

# bulletin

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

April 2017 | [www.rcts.org](http://www.rcts.org)

The value of  
videofluoroscopy  
assessment

Key findings from  
the SEND report

Writing accessible  
care plans



An opportunity for change: Ensuring people  
with communication disability are represented



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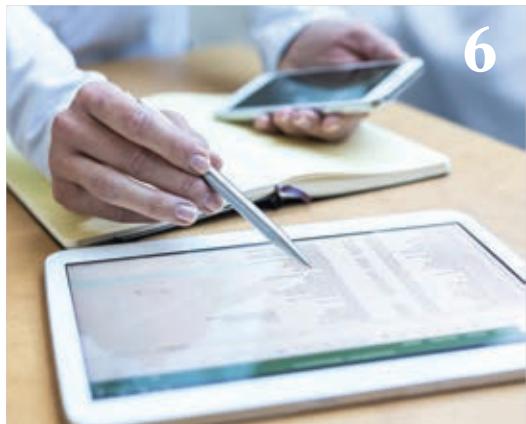


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# Clare Williams

EDITORIAL

## LETTERS

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



# Communication matters

**M**arch was a busy month at the RCSLT, particularly with the hugely successful Swallowing Awareness Day, as well as the Voice Box finals – a round-up of both events will feature in next month's Bulletin. But it demonstrates just how much passion and commitment there is for raising awareness of how speech and language therapy transforms lives. This passion also comes through in the submissions we receive for Bulletin – please do keep them coming. There's some really impressive work going on out there.

In this issue of Bulletin, we focus on the work of the RCSLT's Policy and Public Affairs team, supported by a dedicated group of SLTs, in ensuring the needs of people with communication disability are included in the Government's Work and Health Programme (pages 12–14). Also in this issue, Judith Anderson reveals the value of videofluoroscopy (VF) assessment, following an audit of VF outcomes from four hospital trusts (pages 16–18). While, on pages 22–23, Fiona Haynes explores the role of speech and language therapy in empowering patients to access their care plans.

Finally, we say farewell to Emma Pagnamenta, who is leaving her role as RCSLT Research Manager and contributing editor to join the lecture team at Reading University. We wish Emma well on her future adventures and look forward to hearing from her as she continues to be a research-active member of the RCSLT.

### Clare Williams

Bulletin editor

bulletin@rscslt.org  
 @rscslt\_bulletin

### Your RCSLT

#### Josephine Olley



As the RCSLT's Public Relations Manager, I'm responsible for promoting your valuable work via the media and social media, which is a hugely rewarding, busy and varied job. In addition to advising members about campaigning under the Giving Voice brand, I also manage the publicity for two annual RCSLT-led campaigns: the Voice Box joke competition for schools, and European Swallowing Awareness Day. I'm pretty sure you enjoyed the latter, particularly as it was 'trending' on Twitter twice on 6 March – thanks to all your incredible activities!

If you've got a story you think the media would be interested in, or you would be willing to be a media spokesperson and have experience in this area, please email: press@rscslt.org

**Josephine Olley, Public Relations Manager**

## A new Scottish CEN in Speech Sound Disorders

We would like to invite SLTs with an interest in speech sound disorders (SSD) to become part of the first CEN in Scotland for this fascinating client group.

We will be running a free event on 5 May at the University of Strathclyde, with exciting speakers to include Yvonne Wren, who will talk about predictors of persistent SSD; and Catherine Jackson, talking about apps for assessment.

Everyone is welcome, either just to hear the speakers and to network, or to offer their time as a committee member for what will hopefully become an established CEN. To find out more, and to sign up for the event, visit: [www.engage.strath.ac.uk/event/368](http://www.engage.strath.ac.uk/event/368)  
**Joanne Cleland, University of Strathclyde. Email: joanne.cleland@strath.ac.uk; and Sara Wood, Queen Margaret University. Email: swood@qmu.ac.uk**

## Taking the independent route

It was good to read the Alex Kelly feature in the recent Bulletin (March 2017). Against a backdrop of almost continuous change in terms of provider landscape, for a variety of reasons, increasing numbers are heading down the independent route. Alex's transition is probably fairly typical, as therapists put a toe in the water before taking the plunge. Whichever way it happens, there are more of us out there than ever.

We all have the best interests of service users at the forefront. The diversity of models is a positive thing – not only for clients who have greater choice, but also for the NHS, in that there is scope for using resources more effectively across the patch. Independent practices could be a source of support and expertise for services considering introducing or developing a 'traded' arm.

So, thank you to Bulletin for introducing 'commerce' into what has traditionally been a clinical and policy-oriented publication. It would be good to see College take a lead in opening a dialogue in terms of the independent and NHS interface. There will be examples of best practice from which we could all benefit. Maybe now the time is right – and, perhaps not entirely coincidentally, February's 'My Working Life' also had an independent focus.

I loved Alex's 'checklist' – sound advice and a great way to open what could be a very interesting and stimulating debate.

**Diana McQueen, Co-director of Soundswell Speech and Language Therapy Solutions. Email: diana@soundswellspeech.com**

**Ed's reply:** Hi Diana. We have been keenly following the evolving landscape over the past few years, with many of our members now working in varied contexts. We're pleased to say that independent practitioners are an integral part of our work here at the RCSLT and are represented on all of our committees and working groups, feeding into key projects such as the children's services strategy, digital transformation strategy, curriculum guidance and NQP framework. To find out more, visit [www.rscslt.org/about/projects](http://www.rscslt.org/about/projects)

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

# News

QUICK  
LOOK  
DATES »

07 APR

Deadline for submissions  
for the RCSLT  
Conference 2017

30 APR

Vote for your top  
10 dysphagia research  
questions

31 JUL

Last date for Early Bird  
booking rates for the  
RCSLT Conference 2017

## All-Party Parliamentary Group discusses SEND reforms report

The findings of RCSLT's recent report on the impact of the SEND reforms on children and young people with speech, language and communication needs was the theme of the latest meeting of the All-Party Parliamentary Group (APPG) on Speech and Language Difficulties, on 21 February.

Derek Munn, RCSLT's Director of Policy and Public Affairs, highlighted our member survey's positive findings in relation to parents' and carers' involvement in decision-making, as well as SLTs' confidence in delivering the reforms. He went on to brief the group on the survey's less positive findings regarding a lack of support for children without education, health and care plans; lack of provision for children and young people aged 0–



years and 18–25 years; and variable implementation of joint commissioning arrangements. Derek also highlighted RCSLT's policy calls and proposed responses to some of the survey's findings.

Following the presentation, there was a lengthy discussion in which SLTs and representatives of sector bodies discussed their experiences of the SEND reforms.

Before bringing the meeting to a close, Lord Ramsbotham updated the group on activity since the last meeting. This included work on the Children and Social Work Bill and the newly published Prisons and Courts Bill, on which RCSLT will be working with MPs and peers as it passes through parliament.

◎ For details of future group meetings, email [peter.just@rcslt.org](mailto:peter.just@rcslt.org). For more information about this meeting, see: [www.rcslt.org/governments/appg-meeting\\_feb2017](http://www.rcslt.org/governments/appg-meeting_feb2017)

NEWS  
IN BRIEF

**Nominations** are open for the annual RCSLT honours awards, acknowledging members' achievements and those who have contributed outstanding services to speech and language therapy. So now is the time to nominate your amazing colleague. The process is simple to complete.

◎ Find out more at: [www.rcslt.org/about/honours/RCSLT\\_honours](http://www.rcslt.org/about/honours/RCSLT_honours)

**Planning** is in full swing for the RCSLT Conference – Speech and Language Therapy: Maximising Impact, which takes place on 27/28 September at the Scottish Event Campus (SEC) in Glasgow.

◎ To keep up to date with the latest news and take advantage of the early-bird booking rate, visit: [www.rcslt.org/news/events/2017/rcslt\\_conference](http://www.rcslt.org/news/events/2017/rcslt_conference)

**Swallowing Awareness Day** was a resounding success this year, with huge creativity and enthusiasm from those who took part. Even the European Space Agency and astronaut Tim Peake got involved, sharing how microgravity affects the swallowing mechanism in space.

◎ For a round-up of events, visit: [www.givingvoiceuk.org/european-swallowing-awareness-day](http://www.givingvoiceuk.org/european-swallowing-awareness-day)

**The Communication Trust** has recently updated and improved its Speech, Language and Communication Framework, a free professional development tool that sets out the skills and knowledge to support the speech, language and communication development of children and young people.

◎ Find out more at: [www.slcframework.org.uk](http://www.slcframework.org.uk)

## New RCSLT factsheets now available

Six new factsheets have recently been published by the RCSLT, adding to the extensive series already available to download from the RCSLT website.

The factsheets cover a range of clinical areas and settings, and have been created to help both the RCSLT Policy and Public Affairs team and our members communicate how speech and language therapy transforms lives, supporting influencing work at both a national and local level. Each factsheet includes facts and figures to highlight the size of the problem with regard to a particular clinical issue, how lives are affected and how speech and language therapy can help. The factsheets also include case studies demonstrating the difference speech and language therapy makes to people's lives.

