders. Talks from Jodi Allen (assessment and differential diagnosis of MSDs), Steven Bloch (an insight into conversation and interaction work in MSDs), Richard Cave (advances in technology), Nicola Wydenbach (professionally trained singer, Sing to Beat Parkinson's/Camberwell Skylarks Choir for pwPD) and Claire Mitchell and Annette Dancer (research updates from an SLT and patient perspective). Venue: Resource for London, Holloway, N7 6PA. Cost: £30, £15 for students. For tickets, visit Eventbrite link on website: londonadultneurocen.weebly.com

National Selective Mutism CEN

13 November

'Selective Mutism - Getting to Grips with Adolescents'. To include a range of speakers, including Libby Hill, Anita McKiernan and Helena Duncalf. Visit: bit.ly/2keX9rk

North West Aphasia CEN

13 November, 10am - 2pm

"Language led dementias: training people with primary progressive aphasia and their communication partners". Speakers will be Anna Volkmer, SLT / Senior Research Fellow, and Dr Chris Hardy, Neuropsychologist, UCL. Venue: Manchester Metropolitan University. Cost: £5 for members, free to non-members and students. Book here: tinyurl.com/y3bkdemz. For more information, email: m.jayes@mmu.ac.uk

South West Brain Injury CEN

14 November, 10am - 4pm

Theme: Looking after our own wellbeing: Self-care for SLTs working with brain injured adults and their families. Cost: £20; tickets via Eventbrite: bit.ly/2kpDgHa. Location: Frenchay Brain Injury Rehabilitation Centre, Bristol. The agenda for the study day will be advertised on Basecamp, and will include sessions on Compassion Focused Therapy (CFT) led by clinical psychologist Dr Steph Davis, and a group reflective session on emotional aspects of our work, led by Lucie Rochfort, specialist SLT. For further information email Sarah Gibbin: sarah.gibbin@nbt.nhs.uk. Please note the room has a limited capacity, therefore tickets are essential.

Central Paediatric Dysphagia CEN

21 November, 9:15am - 4pm

Location: Birmingham. Hot topics in Paediatric Dysphagia. Cost: £10 per day – pay on the day, via cash or bank transfer. Contact: cpdcen2017@gmail.com

Cleft Lip and Palate CEN

22 November

Venue: Birmingham Children's Hospital. Follows an early years' theme. Cost: Earlybird (CEN members): £35 (up until 18 October); afterwards £40. Non-members: £55. For further information on study day or becoming a CEN member, visit: www.cleftsig.co.uk

Essex DLD CEN

25 November, 9am - 12:30pm

Two guest speakers. Dr Saloni Krishnan will be visiting to talk about the BOLD (Brain Organisation in Language Development) study. The study is led by Professors Kate Watkins and Dorothy Bishop and aims to use MRI to look at the development of language abilities in the brain. Vanessa Rogers will speak about the Simplify online speech and language toolkit, which allows you to create bespoke lists of words and symbols and use them in interactive games. Venue: Provide HQ, 900 The Crescent, Colchester, CO4 9YQ. Cost: Free for members (those who attended in May), £10 for non-members. Email janetaylor5@nhs.net to book a place.

South West Dysphagia CEN

29 November

What is represented by the action we call 'feeding' and how/why do our best clinical intentions become misaligned or possibly harmful to patients and families? We will formulate responses to case studies based on ethical concepts and clinical knowledge. Speaker Paula Leslie, PhD, MA (Bioethics), CCC-SLP, FRCSLT is a senior lecturer at the University of Lancaster and a specialist adviser to the RCSLT in swallowing disorders. Her interests include the process of clinical decision making, health professionals' education and non-traditional routes to advanced clinical training. She publishes, provides support to researchers, and provides continuing education from grassroots to international level and across the health professions on complex clinical decision making, ethics and end-of-life decisions in vulnerable populations. Email: daisy.elliott@nbt.nhs.uk

