

# bulletin

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

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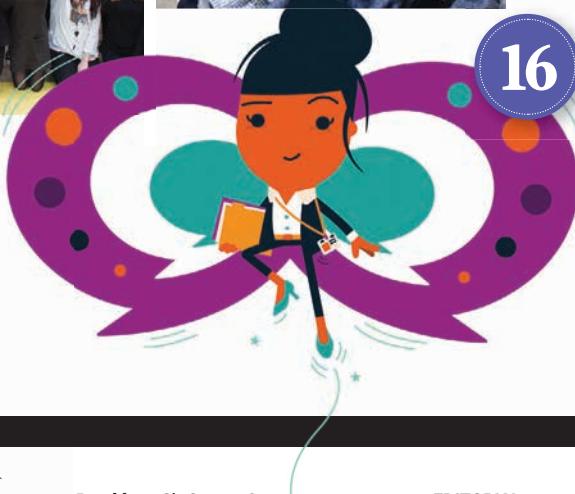
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ISSN: 1466-173X



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# Steven Harulow

EDITORIAL

## Beyond a joke

If you have ever needed confirmation that speech and language therapy has life-changing implications, may I draw your attention to the Voice Box finals that took place in London and Belfast in early March?

The RCSLT's Voice Box joke-telling competition is a fun way to draw attention to the fact that in every classroom there are children who need support to help them speak and understand what is being said to them.

Apart from being an extremely engaging way to draw attention to this important issue, the Voice Box finals demonstrate just how much children benefit from speech and language therapy. What better way to experience the enabling effects of augmentative and alternative communication than to listen to a child with profound communication difficulties sharing their very funny joke with an audience?

Although many of the children who took part in the competition have speech, language and communication needs, they took to the stage with relish and some have since enjoyed the limelight by taking part in local television and radio interviews.

On 28 April, we are hosting an evening with respected BBC journalist Nick Robinson and his SLT Julia Selby. Nick developed widely-publicised voice problems following surgery for lung cancer and the evening will focus on his battle to get his voice back. You can find out more at: <http://tinyurl.com/jzqfo6y>

### Steven Harulow

Bulletin editor

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 @rcslt\_bulletin

### Your RCSLT

#### Kathryn Moyse, RCSLT Outcomes Project Officer



Having recently joined the RCSLT's Professional Development Team, it has been fascinating to see what goes on behind the scenes. The RCSLT is constantly buzzing with activity and I had never before appreciated the number, scale and diverse range of the projects being undertaken at any one

time. As the outcomes project officer, I am in the fortunate position to be involved in a number of these, as the work on outcome measures feeds into so many strands of work underway at the RCSLT. To find out about my role and the RCSLT's work on outcomes, please get in touch.

• Email: [kathryn.moyse@rcslt.org](mailto:kathryn.moyse@rcslt.org) or visit: [www.rcslt.org/members/outcomes/outcomes](http://www.rcslt.org/members/outcomes/outcomes)

## LETTERS

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



## Intensive Interaction and PMLD

I read Juliet Goldbart's article (Bulletin, February 2016, p20) about physiological responses from people with profound and multiple learning disabilities (PMLD) with great interest.

I have been working with children and young people who are described as PMLD for many years. I feel families, practitioners and staff who take time to approach the young person through Intensive Interaction, play, music and other pre verbal interactions do gain an understanding of their emotions.

Intensive Interaction is a particular case in point for me as I find out more about this approach and advocate its use. My experiences alongside families and colleagues have given me a greater understanding of the young people and although it is an interpretation, I feel the emotional connection between people with PMLD and their carers is enhanced by the interactions made during our 'pre verbal conversations'. As is widely documented, the approach to communication with Intensive Interaction builds an ongoing relationship over time and a mutual understanding of enjoyment, fun, likes and dislikes is discovered in terms of the interaction and connections we make. I would urge practitioners and carers to find out more about Intensive Interaction if you are not already involved in this effective approach and if you already are involved to keep spreading the good practice which does allow us insight into the feelings of our clients.

**Gwyneth Terrell, Communication and Sensory Team Leader, Beacon Hill Academy**

## Parkinson's disease SLT trial

Speech and language therapy research recently secured a significant investment for a five-year randomised controlled trial relating to therapy for people with dysarthria as a consequence of Parkinson's disease (PD).

The National Institute for Health Research funding will enable therapists to compare the clinical and cost-effectiveness of two types of speech and language therapy with deferred treatment (control), and compare Lee Silverman Voice Treatment (LSVT) with NHS therapy. The information generated from the PDCOMM trial will be an invaluable evidence base to inform our treatment decisions, service provision and clinical commissioning for people with PD.

We would love to find further centres to take part. The workload is very light with six patients a year. We are looking for at least 40 sites to participate across Northern Ireland, Scotland, England and Wales. All you need is an interest in research, the ability to see patients within six weeks of referral and a physician to recruit in clinic (as the therapists have to be blind to group allocation). If your department can deliver both LSVT and standard NHS speech and language therapy please get in touch. If LSVT training or top-up LSVT training is required we are happy to discuss possible solutions.

Please contact Dr Caroline Rick, senior trial manager at the Birmingham Clinical Trials Unit. Email: [c.e.rick@bham.ac.uk](mailto:c.e.rick@bham.ac.uk) or tel: 01214 159 129 by 16 April.

**Marian Brady and Christina Smith by email**

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VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS

# News

QUICK  
LOOK  
DATES »



RCSLT evening with  
Nick Robinson



Next closing date for  
RCSLT minor grants



Closing date for the  
2016 RCSLT honours  
awards

## Voicebox reaches new heights

*Did you hear the one  
about the children who  
had the politicians  
rolling in the aisles  
in Westminster and  
Stormont?*

Schoolchildren from across the UK took part in the latest instalment of the RCSLT's Voice Box joke-telling competition at the Speaker's House in London and Stormont in Belfast, on 2 and 7 March respectively.

In London, 20 primary school children, parents and teachers from across England, Scotland and Wales joined MPs and peers, the RCSLT and The Communication Trust (TCT) at the second Voice Box final. The finalists had previously beaten their classmates to become eligible for the final competition.

TJ Ball, age 10, who attends Parklands Primary School in Leeds, took the main prize, an iPad mini that he intends to use to join the mass ranks on Twitter. After winning, TJ said he had changed his mind about being a builder when he grows up, "I want to be a comedian now and I'd like to take part in a world joke-telling championship."

Some of the children's local MPs were on hand on



TJ Ball wins in London (with Nick Smith MP); right, Voice Box Champion Lily Barlow in Belfast



the day to support them. Richard Burdon, MP for Leeds East, who attended the event, said, "I am very pleased to support two pupils from Leeds today at Voice Box – TJ from Parklands Primary School and Abigail O'Neill from Seacroft Grange Primary School. The event has demonstrated how communication skills help children to have the best start in life. Public speaking is a part of my daily life and as such I fully appreciate the work teachers and SLTs do to help children to communicate as well as possible."

**Now in its fourth year in Northern Ireland**, Voice Box goes from strength to strength. More than 2,000 pupils entered this year – all submitting their best joke – with 20 finalists invited to Stormont to give

a personal performance before a panel of judges and MLAs.

Seven-year-old Lily Barlow from Glencraig Integrated Primary School in Holywood took home the coveted prize of Voice Box Champion after telling her joke about an inflatable school.

The RCSLT's Voice Box joke-telling competition has a serious message to highlight the importance of communication. It aims to remind people that there are children in every classroom who need support to help them speak and understand what is being said to them.

◎ For more information, visit:  
<http://givingvoiceuk.org> or search for #VoiceBox and #voiceboxni

NEWS  
IN BRIEF

**NHS England** will fund hospitals and other providers of NHS care to improve the support they offer to health staff to stay healthy. Initiatives will include offering access to workplace physiotherapy and healthy workplace options; an annual NHS staff survey; provision of healthy food options; and removal of adverts and checkout displays of unhealthy food from NHS premises.

◎ Visit: <http://tinyurl.com/hwfchuz>

**The next deadline** for the RCSLT Minor grants is 22 June 2016. We award grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences, specialised training, publishing research, research into speech and language therapy, and the purchase of specified equipment and/or books.

◎ Visit: <http://tinyurl.com/nn488gu>

**The March-April edition** of the RCSLT Research Newsletter is available online. Find out more about the latest opportunities to contribute to current research, useful evidence-based practice, audit and research resources with special focus on patient and public involvement, and a bumper collection of research funding opportunities.

◎ Visit: <http://tinyurl.com/ah76awl>

**The WellChild awards** have opened nominations for 2016. The annual event celebrates the inspirational qualities of the UK's seriously ill children and young people, and the dedication of the professionals who make a real difference to their lives. Categories for nominations include inspirational child or young person, health team and outstanding professional award. Closing date, 2 May.

◎ Visit: [www.wellchild.org.uk](http://www.wellchild.org.uk)

# News



Lorraine Bridges @L\_BridgesCOT

Feb 24 Croydon, England

Just bagged ticket for @RCSLT evening with @bbcnickrobinson missed Nick from my screen, can't wait to see him 'in action' and support AHPs

Roganie Govender

@GovenderRoganie

Congratulations to @justinroe for winning the head and neck cancer alliance award at #DRS2016

## Spend an evening with Nick Robinson

*Join the veteran TV and radio journalist as he shares insights into the battle to get his voice back after cancer surgery*

For one night only, British journalist, author and presenter of BBC Radio 4's Today programme, Nick Robinson, will appear in front of a live audience to share stories about his career as a broadcaster and his personal battle to regain his voice following lung cancer.

Hosted by the RCSLT, An evening with Nick Robinson: The battle to get my voice back, will take place on Thursday, 28 April (6.30pm - 9.30pm) at America Square

Conference Centre, London EC3N 2LB.

Nick will be joined on stage by his SLT, Julia Selby, and together they will provide a unique insight into how they worked to get his voice back in shape and ready to go 'on-air' following months of illness.

They will demonstrate a variety of voice techniques that helped Nick get through a very long election night broadcast on 7 May last year, as well as sharing anecdotes of broadcasts in front of Number 10 Downing



Street and his more recent presenting spot on BBC Radio 4's Today programme.

As well as providing an intimate portrayal of Nick's long and often emotional road to recovery, the evening promises to be both entertaining and enlightening.

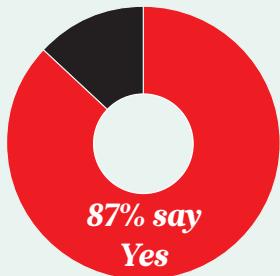
Tickets for this event are priced at £15 and are available to order from <http://bit.ly/1otl82w>. This is a not-for-profit event. Any funds raised through ticket sales will cover event costs and any surplus funds thereafter will be donated to the Macmillan cancer charity.

RCSLT Web Poll  
Have your say...



## RCSLT honours awards 2016

Do you work more hours than you are paid for?



VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG)

Since 1945, the annual RCSLT honours awards have acknowledged the achievements of our members and those who have contributed outstanding services to speech and language therapy. The nomination process is simple to complete, so why not put forward one of your colleagues for one of the four categories available?

Fellowship Awards acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship in the context of research and publishing, teaching, clinical expertise and management.

Honorary Fellowships acknowledge and honour non-SLTs and SLTs from overseas who



RCSLT Fellowship award winner 2015, Annie Elias, with RCSLT President Sir George Cox

have contributed outstanding services to speech and language therapy, and for the benefit of those with communication disability.

The £1,000 annual Sternberg Award for Clinical Innovation is for innovative work that is new to a location and of demonstrable benefit to clients, the service and the profession. The work should have been in existence for at least six months and started within the previous three years.

Nominations close on 23 June 2016. To nominate someone you must be a certified RCSLT member.

For more information, visit: [www.rcslt.org/about/honours/RCSLT\\_honours](http://www.rcslt.org/about/honours/RCSLT_honours) or email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel: 0207 378 3007.

**victoria joffe @vjoffe**

Interested in becoming a clinical academic? See new guide for aspiring academics & managers  
<http://tinyurl.com/jl2ljn4...>  
@RCSLT @WeAHPs @SLPeeps

**RCSLT @RCSLT**

@RadioTimes is searching for the best voice on the airwaves. Our favourite would have to be  
@bbcnickrobinson  
[bit.ly/1oHt9Rq](http://bit.ly/1oHt9Rq) @RCSLT

**KAMINI GADHOK**

# Salford SLTs give voice to local MP

Speech and language therapists from Salford Royal NHS Foundation Trust were busy Giving Voice on 26 February during a visit by MP for Salford and Eccles, Rebecca Long-Bailey.

The event involved a presentation from three of our SLTs and service users told their stories. Speech bubbles were also on display with written feedback from previous patients about how speech therapy had helped them. We maximised the opportunity and invited the service improvement lead from the clinical commissioning group and the divisional director of nursing to further raise awareness of the service.

All reported having learned a great deal about speech and language therapy, and the impact it can have

on people's lives. Rebecca reported feeling privileged to have learnt more about speech and language therapy, and promised to use her experience in Parliament when opportunities arise.

When initially thinking about Giving Voice we were unsure if we had enough time to dedicate to planning such an event. However, with increasing demands for the service, we realised there would never actually be 'a good time' and this was the actual reason we needed to do something for 'Giving Voice'.

We recommend every service celebrates what they do and utilises opportunities to raise the profile of their profession.

**Laura O'Shea, Naomi Sirkett and Nikki Clark, SLTs**



Rebecca Long-Bailey (second from left) feels privileged to have learnt more about speech and language therapy

## AAC services explained

NHS England has published a new guide on how augmentative and alternative communication (AAC) services are organised, "with the aim of improving access to these services for all patients – children and adults".

With AAC services helping people to communicate as effectively as possible when their communication is impaired, the guide is aimed at anyone with an interest in how the services are provided.

The guide describes how the commissioning of AAC services is organised between 'local' and 'specialised' services, details what those services offer and outlines the criteria for referral. It also looks at the Special Educational Needs and Disability (SEND) Code of Practice 2014, in the context of joint commissioning of AAC services and the inclusion of local AAC provision within the 'Local Offer'.

Visit: <http://tinyurl.com/hgdbd34>



## VOICE BOX INSPIRATION

It was a real privilege to be able to judge the RCSLT's Voice Box final at Mr Speaker's House in Westminster on 2 March. This was the second joke-telling event we have held in London and as with the 2014 final it was a marvellous day for all those present.

From the excited and inspirational children, and their anxious parents and teachers, to the seasoned MPs and peers, the attendees all had an amazing afternoon of fun while promoting a serious issue.

The aim of Voice Box is to remind people that in every classroom there are children who need support to help them speak and understand what is being said to them. It is another way to raise awareness of the fact that speech, language and communication difficulties are the most common type of special education need in four- to 11-year-old children. I know that the event has created a lot of media activity and at the time of writing local radio and TV stations and newspapers are set to interview many of the young finalists.

I would like to take this opportunity to thank RCSLT Vice President and Speaker of The House of Commons John Bercow MP for hosting the event once again. I would also like to thank Nick Smith, MP for Blaenau Gwent, for his excellent skills as a children's compere. My fellow judges – The Communication Trust's new director Olivia Holland, children's author and illustrator Gary Northfield, and last year's Voice Box winner Jack Johnson – all deserve a special mention for helping to make the day such a great success.

Although TJ Ball, who attends Parklands Primary School in Leeds, won the top prize of an iPad mini, every one of the finalists was a winner. It was a brilliant afternoon all round and TJ and his fellow finalists were absolutely inspiring to us all. ■

**Kamini Gadrok, MBE, RCSLT Chief Executive.**  
Email: [kamini.gadrok@rslt.org](mailto:kamini.gadrok@rslt.org)

## Developing a professional community in Glasgow and Clyde

*More than one in five of Scotland's SLTs get together to take the profession forward*

More than 20% of the SLTs employed in Scotland came together on 20 January 2016 to discuss their common purpose, shared challenges and service aspirations.