The new factsheets focus on the work of SLTs in relation to looked-after children; social, emotional and mental health and wellbeing; safeguarding vulnerable children; head and neck cancer; learning disabilities; and public health.

◎ All the factsheets are available from: [www.rcslt.org/speech\\_and\\_language\\_therapy/slts\\_factsheets](http://www.rcslt.org/speech_and_language_therapy/slts_factsheets)





Dinithi O'Gorman  
@TiramisuGoomba

Had a wonderful day at my dysphagia placement today  
#dysphagia #rcslt #SALT

Charlotte Phillips  
@cbphillipsslt

Charlotte Phillips Retweeted RCSLT policy @RCSLT factsheets are extremely concise and good example of evidence-based practice #slt2b

## SNOMED CT: adopting a 'common language'

Last month, we looked at clinical terminology and the potential benefits of adopting a 'common language' across the world of healthcare, including an introduction to SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms) as an example of a standardised clinical terminology used internationally. Here we examine SNOMED in more depth, as well as the RCSLT's approach to reviewing the subsets of terms related to speech and language therapy.

### Consistent words and phrases

Using a standardised vocabulary facilitates the precise recording of clinical information and supports effective and accurate record keeping, which has implications for improving the quality of healthcare. It aims to consistently represent the words and phrases used in healthcare, and the relationships between these terms,

which describe the care and treatment of patients and cover areas such as diagnoses, symptoms, surgical procedures, treatments and medicines, as well as terms used for healthcare administration. This terminology is being incorporated into electronic healthcare applications – those of you who use electronic patient record systems may be using SNOMED CT without even realising it.

### A review of the terminology

The RCSLT has been working with the UK Terminology Centre to develop subsets containing clinical terms related to speech and language therapy, and has piloted a new approach to involve members in the development and maintenance of relevant terms. Updates to SNOMED CT subsets are made every six months, and include the addition, removal and amendment of clinical terms.

The review group, which comprises SLTs

with an interest in clinical terminology, was invited to trial the approach, which reviews existing clinical terms in the 'speech and language therapy related findings' subset. A sample of clinical terms denoting communication and swallowing disorders were split into clinical areas and presented via online surveys. Members gave feedback on the suitability and relevance of existing terms and were able to suggest terms not currently contained in SNOMED CT. This feedback will inform changes to be communicated to the UK Terminology Centre. Feedback about the approach itself indicates that it provides a convenient, quick and efficient way of reviewing the terms.

We are interested in expanding the review group to continue to review the clinical terms, and would welcome expressions of interest in joining the group. If you are interested in clinical terminology and would be willing to spare a few minutes every two to three months, please contact Kathryn Moyse ([kathryn.moyse@rcslt.org](mailto:kathryn.moyse@rcslt.org)) for more information.

◎ **Further information about SNOMED CT can be found at: [www.rcslt.org/cq\\_live/resources\\_a\\_z/snomed\\_ct](http://www.rcslt.org/cq_live/resources_a_z/snomed_ct)**

## Stroke specialists needed for conference committee

Are you a qualified SLT with demonstrable knowledge and experience of stroke care? Are you active in clinical research or practice, with knowledge of the stroke care agenda and of emerging research in the field of communication and swallowing in stroke? Would you like to represent the RCSLT on the UK Stroke Forum (UKSF) Conference Committee, helping to develop the programme and content of the UKSF annual conference? The role involves a time commitment of approximately 30 hours per year; expenses will be paid. If you're interested, please contact Naj Hussain ([najmul.hussain@rcslt.org](mailto:najmul.hussain@rcslt.org)) for an application form.

## Be prepared for the HCPC audit

In July, the Health and Care Professions Council (HCPC) will be approaching a selection of SLTs as part of an audit to check that registrants are meeting its continuing professional development (CPD) standards. Those who are selected



will be asked to complete a profile summarising CPD activities since the last registration period.

The audit takes place around the same time as the renewal of your HCPC registration. If you are selected for audit, the HCPC will send you a notification letter with your renewal notice. The deadline for renewing your registration and for completing your CPD profile, if requested, is 30 September.

You can complete your CPD profile by using the information you have recorded in your online RCSLT CPD diary – simply copy and paste the details from your CPD diary to the HCPC pro forma (see [www.rcslt.org/members/cpd/toolkit](http://www.rcslt.org/members/cpd/toolkit) for the RCSLT CPD toolkit).

◎ **For more information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile, visit: [www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)**

**Tim Peake@astro\_timpeake**

@RCSLT, microgravity makes us very aware of the importance of the swallowing mechanism!  
#swallowaware2017

**Claire Johnston@claireo776**

@RCSLT Really enjoyed the articles in this month's @rcslt\_bulletin. It really reflects the diversity the workforce and experience. #slpeeps



**MORAG DORWARD & KAMINI GADHOK**

## Make the most of your retirement

Like many of our colleagues, we are looking forward to our retirement but are wondering if we can fit it in between house renovations, grandparenting or that world trip we had been planning! Speech and language therapy has been such an important part of our lives: we have made many friends, and it really does define who we are. For this reason, we have agreed to co-ordinate the Eastern Region Retirement Group and hope to contact members in the coming months to find out what they would like locally.

We step into the very capable shoes of Shirley Davis and Sue Swan, who have worked hard to help the retirement network grow and flourish. We would like to thank them very much for their time, patience and expertise.

If you are retiring soon, or know colleagues and friends who have already retired and may be interested



in attending our Eastern Region events, please contact us. We really want to hear from you.

RCSLT has all the details of regional reps for your area. Just email info@rcslt.org and the team will pass on your requests to the relevant network.

**Carol Everingham.** Email: [caroleveringham@aol.com](mailto:caroleveringham@aol.com); and  
**Shelagh Urwin.** Email: [shelagh.urwin@hotmail.co.uk](mailto:shelagh.urwin@hotmail.co.uk)

## Dysphagia research questions – your vote counts

Calling all SLTs working in dysphagia! We need your help to determine our research priorities by voting for your top 10 from a longlist of dysphagia research questions.

To make sure your voice is heard, all you need to do is complete our online survey ([www.surveymonkey.co.uk/r/CS8JTWZ](http://www.surveymonkey.co.uk/r/CS8JTWZ)); alternatively, you can request a hard copy of the survey from Lauren Longhurst (email [lauren.longhurst@rcslt.org](mailto:lauren.longhurst@rcslt.org)). We are also seeking the views of people with dysphagia, their families, other professionals and organisations, so please do help us spread the word. You have until 30 April to choose the top 10 that you consider most important.

This survey is the final stage

in our research priority setting into the care and treatment of dysphagia in childhood and adulthood, in partnership with the National Institute of Health Research. The longlist of questions has been developed from a member questionnaire, recommendations from systematic reviews and guidelines, and a multidisciplinary workshop involving service users, carers, SLTs and other professionals who care for people with dysphagia. The questions will be used to influence which research will be funded in the future.

**◎ To find out more about the project, visit: [www.rcslt.org/members/research\\_centre/research\\_priorities/dysphagia](http://www.rcslt.org/members/research_centre/research_priorities/dysphagia)**

## YOUR PROFESSION, YOUR CPD

### RCSLT Conference 2017 – Speech and Language Therapy: Maximising Impact

We hope to see as many of you as possible at our national conference – the largest gathering of RCSLT members in the UK – which, this year, will be held at the Scottish Event Campus (SEC) in Glasgow on 27/28 September 2017.

If you have not already done so, please do send in your submission before the deadline of 7 April to share your research activity or showcase any service delivery innovations or quality improvements at the conference. This year we are using a new online system for abstracts, to make it easier to submit papers. An FAQ guide and submission guidelines are available to support you through the process.

For the first time, our 'Brag and Steal' category is dedicated to showcasing how research evidence is being applied in practice, as well as clinical innovations that have been evaluated and have the potential to change or inform practice.

If you don't have a submission to share, come along and hear what others are doing and learn or gain inspiration from them. It is a great opportunity to meet colleagues and share informal stories and experiences at the same time as supporting your CPD activity. In addition, you can hear directly about the work of RCSLT during the AGM on the first day. You will also have a chance to meet staff and trustees.

It is good value too, with Early Bird rates for RCSLT members frozen at 2014 conference prices. Discounted rates are also available for student, newly qualified practitioner and assistant RCSLT members through the Penny Harrison Memorial Fund (please note that places are limited; details of how to apply can be found on the website).

We look forward to welcoming you all and will keep you updated on the programme via Bulletin and the website as it develops. We hope to see you there.

To submit an abstract or book your place, visit [www.rcslt.org/news/events/2017/rcslt\\_conference](http://www.rcslt.org/news/events/2017/rcslt_conference) ■

**Morag Dorward RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive. Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**

# News

## The Hub of the matter

*Bringing together SLTs in your region*



Hub  
[/hub/](#)

1. The central part of a wheel, rotating on or with the axle, and from which the spokes radiate.
2. The effective centre of an activity, region, or network.