Acquired Brain Injury CEN

13 December, 9am-4:30pm

Social Cognition in Brain Injury: what is it and what can SLTs do about it? Learning objectives: to define social cognition and its relevance to brain injury; to highlight the complimentary roles of SLT and neuropsychology to diagnose and treat social cognition; to outline assessment tools and techniques; to introduce therapy approaches; to share real-world case studies; and to update knowledge on current literature. Key speakers from Oliver Zangwill Centre and Frenchay Brain Injury Rehabilitation Centre. Venue: RCSLT, London, SE1 1NX. Cost: £45 (excludes lunch). To book your place, visit bit.ly/2jRUgk Email abicen@hotmail.com with any other queries.

London and South East Region Selective Mutism CEN

16 January, 9.30am-4pm

The main topic is: 'Special Educational Needs and Selective Mutism'. The afternoon will also include a show-and-tell practical session. Venue: RCSLT, 2-3 White Hart Yard, London SE1 1NX. To book, visit: bit.ly/2jRU4wW

Writing for Bulletin



the vital roles
of the profession



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

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:

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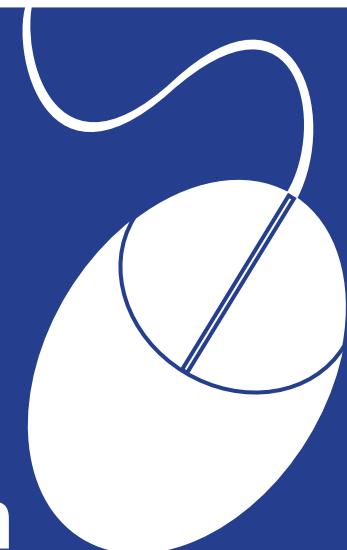
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References

1. Emma Derbyshire. The Essential Guide to Hydration. Available from: <https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf> Accessed 29th January 2018
 2. <http://iddsi.org/> Date accessed: November 2017
 3. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014.
- Date of preparation: July 2019. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



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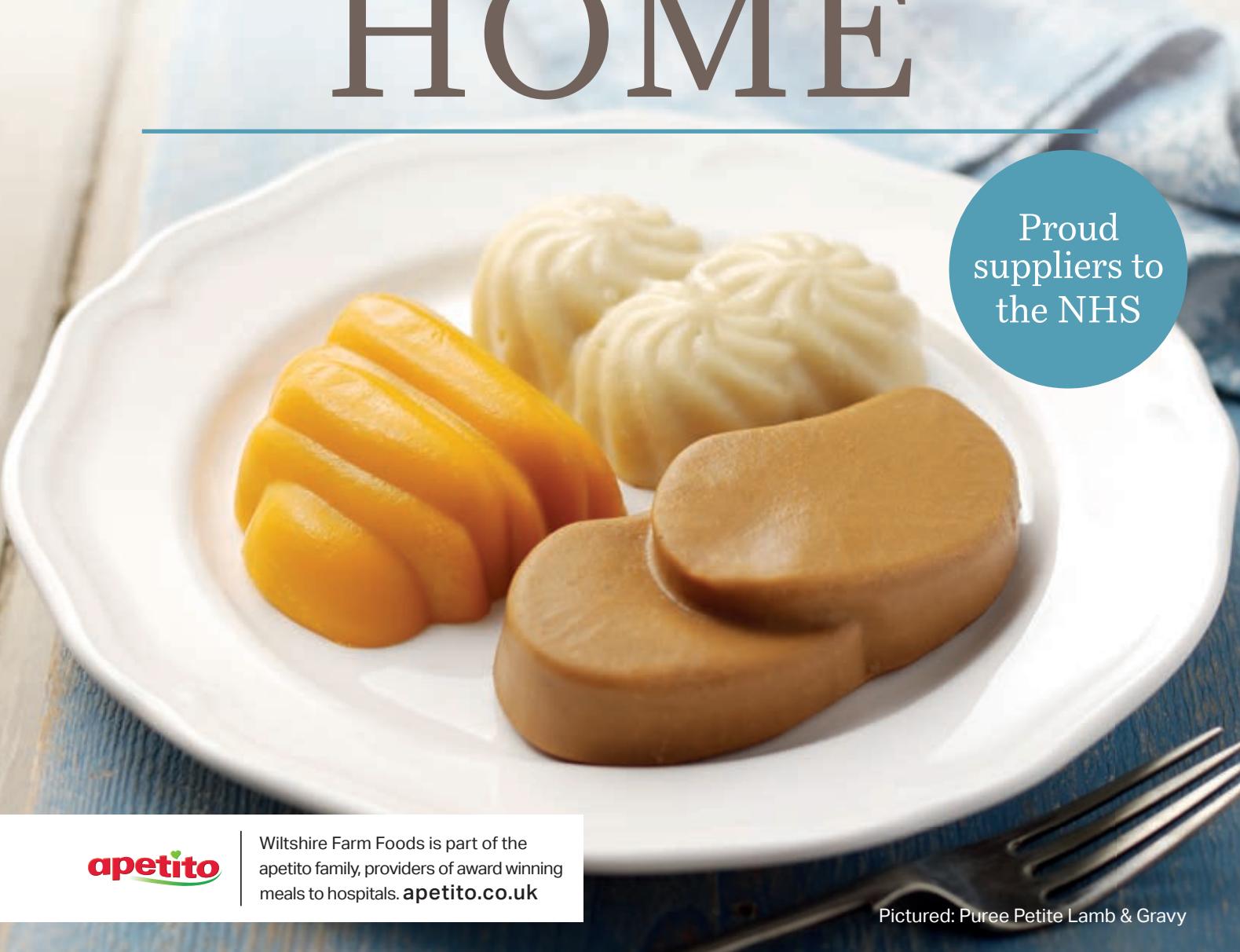
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“Early intervention and prevention is just as crucial now as it ever was”