The 209 delegates represented the 250+ SLTs and support workers working in the Greater Glasgow and Clyde area (NHS GG&C) – the largest single group of SLTs employed by one organisation in the UK. The event also welcomed a small number of SLT staff employed by the third sector in the NHS GG&C Board area.

Clinical Service Manager for Acute Adult Services Catherine Dunnet and Professional Lead for Paediatric and Adult Community Services Kirsty Smart had the vision to develop a community of practice facilitated by bringing this large body of staff together.

Organised and generously



funded by the Nancy Maxwell Bequest, the event aimed to raise awareness and understanding of the complexity of the roles and functions of the various SLT teams within NHS GG&C, outline the patient pathways and associated risks, establish the core purpose and values of the professional community, and provide an opportunity to share experiences.

Strathclyde University

presented research that identified the multiple transitions in the patient journey between SLT teams in such a large and complex health, education and social care setting. This set the context for the event and emphasised the need for a collaborative professional community.

NHS Greater Glasgow and Clyde Organisational Development staff facilitated

delegates to discuss their aspirations for the community and produce a core purpose statement. Key aspirational themes emerged, which included improved links, communication, processes and terminology to further develop a quality patient service, based on best practice and to contribute to the national evidence base.

The second part of the event focused on determining the core values and culture of the proposed 'professional community' and featured a session dedicated to managing and prioritising tasks at work. There was a huge amount of positive energy and feedback, captured in the post-event evaluation. Work is now underway to derive an action plan to take the community forward.

SHUTTERSTOCK

### RCSLT online resource of the month

#### RCSLT webinars

The RCSLT hosts regular webinars covering a range of topics affecting the speech and language therapy profession. You can take part in 'live' webinars by registering and asking questions or you can watch recordings after the event, along with speakers' notes, transcripts and presentations.

• Visit: [www.rcslt.org/news/webinars/rcls\\_t\\_webinars](http://www.rcslt.org/news/webinars/rcls_t_webinars)



## Celebrating cochlear implants

The 21 Cochlear implant centres in the UK and Ireland joined with Cochlear Europe Ltd, The Ear Foundation, Action on Hearing Loss and other hearing loss charities in celebrating the first International Cochlear Implant Day on 25 February.

The celebrations focused on how this technology has changed the lives of individuals who have severe to profound hearing loss. They featured stories of people who have recently been implanted, who describe their cochlear implant as 'a gift', 'a miracle' and 'life changing'.

Around 10,000 people in the UK have a cochlear implant, including children who generally have two. However, fewer than 10% of adults who are severely or profoundly deaf and who would qualify for a cochlear implant on the NHS have one.

"There are a significant number of adults over the age of 65 whose hearing aids are no longer



Cochlear Europe staff celebrate International Cochlear Implant Day on 25 February

sufficient. For these patients, cochlear implants may provide good outcomes in terms of hearing, self-confidence, autonomy and all round quality of life, regardless of age", says Mariska Leighton, Cochlear Marketing Manager UK, Ireland and South Africa.

**£1,000**

available in the form of the Sternberg Award for Clinical Innovation

**40.1%**

of LGBT young people consider themselves to have mental ill health

## Five days to prepare for SEN inspections

From May 2016, Ofsted and the Care Quality Commission (CQC) will assess how well nurseries, schools, colleges and health and care services identify and meet the needs of, and improve outcomes for, children with special educational needs (SEN).

Inspectors from Ofsted and the CQC will assess how effectively local areas are fulfilling their obligations towards children and young people with SEN. Inspections will also evaluate how well they provide services to meet these needs, in nurseries, schools or further education colleges, and through specialist services, such as speech and language therapy, physiotherapy and mental health services.

The inspection reports will also highlight particular strengths and good practice in local areas to encourage other areas to model similar practices. These evaluations will also include children's and young people's progress towards



their next stage of education or employment.

According to Children and Young People Now, Ofsted will extend the notice period for assessments of SEN provision from the two days originally planned to five days. The inspectorates said the move will "ensure all partners, especially young people, parents and carers, have ample opportunity to offer their views about local education, health and social care services, and fully engage in the inspection".

## Applying innovation to long-term care

Older patients and people with long-term conditions and mental health problems will be among the first to benefit from a major new drive to modernise how the NHS delivers care, according to NHS England Chief Executive Simon Stevens.

NHS Innovation 'Test Beds' – collaborations with innovators, including Verily (formerly Google Life Sciences), IBM and Philips – will aim to harness technology to address some of the most complex issues facing patients and the health service.

Seven areas will evaluate the use of novel combinations of interconnected devices, such as wearable monitors, data analysis and ways of working that will help patients stay well and monitor their conditions themselves at home. Successful innovations will be available for other parts of the country to adopt and adapt.

The plans include an online tool for people in North East London with dementia, a social network app that offers peer-to-peer support safely online with guidance, and a device that assesses falls risk and mobility. A collaboration between Surrey and Borders Partnership NHS Foundation Trust and health technology providers will help people with dementia to live in their own homes for longer.

Visit: <http://tinyurl.com/z37qtzg>



**Derek Munn**

COLUMN

## UNDER THE INFLUENCE

The Scottish Parliament has recently passed new rules on lobbying and the word continues to carry connotations. Given that influencing – to use its Sunday name – is what the RSLT's Policy and Public Affairs Team is all about, here are some stories of how lobbying works for us.

First, you build the relationships. The recent Voice Box joke competitions for schools in the Speaker's House at Westminster and the Northern Ireland Assembly at Stormont allowed us to reach dozens of parliamentarians, establishing a positive image and awareness of speech and language therapy. 'My Journey My Voice', the photography and audio exhibition of service user stories in Stormont last autumn had the same effect.

Second, you make it local. Politicians rightly owe their first loyalty to their electors on the ground. An excellent recent example is the speech and language therapy team in Salford who took to their MP a presentation filled with local figures, service user stories and using the Giving Voice brand and colours – really powerful.

Third, you take chances when they arise. Some might think that watching the Parliament Channel for fun is something to be pitied, but when we spotted Baroness Hollins – well-known in the learning disability field – speaking in a House of Lords debate on communication needs, our ears pricked up.

Following up on this led to regulations that will include communication needs in medical records, and through a new relationship with the information governance sector, innovations such as the use of the NHS number in pre-school and school settings.

Last, you close the deal – and for this, there is nothing more powerful than the experience of service users. It was Clodagh Dunlop – a service user from Northern Ireland, unable to communicate initially following a stroke – whose story helped convince NI Assembly members to include communication in new mental capacity legislation. A good influence to have. ■

*"Some might think that watching the Parliament Channel for fun is something to be pitied"*

## UoM students stand out from the crowd

The University of Manchester's (UoM's) Speech and Language Therapy Peer Assisted Study Scheme (PASS) has won the university's award for 'PASS Scheme of the Year 2015'.

Completely student-led and driven, PASS is a pioneering programme that aims to offer support to fellow students in identified challenging modules. Each PASS is organised and run by PASS leaders from higher years, with support from SLT student coordinators and the teaching and learning support office. Leaders learn facilitation techniques, allowing them to deliver fun and interactive sessions – a prime example being the end-of-year PASS 'Anatomy and Physiology University Challenge', designed to consolidate first-year students' knowledge around this notoriously difficult module.

The award is an accolade we are all



From left: Cassandra and Natalie with their 'PASS Scheme of the Year Award'

extremely proud of, demonstrating students' commitment to excellence and willingness to drive the scheme forward. As one of the smaller of the 27 schemes, we definitely punch above our weight.

However, PASS at UoM is not just for the academic world. The skills developed and enhanced within

training and the delivery of sessions, enables students to develop as clinicians and become engaged and active members of a multidisciplinary team. The scheme provides upcoming SLTs, who have attended or facilitated PASS groups, with the confidence and ability to partake and develop such networks, as well as a commitment to continuing professional development.

**Cassandra Foxcroft and Natalie Wilding, Year 4 SLT PASS Student Coordinators**

## Latest minor grant deadlines

The RCSLT has unveiled the 2016–2017 deadlines for its popular minor grants, so make a date in your diary for 22 June and 21 September 2016, and 22 February 2017.

We award grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences; conference fees; specialised training, particularly short courses; academic publications, such as publishing of research; research into speech and language therapy; and the purchase of specified equipment and/or books

(normally to a maximum of £100). We will consider other purposes on their merits.

Over the past years, grant recipients have used their money to help attend conferences as far away as San Jose and Pittsburgh in America, and Pune in India. Nearer to home, members have used the financial assistance to attend RCSLT and other national conferences. Grants have also contributed towards master level modules, post-registration dysphagia courses and specialist short courses.

Visit: <http://tinyurl.com/nn488gu>

### Involving children and young people with SLCN

The Communication Trust has launched 'Involving children and young people with SLCN – A toolkit for education settings'. The online toolkit supports staff working in education settings to help them understand, review and shape their approach to involving children and young people as part of everyday good practice. It contains information and guidance about what practitioners are required to do by the 2014 Special Educational Needs and Disability Code of Practice 0–25 around involving children and young people. It also includes a way to review current practice as well as practical activities, approaches and signposting to tools that can be used across a whole setting to make systemic changes, promoting personalised, meaningful involvement of children and young people with SLCN at varying levels an integrated way of practice.

Visit: [www.thecommunicationtrust.org.uk/involve](http://www.thecommunicationtrust.org.uk/involve)

### Upper aerodigestive tract cancer guidelines from NICE

The management of cancer of the upper aerodigestive tract is the subject of National Institute of Health and Clinical Excellence (NICE) clinical guidelines published in February 2016. The 56 guidelines complement the 2004 NICE Improving Outcomes Guidelines and aim to reduce regional variation and improve survival using evidence-based practice. They attempt to address some of the unanswered clinical questions that multidisciplinary teams face in the management of people with a diagnosis of head and neck cancer, based on themes that were identified at stakeholder meetings in Autumn 2013. Recommendations include patient information needs, rehabilitation and treatment options, investigations, follow up protocols and five research ideas.

Visit: [www.nice.org.uk/guidance/ng36](http://www.nice.org.uk/guidance/ng36)

### New training database microsite

The What Works training database will soon have its own microsite. It will seek to bring together evaluated speech, language and communication training programmes to enable professionals to find out more about their evidence. The team welcome submissions – details on criteria and how to submit are available at: [www.thecommunicationtrust.org.uk/whatworks](http://www.thecommunicationtrust.org.uk/whatworks). Although the training database was developed from the What Works intervention database, the level of evidence and evaluation required is different. The moderating process also differs, because submissions will only be reviewed by one member of the moderating group and will not be taken to group meetings, so there will be no deadline for submitting programmes. According to The Communication Trust, inclusion on the site does not constitute an endorsement from the moderating group.

If you have any queries email: [enquiries@thecommunicationtrust.org.uk](mailto:enquiries@thecommunicationtrust.org.uk)

# Opinion

**Emma Lang and Laura Lennox suggest SLTs should break down barriers within their own practice and services to ensure people who are LGBT receive equal treatment**

## Our LGBT charter of rights journey



ILLUSTRATION Trina Dalziel

The NHS Dumfries and Galloway Adult Speech and Language Therapy Service is working towards attaining a lesbian, gay, bisexual and transgender (LGBT) charter of rights. This involves continuing to evidence that our service is fully accessible and inclusive to the LGBT community.

Knowledge and acceptance of members of the LGBT community is of high relevance to SLTs. Kelly and Robinson (2011) found that only 35% and 43% of individuals within the LGBT community seeking services for language and speech

impairments respectively disclosed their sexual orientation to their clinician; despite most feeling this would be important in relation to their therapy. The most common reason was that individuals did not want to be perceived negatively by their clinicians.

Hancock and Haskin (2015) found therapists reported being comfortable with working with members of the LGBT community; however, admitted to having low cultural knowledge regarding the LGBT population. There is, therefore, a need to improve cultural competence to meet the needs

of the LGBT population who access our services.

The charter of rights is a programme by LGBT Youth Scotland and is a means for organisations to change their policies and practice to work towards a fairer and inclusive society for people who are LGBT. Our entire team attended a full day's training that focused on health and wellbeing specifically, based on the LGBT Life in Scotland: Health Report (2012). We learned that 56.5% of LGBT young people (13–25 years) feel safe and supported by the NHS in terms of their sexual orientation or gender identity. Women within the LGBT population (43.1%) and transgender young people (48.1%) are less likely to feel supported by the NHS. What really stood out is the fact that 40.1% of LGBT young people consider themselves to have mental ill health.

We have changed all our correspondence and the way we gain information about an individual's communication partners to be non-gender specific. We have also liaised with our local Chest Heart and Stroke Scotland representative to ensure service users in their communication groups gain information about LGBT support groups and services. Our local 'Powerful Voices Together' group – for adults with a learning disability who commune to discuss making their community more inclusive – also provided us with feedback regarding how we could make changes to our healthcare passport for adults with learning disabilities to include information on sexual orientation and gender identity.

Members of our team volunteered to be 'LGBT champions' to meet regularly and discuss changes we should take to make our service more inclusive to members of the LGBT community. In liaison

with our NHS board's equality and diversity officer, we have looked at areas, such as our policy, practice, materials and resources in relation to all of the nine protected characteristics from the Equality Act (2010), of which sexual orientation and gender reassignment are included. We have impact assessed our staff handbook with the addition of a transgender and confidentiality policy, because we have learned that confidentiality is considered a more proportionate response to the extreme levels of discrimination experienced as a result of gender reassignment.

We now provide a feedback form for service users who are able to complete one. This specifically requests information on the nine protected characteristics and allows us to monitor all our service users and evaluate if we need to make further changes to our service.

The charter of rights has been invaluable in helping us take steps to make our service inclusive to all. As service deliverers, each team member has a responsibility to identify and break down barriers within our own practice. ■



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Stonewall: [www.stonewall.org.uk](http://www.stonewall.org.uk)  
Transgender Alliance: [www.scottishtrans.org](http://www.scottishtrans.org)



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# A question of intensity

**Amit Kulkarni and colleagues ask: how intensive do language groups in early years need to be?**

ILLUSTRATION BY Matt Herring

Previous research on early years language groups running in Lambeth has suggested that for children with the most serious language impairments, an intensive level of intervention was required before significant changes were observed (Gallagher and Chiat, 2009).

It compared the impact of an intensive language group with a less intensive nursery-based group and a no intervention (waiting) group. The project concluded that the intensive group was significantly more effective than both other groups in terms of comprehension of grammar, comprehension of vocabulary, expressive language and expressive vocabulary. The study indicated there was no significant difference between the nursery-based group and the no intervention group on most measures. While further evidence is required before we can generalise the results, this suggests we need to consider seriously our language group models. Should we be focusing on more intensive input if we want to make a genuine difference? How can we do this when caseloads are already bulging?

These were the questions we wrestled with in our early years team. The original group ran for four hours over 24 weeks. Financial pressures meant we were no longer able to provide this amount of intervention and with pressure mounting to discontinue the group we set up a follow-up service evaluation project to see whether it could still be effective at a lower

'dosage'. This second project would assess the effectiveness of an adapted version of the same intensive intervention that would now run for three hours over eight weeks: a significantly lower dosage than the original group, but still more intensive than most community groups.

## Group members

Candidates had significant difficulties in at least four out of five areas of language: vocabulary and word knowledge, grammar and morphology, narrative and expository discourse, play and conversational discourse, and verbal memory. This meant scores of two or more standard deviations below the average range on standardised assessment. If standardised assessment was not appropriate, we required clear evidence from more informal measures, such as language samples.

Candidates had already received some

*"We must treat conclusions about the impact on expressive vocabulary with caution"*

form of parental input, eg parent-child interaction and a community-based language group, but had continued to present with significant language difficulties. They were between 3:6 to five-years-old, had non-verbal cognitive scores within the average range and no other neurodevelopmental or sensory impairments. Based upon this criteria, we offered six children a place in the group.

## Group structure

The group followed a standard format as defined by the previous project but adapted for the shorter session:

- Introduction: 'Hello' song.
- Story activity: 'Interactive storytelling' approach, use of 'Blanks level questions'.
- Sentence building activity: 'Colourful semantics' approach, group split into three pairs to work on differentiated targets.
- Vocabulary activity: eg matching and choosing games.
- Recycling activities: free play with topic-related toys, lunch, craft activity, songs, story retell.
- Conclusion: 'Goodbye' song.