(Source: Google dictionary)

RCSLT Hubs are a great way of bringing together SLTs in your region, which is particularly important in roles where you may feel you are making decisions on your own. They are also a way for the RCSLT to communicate with its members and gather their views on topics ranging from SEND reforms to the NQP framework. In addition, the Hubs can provide free and subsidised training and events.

I first heard about the RCSLT Hubs while

I was a student studying at the University of Reading for my MSc. My first experience of the South Central Hub was attending a workshop focusing on evidence-based practice. As a student, attending this provided me with an opportunity to not only network with experienced colleagues, but also demonstrated some of the challenges in using 'best practice' in our workplace.

I have since stayed involved with the

South Central Hub as an NQP, taking on the responsibility of helping to manage our Twitter account: @SCSLTHub. At our South Central Hub day last year we helped to get some SLTs tweeting for the first time, providing them with a platform to quickly access and discuss hot topics in speech and language therapy.

As an NQP, I was worried that I wouldn't have much to add, but the way the Hubs work mean that anyone can get involved, regardless of experience or the setting in which you work.

It is definitely worth looking up your local Hub to see what is on offer. There are always opportunities to get involved and shape the direction of your Hub. If you have five minutes to spare, follow your local Hub on Twitter or sign up via email at [hubs@rcslt.org](mailto:hubs@rcslt.org). If you have 10 minutes to spare, see what your local Hub can provide by visiting [www.rcslt.org/members/professional\\_networks/rcslt\\_hubs/introduction](http://www.rcslt.org/members/professional_networks/rcslt_hubs/introduction)

**Kelsey Heard, NQP. Email: [kelsey.heard@berkshire.nhs.uk](mailto:kelsey.heard@berkshire.nhs.uk)**

### RCSLT online resource of the month



Webinars are online presentations, lectures or seminars that can include video, audio, photos and slide presentations. Our RCSLT webinars offer a free, easy way of finding out about a range of topics affecting the speech and language therapy profession. You can take part in 'live' webinars by registering and submitting questions, or you can watch recordings of past webinars.

◎ To find out more, visit [www.rcslt.org/news/webinars/rcslt\\_webinars](http://www.rcslt.org/news/webinars/rcslt_webinars)

## SLTs in the media: rehabilitation of young offenders

There was some excellent coverage on several regional BBC TV and radio news channels in February, reporting on how SLTs can help change young offenders' lives by supporting them with their communication needs. The broadcasts, which the RCSLT helped to set up, featured the story of 18-year-old Gulliver, who, with the help of Dr Val Brooks, one of two SLTs working with Devon Youth Offending Team, has been able to break free from his old life as a young offender. Gulliver believes his improved prospects are a direct result of the speech and language therapy he has received, and it is the reason he's confident he won't re-offend.

Dr Brooks, who was interviewed as part of the



TV and radio programmes, reiterated the statistic that 62–95% of young offenders have significant communication difficulties.

Having screened the young offenders coming through her service over a period of 13 months, Dr Brooks found that 91% had speech, language and communication needs.

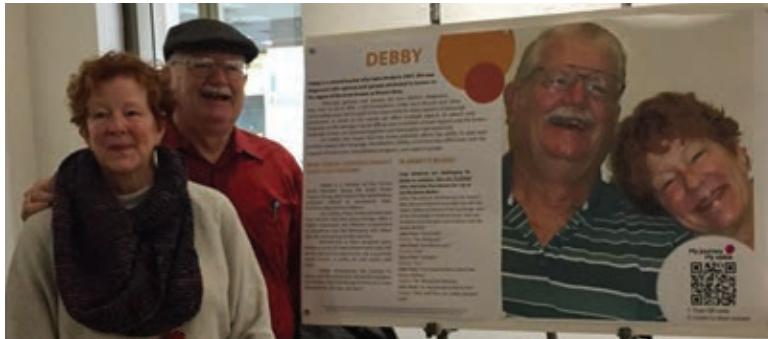
Former Chief Inspector of Prisons Lord Ramsbotham, a keen advocate of speech and language therapy, is pushing for this issue to be addressed, and for increased funding to be made available so that more support can be offered. "Lack of communication was the cornerstone of all their problems, and the cornerstone, therefore, of improving their prospects," he said.

◎ To watch the BBC Points West broadcast, see: [youtu.be/vl\\_fOZB7qUI](https://youtu.be/vl_fOZB7qUI)

**11,347**  
people follow @RCSLT on  
Twitter, up 1,115 from  
Sept 2016

**77**  
dysphagia research  
questions from which to  
choose your top 10

# My Journey My Voice travels across the Atlantic



Following the success of My Journey My Voice in Northern Ireland, RCSLT NI was approached by a student from the University of Sacramento who is studying a BSc in Speech and Language Pathology. John Paul Maguire (originally from Belfast) had seen the project, was impressed by it and thought it would be a fantastic project for his university to replicate. He explained that, in his degree, there is a requirement to evidence user benefit.

After initial discussions, RCSLT agreed to it being replicated and it has recently been launched to much acclaim by the university and the wider public. As well as being exhibited on the university campus, the project could end up being displayed at the National Student

Speech Language and Hearing Association conference next year in the USA; and, like My Journey My Voice NI, the university is hoping to take it on tour to libraries.

Course Director Darla K Hagge, PhD, CCC-SLP, from the University of Sacramento, said: "My Journey My Voice serves to highlight the everyday stories of real people who represent a life impacted by an acquired speech, language or hearing disability. These persons and their loved ones who overcome a communication disorder every day exemplify a life lived with determination, hope and grace. In the process of sharing their story, it is their intent to provide others with a glimpse of living life with aphasia, dysarthria, hearing loss or apraxia of speech."

## Passionate about the big issues?

If you are excited and passionate about the big issues facing our profession, then the Professional Practice and Policy Committee (PPPC) is the place for you. We're currently looking to fill a vacancy for a member to represent the RCSLT Hub Forum England.

Strategic and in-depth, the committee monitors and anticipates both the external environment and internal developments. Recent discussions have included the

curriculum, selective education, apprenticeships and risk. The agenda for future meetings is just as full. The PPPC meets three times a year.

If you are interested in this role, please contact Jo Offen: email jo.offen@rslt.org or call 020 7378 3007. The deadline for submission of applications is Friday 28 April.

More information and application details can be found at: [www.rslt.org/about/howweare/run/apply](http://www.rslt.org/about/howweare/run/apply)



**Derek  
Munn**

COLUMN

## TALES OF THE UNEXPECTED – AND THE EXPECTED!

I've written before about the mix of reactive and proactive when working with parliaments and governments, and we've had good examples in recent weeks.

Proactively, as we move on from a successful European Swallowing Awareness Day featuring interaction with astronaut Tim Peake, we are preparing for our annual Voice Box competition. This is where schoolchildren from across the country get together in Speaker John Bercow's chambers in Parliament to tell jokes alongside their MPs, raising awareness of speech and language therapy and the importance of communication. It gives us a great opportunity to meet new MPs and get local media coverage.

At the same time, we had planned our parallel event for the Northern Ireland Assembly at Stormont, but this is where the unexpected comes along. As we were finalising the shortlist of successful jokes, news broke that the Assembly was to be dissolved and a new election held. As I write, we don't expect there to be a new government in the immediate future, and so our expectant competition finalists must keep their jokes under wraps until devolution is restored.

Meanwhile, the expected business of parliament goes on with the introduction of the Prison and Courts Reform Bill, which had been announced in the Queen's Speech. Following on from our work on looked-after children in the Children and Social Work Bill, this will be our influencing focus at Westminster in the period ahead. The wide terms of the bill mean that we can and will be seeking recognition for the role of SLT and the importance of communication and swallowing in all of the judicial process; the role of intermediaries; youth justice and adult prisons and rehab schemes. Watch this space. ■

*"We can and will be seeking recognition for the role of SLT and the importance of communication and swallowing"*

## Celebrating Bournemouth's childcare heroes

Dorset HealthCare's Paediatric Speech and Language Therapy Service won 'Children's Centre Partner of the Year' at Bournemouth Council's Early Years Sector Awards in January, recognising partnership working arrangements with Bournemouth's children's centres.

Emma Draper, Cluster Lead, and SLT Hannah Kinsey have been working closely with Bournemouth's early years team and staff at children's centres to support the development of early years language groups, providing specialist advice to staff and parents. The aim is for SLTs to refer appropriate patients to the groups for ongoing support with their language development.

The award was presented by Jane Rose from Bournemouth's Children and Young People's Services, who said: "Our Come Talk With Me communication and language project aims to close the gap between vulnerable children and other children, as achieving well in communication and language is fundamental to learning in all other areas. Central to the success is the core of partnership



work, and the winners of this year's Children's Centre Partnership Award are very important partners in this project."