As an SLT nearer the end of my career than the beginning, I have been fortunate to have spent most of my clinical practice working with under-5s. I was also privileged to be involved in the Sure Start initiative, which presented opportunities for thinking and working in innovative ways.

Sure Start funding enabled the NHS and local authorities to work together like never before, especially in the field of helping Early Years Practitioners (EYPs) to increase their knowledge and skills in supporting children with speech, language and communication needs (SLCN).

I was the team lead for the Peterborough NHS Early Years SLT team at the time and early intervention and prevention quickly became my passion.

With Sure Start, we had the time and funding to be able to devise new resources and opportunities for upskilling and supporting both parents and practitioners. It was exciting to see the massive impact we had on improving the life chances of children, especially those from the most deprived backgrounds, with these new approaches.

One of the challenges we found back then was that many EYPs were reporting a lack of confidence in knowing whether to refer children into our service. They were aware we were over-stretched and were concerned about making inappropriate referrals. So, we set about resurrecting a screening tool that had been devised back in the 1960s.

Joy Mance was the first SLT ever to work in Peterborough. Speech therapy was a very new profession then and health visitors had



no experience of knowing when a child needed referring. Consequently, Joy set about devising a screening tool to help them to see ‘the wood for the trees’. She called it the Teddy Bear Kit. It worked for her then and, faced with a similar problem nearly 30 years later, we asked Joy’s permission to do further research and development on her idea.

The updated version of the tool worked so well in our trials that city preschools and nurseries were invited to attend training and provided with a kit. Subsequent evaluation showed that the appropriateness of referrals improved significantly and practitioners reported increased confidence in the early identification of children at risk of SLCN. They also reported that the record form and summary sheet provided with the kit was a simple way to share information and structure sensitive conversations with parents and carers.

Sadly, government priorities inevitably changed and with the demise of Sure Start many of our initiatives ended. Funding for the Teddy Bear Kit was no longer available. I felt passionately that such a great tool shouldn’t just fade into obscurity. So, with permission, I decided to spend personal time and resources investing in ensuring it would continue to be available as a resource.