Underpinning the group was the idea of introducing language targets during the book-based activity, focusing on these targets during highly structured activities, such as sentence building, then targeting them again during more spontaneous and/or functional activities, eg free play, lunch activity, craft activity.

We also aimed to maintain a focus on other evidence-based intervention strategies: recasting, modelling and elicited imitation. Although we no longer had two specialist SLTs running the group, we maintained a one-to-two adult-child ratio by using a highly specialist SLT, an SLT assistant and an SLT student. This allowed us to set individual targets and run differentiated activities for individuals or subgroups.

## Assessing the group

We used the following assessments to remain faithful to the original project:

- Renfrew Action Picture Test (RAPT) (Renfrew, 1997).
  - Renfrew Test of Word Finding (TOWF) (Renfrew, 1995).
  - The British Picture Vocabulary Scales (BPVS) (Dunn et al, 2009).
- We also used the FOCUS assessment (Thomas-Stonell et al, 2012) to measure parent perceptions of progress and developed a verb-argument assessment (VAA) to provide detailed analysis of the

» children's sentence structure. To minimise bias, students from Greenwich-Medway University carried out blind assessment throughout the project.

We began by carrying out a baseline assessment to monitor whether language levels were stable (ie six weeks, with no significant change in assessment scores) and repeated the assessments post-intervention to monitor change over the therapy period. Finally, we carried out maintenance assessment six weeks after the groups to see if any changes were maintained. We analysed pre and post results using a paired T-test.

## Results and implications

Table one shows change in the average raw scores over the baseline and intervention periods. Unfortunately, we could not use data from the maintenance period because we were unable to assess all the children at this time point. Neither could we use incomplete data from the FOCUS. Change over the baseline period was not statistically significant ( $p > 0.05$ ) on any of the tests. Over the intervention period, change was statistically significant on the BPVS ( $p = 0.042$ ), RAPT information ( $p = 0.004$ ) and TOWF ( $p = 0.003$ ).

Overall, our small-scale project suggests intervention can still be effective for receptive vocabulary, expressive vocabulary and expressive language skills, even at this lower 'dosage' because change over the intervention period was statistically and clinically significant in all these areas. In addition, change was not significant over the baseline period on any test.

However, we must treat conclusions about the impact on expressive vocabulary with caution. For the five children we managed to assess on the maintenance assessment, the average change was the same over the intervention and maintenance periods. While this may suggest the intervention had kick started the development of expressive vocabulary, it may also suggest the group's

## "Conclusions around the impact on expressive grammar were mixed"

expressive vocabulary skills were not actually stable, reducing the probability that the change seen over the intervention period was due to the therapy.

Conclusions around the impact on expressive grammar were mixed. While scores improved on the RAPT grammar, they had improved by the same amount over the baseline period. Again, this suggests our children's skills in this area were not stable and change cannot be ascribed to the therapy alone. On the VAA, scores improved by what appears to be a clinically significant amount after intervention (on average, children used 0.45 arguments per sentence extra following intervention). However, this change was not significant statistically. Perhaps we should expect the unclear results in expressive grammar, since change in this area was not significant even in the Gallagher and Chiat study.

We recognise that our conclusions need to be treated with caution because of the small group size, the lack of data from all participants on all maintenance assessments and the need to confirm that group scores were normally distributed and variances equal. Further investigation with larger groups would benefit from comparing change against a typical (less-intensive) community language group and a waiting control group, as was the case in the original project.

## Group reflections

We felt the following factors may have contributed to positive results:

- A highly-specialist SLT to lead the group.
- Individual targets and differentiation of activities within the group.
- Practical activities to maximise opportunities to model, use and re-use language targets.
- Maintaining a focus on evidence-based intervention strategies (recasting, modelling, elicited imitation).
- Weekly communication with parents and provision of homework.
- Transport to the group to minimise non-attendance rates.

We reported to our service manager that this reduced, but still intensive level of support seemed to make a difference to many areas of our children's language. The group has now been recommissioned and the children on our caseloads with the most significant language impairments continue to receive this more intensive package of care. ■

**Amit Kulkarni, Charlotte Godden, Izabela Czyzewska, Emma Shaunessey and Kerri Morgan. Evelina Children and Young People's Community Speech and Language Therapy**

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**Table one: Mean assessment raw scores over baseline and intervention periods**

Assessment	Assessment 1 (baseline)	Assessment 2 (end of baseline / pre-intervention)	Assessment 3 (post- intervention)	Change in mean raw score over baseline (no intervention)	Change in mean raw score over intervention
<b>BPVS</b>	43.17	44	53.8	0.8	7.8*
<b>RAPT I</b>	14	14.6	18.7	0.6	4.1*
<b>RAPT G</b>	7.3	10.4	13.5	3.1	3.1
<b>TOWF</b>	15.2	16.7	24.2	1.5	7.5*
<b>VAA</b>	44.2	47	55.9	2.8	8.9

\*  $p < 0.05$

# This month's resources reviewed and rated by Bulletin's reviewers

# Reviews

## BOOK

### Children's intonation

**AUTHORS:** Bill Wells and Joy Stackhouse  
**PUBLISHER:** John Wiley & Sons Ltd  
**PRICE:** £39.99  
**REVIEWER:** Monica Bray, Senior Lecturer, Leeds Beckett University; Consultant SLT for Education Centre for Children with Down Syndrome

**RATING** Book

The area of intonation is rarely addressed in speech and language therapy and this is why this book is so important for SLT students, and for therapists who work with children and with adults with speech and language difficulties.

Wells and Stackhouse take the reader step-by-step through the structure of intonation, and show how to transcribe and analyse talk-in-interaction. The development of intonation from infancy to the school years is then set out with a critical look at current research. The final chapters show the authors' own 'Intonation in interaction profile', their 'Developmental phase model' and their 'Interactional processing model for intonation' being used for children with a range of speech and language difficulties.

Each chapter is clearly structured, and provides transcribed excerpts from parent-child or child-child talk (often illuminated by recorded data on the authors' website), which are then analysed and profiled; enabling the reader to identify the nature of potential intonation difficulties, and to interpret these as a starting point for planning possible intervention. I recommend this book as a valuable resource.

## BOOK

### Can't talk? Want to talk!

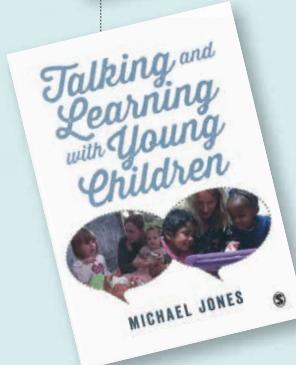
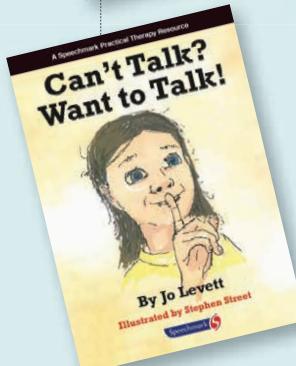
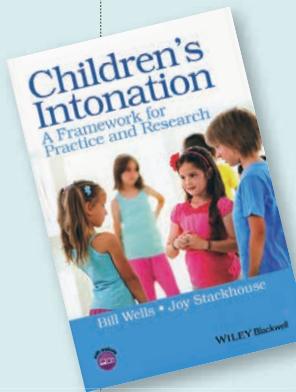
**AUTHOR:** Jo Levett  
**PUBLISHER:** Speechmark Publishing Ltd  
**PRICE:** £18.99  
**REVIEWER:** Alison Hatton, Paediatric SLT, Black Country Partnership NHS Foundation

**RATING** Book

This resource is aimed at parents, friends and teachers of children with selective mutism; to be used as a therapy tool to help raise awareness and understand why these children are unable to talk in specific settings; and to explore strategies that may help reduce their anxiety around speaking.

It includes a short, illustrated story through the eyes of a young child with selective mutism going about her everyday life. This is followed by some brief definitions, facts, figures and information to help inform about selective mutism. Advice is offered for friends, parents and teachers about how they can help. Finally, there are links to more information.

The simplicity of this resource ensures it is easily accessible to its intended audience. The voice of the child is clearly an important focal point. However, it is worth considering the child's language level as the narrative may be too advanced for those with communication difficulties. For therapists it is a worthy resource to signpost people to or use as a handy tool to open up a dialogue around this commonly misunderstood difficulty.



## BOOK

### Talking and learning with young children

**AUTHOR:** Michael Jones  
**PUBLISHER:** Sage Publications  
**PRICE:** £22.99  
**REVIEWER:** Louise Coigley, Independent SLT, Director, Lis'n Tell

**RATING** Book

I enjoyed reading this book, which stems from the author's central involvement as an early language consultant in the Every Child a Talker project. He writes in a lively, accessible style and skilfully weaves vignettes of case studies with accounts of conversations between children and adults, quotes and insights from other books, articles and research.

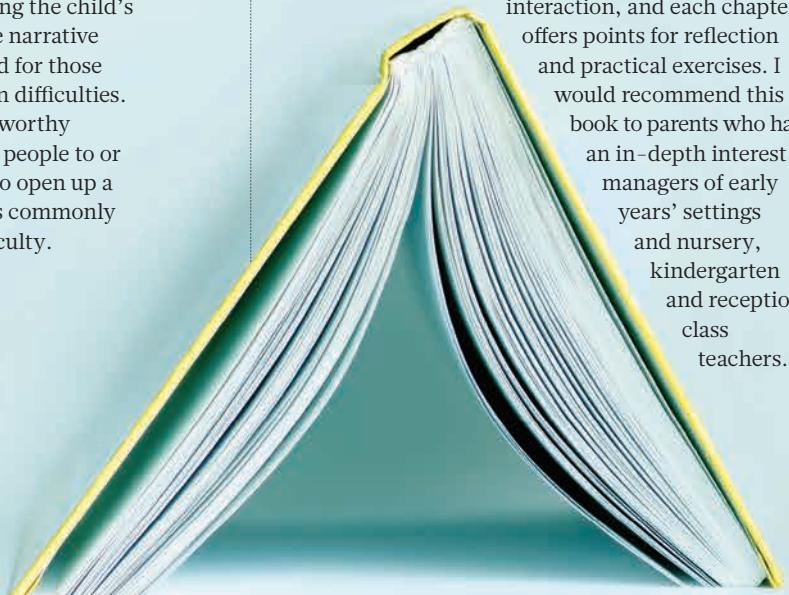
He gives examples of the terms he uses and often their history, eg infant directed speech, which I found really interesting. I would have appreciated some more examples of recent research findings. I also have a different understanding from his description of semantic pragmatic disorder as an identified impairment.

Many of his titles of the examples and case studies, like 'Amy and the combine harvester' are engaging. The book is well structured and reveals the increasing complexity of child language learning and interaction, and each chapter offers points for reflection and practical exercises. I would recommend this book to parents who have an in-depth interest, managers of early years' settings and nursery, kindergarten and reception class teachers.



Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: [www.rcslt.org](http://www.rcslt.org)

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.



**O**fficials at NHS England have asked the RCSLT to look at how we can support workforce transformation within the speech and language therapy profession, assisting our members to work in new and innovative ways. We are using this opportunity to launch a UK-wide challenge, asking members to share examples of new and exciting practice and to facilitate a profession-wide conversation regarding the ways in which we work, and how we can best meet the needs of service users both now and in the future.

### Workforce transformation explained

In all UK nations, RCSLT members are increasingly being called upon to work in new and different ways – for example, due to economic pressures (as part of the ongoing drive to deliver efficiency savings among health services) or as a consequence of new initiatives, such as the increasing emphasis upon multidisciplinary working as part of national strategies which support the integration of health and social care.

The term workforce transformation describes the process of changing the way in which health professionals work both within individual professions and as part of multidisciplinary working. Practical examples of what workforce transformation looks like include:

- The creation of advanced practitioner roles (developing expert skills and knowledge which support expanded practice).
- The creation of new SLT roles as part of service redesign.
- New ways of working within existing professions and with a range of professionals.
- Sharing learning across the public, voluntary and private sectors.

fficials at NHS England have asked the RCSLT to look at how we can support workforce transformation within the speech and

# Transformation challenge: your vision for the future of the profession

**RCSLT Policy Officer Rebecca Veazey outlines the RCSLT's Workforce Transformation Challenge**

ILLUSTRATION BY Spencer Wilson

■ New approaches to post/pre-registration education and training. However, we are aware that in many instances SLTs are already transforming locally – employing innovative new working practices.

### Policy background

To support the 'Five Year Forward View', NHS England's vision for the future of health and care services, the chief allied health professions officer for England has set out a workforce transformation challenge to the RCSLT and other professional bodies. NHS England believes that all allied health professionals, including SLTs, have a crucial role to play in the implementation of new models of care, different ways of delivering health services that support improved

outcomes for patients, and is keen for us to become involved with pilots (also known as vanguard sites) which test new and innovative practice.

To inform discussions regarding workforce transformation, NHS England is encouraging us to reflect upon SLTs' area of expertise. This includes:

- **The unique selling point of our profession:** what can SLTs do that no-one else can do? What makes you special?
- **Shared skills and knowledge:** what are the generic skills and competencies that both SLTs and other professionals have that can enhance patient experience?
- **Enhancing the skills of others to improve user outcomes:** what skills and knowledge can SLTs develop in others (with safe delegation and training)?
- **Extending skills and knowledge to improve service efficiency/user outcomes:** what tasks/roles do other professionals perform that SLTs could also do? We believe that by engaging in these conversations we can help to lead national political agendas and policy developments in relation to workforce planning, such as discussions regarding the creation of new roles.

It is also important for members to know that approaches to workforce planning

**"We would like all members to engage in our workforce transformation workshops"**





are changing in different parts of the UK. For example, Health Education England has outlined intentions to move towards a life-course approach to workforce planning – considering the range of professionals needed to support a patient across their life span and how they work together. Workforce planning is also set to significantly change in Wales in coming years. The Health Professional Education Investment Review in Wales, a review of workforce planning conducted in 2015, has also touched upon a possible shift towards multi-professional team working in the future and conversations regarding how technologies can be harnessed in the provision of healthcare.

### **Building on existing practice**

As for our approach to workforce transformation, we are not starting afresh. We know there are SLTs who are already working in new and innovative ways, including:

■ **Service transformation:** Speech and language therapy services are increasingly providing services six/seven days a week. In response to ongoing pressures in accident and emergency services, services in some parts of the UK are being developed to support admission

avoidance and facilitate early discharge, particularly in using their skills in relation to dysphagia.

■ **Extended roles:** in England, a small number of SLTs have taken on the extended role of a designated clinical officer, a new position which supports clinical commissioning groups to fulfil their legal duties in relation to support for children with special educational needs and disabilities as part of the Children and Families Act 2014. The post would traditionally be filled by a paediatrician. However, as a direct result of successful lobbying by the RCSLT, the position has been expanded to allow a range of professionals to perform this role. Speech and language therapists have also identified opportunities or have aspirations to extend their skills in the assessment of voice and swallowing difficulties by triaging patients in the community – a task traditionally performed by ear, nose and throat consultants.

### **Enhancing the skills of other professionals:**

SLT training of the wider workforce is becoming more formalised. An example of this is the Leicestershire Partnership NHS Trust, where SLTs have trained community nursery nurses to

support children with speech, language and communication needs and their families through parent-child groups.

The RCSLT sees its role as facilitating and supporting opportunities for workforce transformation identified by members, where appropriate. For example, as part of our dysphagia symposium co-hosted with NHS England and other system leaders, RCSLT staff and colleagues are examining opportunities for training the wider workforce to support safe swallowing and patient safety in response to member concerns.

### **2020 vision**

In light of national policy developments and changing local practice, we are launching a UK-wide challenge, so that collectively as a profession we can reflect upon existing innovative practice and develop new ideas regarding the way in which we work, including alongside other professionals.