**Emma Draper, Bournemouth Cluster Lead, Paediatric Speech and Language Therapy, Dorset HealthCare University NHS Foundation Trust.**  
**Email:** e.draper@nhs.net

## Fifth NAIC is now open

Intermediate care and re-ablement services are a key plank of government healthcare policy to provide health and care closer to home. Now in its fifth year, the National Audit of Intermediate Care (NAIC) provides a unique assessment of progress in community services aimed at maximising independence and reducing the use of hospitals and care homes.

The unique combination of organisational data and outcomes data collected in the audit enables us to address the following questions: Does intermediate care work? Is it cost effective? Do we have enough capacity to make a difference? What are the

features of a 'good' service? How do we make the case for investment? The project allows commissioners/funders and providers to consider the national answers to these questions as well as how their local health and social care economy is performing on these key issues.

If you would like to take part in the NAIC - run by the NHS Benchmarking Network in conjunction with the British Geriatrics Society, ADASS and other professional bodies, including the RCSLT - register at: members.nhsbenchmarking.nhs.uk/subscribe or email Lucy.Trubacik@nhs.net for further information.

### Calling SLTs working with children with speech sound disorder

Bristol Speech and Language Therapy Research Unit is working on a project to explore how SLTs work with SLTAs and teaching assistants to support children with speech sound disorder (SSD). If you are an SLT who works in the UK with children with SSD, you are invited to take part by completing a short (five-minute) survey about how you work with assistants and how you use programmes to support this work for children with SSD. The survey is open until the end of April and can be found at goo.gl/4wqmzK.

© For more information, email Lydia.Morgan@nbt.nhs.uk

### The Communication Trust survey findings published

The Communication Trust has recently published the findings of a survey carried out last year with the children and young people's workforce, which asked about experiences of professional development in speech, language and communication. The report provides data about training that different sectors of the workforce have experienced (eg teachers, health visitors, childminders), as well as recommendations about how government, local areas, the voluntary sector and training providers can help improve the workforce's ability to access training.

© To view the report, visit: www.thecommunicationtrust.org.uk/workforcesurvey

### The Fluency Trust launches new website

The Fluency Trust has launched its new-look website, featuring information about summer residential courses for young



people to help them overcome the difficulties that stammering can cause; as well as training courses for SLTs in how to use the award-winning Swindon Fluency Packs to their full potential. Also available on the website is 'SPEAK', a film that aims to support, inspire and encourage young people who stammer, as well as educate people about stammering.

© Visit: www.thefluencytrust.org.uk

### Sad news

It is with sadness that we announce the death of Ms Patricia Languth, who passed away on 19 February, aged 98. If you would like to share your fond memories of Patricia for inclusion in a future obituary, please email bulletin@rcslt.org.

# Fiona Murchie

# Opinion

**Fiona Murchie reflects on the introduction of case reviews as a means of evidencing quality patient care at the Dumfries and Galloway Adult SLT service**

## Presenting the case for review



ILLUSTRATION Sara Gelfgren

When the suggestion of undertaking case review by case presentations to our peers was first mentioned in our team, there was a general feeling of apprehension at the prospect of our therapy being 'scrutinised' by one another. On the other hand, there was also some reassurance in knowing that everyone would be taking part and that

**"Due to popular demand, case review has been integrated into the team's annual CPD agenda"**

we were, as a whole, a very supportive team. The underlying desire to prove that we were doing a 'good job' or that we wanted to be doing our best for our patients became the driver for organising our first peer review session in November 2013. Being very optimistic, we initially allocated 10 minutes for each case presentation, followed by 10 minutes' discussion for a staff of nine SLTs.

An evaluation of the initial case review session was carried out using a questionnaire to participants immediately following the session. Apart from general acknowledgement that team members were working with a pretty diverse range of conditions, the initial, most-obvious feedback was that the activity required more time than we had allowed. We found that each case led to productive discussions, and conclusions reached and agreed following these were a valuable and worthwhile outcome.

### Case review feedback:

"Helps to focus ideas and decisions made"

"Gave dedicated reflection time to look at the case through different lenses"

"Gained information that was practical and will help change practice"

From the feedback, it was clear that all staff found the case review session useful from aspects of self-reflection, constructive criticism and learning from others. All of us benefited from the process of reflection, reviewing the evidence and challenging our thinking.

As lack of time and associated frustration had been one of the main concerns raised, but an overall agreement that the review session had been

a very good use of our time, we decided that allocating a whole day to this CPD activity was well worthwhile. This made travel time for staff who had to travel an hour and a half to attend, much more justifiable, especially when other staff matters could be incorporated into the day. For the next session, timings were adjusted to allocate 30 minutes per presentation, including questions and discussion time. We agreed that we would repeat the activity every nine months, setting dates well in advance.

While all trained SLTs were requested to attend the case review day, SLT support workers (SLTSWs) could choose whether or not to attend. A timetable providing information on each therapist's case type and title of presentation was made available to all staff prior to the day, which enabled SLTSWs to drop in for specific presentations of interest.

Adhering to the nine-month intervals has proved difficult due to staff commitments, but, due to popular demand, case review has been integrated into the team's annual CPD agenda. The extra time given to each presentation has worked well and allowed staff time to fully appreciate the cases and challenges presented. Overall, we have all seen the positive side of what was initially a daunting task. Knowing that we will potentially share our cases with our peers has been an excellent vehicle for ensuring we focus on our evidence base, re-evaluation and patient-centred approaches.

We have certainly developed a greater appreciation of the knowledge and skills within our team, with the added advantage of knowing whose knowledge to tap into when particularly difficult clinical questions arise! ■

In the Spending Review and Autumn Statement 2015, the Government stated its intention to improve links between health services and employment support, with the recognition that timely access to health treatments can help individuals return to work more quickly (HM Treasury, 2015). This led to the announcement of a new programme designed to provide specialised support for those who have been unemployed for more than two years and, on a voluntary basis, to those with health conditions or disabilities.

A joint initiative between the Department for Work and Pensions and the Department of Health – culminating in the Work and Health Unit – the new Work and Health Programme is expected to be launched in Autumn 2017 and will replace the current Work Programme and Work Choice schemes, referrals for which are due to end in April 2017. It will be targeted at individuals who, with specialist support, would be able to find work within 12 months (with the expectation that the majority of those referred will have a disability) (Mirza-Davies, 2015).

The programme forms part of a wider package of employment support for people with disabilities, as outlined in the government's Work, Health and Disability: Improving Lives Green Paper. To ensure that the needs of people with communication disability are represented, the RCSLT has been working closely with the Work and Health Unit in developing the Green Paper, and has published a comprehensive response as part of the subsequent consultation.

### Starting the conversation

The Government initially announced that proposals to improve support for people



# An opportunity for change

**RCSLT Policy Adviser [Naj Hussain](#) outlines how the RCSLT is ensuring people with communication disability are represented in the Government's Work, Health and Disability Green Paper**

ILLUSTRATION BY **Michele Marconi**

with health conditions and disabilities would be published in a White Paper. However, on his appointment as Secretary of State for Work and Pensions, in May 2016 Stephen Crabb stated his intention to produce a 'more discursive' Green Paper to the Work and Pensions Select Committee: "I think there is a need to take a step back, and I think that's consistent with what I told the House ... about wanting to restart the conversation with disability organisations and disabled people themselves about how best we – as a government – can work with them to close the disability employment gap and support people who have sicknesses and other conditions into employment. So I won't be rushing towards a White Paper

with firm legislative proposals; I want to take a step back and have a much more discursive Green Paper that starts to reframe the issue and points the way towards more meaningful, long-term reform" (House of Commons, 2015). Consequently, on 31 October 2016, the Government published its Green Paper on work and health.

### Highlighting communication disability

Although the publication focused on mental health and musculoskeletal disorders, throughout its development the RCSLT engaged with the Work and Health Unit to highlight the effects of communication disability and the value and benefits of speech and language therapy. This involved successfully lobbying the Work and Health Unit to include two case studies within the Green Paper to demonstrate the effectiveness of speech and language therapy in rehabilitation: 'Anita' is featured on page 20; while 'Robert's' case study appears on page 71.

Generating significant momentum, the RCSLT was then able to give an undertaking to develop a substantive response to the consultation process initiated by the Green Paper. Through a dedicated group of SLTs – The Royal College of Speech and Language Therapists' Advisory Group for Work and Health, which was established with the purpose of supporting engagement →

*"Through a dedicated group of SLTs, the RCSLT was able to develop a comprehensive profession-specific response"*







with the Work and Health Unit – the RCSLT was able to commission and then develop a comprehensive profession-specific response. Within this response, the RCSLT stated the case for communication disability and the significant barriers to work it presented; that it did indeed affect a diverse group of people, including those with mental health conditions as well as those with certain musculoskeletal disorders.