Since then, its use has expanded beyond Peterborough. Many SLTs now use it and indeed some teams are recommending that EYPs referring into their service use it to show that a referral is justified. Many schools across the country are also using it to assess the skills of all children entering reception and then to provide evidence for the EYFS profile assessment towards the end of the academic year. This latest version is called the Teddy Talk Test.

As I reflect on my career over the last 35 years, I realise that while the profession is utterly different from how it was in Joy’s day, and even when I qualified in the early 1980s, some things stand the test of time:

- Early intervention and prevention is just as crucial now as it ever was.
- Equipping fellow professionals to identify children at risk and signpost them for intervention during that critical window of opportunity in the early years is just as important as it’s ever been.

I know that Joy agrees that it has been a privilege to be part of an innovative and evolving profession and to play a part in its journey. ■

QUICK LOOK DATES

Various dates

One day courses, £130: FOTT Study Day, 14 October, 4 May 2020; Moves to Swallow, 18 November, 1 June 2020; Making the most of Mealtimes, 9 December, 13 July 2020; Therapeutic oral hygiene, 16 September, 23 March 2020. Two day courses, £625: (part 1) 18-20 May 2020; (part 2) 6-7 July 2020; (part 1) 14-16 September 2020; (part 2) 16-17 November 2020. Email: admin@arcos.org.uk; tel: 01684 576795

Various dates

Talking Mats Foundation course

8 November, Stirling; 13 December, Stirling; 27 November, Manchester; 12 November, online course; 6 December, London. Be more effective in involving people in decisions. Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511

Various dates

Elklan Total Training Package for 11-16s

18-19 November 2019, RCSLT, London; 4-5 March 2020, Holiday Inn Media City, Salford; 10-11 June 2020, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

18-19 November 2019 RCSLT, London; 7-8 January 2020, RCSLT, London; 2-3 March 2020, Holiday Inn Media City, Salford; 8-9 June 2020, RCSLT, London. Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. Cost: £495 excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

22 November 2019 RCSLT, London; 3 March 2020 Holiday Inn Media City, Salford. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

18-19 November RCSLT, London; 7-8 January 2020 RCSLT, London; 2-3 March 2020 Holiday Inn Media City, Salford; 8-9 June 2020 RCSLT, London. Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. Cost: £495 excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

20-21 November (3-5s) and 22 November (0-3s) 2019 RCSLT, London; 4-5 March (3-5s) and 6 March (0-3s) 2020 Holiday Inn Media City, Salford; 10-11 June (3-5s) and 12 June (0-3s) 2020 RCSLT, London. Equipping SLTs and EY advisors to provide accredited

training to early years staff. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Develop Narrative Language Skills – Use Imaginative Role Play

28 November, Leeds; 3 December, Birmingham. A theory into practice workshop. We'll look at research and give you free assessment tools, with ideas on how to develop narrative using imaginative play. With Lyndsey Allen, SLT (consultant in early years language development). Visit: www.thinktalklearn.co.uk/workshops; visit: www.youtube.com/c/THINKTALKandLEARN

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

2-3 March, Holiday Inn Media City, Salford; 8-9 June, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. Cost: £495 excluding 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: £495 excluding VAT.

Tel: 01208 841450.

Email: henrietta@elklan.co.uk.

Visit: www.elklan.co.uk

8-9 October, RCSLT, London

Elklan Supporting Children and Adults using AAC – Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Cost: £340 excluding 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 excluding 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: £395 excluding VAT (£100 off).