Over the coming months, RCSLT Hubs will host workforce transformation workshops to facilitate discussion regarding this issue at a regional and national level. We would like all members to engage in the workforce transformation workshops and discuss this issue at a service level. We would also like service leads to use opportunities, such as team meetings, to foster discussion among staff and share and develop new ideas.

We plan to draw together feedback from local conversations and regional and national workshops, and use this to produce a report summarising members' views, challenges and opportunities associated with workforce transformation. We plan to share the findings with both members and our board of trustees, who will then use this to co-develop a vision for the future of the profession for the period up to 2020.

We hope that as many members as possible will get involved with this project. To learn more about the Workforce Transformation Challenge please visit the workforce planning page on the RCSLT website: [www.rcslt.org/governments/workforce\\_planning](http://www.rcslt.org/governments/workforce_planning)

To join the conversations contact your regional/national hub. To find the nearest hub for your region, visit <http://tinyurl.com/lraqk6e>. If you have any further questions, please email: [rebecca.veazey@rcslt.org](mailto:rebecca.veazey@rcslt.org) ■

**Rebecca Veazey, RCSLT Policy Officer**

# Implementing competency development in dysphagia

**Susan Guthrie, John Lancaster and Jois Stansfield discuss approaches to dysphagia competency development in North West England**

**H**ealth Education North West funded a project led by Manchester Metropolitan University (MMU) to look at how dysphagia training and competency for newly-qualified SLTs (NQPs) could be enhanced in North West England. The project included clinicians, students and academics from the region and looked at current models for development of skills and knowledge in NQPs using a literature review and interviews with national experts. This informed a series of surveys to SLTs across the region, asking for opinions on local approaches, and barriers and solutions to developing dysphagia competencies. The final surveys used a Delphi voting process to find a consensus view of how different clinical and geographical settings might support dysphagia competency development.

## North West snapshot

The expert interviews, followed by our first survey, explored the current situation for SLTs. We received 70 replies from SLTs and 30 from final-year SLT students. Most of the qualified respondents (97%) worked in the NHS, but we also had responses from non-NHS organisations. Levels of dysphagia experience also varied (from none up to more than 30 years). Respondents came from a wide range of clinical specialisms and work settings, including large and

small, urban and rural departments. The responses gave insight into current working practice considering risks and attitudes for NQPs working in dysphagia, issues for competency development and concerns around supervision and access to training.

In some teams a single specialist SLT carried all the dysphagia caseload, while other teams had more than 20 SLTs working with dysphagia. Two-thirds said the process for developing dysphagia competency worked well. There was consensus that hands-on work is the most important part of competency development, that knowledge from undergraduate level offers a foundation level of skills but that wider practical experience 'on the job' is fundamentally important.

## Supervision

A majority of respondents welcomed protected time for competency development. Consensus (90%) indicated

3.5 hours CPD time per week was good practice for NQPs, but many comments suggested flexibility was necessary. Despite managers' original concerns, the surveys suggested only 9% of SLTs surveyed had difficulty finding a supervisor. However, responses indicated that access to formal and informal supervision for respondents varies between 'daily contact' (51%) to 'never' (4%). Perhaps more importantly, 54% had difficulty finding the time for supervision and 51% finding time for joint visits.

Supervisors were largely sourced from own teams but there were also responses suggesting cross boundary sharing of supervisors and difficulties, from non NHS settings. Responses indicated private arrangements for supervision – for some on a paid basis, with others describing the arrangement as 'good will'. Comments showed concerns about the governance and accountability of such arrangements – for example, managerial support when 'bought in' supervisors have concerns about competency.

## Training and accessibility

Changes to undergraduate curricula (RCSLT, 2014) aimed to standardise and enhance theoretical knowledge in dysphagia for new graduates from September 2015. Meanwhile, our surveys suggest consensus is for NQPs to undertake further theory training after around six months in post to consolidate general skills. There were many comments around difficulties accessing funding and places for formal training. Clinical excellence networks (CENs) and study day attendance appeared to be more accessible. Respondents mentioned that availability and course waiting lists were also hampering formal training. In the surveys, 83% were in favour of formal course attendance for NQPs, with comments suggesting this can offer a quick and comprehensive solution to achieving autonomous practice. Several comments showed dependency on this training, whereas others questioned this

*"For some, dysphagia was seen as very different from other areas of practice"*

reliance, suggesting they were more than capable of providing the same level of training internally but that SLTs are anxious about not having a recognised qualification.

### Risks and retention

The surveys gave interesting views on attitudes to NQPs working with dysphagia. Some responses reported no NQPs being recruited, while 6% indicated NQPs did not currently work with dysphagia. There was widespread variation in perceived confidence levels of new graduates and of their supervisors. For example, 28% thought supervisors can lack confidence in NQPs and were over-cautious or risk averse (38% disagreed). Additionally, 81% indicated that NQPs lack confidence in themselves (but 19% said NQPs can be overconfident, in itself seen as a risk).

For some, dysphagia was seen as very different from other areas of practice. For others, it should just be seen as an extension of professional skills. In the surveys, 59% agreed or strongly agreed that dysphagia should not be seen as different from other specialisms, which also require further development post registration. However, 14% disagreed with this statement, some with very strongly stated opinions.

Further concerns showed in comments about retention of NQPs suggesting the investment in time and funding for dysphagia competency development could be 'wasted' if the therapist moved on. The surveys suggested this was a minority.

### Solutions and consensus

There was keen interest (70%) for in-house training sessions covering theory updates and refreshers after a period of NQP consolidation. Some comments suggested additional places could be offered to NQPs outside a department to increase numbers and to generate income (off-setting costs). The majority (93%) of respondents would like to share training and similarly 93% would share supervision.

Sharing across boundaries within the region was a commonly suggested solution to the limitations experienced in individual teams and CENs were offered as a resource to promote this joint working, for example to offer matching of supervisors to NQPs. Almost all respondents (95%) would welcome a dysphagia support group or CEN in their clinical specialism. Respondents also discussed opportunities from regional higher education institutions, with suggestions for provision of venues, speakers and expertise that could be shared

with clinicians to mutual benefit at study days or twilight sessions. Additionally, 55% would welcome a separate expert peer supervision group to support SLTs at specialist and consultant level.

### Future developments

Our research explored the options for distance learning and different training media/resources to support new graduate achievement of dysphagia competency. The surveys suggest SLTs may lack experience and understanding of the wide range of options available to support learning. Interest moved from 8% to 95% as the surveys progressed.

There is great potential to develop further options for learning through resources, such as simulation, video, Skype and other media. Information from other UK allied health professional, medical and nursing professions, and from SLTs in other countries, offers solutions for resources and techniques for competency development.

This project took us on a fascinating journey exploring current SLT dysphagia practice across the North West, leading to a consensus model of competency development and a list of recommendations (figure one). The key message is that regional support groups, such as CENs, would offer an opportunity to share and extend resources across boundaries despite challenging times. ■

**Susan Guthrie, Research Associate; Dr John Lancaster, Senior Lecturer; Jois Stansfield, Professor of Speech Pathology, Manchester Metropolitan University**



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### Figure one: North West model of competency development

#### Undergraduate

- Curriculum has included dysphagia knowledge to core 'specialist level' level C (Boaden et al, 2006; RCSLT, 2014)
- Personal experience/competencies listed in dysphagia framework (RCSLT 2014)
- Practical skills: Placement experience variation (NW consensus, 2015)
- May have volunteering/other work experience (NW consensus, 2015)

#### First year of dysphagia work

- Year 1 entry threshold status (HCPC, 2014)
- NQP competency framework RCSLT (2007)
- Dysphagia competency framework in place (RCSLT, 2014) working through levels
- Supervision weekly (RCSLT, 2012): includes direct observation
- Informal support from specialist and/or peer SLT (RCSLT, 2012)
- Protected CPD/competency development time: recommended equivalent to one session/week pro rata (NW consensus, 2015)
- May attend formal training at 6-12 months (NW consensus, 2015)
- Will usually include multidisciplinary team experience

#### Second year of dysphagia work

- Year 2
- Standards of proficiency (HCPC, 2014)
- NQP framework RCSLT (2007) usually signed off 12-24 months: transfer to full RCSLT membership
- Dysphagia competency framework (RCSLT, 2014) in place, working through levels
- Supervision 2-4 weekly (RCSLT, 2012)
- CPD time - minimum 30 hours per year pro rata (RCSLT, 2006)
- Informal support from specialist and/or peer SLT (RCSLT 2012)

#### Continuing SLT dysphagia practice

- Year 3 +
- Standards of proficiency (HCPC, 2014)
- RCSLT (2007) NQP framework: may need further consolidation
- RCSLT (2014) Dysphagia competency framework in place, working through levels
- Supervision ongoing (min 12 weekly) + appraisal process (RCSLT, 2012)
- CPD ongoing minimum 30 hours per year pro rata (RCSLT, 2006)
- Informal support from specialist and/or peer SLT (RCSLT 2012)
- Will attend CEN sessions relevant to clinical setting (NW consensus, 2015)

**P**eople with Parkinson's disease describe difficulties participating in everyday communication (Miller et al, 2006). However, SLTs report a lack of clinical tools targeting everyday interaction, as opposed to impairment, for these clients (Collis and Bloch, 2011). Research into everyday conversations has identified potential difficulties (eg Griffiths et al, 2012) and effective repair strategies (eg Saldert et al, 2014; Griffiths et al, 2015). Therapists could use this knowledge to advise families on the most efficient methods for enabling rewarding conversations.

A literature review suggested that SLTs and occupational therapists (OTs) jointly might be best placed to provide a new, conversation-focused intervention. The intervention would initially focus solely on relatives of individuals with communication difficulties associated with Parkinson's disease; eventually the focus will be on people with Parkinson's disease and relatives together.

### Relatives support group

We developed a six-session, two-hour, weekly support group programme for relatives and recruited six women via the Parkinson's UK local branch. One participant had to withdraw due to her partner's health. The project had a favourable ethical opinion from the University of St Mark and St John ethics committee. An SLT led the sessions, with one involving an OT. In these sessions we encouraged group members to share strategies for managing everyday conversation difficulties as well as develop new strategies. The sessions involved:

- Discussions: eg 'What happens when you do not understand your partner?' and 'Encouraging participation in conversations'.
- Watching and discussing dramatised video clips of difficulties that can occur in conversation.
- Keeping diaries to record critical incidents in the week, as a basis for discussion.

We collated a summary of strategies generated



# Enabling rewarding conversations

**Sarah Griffiths and Katrina Bannigan discuss a conversation-focused support group for relatives of people with Parkinson's disease**

ILLUSTRATIONS BY Martyna Wójcik-Śmierska

by the group for participants to take away as a record of their learning (<http://tinyurl.com/gnk5en8>). The theoretical approach was 'Solution-focused therapy' (de Shazer et al, 2007) involving a goal-directed approach to change. For example, we encouraged participants to search their life experiences for 'exceptions' or instances where a particular goal was at least partially achieved, and used these as a basis for co-constructing solutions.

### Evaluation

We conducted a feasibility study; an essential phase of developing a complex healthcare intervention (Medical Research Council, 2008). This provided evidence that the intervention has potential for further investigation.

Participants took part in pre- and post-intervention data collection, one week prior to and one week following the intervention. Measures included:

- Communicative effectiveness survey (CES) (Yorkston et al, 1999) (self-report measure).
- Short general health questionnaire (GHQ-12) (Goldberg and Williams, 1988) (self-report measure).
- Goal attainment scale-Light (GAS-Light) (Turner-Stokes, no date): scored by participants.
- Audio recorded interview.

In the first interview, participants answered questions to establish their primary concerns regarding communication and expectations regarding the group. In the second, they gave their opinion on how practical it was for them to attend, what benefits (if any) they had derived from attending and what suggestions they had for





improving the group. The transcribed audio data was analysed using content analysis.

## Findings

Table one shows the data collected from the participants. Four of the CES scores showed improvement and four GHQ-12 scores improved or maintained. The consensus was that the number and length of sessions was ideal. Table two shows the individual 'GAS' goals collaboratively constructed and shaped from the participants' responses in the pre-group interview.

We have summarised the participants' views post-group (the figures show the number of participants sharing each view):

- It was helpful to share ideas and sometimes this led to a change in behaviours (5).
- The group gave them an excuse to talk about communication with their partners; this had been too sensitive before (3).
- Some found the diaries helpful as a focus for discussion (3). Others found it too difficult to unpick complex critical incidents from memory (2).
- The dramatised video examples were helpful. All felt there would be benefits to discussing videos of their own conversations in therapy (5).
- The OT session was helpful in revealing strategies not previously considered (5).
- The strategies summary was valued (5).

## Next steps

Participants received the sessions well, tolerated the battery of measures and noted positive changes with each outcome measure. This is encouraging in terms of conducting further research, but it is too early to suggest effectiveness. There are a number of possible biases, including

**Table one: Summary of outcome measures**

Outcome measure		Pre-group	Post-group
<b>CES (%)</b> High scores = client perceived as communicating very effectively in a variety of situations	P1	41	94
	P2	59	81
	P3	46	68
	P4	38	69
	P5	69	66
<b>GHQ-12</b> High scores indicate psychological distress. More than 15 = cause for concern	P1	16	10
	P2	6	6
	P3	9	13
	P4	11	5
	P5	14	10
<b>GAS-Light scores</b> Five-point scale (-2 to +2). If expected goal attainment is achieved, post-intervention score is 0. More than expected outcomes scored at: +1 (a little more) or +2 (a lot more)	P1	-1	+1
	P2	-1	+1
	P3 (2 goals)	-1	+1 +0.5
	P4	-1	+2
	P5	-1	0

**Table two: Participant goals, collaboratively constructed from the pre-group interviews**

Participant	Goal/s
P1	'My partner and I will be able to have proper in-depth conversations where he doesn't give up/we don't get frustrated.'
P2	'I will have greater knowledge of strategies for helping communication, which may be helpful in the future.'
P3	Goal 1: 'When I can't understand my partner I will respond encouragingly.' Goal 2: 'I will give my partner more of a chance to speak.'
P4	'I will be prompting/reminding/'talking for' my partner less.'
P5	'I will make more of the time when I have my partner's attention, so that communication feels worthwhile.'

gender. There was also no control group, so findings may be due to a source other than the intervention. The participants' partners were receiving speech and language therapy, which may account for the outcomes. The next step is to conduct a full pilot study. ■

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# Victoria Joffe & Emma Pagnamenta

Emma Pagnamenta and Victoria Joffe look at research taking place in routine clinical practice

## Embedding research in practice

**M**any of you have told us how inspiring it is to read about SLTs involved in research. All of the examples featured in previous forums have focused on SLTs undertaking a more formal academic degree or research study. Some readers have asked whether not wishing to study further, or not being in a position to do so, precludes them from more active research involvement.

How serendipitous it was that around the same time we received these comments, we were also discovering a group of energetic and innovative clinicians with an appetite for research who found different ways to include this in their daily practice. The three SLTs highlighted in this forum all work full time, have entered into the research arena willingly and are clear about the added value this affords them, their clients, colleagues and the wider profession. Our three interviewees are Jemma Haines, principal respiratory SLT and airways lead, Lancashire Teaching Hospitals NHS Foundation Trust; Hazel Allaway, team leader, specialist SLT for specific language impairment, Birmingham Community Healthcare NHS

Trust; and Dave McDonald, SLT, Nottinghamshire Healthcare Foundation Trust.

### In the beginning

Jemma attributes her passion for evidence-based practice and its clinical application to her undergraduate training. From her first clinical placement, to her published research project in her final year, her student experiences, "emphasised the importance that any clinical work should be well thought out, designed appropriately and have potential to add to the evidence base".

Hazel attributes her interest to the RCSLT clinical excellence networks (CENs). She states that she has, "always been an avid attender of SIGs/CENs and attendance at the Surrey SLI [specific language impairment] SIG... [was] a brilliant place to hear about other SLTs' research and learn about new and evidence-based therapy approaches to incorporate into therapy".