The recommendations were wide ranging – from community and work-based interventions, to assistive and alternative communication and innovative evidence-based treatments – and highlighted the need for both practical adaptation and simple recognition of the implications of communication disability.

The RCSLT's response to the Green Paper was published in February 2017 and is available on our website. We would encourage you to read the document and will, of course, keep you up to date of any further developments. ■

**Naj Hussain, RCSLT Policy Adviser.**

Email: [najmul.hussain@rslt.org](mailto:najmul.hussain@rslt.org)



## References & resources

- HM Treasury. *Spending review and autumn statement 2015*. London: HM Treasury, 2015. Available from: [tinyurl.com/jkgfsy9](http://tinyurl.com/jkgfsy9)
- Mirza-Davies J, McGuinness F. *Work and Health Programme Briefing Paper*. London: House of Commons Library, 2016. Available from: [tinyurl.com/h87gphl](http://tinyurl.com/h87gphl)
- House of Commons. *Oral Evidence HC 996-i*. London: House of Commons, 2016. Available from: [tinyurl.com/hvbznhq](http://tinyurl.com/hvbznhq)

Link to the Green Paper: [tinyurl.com/hpjxxak](http://tinyurl.com/hpjxxak)  
Link to RCSLT response: [www.rslt.org/governments/docs/work\\_health\\_and\\_disability](http://www.rslt.org/governments/docs/work_health_and_disability)

## Introducing the advisory group

**The Royal College of Speech and Language Therapists' Advisory Group for Work and Health** comprises a dedicated group of SLTs with a broad range of specialisms, and was integral to the forming and development of our response to the Government's Work and Health Green Paper.



### Clare McLaughlin

I have been working with aphasia in a range of acute care and rehabilitation settings since 1982, and am now in a post where I am able to provide long-term therapy for this chronic life-changing condition. One of the most optimistic features of this work is the huge improvements in preventative and acute care that leave the average stroke survivor with far less brain damage and far more potential to return to work or occupations outside the home. This has challenged me to develop a new skillset and make new contacts locally and nationally. I was therefore delighted to be put in touch with the national advisory group set up by RCSLT to respond to the Work and Health Green Paper, and look forward to continuing our liaison for the benefit of our patients of working age across all client groups.

I am also the RCSLT representative on the Council for Work and Health, which enables me to represent the profession to other AHPs, medical and psychological professions involved with working-age clients, as well as non-medical professions in the same field.



### Dr Katharyn Mumby

I work as SLT Outpatient Lead at Weston General Hospital and, additionally, in independent practice and research. My passion is aphasia, although I also work in dysphagia and see a wide range of adults with communication disorders. I have a special interest in adjustment to impairment.

It is crucial that communication needs are made known within policy-making for work and health. This means crossing traditional boundaries (health, social services, work and pensions) to ensure services are accessible and appropriate for all. There is compelling evidence for the needs and difficulties of people with communication impairments, but the scientific arguments become so much more convincing when taken alongside people's personal stories. Getting services and systems right for people with disability so often means that they are right for others too.



### Simon Crane

I work for the Specialist Clinical Assessment Service, which offers assessment, consultation and signposting for adults in West Sussex around autism and other neuro-behavioural and developmental issues. Often our clients will not fit the referral criteria for other services (eg learning disabilities, mental health), but need further help in understanding why they are having difficulties (eg with work, relationships, education or training) and what or who might be able to help them.

I think it is crucial that the awareness of the impact of communication difficulties is pushed further up the agenda for policy-makers nationally. Alongside this awareness-raising is the importance of maintaining the integrity of the therapist-client relationship – one of trust and financial disinterest. I hope that the advisory group is a useful tool in contributing to this goal.



### Helen Patterson

I am an SLT working for the Compass West London AAC Hub. The work and health policy area is very important to us. Many of our clients require assistive technology and augmentative and alternative communication (AAC) to enable them to maintain their working roles or to return to work after acquiring a neurological condition.



### Clare Keohane

I have worked for many years in the field of brain injury, most recently as part of the team at the Oliver Zangwill Centre in Ely and currently as part of 'Headstrong SLT' working independently.

Return to work after an acute brain injury is always a challenge, and being able to participate as part of the response to the Work and Health Green Paper has enabled me to highlight some of these challenges and contribute to the discussions on how to manage some of them better. I hope this policy will facilitate retaining and recruiting clients with communication impairments in the workplace.

1  
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## CALL FOR PAPERS

Deadline Friday 7 April 2017

27 – 28 September 2017 | Scottish Event Campus (SEC) | Glasgow

## Your profession, your CPD

The RCSLT is inviting submissions for the 2017 Conference - *Speech and language therapy: MAXIMISING IMPACT*. Share your research results or showcase service delivery innovations at the largest gathering of RCSLT members in the UK. This two-day event will feature oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. The review panel will be looking for submissions that are relevant to the conference aims and objectives.

### CONFERENCE AIMS AND OBJECTIVES

We invite submissions that will help delegates to:

- ▶ Use the latest evidence base to inform and enhance their clinical practice to improve outcomes for service users;
- ▶ Disseminate evaluations of interventions and service delivery;
- ▶ Share emerging innovations and approaches to service interventions;
- ▶ Work with decision makers and budget holders to understand how speech and language therapy supports delivery of key priorities at national, service, population and individual levels;
- ▶ Develop the business case for new workforce models and service redesign.

This year we are using a new online system for submissions

To submit an abstract, visit: [www.rcslt.org](http://www.rcslt.org)

**V**ideofluoroscopy (VF) is a highly valuable tool in the assessment of swallowing disorders; however, VF clinics can be considered expensive to run in terms of time and manpower. To determine the value of VF, members of a VF-specific peer-support/clinical-discussion and service-development group carried out an audit of data collected from four acute trusts, looking at the clinical management outcomes of their VF examinations. The overall aim of the study was to provide clear outcomes that describe the value of videofluoroscopic assessment for those who commission the services.

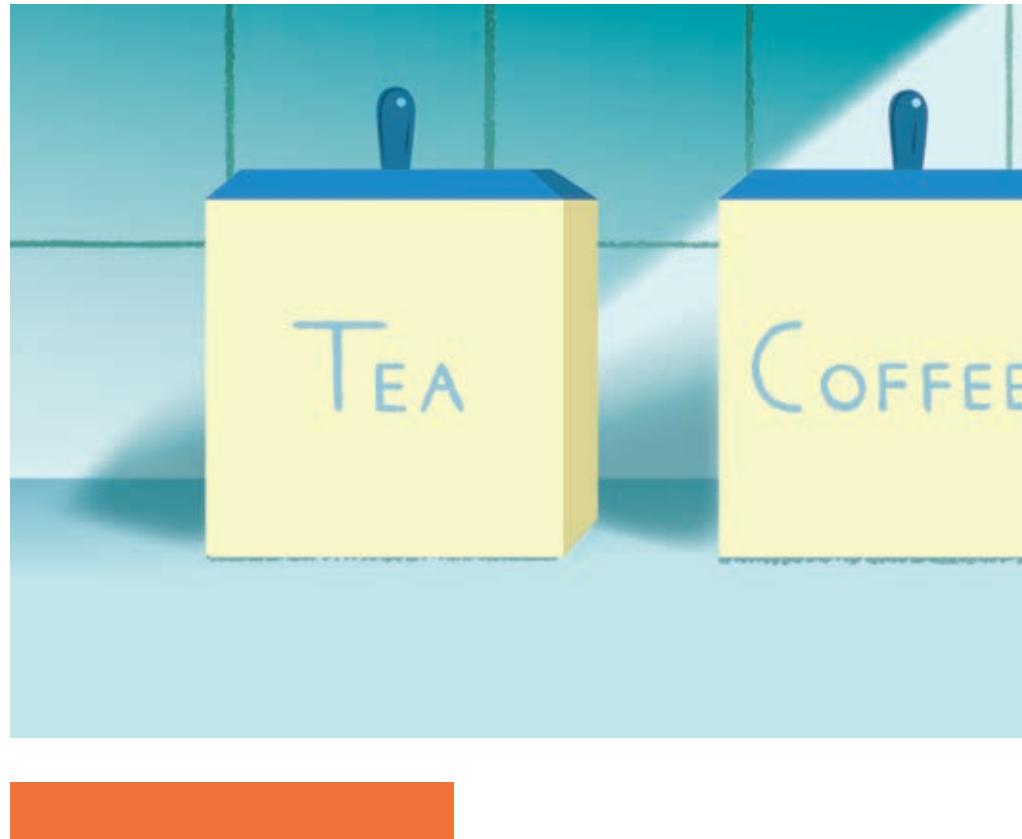
Members of the group, which comprises SLTs who are carrying out VFs or are undergoing VF competencies in acute trusts, worked collaboratively to generate a larger sampler size to answer the following questions:

**1** What clinical questions are prompting a referral for instrumental (VF) assessment of dysphagia?

**2** To what degree is the clinical management of the patient influenced by the result of the investigation?

#### Data collection and analysis

Four acute hospitals in Surrey provided retrospective data for all VFs undertaken at their site from January to June 2016. Inpatient and outpatient data were looked at together and separately to identify common trends and differences regarding the audit questions. Data from patients with known neurological diagnosis and those without were also looked at together and separately.