Tel: 01208 841450;

Email: henrietta@elklan.co.uk;

visit: www.elklan.co.uk

17 October, Birmingham

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

Best practice recommendations for transcription and analysis will be included. Presented by Dr Anne Hesketh formerly of Manchester University. Cost: £215. Visit: coursebeetle.co.uk/speech-interventions-oct-2019-birmingham/; email: info@coursebeetle.co.uk

October 21-23, RCSLT, London

PROMPT Level 1: Introduction to Technique

Three-day intensive workshop 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. Trains SLTs to provide tactile-kinesthetic input to support the development of speech movement. Using holistic framework participants will learn how to embed speech goals within functional communication, thus developing social interaction and language. Instructor: Justine Rhind. Register: www.promptinstitute.com/event/10421; visit: www.promptinstitute.com; email: justine@rhindspeechtherapy.co.uk; tel: 075330 81818

25-26 October, Birmingham

PODD© Communication System Introductory Training

Delivered by licenced Trainer Natalie Fitzpatrick. Relevant to all practitioners supporting children communicating via visuals. Cost: £250. Visit: coursebeetle.co.uk/podd-courses; email: info@coursebeetle.co.uk

31 October, London

Hot topics in AAC

Enabling emerging communicators to use switches, training nurses in AAC, case studies, journal reviews, and the amazing Ask Me Anything panel: a day of learning, sharing and discussion! Visit: webcollect.org.uk/aaclondon; email: rcave@rhn.org.uk

1 November, RCSLT, London

Word Aware: teaching vocabulary in primary schools

Practical whole school curriculum-based approach. Highly rated course. Suitable for teachers and SLTs to bring a colleague. Trainers: Stephen Parsons and Anna Branagan. Cost: from £120. Visit: www.thinkingtalking.co.uk/training

4-7 November, Bristol

ADOS2 Administration and Coding Course

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

7-8 November, Nottingham

FEES Training Programme with SVS training

Practical workshop series. Five-day training programme spread across a six-month period commencing November 2019.

The structure of the programme is aimed at progressing you through RCSLT competencies to perform FEES safely and effectively.

Full five-day skills workshop series £900 early-bird rate or £950 full price. Introductory level two-day course, £400 early-bird rate or £450 full price. Email: jackie.ellis@btopenworld.com; visit: www.svsassociates.co.uk

8-9 November, Midlands

TalkTools Level Two

Tactile sensory approach to improve speech/feeding. Level two develops specific therapeutic program plans to meet Oral Placement needs. Practical examples will be shown via video and live assessment sessions.

Cost: £535.

Visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

8 November, Manchester

Bilingual Children with Speech and Language Difficulties

A day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University. Cost: £215 or £190 if two book together. Visit: coursebeetle.co.uk/bilingualism-nov-2019-manchester; email: info@coursebeetle.co.uk

11-15 November, Sheffield

Advanced Dysphagia Course

Five-day course. Topics include: Critical Care, FEES, Videofluoroscopy, Laryngopharyngeal Reflux, Dementia, Respiratory Disorders, Head and Neck Cancer. Cost: £675 per delegate. Email: irene.wilson@sth.nhs.uk or irene.wilson4@nhs.net

12-15 November

Torbay and South Devon NHS Foundation Trust

Four-day full and day courses. Venue: Torbay Hospital. Cost: £150 day, full course £570, early-bird (before 10 October) £550. Day 1: setting up a FEES service; Day 2: passing a nasendoscope – theory and practice; Day 3: anatomy/ physiology of swallowing as viewed endoscopically; Day 4: case studies, practical interpretation. Email: silt.sdhct@nhs.net

14 November

Swallowing and Nutrition: Navigating Risk, Complexity and Ethical Dilemmas

This comprehensive and practical course focuses on complex ethical and risk management issues when working with people with swallowing impairments and/or difficulties achieving adequate nutrition and hydration. The course has a strong focus on multi-disciplinary team management, and is suitable for all members of the MDT. Cost: £120. Visit: bit.ly/2kLJjd

14-15 November, RCSLT, London

smILE Therapy Training Day 1 & 2

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

15 November, Birmingham

Attachment difficulties and complex trauma - impacts on SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215. Visit: bit.ly/2miDibk; email: info@coursebeetle.co.uk

18 November

SOUTH Network Day for Communication Professionals Working with People with Rett Syndrome