According to Dave, "Before qualifying as an SLT, I worked as a research assistant with Dorothy Bishop on child language studies, so I had a really good opportunity to learn research skills, including assessment and data analysis, and how to plan and organise research studies."



### Clinicians, first and foremost

In all three cases, clinical work has initiated and shaped research involvement. Jemma has been involved in regular audits and small research studies, and jointly led the development of a clinical tool to monitor symptoms and outcomes in the treatment of vocal cord dysfunction. This work, "only began because as a clinical team we were frustrated there were no validated outcome measures for this complex patient group".

Hazel's research has focused on undertaking a systematic literature review looking at the area of SLI and bilingualism – specifically looking at skill transfer between languages. "It was a colleague questioning me about this exact issue that set me on the process. Within Birmingham we have a large bilingual population – many who are diagnosed with SLI. The particular question was if we provide therapy in English will there be any carryover into the

home language or will we have to provide therapy in home language too."

Dave's research too is an extension of his clinical work, with the completion and publication of an evaluation of a version of Hanen's 'Learning Language and Loving It' training course. His team has also completed data collection for a study of Elklan's 'Let's Talk with Under Fives' training course.

"We have found that research and clinical work really feed off each other. For example, we wanted to run a speech and language course for parents/carers which led to a formal qualification, because supporting them into education or employment is part of the wider aim of Sure Start. So, we tried out the Elklan course. The initial feedback from service users was positive and there was no existing robust evidence about the course. We decided to run it again and evaluate it more thoroughly. This means we will be able to

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

make a better informed decision about whether we want to continue running the course in Nottinghamshire." (Visit: [www.nottslanguageforlife.co.uk](http://www.nottslanguageforlife.co.uk))

## Practice, research, practice

Once clinical practice has ignited research, a cyclic process takes place, with the research becoming embedded in practice and changing that practice significantly.

The change the new questionnaire brought to Jemma's practice was unequivocal. "We now have a validated responsive tool for measuring changes in symptoms in patients with vocal cord dysfunction. It has given insight into which symptoms are important to patients and we hope will guide future therapy refinements. I can use the VCDQ pre- and post-therapy intervention to reliably inform treatment outcome and feedback to the multidisciplinary team."

According to Hazel, "One of the biggest changes has been

that I will now do a literature search for any area on which I have a clinical question and encourage colleagues to do likewise. Our commissioners are demanding evidence-based practice and there is lots of information out there."

### Making it possible

The support of managers and protected time were key factors in enhancing the research experience for our three clinicians. They also spoke about the importance of drawing on existing expertise and working collaboratively.

Jemma identifies managerial support as really valuable as well as other support structures, including local universities, RCSLT and research network hubs.

According to Hazel, "My trust ran a course on conducting research and through this provided links to higher education institutions, where we could get support from researchers. A lot of the work has been done in my own time, but equally my trust has been very supportive and given me some work time to complete this."

For Dave, having a supportive manager and protected time is important. "I've also got to know the R&D manager in the trust and she has been terrific. University researchers in relevant areas have been really helpful too. It might surprise you just how happy researchers are to give you their time, ideas and feedback, so just picking up

the phone or sending an email to the right person is really worth it." He has also tried to involve the whole team in research studies, for example, asking people to join in with data collection and analysis. "This means we can share the work and, more importantly, we are creating a culture of being research-active."

### Added value

When asked about the skills learned from her involvement in research, Jemma reports that, "having a research outlook constantly questions and challenges every clinical encounter. Keeping up to date with the latest scientific developments to direct my therapeutic interventions facilitates me being the best clinician I can."

Hazel says that literature searches provide, "invaluable knowledge in reading... papers and analysing statistics" and help clinicians to not draw conclusions where the case has not really been proven.

Her experience has also given her a much-needed dose of reality in terms of the time and effort required to conduct research. "I am still very keen to be involved in research but have realised the best way is to support colleagues, make connections and be involved in research that is being carried out."

Dave states, "Apart from research skills themselves, running research studies has helped my project management

skills and that's definitely contributed to getting new clinical opportunities and roles."

### Moving forward

The future research aspirations of our clinicians are diverse and all plan to be involved in research moving forward. Jemma aims to undertake a research doctorate and is looking into the National Institute for Health Research clinical academic pathway. For Jemma, "formal high-level training will give me the skills to further develop collaborative work, attract funding and drive research agendas within my specialist field."

Hazel and Dave have committed to supporting and leading research projects respectively. Hazel says, "I love my job, in particular the clinical aspects. I don't see a full time career in research beckoning but have been inspired to seek out evidence and be involved in research where I can while still in clinical practice."

Dave adds, "I don't really have a grand plan for my career. I'm really lucky to have a clinical job that involves research activity too, and that suits me really well, as I see myself as a clinician first and want to keep improving my clinical skills alongside my research skills."

Three clinicians all finding time to be involved in research as part of their daily practice. If you are reading this and like us feel inspired, start a conversation with colleagues and managers. You won't know what is possible until you try. ■

**"Start a conversation with colleagues and managers. You won't know what is possible until you try"**

**Professor Victoria Joffe, RCSLT Trustee for Research and Development.** Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk); [@vjoffe](mailto:@vjoffe) **Dr Emma Pagnamenta, RCSLT Research Manager.** Email: [@EmmaPagnamenta](mailto:emma.pagnamenta@rcslt.org)

Read the full interviews online at <http://tinyurl.com/hskurjw>

# Ask the experts

## How can we support children with multi-sensory impairment and complex needs to access their environment?

**Steve Rose**, Head of Children's Specialist Services, Sense  
**Dr Gail Deuce**, Specialist MSI Teacher, Stephen Hawking School, Tower Hamlets

**T**here are three common terms (often used interchangeably) for people with co-occurring hearing and visual problems: deafblindness, multi-sensory impairment and dual sensory impairment.

Use of the term 'multi-sensory impairment' (MSI) reflects increasing recognition of the impact of the combination of visual and hearing impairments, and is the preferred term used throughout this article. Children who have MSI may be defined as having: "A combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean that it may be difficult to ascertain their intellectual abilities." (Department for Education and Skills, 2003)

Multi-sensory impairment can be congenital (eg, as a result of cytomegalovirus, prematurity and genetic conditions, such as CHARGE syndrome) or adventitious (eg, head injury, changing conditions, such as Usher syndrome, or mitochondrial disorders). There has been a shift in causation over time from congenital rubella syndrome being a primary cause to the current more frequent aetiologies (the most common

being 'unknown'). With more than 100 causes, the MSI population remains heterogeneous in nature. Needs may often be complex and encompass young people who achieve Masters level degrees to individuals with significant developmental support needs.

### Implications of MSI

The implications of MSI are not simply those of a visual impairment added to those of a hearing impairment but may be regarded as being more multiplicative in nature (McInnes and Treffry, 1993). Individuals are acutely deprived of sensory information and their experience of their environment is vastly different from those of their hearing/sighted peers. Aitken (2000, p3) identifies three unifying features of MSI applicable across the MSI population – finding out information, communicating with others and moving around the environment. Addressing these areas and considering appropriate strategies will help practitioners enable children with MSI to access their environment more effectively. A useful educational resource is the MSI curriculum (Murdoch et al, 2009).

### Access to information

Children with MSI are acutely deprived of sensory information from their distance senses (sight and hearing) and therefore the information they receive is fragmented and distorted. The near senses are not always able to compensate effectively,



since these may also be impaired. There are further implications when considering our senses evolved to work together to support and enhance each other (Ayres, 1979).

Learning can be limited to what others or chance brings in a form the child can perceive. This leads to a slower pace of learning and difficulties in bringing together the separate parts of an activity, generalising, the development of broad concepts and creating a barrier to accessing learning opportunities and incidental learning. It is also more difficult for them to take ownership of their learning.

### Strategies

- Supporting concept development: Miles and McLetchie (2008) suggest focusing on four areas: how the world works, how the physical environment is arranged, where things come from and how things are sequenced.
- Providing structured activities (including use of micro-routines) delivered at the child's pace of learning.
- Mediating through a hand-under-hand approach (Miles, 2003) (as opposed to a

**"Considering appropriate strategies will help practitioners enable children with MSI to access their environment more effectively"**



ILLUSTRATION BY Kate Sutton

controlling hand-over-hand approach).

- Organising the learning environment, activities and materials with attention to access (eg classroom position, acoustics, lighting levels, glare, format).
- Small steps of learning.
- Choosing motivational materials.

### Communicating with others

Children with MSI often have subtle idiosyncratic signals that can be easily missed or misinterpreted, and experience many unsuccessful attempts at communication (Pease, 2000). Access to fragmented sensory information reduces the ability to receive non-verbal and non-manual features, to anticipate events or to know what is going to happen next, affecting receptive communication. This may be perceived as an apparent lack of interest resulting in others making fewer attempts to interact. As a consequence, relationships take longer to cement and develop.

Multi-sensory impairment has an impact at every level of the foundation skills of communication and intervention needs to be planned to address the child's development in every area. Each child with MSI has very individual communication needs and will require an individualised approach.

### Strategies

- A targeted total communication approach structured to meet the child's individual needs (as opposed to bombarding the child with every possible mode of communication).
- Communication modes chosen with consideration to the child's individual characteristics (see Pease, 2000).
- Time to develop trusting relationships.
- Use of personal identifiers.

- An Intensive Interaction approach (Nind and Hewitt, 2006).
- Developing clear routines and structure to create stability (Hodges, 2000).
- Regular opportunities to make real choices throughout the day.
- The role of negotiating gestures and signals to allow the child to grasp communication and establish a rapport with trusted communication partners (Rødbroe and Janssen, 2006).

### Moving around the environment

As a consequence of their sensory impairments children are often insecure in moving around the environment (Gense and Gense, 2004), and may be reliant upon the world within arm's length. Their experiences can be of frustration, failure or pain and they may become resistant and less motivated to move, this being exacerbated by any physical difficulties.

Children with MSI may also experience vestibular and proprioceptive issues (Brown, 2009) that will impact upon their body awareness and organisation of their movements.

### Strategies

- Developing trusting relationships.
- Allowing time for the child to familiarise themselves in unfamiliar environments.
- Maintaining consistent routes around the setting.
- Working within a consistent environment (including location of furniture and objects).
- Using clear and understandable warnings of changes and transitions.
- Focusing on concept language required to support mobility.

Speech and language therapists working with children who have MSI need to ensure collaborative working with a range of other professionals (including with the specialist teacher for MSI) and also face the challenge of keeping up to date with communication research and practice within a small, specialist area. A clinical excellence network was set up a couple of years ago to aid sharing practice and access to information. ■

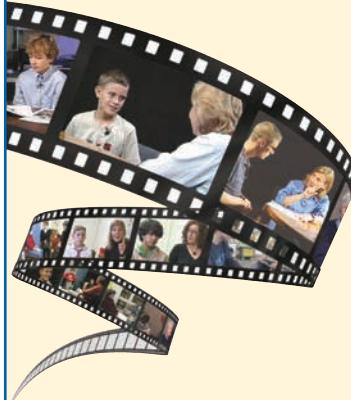


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# Your vote counts

**With elections coming up for the Scottish Parliament, National Assembly for Wales and Northern Ireland Assembly on 5 May, the RCSLT Policy and Public Affairs Team looks at the issues for speech and language therapy**

ILLUSTRATION BY Sam Falconer

## Wales

**Alison Stroud says commentators suggest this is the most interesting election in Wales for a generation**

**T**hursday 5 May is likely to be a significant day in Wales as the country goes to the polls in the National Assembly for Wales Election 2016. Many commentators are suggesting that this is the most interesting election in Wales for a generation. The Labour Party in Wales is under pressure from the Welsh Conservatives on its record on health, education and key areas, having



been in government in one way or other since the dawn of devolution in 1999. UKIP are predicted to do well and benefit from the proportional representation electoral system. Plaid Cymru are hoping to break through and the Liberal Democrats are bracing themselves for a hard fight.

Against this complex backdrop, the RCSLT Wales Team has been working hard to raise awareness of the needs of people with speech, language and communication support needs and/or swallowing difficulties, and the role of the profession in improving their lives. We have worked with members to design a key manifesto asks document. This briefing document calls on each of the political parties to:

- Ensure that every child, regardless of their background and where they live in Wales, is school-ready by having the best possible speech, language and communication skills to help them achieve their potential.

**“We strongly encourage RCSLT members in Wales to get involved in our campaign and meet local candidates”**

- Recognise that speech, language and communication are core life skills, fundamental for success in education, training, and job-readiness for all young people in Wales.
- Ensure that every adult with communication difficulties has access to speech and language therapy, so they can live with dignity and be independent for as long as possible.
- Ensure that allied health professionals are valued and viewed as key to delivering person-centred care in Wales. We have been sharing these key messages with candidates at the Welsh Liberal Democrat, Welsh Labour, Plaid Cymru and Welsh Conservatives Spring Party Conferences, and taking part in health and social care fringe events.

We are keen to increase awareness of our calls across political parties and with as many politicians as possible, and would strongly encourage RCSLT members in Wales to get involved in our campaign and meet with their local candidates.

We have lots of ideas and support available to help you do this, so please get in touch to find out more (email: caroline.walters@rcslt.org or tel: 029 2039 7729).

**Dr Alison Stroud, RCSLT Head of Wales Office**

## » Northern Ireland

### Alison McCullough describes the RCSLT NI 2016 Election Manifesto journey

The RCSLT NI manifesto work began with members at our NI Hub meeting in May 2015. At this meeting we agreed we would work with as many members as possible to identify the big issues for our manifesto asks. The Hub decided we would organise a series of roadshows around Northern Ireland in June, July and August 2015 to engage with members face to face; and start a Basecamp conversation asking members to post their hot topics for consideration.

The roadshows took place in Belfast, Lisburn, Antrim and Omagh and were well attended. At these events, RCSLT NI gave a short presentation to members to



add context to the discussions. The presentation gave background information on previous political party manifestos and encouraged members to consider what themes/asks a political party might be more open to supporting (for example, Sinn Fein and the Social Democratic and Labour Party have both identified early intervention as a key priority).

We recorded and themed the topics raised at each of the roadshows and presented them to the Northern Ireland Hub Manifesto Working Group. From this work it was

*“Our members have told us how pleased they are with the RCSLT Northern Ireland manifesto”*

clear that the issues fell into five main themes. We refer to these as our ‘High Five’.

A significant amount of work then followed, to prioritise and reword three key asks under each heading. A full briefing paper for each theme has also been produced which gives the rationale behind the ask. The briefings also include a local case study, the economic benefit for Northern Ireland and key statistics. You can obtain more information on these by emailing: janet.mcgoon@rslt.org.

Our election engagement is now ongoing and we are using the resources in a variety of ways:

- We have met individually with the policy advisers for each of the political parties.
- We are attending the party conferences to distribute the materials.
- We are hosting an election breakfast and will use the manifesto work at this event.
- We have circulated resources to our members via our networks.
- We have shared it with allied health professional colleagues.
- We will be adding the resources to our Basecamp and the RCSLT website.

The positive aspect of working with our members on developing the RCSLT Northern Ireland manifesto has been that they are now fully engaged and have ownership. Our members have told us how pleased they are with the end result ...as we are too.

**Alison McCullough MBE, RCSLT Head of Northern Ireland Office**

## Exciting job opportunity at the RCSLT

### RCSLT Research Officer

The RCSLT is seeking a professional research and development officer who is committed to driving forwards evidence-based practice and research, and enabling others to deliver evidence-based care. Working closely with the RCSLT research manager, you will support research and development projects related to using evidence and building research capacity and infrastructure across the profession. This is an excellent opportunity to take an active role in supporting the profession in meeting challenges and opportunities related to evidence-based practice and research.