## Measuring the value of videofluoroscopy assessment

**Judith Anderson shares the results of an audit of videofluoroscopy outcomes from four acute hospital trusts**

ILLUSTRATIONS BY Liam Anslow

**Table 1. Reasons for VF investigation**

Code	Description	Inpatient	Outpatient	Total
A	Dysphagia assessment inconclusive. To determine whether any penetration or aspiration is occurring/evaluate risk/direct management strategy	49 (86%)	68 (67%)	117 (74%)
B	Confirm/rule out suspected primary structural and/or oesophageal involvement as a cause of the dysphagia	6 (11%)	20 (20%)	26 (16%)
C	Compare with a previous VF, eg after period of intervention	2 (3%)	14 (13%)	16 (10%)

For each patient, hospitals were asked to identify:

**1** the clinical question that prompted the referral, from a choice of three options (Table 1);

**2** the outcome(s) applied to each patient, from a choice of seven potential descriptors (Table 2) – more than one descriptor could apply; and

**3** whether the oral intake of the patient was changed as direct result of VF, and, if so, whether this represented an upgrade (closer to normal food/fluid intake) or a downgrade (eg requiring thickener or enteral feeding) (Table 4).

The descriptions and corresponding codes in Tables 1 and 2 were generated from an



**Table 2.** VF findings and outcomes

Code	Description	Outpatient	Inpatient	Neuro	Non-neuro
A	Presence of aspiration/silent aspiration requiring nil by mouth or a 'feeding at risk' decision	12	21	10	23
B	Presence of aspiration/silent aspiration that can be managed through diet modification and/or strategies. Benefit of improved compliance when aspiration is objectively observed	19	33	30	19
C	Need for further referral to manage dysphagia, eg to community services/PEG referral, etc	14	14	16	12
D	Need for further investigation or discussion, eg manometry/neurology/decision to 'feed at risk'	11	28	16	26
E	Improvement after exercise/therapy and ability to progress patient	6	6	8	4
F	Swallowing is within normal limits and/or no aspiration risk (although diet modification may be necessary for other reasons). Reassurance provided	8	44	26	26
G	Presence of structural abnormality identified, eg pouch	3	15	7	11

analysis of all VF patients seen over a year at Site A.

A total of 159 patients were included in the audit, comprising 57 inpatients (36%) and 102 outpatients (64%). Of the 159, 83 (52%) had a known neurological condition, while 76 (48%) did not. The breakdown by site is shown in Table 3.

### Audit findings

The majority of VF examinations are instigated by the SLT managing the patient. The reasons for requesting the examination are varied but are predominantly because the dysphagia picture is uncertain by clinical examination alone and the way forward is unclear (Table 1). In all cases, VF allows the clinician to have confidence in

subsequent recommendations regarding patient management.

As a direct result of VF, 82 of the 159 patients studied (around 52%) had their oral intake changed (Table 4). This 50/50 split underlines the fact that the management of these patients was unclear and that direction via instrumental assessment was needed. Overall, there was an even divide between those with dietary upgrades and downgrades, with no difference between inpatient and outpatient groups.

### The benefits of VF

VF examination has been shown to be far more sensitive to even small amounts of aspiration than a bedside swallowing examination (Gustafson-Yoshida, 1990).

Some patients are able to take large steps towards normal oral intake, which may negate the need for commencing or continuing with enteral feeding and with obvious positive implications to their quality of life. For other patients, the changes required may be in the opposite direction to reduce their risk of developing aspiration pneumonia. Discussion of the images during the examination can help significantly with patient understanding and compliance. The benefits of appropriately managing dysphagia are clear not only for the patient, but also for the organisation in terms of avoiding unnecessary complications and prolonged length of stay.

The range and spread of VF findings and outcomes used for the 159 patients



in the study highlights the value of instrumental assessment. Although use of some of the outcome descriptor codes differed between subsets, such as neuro/non-neuro patients (Table 2), all the codes were used. Moreover, with the exception of Site C and Descriptor G, every site used every descriptor code with its patients. This reinforces the fact that VF is not simply a tool for determining aspiration but is also pivotal in directing other parameters of patient management, such as further specialist assessment or interventions such as gastrostomy feeding or for trialling the effect of intervention strategies.

It is possible that the key patient management information obtained from some (not all) of these VF studies could have

been achieved with fibreoptic endoscopic evaluation of swallowing (FEES) as an alternative. High levels of sensitivity and specificity have been reported between the procedures (Schatz K et al, 1991); however, unlike VF, elements of the pharyngeal swallow, such as hyoid movement, tongue base to posterior pharyngeal wall contact and cricopharyngeal relaxation, are not directly observable. Consequently, FEES cannot replace VF for all patients.

We argue that the cost implications of instrumental assessment, whether FEES or VF, are relatively small when considering the size of the dysphagia caseload managed by the speech and language therapy departments overall. At site A, for example, the total number of new inpatient referrals for dysphagia during the time of the study was 678, with only 30 patients (4%) undergoing instrumental assessment (23 VF and 7 FEES). ■

**Table 3. Number of patients by site**

Acute trust	Inpatients		Outpatients		% of total sample
	Neuro	Non-neuro	Neuro	Non-neuro	
Site A	14	9	18	7	48 (30%)
Site B	7	6	11	17	41 (26%)
Site C	7	3	2	0	12 (7.5%)
Site D	7	4	17	30*	58 (36.5%)
Total	35	22	48	54	159

\*Site D was a cancer centre, hence the large number of non-neuro outpatient VF.

**Table 4. Change in oral intake as a direct result of VF**

Acute trust	Change in oral intake	Dietary upgrade	Dietary downgrade
Site A	23	12	11
Site B	25	7	18
Site C	7	6	1
Site D	27	17	10
Total	82 (52%)	42 (51%)	40 (49%)

**“The cost implications of instrumental assessment are relatively small”**

**Judith Anderson**, Head of Speech and Language Therapy, Frimley Health Foundation Trust. Email: judith.anderson@fhft.nhs.uk



### References & resources

- Gustafson-Yoshida N, et al. Evaluation of swallowing disorders: the modified barium swallow. *Indiana Med* 1990; 83: 892-895.
- Schatz K, Langmore S, Olson N. Endoscopic and videofluoroscopic evaluations of swallowing and aspiration. *Annals of Otology, Rhinology and Laryngology* 1991; 100(8): 678-681.
- Pikus L, et al. Videofluoroscopic studies of swallowing dysfunction and the relative risk of pneumonia. *American Journal of Roentgenology* 2003; 180(6): 1613-1616.
- Rugiu MG. Role of videofluoroscopy in evaluation of neurologic dysphagia. *ACTA Otorhinolaryngologica Italica* 2007; 27(6): 306-316.
- Newman R, Nightingale D. *Videofluoroscopy – A Multidisciplinary Team Approach*. San Diego, CA: Plural Publishing, 2012.

### Acknowledgement

With thanks to all those who contributed data.

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27-28 SEPTEMBER 2017

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### Your profession, your CPD

This year's event will explore the ways in which speech and language therapy impacts at both a population and individual level; using evidence-based practice and new innovations to improve outcomes.

The conference will showcase the latest in research and service evaluation, as well as introducing a new type of presentation, 'brag and steal', highlighting how research evidence is being applied in clinical practice. Whether you work in research, are in full-time clinical practice, or are just starting your career as an SLT, the RCSLT Conference 2017 will include something for you.

The event will feature two days of oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers, and topics will cover a wide range of adult and child specialisms.

### BOOK EARLY AND SAVE MONEY

Delegate fees include refreshments, lunch and materials.

Early Bird Fees (until 31 July)	One day (£)	Two days (£)
RCSLT member	£150 (£125 + VAT)	£230 (£191.67 + VAT)
Non-member	£200 (£166.67+VAT)	£280 (£233.33+VAT)
Fees from 1 August		
RCSLT member	£200 (£166.67+VAT)	£280 (£233.33+VAT)
Non-member	£250 (£208.33+VAT)	£330 (£275.00+VAT)

Terms and conditions apply.

### CONFERENCE AIMS AND OBJECTIVES

Attending the conference will help delegates to:

- ▶ Use the latest evidence base to inform and enhance their clinical practice to improve outcomes for service users
- ▶ Disseminate evaluations of interventions and service delivery
- ▶ Share emerging innovations and approaches to service interventions
- ▶ Work with decision makers and budget holders to understand how speech and language therapy supports delivery of key priorities at national, service, population and individual levels
- ▶ Develop the business case for new workforce models and service redesign

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**F**ollowing the introduction of the special education needs and disability (SEND) reforms in 2014, the RCSLT received mixed feedback from members regarding their ability and capacity to effectively deliver the new SEND system. To gather more evidence and understand the progress that had been made to implement the reforms, in July 2016 we conducted a survey of members who work with children and young people with SEND and their families in England.