Open to SLTs and other communication professionals. Share case studies with colleagues, find out about low and high tech AAC for people with Rett syndrome. Supported by Rett UK. Venue: The Amadeus, Shirland Road, LONDON, W9 2JA. Cost: Free. Email: gill.townend@rettuk.org

18 November

Autobiographical Memory

Autobiographical memory impacts upon our children's long-term future success academically and emotionally. The impact upon identity, people reading, inferencing, predicting and social interactions will be drawn out. The potential to support and underpin academic progress in literacy will be

discussed and applied. Cost: £100, bring a colleague for £50. Email: susanna@earfoundation.org.uk

19 November, London

Outcome Framework and Goal Attainment Scaling (GAS)

Lecturer: Dr Sidney Chu. Learning outcomes: Define the outcome framework and provide examples of quantitative and qualitative measures which can be used at the organisation/service and families /children/client's levels. Outline the processes of collaborative goal setting underpinned by the philosophy of family/child/ client-centred care practice and team approaches. Describe the structure of GAS. Apply the Summary Score Conversion Key or the GAS Calculator to work out the standard scores before and after treatment in order to measure the effectiveness. Cost: £130. CPD: 5.5 hours.

Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

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: £495 excluding VAT.

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

20-22 November, London

It Takes Two to Talk® Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through

teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: hanen.org/itt-nov-20-2019-london

22 November, Newcastle

NORTH Network Day for Communication Professionals working with people with Rett Syndrome

Open to SLTs and other communication professionals. Share case studies with colleagues, find out about low and high tech AAC for people with Rett syndrome. Supported by Rett UK. Cost: free. Email: gill.townend@rettuk.org

27-28 November, London

Royal Brompton Upper Airway Course

For SLTs wishing to know more about the assessment and treatment of upper airway disorders (with live workshops). Only 15 places available. Lecturers: Dr Julia Selby, Dr James Hull, Mr Guri Sandhu. Cost: £350. Email: upperairway@rbht.nhs.uk

28-29 November, Kuala Lumpur, Malaysia

Elklan Total Training Package for 5-11s

Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £550 excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

4 December

Joining the dots: Hearing loss and social competency at primary school

Understanding what theory of mind

is and why it is important and has become a hot topic. Explore how children's ability to know, guess, think and feel about the world impacts on building friendships as well as accessing the curriculum. Cost: £100, bring a colleague for £50. Email: susanna@earfoundation.org.uk

6-7 December, Gatwick

Advanced Cognitive Rehabilitation Workshop: Attention & Information Processing

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

26 December

Imaginative Play

Children with hearing loss often have delayed development of symbolic and imaginative play in addition to language skills. Attend this workshop to learn about the normal development sequence and useful assessments.

Cost: £100, bring a colleague for £50. Email: susanna@earfoundation.org.uk

7-9 January, RSCLT, 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 3. Cost: £390 excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

13 February, Derby

Cervical Auscultation

Lecturer: Dr Alison Stroud. Therapists will learn the theory of Cervical Auscultation and learn 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. Cost: £130. CPD: 5.5 hours.

Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

24 April, 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. Visit: www.smiletherapytraining.com; email: info@smiletherapytraining.com

29 April-1 May

Working with Children and Young People with Voice Disorders

This course is aimed at SLTs working with voice-disordered children in a community or educational setting. Tel: 020 790526754; visit: www.ichevents.com; email: ich.events@ucl.ac.uk

To book your advert contact:

Tel: 020 7880 7668

or email:

bulletin@redactive.co.uk

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Heard any good jokes lately?

Voice Box is a UK-wide joke competition for mainstream and special primary schools.

Run by the RCSLT, the competition is aimed at building confidence, supporting children's communication skills and raising awareness that some children need additional specialist help to speak or understand what is being said to them.



The Voice Box competition in England, Scotland and Northern Ireland runs 1 October – 29 November 2019.

If you would like to get your local primary schools involved, visit: bit.ly/2XaD97n



The Voice Box competition in Wales runs 5 September - 20 December 2019.

If you would like to get your local primary schools involved, visit: bit.ly/2XaD97n