For more information on this post visit:  
[www.rslt.org/about/jobs/job\\_opportunities](http://www.rslt.org/about/jobs/job_opportunities)



## Scotland

### Kim Hartley Kean asks RCSLT members to get the next Scottish Government and Parliament to #ShoutOut4SLT

In summer 2015, RCSLT members in Scotland told us what they wanted to see in party manifestos for the Scottish Election on 5 May. RCSLT members are calling on Scotland's parties to:

- 1.** Build on work to date with a comprehensive, joined-up programme of action to ensure all Scotland's children and young people develop the best possible speech, language and communication abilities.
- 2.** Improve the quality of life of people living with dementia and build on the success of the National Dementia Strategy by ensuring everyone who needs it has access to quality speech, language and therapy services in hospitals, care homes and their own homes.
- 3.** Ensure every person in Scotland has a voice by putting funding behind the new right to augmentative and alternative communication (AAC) equipment and essential SLT-led support services.

Through autumn and winter I used opportunities at party conferences and individual meetings to communicate our 'asks' to leading members of the Scottish National Party, Scottish Labour and the Scottish Liberal Democrats. RCSLT Deputy

Chair Morag Dorward and I also met with a government special adviser and Tayside and Lothian SLT services hosted successful service visits for leading MSPs to raise awareness of the great work SLTs do.

Our 'asks' have so far had positive responses from all MSPs. Indeed, recent legislation has already helped to advance our objectives regarding children and AAC.

#### Take part in our campaign

For the 2016 election, RCSLT Scotland has produced new materials to support campaigners on each of our main issues. These materials are available at <http://tinyurl.com/zcemyjn>. Whether you are a seasoned campaigner or a first timer taking part in an election campaign, get involved and use our materials to raise these vital

issues. You can use the materials to form questions, introduce facts or challenge the assumptions of election candidates.

Before voting takes place on 5 May there will be many opportunities for campaigners to get their message across to candidates:

- 'Hustings' are public meetings usually held by organisations for the public to directly question candidates. They may be local or national. Questions from the public are encouraged and each political party will have an equal chance to put forward their case. A good hustings question relates to the main topics being debated, like funding for health and social care or attainment in schools. It also introduces relevant information that you can find in our materials, such as "Half of children from deprived communities still have below average vocabulary at age five" to emphasise the importance that speech and language therapy plays.
  - Newspapers and online forums provide opportunities to have a letter printed or a post discussed. Writing a short, engaging and timely letter or post can get people talking about an issue. Contributions that talk about lesser known issues can actually get more attention if they feel new or fresh in a debate. Share your letter on Facebook via RCSLT's page.
  - Social media is a great way to take part and can be a lot of fun to use. For Twitter users we are encouraging campaigners to tweet their questions or views and to use the hashtag #ShoutOut4SLT. Let us know by following [@rcsldotscot](#).
  - If you're really lucky, candidates or supporters may call at your own door so don't forget to have a look at our materials and to have some good speech and language related issues to hand. You never know when you might be chatting to a future health or education minister.
- If you have a query about Scotland's election, please contact RCSLT Scotland Policy Officer Robert MacBean. Email: [robert.macbean@rcslt.org](mailto:robert.macbean@rcslt.org)
- 
- Kim Hartley Kean, Head of RCSLT Scotland Office**

*"Before voting there will be many opportunities for campaigners to get their message across to candidates"*

## APRIL CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

**Send your CEN notice by email: [cen@rcslt.org](mailto:cen@rcslt.org) by 6 May for June, by 10 June for July, and by 8 July for August. To find out more about RCSLT CENs, visit: <http://tinyurl.com/rcsltcens>**

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

#### Adult Learning Disability CEN Eastern Region

**13 April, 9.30am – 4pm**

AM: AGM and outcome measures for interventions with adults with learning disability; assessments used with service users who have English as a second language. PM: alternatives to use of thickener in dysphagia management, journal review and discussion. Venue TBC. Members and students free; non-members £30. Email: emma.ross@nhft.nhs.uk

#### South East CEN in Deafness

**13 April, 9.30am – 4.30pm**

Presentations on working with clients with deafness and additional diagnoses + AGM. Details TBC. Room B01, Chandler House, 2 Wakefield Street WC1N 1PF. Refreshments provided. Annual membership (from April) £10, covers two meetings; non-members £7 per meeting; concessions £5. Booking essential, email: m.curtin@nhs.net

#### Dementia CEN South West England and Wales

**14 April, 9am – 4.30pm**

Differential diagnosis in frontal temporal dementia and medication management. Case history taking in dementia: specialist and generalist SLT role. Networking and introductions. Annual membership £10 including two-yearly meetings. Llandaff Campus, Cardiff Metropolitan University, Western Avenue, Cardiff CF5 2YB. To book, email: samuelrowe@nhs.net

#### Aphasia Therapy CEN

**14 April, 9.30am – 5pm**

Dr Madeline Cruice: quality of life workshop for SLTs practising in field of aphasia, linked to a research project. Room AG07b, College Building, City University London. Members free (annual membership £10). Email: Anna.Caute.1@city.ac.uk

#### SW Paediatric Dysphagia CEN

**19 April, 9.30am – 3.30pm**

Solution Focused Therapy: Claire McNeil, SLT. North Somerset Academy, Weston General Hospital, Grange Road, Weston-Super-Mare BS23 4TQ. Members £15; non-members £25. Bring lunch. Email: victoria.boyle@sompar.nhs.uk or tel: 01749 836 691

#### Central Paediatric Dysphagia CEN

**20 April**

Full programme TBC. Includes 'weaning from enteral feeding'. Meeting Point House, Telford TF3 4HS. Annual membership £15. To book, visit: [www.cpd-sig.co.uk](http://www.cpd-sig.co.uk)

#### CEN for Cleft Palate and Craniofacial Anomalies

**20 April, 9.30am – 4.30pm**

NOSI (innovative prosthetic treatment option for nasal speech associated with VPD), speech surgery quality of life questionnaire, use of MRI scanning to identify velopharyngeal dysfunction, 10-year speech outcomes, update on Cleft Collective study. CEN is part of the Craniofacial Society Conference, East Midlands Conference Centre, Nottingham. £95. Booking via: [www.craniofacialsociety.org.uk](http://www.craniofacialsociety.org.uk)

#### London and SE Region CEN in Selective Mutism

**21 April, 9am – 4pm**

National CEN in SM and London and SE region CEN come together. 'Systemic approaches to SM management' by Anita McKiernan and Anna Biavati-Smith + case discussions. City University London, Room D104 (Social Sciences Building). Members free; £25 to join on day. Email: Angela. May@northumbria-healthcare.nhs.uk (National CEN) or roberta.mendes@nhs.net (London and SE CEN)

#### Counselling and Therapeutic Skills CEN

**22 April, 9.30am – 4pm**

'Resilience building: diverse strategies for skillfully supporting our clients, students and ourselves'. Birmingham City University. Email: ruth.phillips.sig@hotmail.co.uk

#### Scottish Adult Acquired Communication Disorders CEN

**22 April, 9am – 4pm**

Dementia. Speakers include Maggie Ellis – Intensive Interaction; Andy Lowndes from Playlist for Life; Tommy Whitelaw from Dementia Carer Voices. + speech and language therapy dementia toolkit and neuropsychological perspective. £15; students £5. Queen Margaret University, Edinburgh. Email: Helen.Maclean@lanarkshire.scot.nhs.uk

#### South West CEN in Autism

**25 April, 10am – 4pm**

Phil Christie, Elizabeth Newson Centre consultant child psychologist. Understanding and supporting children with pathological demand avoidance syndrome: guidelines for good practice. The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. New annual membership £20; non-members £15 for day. Cheques needed before day to secure place. Email: lucy.french@nbt.nhs.uk

#### West Midlands SLI CEN

**26 April, 10am – 4pm**

Includes 'Target setting in the context of the whole child'. Grange Street Education Office, Casey Lane, Burton on Trent DE14 2ER. £10. Refreshments but not lunch. Email: Nicola.Shegog@swft.nhs.uk

#### NW Dysfluency CEN

**27 April, 12.30pm – 3.30pm (new earlier time)**

The expert patient model (Karen Allen); 2016 BSA Conference (Jen Roche); case studies, clinical queries and journals/articles read (please bring). Birley Building, MMU, Manchester. For directions and information, email: sarah.ellison@lancashirecare.nhs.uk or tel: 07986 663 855

#### Tracheostomy CEN

**27 April, 9am – 4.15pm**

Decannulation: the whys and wherefores, evidence-based protocols, case studies and group discussion for sharing practice. Queen Square, London. £20 includes lunch (£10 for students). Email: apundole@rhn.org.uk

#### Adult Neurology CEN (Northern and Yorkshire)

**28 April, 9.30am – 4pm**

Mental capacity in practice. Woodside, Moorgate Road, Rotherham S60 2UA. £10 annual fee. To book, email: Rebecca.Humphries@rothgen.nhs.uk

#### Trent Voice CEN

**29 April, 9am – 4.30pm**

New to voice study day: Practical skills for recently-qualified SLTs, those new to voice or returning SLTs. Chesterfield Royal Hospital, Calow, Chesterfield S44 5BL. Members £40; non-members £50. To book, email: elizabethrowe@nhs.net

#### Surrey SLI CEN

**12 May, 1pm – 4pm**

1-2pm: new diagnostic criteria for children with language impairment; 2.30-3.30pm: research findings on extent to which children in Key Stage 2, 3 and 4 are exposed to figurative language. Moor House School. £10 one meeting; £15 for annual membership (two meetings). To book, email: nicoll@moorhouseschool.co.uk. Visit: <http://moorhouse.surrey.sch.uk/cen>

#### AAC London CEN

**18 May**

AAC: Voice banking, exploring AAC and funding pathways. Refreshments only provided. UCL Lecture Centre, Whittington Hospital, N19 5NF. Free (donations only). Search AAC LONDON on Eventbrite to enrol or use <http://tinyurl.com/hkstr8k>. Email: aaclondoncon@gmail.com

#### Computers in Therapy CEN

**19 May**

'Success stories with IT – overcoming hurdles to using computers in therapy' + usual app share/case studies/research updates. Claremont School Bristol. To book email: shelaghbenford@gmail.com

#### London and South East Region Secondary CEN

**20 May, 9am – 3.30pm**

Enhancing the creative power of language and communication work using improvisation and play/game-based therapy. QE2 School's Access and Inclusion Centre, Kennet Road, London W9 3LG. Members free. Confirm by 22 April, after which places offered to non-members (£15). Lunch provided + AGM. Email: Nafisa.shehu@merton.gov.uk

#### Essex SLI CEN

**23 May, 10am - 4.30pm (reg from 9.30am)**

Exploring use of outcomes with children and young people with SLCN, led by Professor Vicky Joffe and Nabiah Sohail. £25 includes lunch and annual membership. + AGM. Cordite Room, Wat Tyler Country Park, Pitsea, Basildon SS16 4UH. To book: katherine.farrow@nhs.net

#### North West Aphasia CEN

**25 May, 9.30am – 3pm**

Conversational partners. Keynote: Dr Simon Horton. Agenda TBC. Rm E221, John Dalton Building, MMU, Chester Street, Manchester M1 5GD. Members £10; non-members £20. Email: Michelle Lawton: helen.lawton@postgrad.manchester.ac.uk or book via Eventbrite: <http://tinyurl.com/gks2u94>

#### Aphasia Therapy CEN

**27 May, 9.30am – 4.30pm**

Apraxia of speech: state of the art in theory and therapy. Current understanding of apraxia of speech from a neuroscience perspective; efficacy and effectiveness of intervention approaches. UCL Chandler House, London WC1N 1PF. Members free; non-members £10. Email: michael.dean@ucl.ac.uk

#### Central Region Secondary School SIG

**20 July, 1.30pm – 3.30pm**

Setting up secondary school services and sharing what has worked well. £2. Brierley Hill Health and Social Care, Venture Way, Brierley Hill, DY5 1RU. Email: Farah.Hawa@bcfpt.nhs.uk



Bulletin remembers those who have dedicated their careers to speech and language therapy

REMEMBERING

# Obituary

## Kay French

1961 – 2014

Kay French sadly lost her long battle with cancer on 19 December 2014. A celebration of her life took place on 12 January 2015 at All Saints Church, Frindsbury. This was followed by a journey in a horse-drawn carriage to the crematorium going past the hospital Kay worked in. Staff stood as a mark of respect outside the hospital as the carriage drove past.

Kay came into the speech and language therapy profession as a mature student, qualifying despite having to take a break from her training while she undertook the treatments for her illness. She started the four-year BSC course at City University in 2001 and soon became an important part of a team of mature students. She became recognised as a perfectionist and was highly acknowledged by the entire year for being a hard working student, who excelled in achieving the best results that she could and at the same time managed to run a family home in Kent. Kay talked endlessly at

university about her family who she adored and who supported her in achieving her degree in 2006.

Her friends and lecturers were all very shocked when she told them she had breast cancer, yet despite this she wasn't going to let that take her away from her determination to get her degree. Friends were in awe of her because Kay was a fighter who dealt with the cancer with bravery, dignity and still managed to make people laugh with her witty sense of humour.

From the outset, Kay showed a deep interest in all aspects of study, bringing her enquiring mind to bear on each component of the course, and relishing her clinical placements. It was in this clinical training aspect that she showed the greatest confidence from the start, having worked as a speech and language therapy assistant, and she greatly valued her growing understanding of speech and language disorders and how they might be assessed and remediated. Although she had little difficulty with the more abstract and theoretical aspects of her degree, she was often under-confident and convinced she was less than able academically. This was far from the case, so it was with great pleasure that those who taught her saw her confidence growing as she progressed through the course of study.



It was a bitter blow when she learned that she had an aggressive illness, which meant that she had to set aside her studies for a year while she received treatment. When she returned to complete her degree she was, of course, with a different group of students. It cannot have been easy for her to watch those with whom she had started going out into jobs, while she was still completing. It says much for her, and indeed her fellow students, that she made new and lasting friendships within both groups of students. Staff and students alike were deeply impressed by Kay's courage and her commitment to completing her degree.

Kay's passion and enthusiasm for the profession which she had joined was evident to all who worked with her. A devoted wife to Ray and mother to Natalie and Daniel, Kay managed to combine both work and family life, which she lived to the full, also spending plenty of time with her horse and dog, who she loved.

Kay quickly developed a strong interest and specialism in the field of stammering and shared this enthusiasm with others in the team. Her irreverent sense of humour, warmth, kindness and knitting (there are many babies in the team) are greatly missed.

Despite her own illness, Kay continued to always be more interested in supporting others and had a positive outlook on life and the future. She is sadly missed by all in the Children's Therapy Team at Medway Community Healthcare. ■

**Louisa Waters, Head of Medway Community Healthcare Therapy Service**

# Appointments

## Speech & Language Therapist

Full or part-time, term-time

£23,899- £32,881 pa depending on experience

Ingfield Manor School, Billingshurst (West Sussex)

Ingfield Manor is: a day and weekly boarding school for 60 pupils aged 3 to 19 with neuro-motor impairments such as Cerebral Palsy; a good school with outstanding features (Ofsted Nov 2013) with ambition to become outstanding; an outstanding school for care (Ofsted every year to date); a school at the forefront of Conductive Education in this country; a school with staff who work in trans-disciplinary teams, meeting all the pupils' needs throughout their waking day; and an exciting and rewarding place to work with developments in the area of AAC, supporting our older students to develop their functional communication and overall independence as they mature into adults.

We are looking for someone to work with our secondary and 16+ students. You will have knowledge and skills in at least one of the following areas: AAC, dysphagia, or young people with a neurological impairment. Full or part-time hours will be considered.

This role gives you the opportunity to work as part of a trans-disciplinary team and be responsible for managing the S&LT needs of the group of students. This will include providing direct, indirect and group therapy to promote students' independence and access to the curriculum. There is an emphasis on active learning and providing recommendations and training to the team and advice to families. The school has national reputation for the development of AAC, and our teams include Speech & Language Therapists, Teachers, Occupational Therapists, Physiotherapists, Conductors, Conductor Assistants and Team Members.

We expect all candidates to share our commitment to safeguarding and promoting the welfare of children, and all posts are subject to an enhanced DBS check. Starting salary is in the range of £23,899 - £32,881, depending on experience. School holidays apply and are paid in full. Single accommodation available.