The survey was designed to find out more about members' experiences of the reforms, associated successes, challenges and areas for improvement. It included questions on changes in working practice following the reforms, joint working and commissioning of services, and support for children with and without education, health and care (EHC) plans. The survey also sought to gather examples of good and poor practice, and to capture information regarding SLTs' confidence in delivering the reforms.

### Key findings

From the 350 responses received, the survey highlighted mixed progress in the implementation of the SEND reforms, as well as some worrying trends.

- **Children without EHC plans are not getting the support they need:** SLTs reported a refocus of resources to support children with EHC plans, often to the detriment of children without EHC plans. Only 40% said that they had capacity to deliver services to children without EHC plans. Several commented that these children are receiving reduced support, and in some cases no direct speech and language therapy support, due to capacity challenges.
- **Joint commissioning arrangements are patchy, and in some cases speech and language therapy services are not being commissioned for children and young people:** SLTs reported varied and inconsistent joint commissioning arrangements between health, education and social care agencies at a local level. Furthermore, 43% commented that speech and language therapy support was not being commissioned for children aged 0–2 years or 18–25 years.
- **SLTs have experienced capacity challenges engaging with the EHC planning process:** SLTs reported that they lack capacity to attend EHC planning



# Support for children and young people with SLCN



**Rebecca Veazey reviews the key findings revealed in the RCSLT's SEND report and outlines the next steps**

meetings (33% of respondents said that they or their team felt unable to attend meetings as a result of capacity issues). Respondents also raised issues regarding a lack of notice by local authority colleagues to provide inputs to the EHC assessment and planning processes.

Encouragingly, the survey also highlighted areas of positive practice.

- **SLTs feel confident in delivering the reforms:** 66% of respondents reported that they felt they had been very or fairly effective at delivering the changes required.
- **SLTs reported the involvement of parents and carers in decision-making and partnership working:** more than two-thirds reported that parents and carers had been effectively involved in decision-making regarding the support received. The majority reported that they either worked very or fairly effectively with their health, schools/further education and early years colleagues (87%, 91% and 84%, respectively).

### Developing practical solutions

The RCSLT has developed a series of policy recommendations to help improve support for children with speech, language and communication needs (SLCN). Over the next 12 months we will be pursuing the following policy asks designed to tackle identified concerns.

- We will be calling on government departments to provide clarity on and reinforce the responsibilities of local authorities, schools and Clinical Commissioning Groups to commission services for children without EHC plans.
- We will be working with the National Association of Head Teachers to develop advice and information for schools regarding how to support children with SLCN and how they can buy-in speech and language therapy services directly.
- We will be seeking to influence the Department for Education's early years policies, so that they include a strong focus on supporting children's early language skills and promote early intervention work at a local level.
- We will be calling on the Minister of State for Vulnerable Children and Families and the Department for Education to address gaps in the commissioning of services for young people aged 18–25 and address capacity challenges associated with the EHC planning process. ■

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**Rebecca Veazey, RCSLT Policy Adviser.  
Email: [information@rcslt.org](mailto:information@rcslt.org)**

- **To read the RCSLT's SEND report, visit: [www.rcslt.org/governments/SEND\\_2017](http://www.rcslt.org/governments/SEND_2017). For updates, follow @RCSLTpolicy on Twitter.**

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

# Reviews

## BOOK

### **Dealing with Capacity and Other Legal Issues with Adults with Acquired Neurological Conditions**

**AUTHOR:** Anna Volkmer

**PUBLISHER:** J&R Press

**PRICE:** £24.99

**REVIEWER:** Ross Webster,  
Specialist SLT, Western Sussex  
Hospitals NHS Foundation Trust;  
MRes student in the HEE/NIHR  
Integrated Clinical Academic  
Programme

**RATING** Book 

This book is a practical resource for clinicians working with individuals with language impairments. It provides detailed background and theory regarding the 2005 Mental Capacity Act (MCA) and applicable resources to assist clinicians carrying out mental capacity assessments.

The complex medico-legal concepts surrounding the MCA are clearly outlined. The author offers theoretically based, practical suggestions concerning when, how and by whom capacity assessments should be carried out. Case studies are distributed throughout to clearly illustrate both complex and common issues and appropriate resolutions.

This is an important book, it reinforces the role of the SLT in capacity assessments and is an essential resource for any MDT working with individuals with acquired language impairments.

## BOOK

### **The FILTER Approach: Social communication skills for students with autism spectrum disorders**

**AUTHOR:** Stephanie D Sanders

**PUBLISHER:** Plural Publishing

**PRICE:** \$49.95

**REVIEWER:** Samia Malik, SLT,  
Young Epilepsy

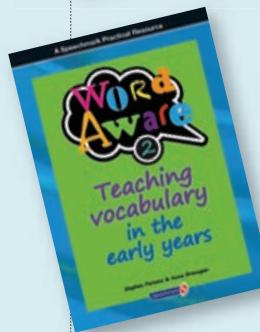
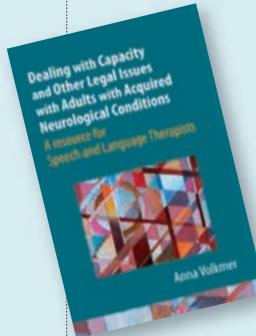
**RATING** Book 

This book presents a novel way to support autistic spectrum disorder (ASD) clients' social skills. It uses the acronym FILTER to describe strategies for before, during and after conversation.

Each chapter is full of practical resources. The book also discusses the impact of inappropriate social behaviour on peer relationships and academic achievement. It is split into two main sections: one for students and an 'answer key for therapists' that provides answers to quizzes and rationale behind each strategy.

Some of the therapeutic content appears familiar and could already be part of an SLT's toolkit. However, it is brought together and presented in a unique way that may be more engaging for young adults with ASD. The resources are mostly discussion-based and would require clients to have a high level of cognition and self-reflection.

Overall, this is a helpful book that readers can use as a prescriptive therapy programme or as a bank of resources.



## BOOK

### **Word Aware 2: Teaching vocabulary in the early years**

**AUTHOR:** Stephen Parsons and Anna Branagan

**PUBLISHER:** Speechmark

**PRICE:** £41.39

**REVIEWER:** Simon Henderson,  
SLT, Northumbria Healthcare NHS  
Foundation Trust

**RATING** Book 

This book is an innovative and cost-effective resource that ensures vocabulary development is a fun and rewarding process for all. It begins with useful background theory relating to vocabulary development and considers the evidence-base for common vocabulary teaching principles.

Subsequent chapters are full of everyday vocabulary-enriching activities that could easily be carried out as part of 1:1 or group intervention in a range of settings. There are many practical suggestions of ways to select, teach, activate and review new vocabulary and concepts relevant to foundation-stage learning.

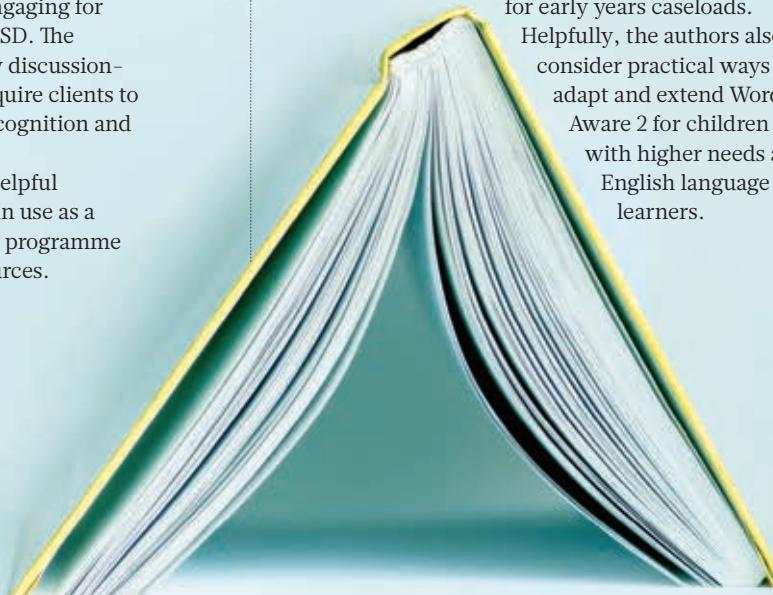
Readers will find this book invaluable when tailoring advice, therapy or training packages for early years caseloads.

Helpfully, the authors also consider practical ways to adapt and extend Word Aware 2 for children with higher needs and English language learners.



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# Empowering service users in accessing their care plans

**Fiona Haynes** discusses how speech, language and communication needs can affect the accessibility of care plans for patients with mental health problems within a forensic healthcare setting

There has been a continued drive in mental health services to empower service users to be an integral part of their care planning, particularly since the government published No Health Without Mental Health (HM Government, 2011). However, this shift in thinking exists in a climate that is increasingly focused on outcomes and evidencing the effectiveness of services.