For further details and application form please contact Jane Barnett, Administrative Assistant, Ingfield Manor School, Ingfield Manor Drive, Five Oaks, Billingshurst, West Sussex RH14 9AX. Tel: 01403 782294, email: [ingfield.recruitment@scope.org.uk](mailto:ingfield.recruitment@scope.org.uk) or visit [www.scope.org.uk/jobs](http://www.scope.org.uk/jobs)

Closing date for applications:  
9.30am, Monday 25th April 2016.



Scope is a registered charity, number 208231

**Scope**  
About disability

West Heath School is an Independent SEN Residential School with Charity status. We provide a therapeutic learning environment for children aged 10-19 who have suffered some form of trauma and are unable to access main stream education. We believe in "rebuilding lives through education" developing life skills and encouraging students to enjoy social activities. The School is set in 35 acres of park land in Kent

## Speech & Language Therapist

Salary: £30,000 p.a.

Full Time - Term Time only. Working only 39 weeks per year

We are able to offer the opportunity for a experienced therapist interested in specialising, to work within our multi-disciplinary HEART (Health, Education and Revitalising Therapists) team. This active department receives excellent support from school staff and senior management and provides opportunities for working with students of whom the majority have a statement of special educational needs or an Education, Health and Care Plan. The salary of £30K is not pro-rata.

The successful candidate will be subject to an Enhanced DBS check and subscribe to the Updating Service

If you would like to find out more about our school, plus application form and JDs please visit the website [www.westheathschool.com](http://www.westheathschool.com) or contact [lynne.mcgrath@westheathschool.com](mailto:lynne.mcgrath@westheathschool.com) if you have any questions.

**Closing date 24 April 2016**

*The School is committed to safeguarding and promoting the welfare of children and young adults*



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TRINITY SCHOOL | Dagenham Heathway, Essex RM10 7SJ : Tel: 0208 724 1703 Fax: 0208 270 4969 : Headteacher: Peter McPartland OBE. (Roll 265, 3 - 19 years)

# SPEECH AND LANGUAGE THERAPIST

Required as soon as possible  
Full time Band 5 £21,692 – £28,180 + Outer London Weighting

Trinity School is a 4-19 year special school for students with MLD, SLD, PMLD and Autism. We are committed to the development of quality learning and communication opportunities. This is an ideal opportunity for you to develop your skills in working with children with a range of learning disabilities with associated complex needs. You will work alongside experienced therapists with additional specialist support. Our dynamic and enthusiastic communication team works as an integral part of the whole school and is seeking a new team member.

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

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

- Children with complex communication difficulties
- Learning difficulties
- Profound and Complex Learning Difficulties
- Dysphagia
- The implementation of AAC and PECS

We can offer professional supervision from the Speech and Language Therapy Manager, a highly supportive team of teachers and co-educators, an environment that values language and communication skills and the expertise of our SLTs, support for CPD, training and development opportunities, pension scheme and a health scheme.

Visits to the school are both welcomed and encouraged by appointment. Please contact Erna O'Neil on 020 8270 1601 to arrange an informal visit.

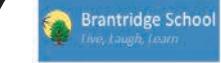
An application pack can be found at [www.trinityschooldagenham.org.uk/Vacancies-1/](http://www.trinityschooldagenham.org.uk/Vacancies-1/)

Closing date: 3pm Friday 22nd April 2016  
Interviews will take place: w/c 2nd May 2016  
Additional information about the School can be found at [www.trinityschooldagenham.org.uk](http://www.trinityschooldagenham.org.uk)

Trinity School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment. A criminal record check via the DBS will be undertaken for the successful candidate. This post is exempt from the Rehabilitation of Offenders Act and a comprehensive screening process, including a disclosure check will be undertaken on all applicants.



## RCLST jobs



### Speech and Language Therapist

South East/West  
Competitive salary



### Speech and Language Therapists

North West England  
Competitive salary



### 4 Paediatric Speech & Language Therapists

Greater London  
Band 5



### Highly Specialist Speech & Language Therapist (HCPC Registered)

South West  
£31,905 - £36,250 pa

To check the latest jobs, visit:  
[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

# Speech and Language Therapist

**Location: Kensington and Curwen Primary Schools, Newham, East London.**

Contract type: Permanent | Hours: Full time | NHS Band: 6

Start Date: 1st September 2016

Specialist areas: Education, mainstream and special schools

**Due to our on-going success and drive for excellence, we are recruiting a Speech and Language Therapist to join our Soft Federation of 2 schools - Kensington and Curwen Primary Schools, Newham, working with children aged 3-11 years.**

#### About the job:

We are seeking an enthusiastic and forward thinking therapist with an interest in and experience of working with children with a range of communication, speech and language needs. Some of these pupils will be on the Inclusion Register as having SEND, but some will not.

Your time would be split between the 2 schools, initially 2 days a week at Kensington and 3 days a week at Curwen. Time spent in each school may vary according to the numbers and needs of pupils. The schools are approximately 1.8 miles apart, and close to underground stations - namely East Ham and Plaistow.

#### This role will include the following responsibilities:

- Assess and evaluate the communication needs and abilities of the children in both schools, as part of the Inclusion and Teaching Teams.
- Deliver individual and group therapy sessions.
- Work in partnership with teachers, parents and relevant professionals to achieve the best possible progress for pupils.
- To liaise with a range of relevant outside agencies such as NHS, CDC, LCIS.
- Advise and support school staff.
- Set pupils goals and provide relevant support to achieve these.
- Use assessment and additional information gathered through observation to develop individual therapy programmes with specific and measurable objectives.
- Produce comprehensive and detailed reports for annual review meetings.
- Regularly monitor therapy programmes and review targets.
- Supervise and support staff in the Inclusion Team that deliver communication programmes.
- Support Senior Management Team with strategic, developmental planning.
- Ensure all relevant paperwork is kept up to date, including written reports and updates to SMT.

#### We can offer:

- A friendly, supportive staff that works as a team.
- Opportunities to work across both schools and help us develop our Soft Federation.
- Outstanding opportunities for professional development.
- A creative learning environment that is open to new initiatives and ideas.

All applicants will be required to undertake an enhanced DBS check. Kensington and Curwen Primary Schools are both an equal opportunities employer.

Deadline: Applications by June 6th 2016.  
To apply email : karen.shirt@curwen.newham.sch.uk



# Young Epilepsy

Better futures for young lives with epilepsy and associated conditions

Young Epilepsy is based on a beautiful campus in Lingfield, Surrey, and is the leading national charity working exclusively to improve the lives of children and young people with epilepsy and associated conditions.

## Speech and Language Therapist

**Band 6      Part-time, 22.5 hours per week**

Are you passionate about supporting young people aged 5-25 with complex needs or autism to reach their potential? We are seeking a self-motivated therapist to join our established SLT team just as our exciting new School is nearing completion. Work opportunities include our large residential College, intensive Rehabilitation Service and Outreach to local FE Colleges.

You will receive regular supervision plus support from an SLTA and AAC technician. Interdisciplinary working is promoted, with therapists and health professionals based on campus. Induction leads to a full programme of professional development and SIG/CEN membership is supported. Experience of epilepsy is not needed as we will train you.

We offer an excellent benefits package. There is flexibility to work the hours across three or four days.

**For further details, please visit our website:  
[youngepilepsy.org.uk/jobs](http://youngepilepsy.org.uk/jobs) To arrange an informal visit, please email [recruitment@youngepilepsy.org.uk](mailto:recruitment@youngepilepsy.org.uk)**

**Closing date: Friday 22 April 2016.**

We welcome applications from all sections of the community and guarantee to interview all applicants with a disability who meet the minimum criteria. We are committed to safeguarding and promoting the welfare of children and young people. An enhanced DBS check will be required.

[youngepilepsy.org.uk](http://youngepilepsy.org.uk)

Charity No. 311877



# WOULD YOU LIKE TO ADVERTISE HERE ?

To place an advertisement  
please contact  
Philip Owusu-Darkwah:  
**020 7880 6215** or  
**[philip.owusu-darkwah@redactive.co.uk](mailto:philip.owusu-darkwah@redactive.co.uk)**



**bulletin**





## PERMANENT SPEECH AND LANGUAGE THERAPIST

34.5 hours per week x 39 weeks

Salary Range £25,440 to £29,558 pro rata (depending on experience)

**Ratcliffe School is situated in the coastal town of Dawlish in South Devon. We are a special school that caters for 84 children aged 5 to 16 years with high functioning ASC and associated difficulties.**

We are looking to appoint an enthusiastic and strongly motivated practitioner to work with children with complex communication needs and be responsible for assessment, diagnosis and treatment throughout the school.

This is a unique opportunity to develop clinical skills within an educational environment, offering the chance to work collaboratively with a range of professionals. The post holder will also be required to deliver informal training and support to school staff on occasions. The post holder will need to hold a recognised Speech and Language Therapy Degree or equivalent and be a member of the Health Professional Council (HPC). Experience of working with children with ASC and learning difficulties would be an advantage.

For further information or an informal discussion, please telephone 01626 862939 or visit the school website at [www.dawlish-ratcliffe.devon.sch.uk](http://www.dawlish-ratcliffe.devon.sch.uk) To apply for this post please complete the Non-Teaching Application Form on the school's website.

*Informal visits to the school are encouraged.*

**Closing Date for this post is 20th April 2016. Interviews: 27th April 2016**



### Communicating Matters

Speech Therapy Norfolk

**We are an exciting school-based independent practice looking to expand and recruit a part-time therapist (term-time only) for a 1 year contract.**

You will join a small, experienced team delivering therapy services and training to schools in Norfolk. Salary dependent on experience. Please call Ruth Jackson on 07949 140055 or Lindsey Manoharan on 0777 1365640 to apply.

Closing date: 30.4.16

[www.communicatingmatters.co.uk](http://www.communicatingmatters.co.uk)

T H E  
S P E C H  
B U B B L E



**The Speech Bubble is looking for outstanding speech & language therapists to join our team in Manchester & Blackpool**

We are an independent, paediatric speech & language therapy practice and have been working with schools and LAs since 2003. Our team is made up of exceptional therapists with several years proven expertise in managing a varied & complex caseload and working with the specialised needs of our clients.

**If you share our ethos of providing child-centered, school-based speech & language therapy, then we'd love to hear from you.**

For an application form and further information please email [info@thespeechbubble.co.uk](mailto:info@thespeechbubble.co.uk) or call 01254 702574.

## St Dominic's School

Hambledon, Godalming, Surrey GU8 4DX  
Tel: 01428 684693 • Fax: 01428 685018

## Speech and Language Therapist

£24,893 – £34,758 per annum, depending on experience

**Full time, term time only**

St Dominic's School is an Autism Accredited school, rated "Good" by Ofsted, a weekly residential and day school catering for up to 110 students between the age of 7 – 19 who have a range of academic abilities but with complex special needs. We offer a truly multi-disciplinary approach, teachers work with therapy and care staff to enhance the learning process and provide an exciting waking day curriculum. Staff work together to provide a blended approach to therapeutic and educational support, both within individual lessons and across the school as a whole.

We are looking for an enthusiastic and strongly motivated therapist to join our experienced team providing intensive specialist support for pupils and students. We seek a therapist who wants to develop their career, skills and knowledge in a specialist educational setting from Key Stage 2 to 5. Experience of working with children and young people with a range of needs including SpLD and Autism is desirable.

This is a unique opportunity to develop clinical skills within an educational environment, offering the chance to work collaboratively with a range of professionals and to use therapeutic skills creatively to meet the needs of pupils and students. In return, we offer excellent support from colleagues and staff, commitment to CPD, access to internal and external training.

If you believe you can help our learners to fulfill their potential at school, at home and in their communities and are looking for a fresh challenge, then this role may be just what you are looking for.

For an informal discussion about the role please contact Emily Rackstraw, Clinical Lead SalT at [erackstraw@stdominicsschool.org.uk](mailto:erackstraw@stdominicsschool.org.uk)

An application pack is available from our website [www.stdominicsschool.org.uk](http://www.stdominicsschool.org.uk). Please email the completed application to [office@stdominicsschool.org.uk](mailto:office@stdominicsschool.org.uk)

Closing date: Friday 6 May 2016.



We are committed to safeguarding and promoting the welfare of children and all staff will be DBS checked.

St Dominic's is part of Radius Special Education Trust.



## Lead Specialist Speech and Language Therapist

Agenda for Change Band 6, full time (37.5 hours) or part time considered.  
Location: Christchurch, Dorset.

**Autism Wessex has an exciting opportunity for a Speech and Language Therapist to provide high quality, specialist assessment and therapy for children, young people and adults with autism and learning disability.**

You will work as part of our Practice and Clinical Support Team, alongside Behaviour Specialists, an Occupational Therapist and link in with our school Nursing Team. This post is based in Christchurch and requires some travel to our services across Dorset. The successful candidate will be working in Portfield School, our adult residential homes and within our community outreach service. You will ensure that our service users enjoy maximum independence and a good quality of life. You will empower parents, staff and support workers through training and modelling best practice to enable them to support service user's communication skills. We are a welcoming and friendly team who work in a person-centred way to support our services. We are forward thinking and are seeking someone who is motivated and works well in a team. You will ideally have experience working with individuals with autism and implementing specialist therapeutic approaches such as PECS, Social Stories and singing.

### How to Apply:

Visit [www.autismwessex.org.uk/jobs](http://www.autismwessex.org.uk/jobs) or email Human Resources: [hr@autismwessex.org.uk](mailto:hr@autismwessex.org.uk) to request an application pack. Informal visits can be arranged by appointment.

Closing date: 12th April 2016

# Your essential RCSLT information

## London HQ

2 White Hart Yard, London SE1 1NX  
Tel: 020 7378 3000

## Northern Ireland

Arthur House, 41 Arthur Street, Belfast BT1 4GB  
Tel: 02890 446 385

## Scotland

49 North Castle Street, Edinburgh EH2 3BG  
Tel: 0131 226 5250/4940

## Wales

2nd Floor, Transport House, 1 Cathedral Road, Cardiff CF11 9SB  
Tel: 029 2039 7729

### Enquiries (professional)

Tel: 020 7378 3012 email: info@rcslt.org

### Enquiries (membership)

eg change your name, your address your membership type  
and anything to do with member payments. Tel: 020 7378  
3008/3010 Email: membership@rcslt.org

### Website: [www.rcslt.org](http://www.rcslt.org)

RCSLT jobs website:  
<https://www.speech-language-therapy-jobs.org>  
Giving Voice: [www.givingvoiceuk.org](http://www.givingvoiceuk.org)

### RCSLT social media

Twitter <https://twitter.com/RCSLT>  
Facebook <https://www.facebook.com/RCSLT>

### RCSLT insurance

Visit: [http://www.rcslt.org/members/professional\\_roles/  
rcslt\\_insurance/intro](http://www.rcslt.org/members/professional_roles/rcslt_insurance/intro)  
Read the policy and download your insurance certificate

### Research Centre

[www.rcslt.org/members/research\\_centre/introduction](http://www.rcslt.org/members/research_centre/introduction)

### Member journal access

RCSLT members can access more than 1,700 journal  
titles for free in the RCSLT Journals Collection  
[www.rcslt.org/members/research\\_centre/journals\\_collection](http://www.rcslt.org/members/research_centre/journals_collection)

### Clinical decision making

Our interactive online tool provides a step-by-step guide to  
evidence-based clinical decision-making process  
[www.rcslt.org/members/research\\_centre/e\\_learning/tools](http://www.rcslt.org/members/research_centre/e_learning/tools)

## Creating evidence

Visit the 'Doing research' and 'Clinical academic research careers'  
webpages to help you in all elements of carrying out research  
[www.rcslt.org/members/research\\_centre/introduction](http://www.rcslt.org/members/research_centre/introduction)

## Get involved in research

Find out more about RCSLT research champions and how to  
join the network [www.rcslt.org/members/research\\_centre/become\\_a\\_research\\_champion](http://www.rcslt.org/members/research_centre/become_a_research_champion)

## RCSLT research publications

View our 'Research and Development Forums', 'Ask the  
Experts' series, research newsletters and 'In the Journals'  
summaries of recent research articles.  
[www.rcslt.org/members/research\\_centre/newsletters\\_articles\\_and\\_publications](http://www.rcslt.org/members/research_centre/newsletters_articles_and_publications)

## International Journal of Language and Communication Disorders

<http://tinyurl.com/rcslt-pubs> to access the current issue  
and entire back catalogue

## RCSLT Bulletin

Online archive (2003 to present day)  
[www.rcslt.org/members/publications/bulletinonline](http://www.rcslt.org/members/publications/bulletinonline)  
Email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
Writing for the Bulletin, <http://tinyurl.com/qcgkwdl>

## Advertise jobs in the Bulletin and online

Tel: 020 78806215  
Email: [philip.owusu-darkwah@redactive.co.uk](mailto:philip.owusu-darkwah@redactive.co.uk)  
Advertise courses in the Bulletin  
Email: [beth.fifield@redactive.co.uk](mailto:beth.fifield@redactive.co.uk)  
Advertise clinical excellence network meetings in the Bulletin  
Email: [cen@rcslt.org](mailto:cen@rcslt.org)

## Clinical Excellence Networks

[www.rcslt.org/members/professional\\_networks/cen\\_introduction](http://www.rcslt.org/members/professional_networks/cen_introduction)

## RCSLT Hubs

<http://tinyurl.com/Iraqk6e>  
Email: [hubs@rcslt.org](mailto:hubs@rcslt.org)



**Various dates****Picture Exchange Communication System (PECS)**

Level 1 Workshops – Birmingham, Belfast, Leeds, Nottingham, Aberdeen, London, Ipswich, Cardiff and York. Transitioning from PECS to Speech Generating Devices – Cardiff, Birmingham and Brighton. SoSAFE! Social and Sexual Safety Training – Belfast, Plymouth, Liverpool and Brighton. Visit: [www.pecs-unitedkingdom.com](http://www.pecs-unitedkingdom.com) tel: 01276 609 555

**28 April, London****ABA principles for SLTs**

A workshop run by ABA Consultants and SLTs. An introduction to ABA and how to implement it into SLT practice. We will cover echoic manding, ABA with PECS, verbal operants, managing attention, listening and behavior. £85. Email: [info@unlockinglanguage.co.uk](mailto:info@unlockinglanguage.co.uk) or tel: 020 7473 3624. [www.unlockinglanguage.co.uk/training](http://www.unlockinglanguage.co.uk/training)

**28 April, RCSLT London****smiLE Therapy Training Stage 1**

NEW courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Outcome measures for every module. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**29 April, RCSLT London****Introduction to counselling skills, caring and maintaining boundaries**

Practical, friendly and empowering day course, for therapists and assistants in their work settings. Designed for newer and returning therapists, but all welcome. Numbers limited ensuring individual attention. Run by Sally Newman and June Norris. £95 (Early Bird £85). Contact Sally Newman at Therapy Skills Training Alliance. To book your place, email: [newmansallyspeech@yahoo.co.uk](mailto:newmansallyspeech@yahoo.co.uk) or tel: 07821 250 312

**29 April, RCSLT London****smiLE Therapy Training Stage 2**

NEW courses for SLTs and teachers who have completed Stage 1 training, have seen that the therapy works well with their students and want to learn much more. Consists of day one training, time to carrying out a module with two 30-minute phone mentoring sessions with Karin Schamroth, a buddy system and reflection booklet. Finally, day two follow-up approx. five months later. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**4 May, 52 Club Gower Street, London****Sleep disorders – How can I help?**

One-day workshop, facilitated by Andrew Green, explores the science of sleep. £175 (check the event listing in the CTN website for discounts for CTN members). For further details: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

**5 May, 9am – 5pm****London Adult Neuro CEN presents neuro trauma study day**

Topics include spinal injury, facial trauma and patient journeys. 5 Resource for London N7 6PA. Tickets £30; student tickets £5. Available from Eventbrite at <https://neurotraumastudyday.eventbrite.co.uk>

**9 May, The Ear Foundation****Children with cochlear implants at secondary school**

Explore the current research and expectations. Considering self-awareness, self-esteem and confidence. With practical strategies

and resources. Buy one place for £85 get another for £10. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**13 May, Gatwick Hilton Hotel****Active relaxation training workshop**

A practical, one-day interactive workshop suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk); tel: 01276 472 369. Full course details available at: <http://tinyurl.com/ooh3ne5>

**13 May, Salford Quays; 4 November, RCSLT London****Elklan specialist training package – supporting children and adults using AAC**

Equip existing Elklan tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**16 May, London****Introduction to voice assessment and therapy**

A workshop for SLTs new to voice therapy or who require a refresher. Covering anatomy, assessment and types of voice disorders. Also focusing on management and therapy techniques. Workshop led by Dr Rehab – consultant voice therapist. Cost £125. Contact Shermeena Rabbi on email: [info@unlockinglanguage.co.uk](mailto:info@unlockinglanguage.co.uk) or tel: 020 7473 3624. [www.unlockinglanguage.co.uk/training](http://www.unlockinglanguage.co.uk/training)

**16-19 May, London****The SOS Sequential Oral Sensory approach to feeding**

Transdisciplinary programme for assessing and treating children with feeding difficulties and weight/growth problems from birth to 18 years. Integrates posture, sensory, motor, behaviour/learning, medical and nutritional factors to comprehensively evaluate and manage children with feeding and growth problems. Holiday Inn London-Kingston south, Portsmouth road, Surbiton, London, Surrey KT6 5QQ. £785 (instalment plan can be arranged). Contact Catalina Clarke for list of hotels at: [training@sensationalkids.co.uk](mailto:training@sensationalkids.co.uk) to register and for pricing

**19 May, London venue TBC****Community equipment: Law, policies and practice**

One-day workshop led by independent legal trainer and consultant, Michael Mandelstam. £175 (check the event listing in the CTN website for discounts for CTN members). For details and to book visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

**20 May, RCSLT London****smiLE Therapy Training Stage 1**

NEW courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Outcome measures for every module. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**23-24 May****The Lidcombe Program of Early Stuttering Intervention**

This workshop equips SLTs to use the program in private and community clinics with children up to around six years of age. Includes practical skills, the evidence base and post-course support. Tutors: Rosemarie Hayhow

and Claire McNeil. £275.

The Learning Centre Eastwood Park Gloucester GL12 8DB. Email: [gsmith@swindon.gov.uk](mailto:gsmith@swindon.gov.uk)

**23-24 May, Intuition Southwark London; 14-15 November, RCSLT London****Elklan total training package for 11-16s**

Equip SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**23-24 May; 17-18 November, London****Elklan total training package (TTP) for 3-5s**

Equip SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/Therapist teams welcome. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**23-25 May****Susan Langmore FEES Course**

Two-day foundation course on 23-24 May: Theory part (Day 1 all day and Day 2 am) and practical scoping session (Day 2 pm). One-day advanced course on 25 May: Suitable for those with experience in FEES. Theory only £300; Theory + Practical £400, Advanced day £200. Email: Alison.elliott@addenbrookes.nhs.uk, Andrie.schembri@addenbrookes.nhs.uk or sally.barfoot@addenbrookes.nhs.uk

**25 May, Raphael Medical Centre Tonbridge Kent****Management of spasticity**

One-day workshop speakers to include Dr Lal Landham. £95. Further details: [www.raphaelmedicalcentre.co.uk](http://www.raphaelmedicalcentre.co.uk)

**26-27 May; 14-15 November, RCSLT London****Elklan total training package for 5-11s**

Equip SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**26-27 May, RCSLT London****Elklan total training package for children with complex needs**

Equip SLTs and teaching advisers to provide practical, accredited evidence informed training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. 470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**31 May, RCSLT London****The Therapy Outcome Measure (TOM)**

One-day training workshop with Professor Pam Enderby. £175 (check the event listing in the CTN website for discounts for RCSLT members). For details and to book visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

**9 June; 1 November, London****Elklan Let's Talk 5-9s tutor training pack**

Designed for SLTAs, HLTAAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for 5-11s'. £235 pp. Tel: 01208 841 450,

email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9 June; 1 November, London****Elklan Let's Talk Together tutor training pack**

Designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of verbal children with autism aged 4-13 years. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for verbal children with ASD'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9 June; 1 November, London****Elklan Let's Talk with Under 5s Tutor Training Pack**

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for under 5s/0-3s'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**10 June, RCSLT London****Word aware: A joined up approach to teaching vocabulary**

Practical, whole school curriculum based approach. Suitable for teachers and SLTs. Trainers: Stephen Parsons and Anna Branagan. £130 including book. Contact: Kevin Foster on 07989 279294 or [www.thinkingtalking.co.uk](http://www.thinkingtalking.co.uk)

**10 June, Warrington****Routes to literacy**

With Professor Connie Mayer. Learning to read and write is a complex process requiring the development of both language and code-related abilities. Consider these as they inform literacy from primary to secondary. £85. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**W/C 14 June, The Ear Foundation****Intensive training week: Primary-age children**

Consider the conditions educationally and socially that are needed for primary aged deaf children with thrive and learn for themselves. Culminates in our Deaf Education conference. £450. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**17 June, National College for Teaching and Leadership****Deaf education conference: engaging families**

If we engage families, we improve outcomes. Focus on what it takes to create sustained and successful engagement with families that are harder to reach. £110. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**17 June, RCSLT London****Are you getting enough (1)? Developing an understanding of supervision theories, models and practice**

Facilitated by Cathy Sparkes and Sam Simpson ([www.intandem.co.uk](http://www.intandem.co.uk)). Practical, reflective course for SLTs from any clinical area. £160 (£130 early bird). Email: [info@intandem.co.uk](mailto:info@intandem.co.uk)

**24-25 June, Gatwick Hilton Hotel****Cognitive rehabilitation workshop**

Two-day interactive workshop suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: <http://tinyurl.com/lukvzu>

## QUICK LOOK DATES

**27-29 June, UCL CPD@PaLS London**

### Introduction to the practical management of eating and drinking difficulties in children: basic level

Tutors: April Winstock, Specialist SLT, and specialists. £450. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/h49lqtb>

**28 June, City Lit in London**

### SLT-facilitated aphasia groups

Explore creative approaches to running aphasia groups on this practical and interactive workshop aimed at qualified SLTs. Speakers include specialist SLTs as well as service users and volunteers from City Lit Communication Groups. £75. Email: Cathinka.Guldberg@citylit.ac.uk or tel: 0207 492 2569

**30 June, RCSLT London**

### smiLE Therapy Training Stage 1

NEW courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Outcome measures for every module. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: courses@smiletherapy.info

**1 July, RCSLT London**

### smiLE Therapy Training Stage 2

NEW courses for SLTs and teachers who have completed Stage 1 training, have seen that the therapy works well with their students and want to learn much more. Consists of day one training, time to carrying out a module with two 30-minute phone mentoring sessions with Karin Schamroth, a buddy system and reflection booklet. Finally, day two follow-up approx. five months later.

Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: courses@smiletherapy.info

**5 July, UCL CPD@PaLS London**

### Working with selective mutism. Part 1: Effective approaches to assessment and management

Tutors: Maggie Johnson and Alison Wintgens. £150. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/zxfrtbt>

**6 July, UCL CPD@PaLS London**

### Working with selective mutism Part 2: Extension level – supplementary approaches to assessment and management

Tutors: Maggie Johnson and Alison Wintgens. £150. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/zpfum34>

**6 July, Cheltenham**

### Talking Mats training with symbol resources

Talking Mats is a visual framework which uses images to help people with communication difficulties. £220 + VAT, National Star College, Ullenwood, Cheltenham GL53 9QU. Contact Pete Johnson.

Email: [pjohnson@natstar.ac.uk](mailto:pjohnson@natstar.ac.uk), tel: 01242 527 631

**15 July, Gatwick Hilton Hotel**

### Are you SMART? SMART goal setting workshop

This one-day interactive workshop is suitable for professionals working with people who have neurological problems. £85. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: [http://www.braintreetraining.co.uk/SMART\\_spf.php?id=56](http://www.braintreetraining.co.uk/SMART_spf.php?id=56)

**5-7 October, London**

### Introduction to PROMPT technique

This workshop focuses on technique and learning the four levels (Parameter, Syllable, Complex and Surface) of PROMPTing that support the broader, holistic philosophy and approach of PROMPT. Early bird rate available.

Visit: [www.promptinstitute.com](http://www.promptinstitute.com), email: [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

**10-12 October, London**

### PROMPT bridging technique to intervention

This workshop will help the clinician more thoroughly understand and apply the four levels of PROMPTing with different motor systems and conditions. Early bird rate available. Visit: [www.promptinstitute.com](http://www.promptinstitute.com), email: [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

**2-3 November, RCSLT London**

### Elklan total training package (TTP) for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**17-18 November: RCSLT London**

### Elklan total training package for verbal children with ASD

REVISED course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical

strategies and approaches. £470 pp.

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## Involve parents with an evidence-based coaching framework

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# Jennie O'Grady

OCCUPATION: SLT VOLUNTEER WITH HACKNEY PIRATES

**A**y, ay captain. For the past year I have had the privilege to shout this to my own captain on the Ship of Adventures that holds the Hackney Pirates (HP) as we navigate the seas of children's imaginations. Hackney Pirates is an enterprising charity with the mission to support young people in developing literacy, confidence and perseverance by delivering motivating learning projects in a dynamic environment using the resources in the community.

I joined HP as a volunteer to develop my skills as a newly-qualified practitioner and to gain inspiration from a different field of expertise. It would be impossible to do justice to all of the training, planning and supports that go into making HP the intrepid explorers in education they are, but I want to share what has inspired me and informed my SLT practice.

Class teachers refer young pirates to the service due to concerns about their performance at KS2, which is a predictor of success in GCSEs. Adult volunteers provide young pirates with individual support in their reading as well as listening, speaking and writing activities. Volunteers facilitate the pirates' understanding and expression, and support them to stay on task. The latter is done brilliantly by the use of individual barometers, where the volunteer can adjust the dial to indicate to the pirate if they are smooth sailing or heading for stormy waters. This supports the pirate in



monitoring their behaviour and enables them to set immediate goals to guide them back to calm seas.

Each session takes place on the Ship of Adventures, which looks like your ordinary shop on the outside but has been designed and decorated interiorly to recreate life on the high seas. The session starts with a game to encourage pirates to arrive on time, with an hour dedicated to reading and another hour to the project with a break and second game in between. The opening game typically builds listening and attention skills, and the second game focuses on the goal of the session. Each session ends socially with "shout outs", where pirates and their volunteers will get together to say thanks for the support in the session. This is a brilliant way to give feedback in groups of young people who may be reluctant to give and receive praise otherwise.

Each term focuses on a different creative publishing project with pirates producing their own books and websites. Past projects include modern re-writings of classic fairy tales (eg, 'Jack and the Beanstalk meets Wrestlemania'), instructional videos and inspirational speeches. At the planning stage, pirates are encouraged to unleash

their 'Captain Splurge' and express their ideas in any way, including writing rough notes, drawing, gesturing and acting out their thoughts. In the writing stage they are supported with a variety of templates as well as model responses to refer to and critique. In the refining stage, pirates embody the qualities of the 'Refined Admiral'.

Hackney Pirates measures its impact in literacy carefully through termly tests of reading levels and quick comprehension quizzes on each book a pirate reads. At the end of the academic year pirates, parents and teachers give their feedback. In the past academic year, 96% of teachers reported an improvement in students' confidence, 83% felt HP had made a positive impact and 78% reported an improvement in their students' engagement in writing and attitude to learning. Parent reports include, "HP has put the fun back into learning for my son" with pirates reporting, "I felt surprised because my work is great".

Personally, HP has had a profound impact. They have introduced a completely new model of working, which I see as compatible with our own. I have already incorporated elements of the HPs ethos into my work, including the use of shout outs, drawing ideas before talking about them and working on vocabulary and grammar through superheroes. ■

Visit: [www.hackneypirates.org](http://www.hackneypirates.org)



*"Hackney  
Pirates has put  
the fun back  
into learning  
for my son"*

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