These two focuses converged when 'My Shared Pathway' (Esan et al, 2012) was established in forensic settings as part of the National Secure Services Quality, Innovation, Productivity and Prevention Programme. The collaborative design of this care-planning model, which promotes staff and service-user partnership in the development and tracking of goals and outcomes, allows service users to take a more active role in their recovery while still acting within an outcomes-based approach. However, there is a concern that care planning cannot be truly collaborative and effective if the service user is not able to communicate their views or understand what is contained in their documents.

## The role of speech and language therapy

Within Sussex Partnership NHS Foundation

Trust, the Forensic Healthcare service includes speech and language therapy (SALT) provision focused on patients with mental health problems in the medium-secure and low-secure inpatient wards, with goals mapped onto care plans based on the My Shared Pathway approach. When completing care plans and reviewing additional core care plans, the question of how speech, language and communication needs (SLCN) may affect the shared process was key. To explore this dilemma, an audit was carried out to evaluate the accessibility of completed care plans, considering the extent to which clients could genuinely understand the concepts in their care plans in order to express their views as part of the collaboration.

## Participant criteria and assessment

Audit participants were chosen based on whether they were likely to engage, and if they were mentally well enough that assessment and engagement would not be destabilising. Information about the audit was provided, with measures taken to ensure informed consent throughout.

Initially, eight service users were identified: two from each ward across a four-ward site. However, following further discussion, three withdrew from the audit, leaving five: two from the acute medium-secure male ward, one from the medium-secure women's ward, and two from the

men's low-secure ward. All were aged over 18 years, with differing diagnoses and extensive histories of being within forensic healthcare services. Only one was receiving SALT input before the audit.

Each participant was assessed using a language screen that included elements of the Mount Wilga (Christie et al, 1986), CELF 5 (meta-linguistics) (Wiig & Secord, 2014) and specific vocabulary taken from existing care plans. The areas covered were felt to be necessary for the successful completion of a care plan, and were considered the fundamental communication skills a service user needed to participate in the care-planning process.

Assessment included:

- **Vocabulary** – taken from the care plans
  - **Semantics** – Mount Wilga subtests
  - **Ability to generate ideas** – picture description
  - **Pragmatic understanding** – CELF 5 (meta-linguistics subtests)
    - Idioms
    - Inferences
    - Figurative language
  - **Working memory** – subtest of the Mount Wilga
  - **Acquiescence** – informal question based on information given during assessment
- The assessments were analysed to provide a profile of each service user's communication strengths and needs. This was compared against the content of their care plan, using linguistic analysis to determine whether it was likely to be accessible to the service user.

Additionally, a questionnaire on service-user involvement in care planning was used to

**Figure 1. Service-user questionnaire**

- Are you involved in writing your care plans?
- How are you involved in writing your care plans?
- Do you know what you have care plans on? What are they?
- Do you know what the purpose of a care plan is?
- Have you read all of your care plans?
- What do you do with your care plans?
- Tell me what's written in your care plans.
- Do you agree with everything that is written in your care plans? If no, did you have a chance to discuss this?
- Do you think your care plans are helpful, and why?

gauge views on the accessibility of care plans (Figure 1). This was completed with the SLT and presented in a way that was accessible.

### Key points of interest

All participants reported being involved in care planning and knowing what topics they have care plans about. However, when asked what these care plans were on (specifically) and their purpose, the answers became vague, eg no participant was able to name one of their care plans, and descriptions of the purpose of care plans focused exclusively on being used to plan for the future, with little specific or additional information. When asked if care plans are useful, the responses varied widely, with one participant not able to answer.

The service users had a combined total of 27 care plans, of which 16 (59%) were considered accessible, based on analysis. The results ranged from one service user who would have been likely to understand all of his four care plans, to a service user who was likely to understand three of his nine care plans (Figure 2).

### Limits to accessibility

A number of common difficulties were identified, including prevalence of complex language/sentence structure, frequency of uncommon and technical vocabulary, and an abundance of historical information, which often masked the points the care plan was trying to make.

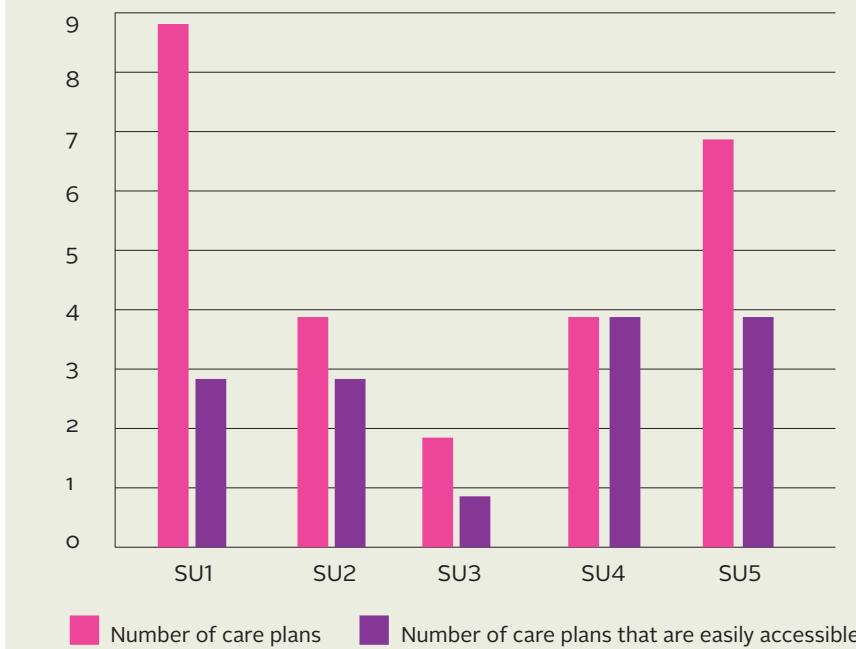
When the service users were offered SLT input to help make their care plans accessible, all declined for varying reasons, including motivation and reduced insight into their needs. However, a report detailing each service user's communication strengths and needs was shared with the care team, with the service user's consent.

### Putting the findings into practice

Since the findings were shared with the multidisciplinary team, six individuals have been referred for language assessment with the view of making their care plans more accessible; none had previously. This indicates an increase in staff awareness of and engagement in developing accessible care plans.

Using these opportunities to model what accessible care plans could look like, three sample care plan templates have been developed: one for service users with good language abilities; one for service users with mild to moderate difficulties; and one for those with severe SLCN. The templates demonstrate the type

**Figure 2. Accessibility of service user (SU) care plans**



of language appropriate at each level and how accompanying images can support understanding.

A reference guide – Top Ten Tips for Care Plan Writing – has been produced to help staff develop skills in accessible care planning. The document has been distributed across the trust, in newsletters and on noticeboards, and it is hoped to be made available alongside care plans on the online records system. An evaluation of its effectiveness is planned as part of the continued project on the accessibility of care plans in forensic healthcare services.

### Moving forward

Developing a culture that is more accepting of accessible information would need to include a more-general increase in awareness of communication needs of the forensic healthcare population. The Five Good Communication Standards (RCSLT, 2013) could be used as a framework to embed this into everyday practice, and the Accessible Information Standard (NHS England, 2015) should also support implementation. Communication would therefore feature significantly in the staff induction programme, and additional training sessions would be arranged to meet specific needs. Additionally, discussions are taking place to consider how accessible care plans can be promoted by service users and

the patient leader for forensic healthcare. It is expected that carers would also become advocates as a way to increase service-user involvement.

There is a plan to repeat this audit with a larger sample of service users across multiple sites, which could include service users at different stages of their recovery. ■

**Fiona Haynes, SLT – Forensic Healthcare Services. Email: fiona.haynes@sussexpartnership.nhs.uk**



### References & resources

- Christie J, Clark W & Mortensen L. *Mount Wilga High level Language Test*. 1st Ed. Sydney, Australia: Mount Wilga Rehabilitation Centre, 1986.
- Esan F, et al. "Shared Pathway" National Pilot Project: the experience of a secure learning disability service. *Journal of Learning Disabilities and Offending Behaviour* 2012; 3(2): 98-110.
- HM Government. *No Health Without Mental Health. A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: Department of Health, 2011.
- NHS England. *Accessible Information Implementation Guidance*. Leeds: NHS England, 2015.
- Royal College of Speech and Language Therapists. *Five good communication standards*. London: RCSLT, 2013.
- Wigg E & Secord W. *Clinical Evaluation of Language Fundamentals, Fifth Edition - Metalinguistics*. Cambridge: Pearson, 2014.



# Lauren Longhurst

# Research and Development Forum

**Lauren Longhurst discusses how SLTs can develop research skills alongside clinical practice**

## Paving the way to a clinical academic career

Recently, many of you have been in touch looking to embark on a clinical academic career. In addition, last month, Health Education England (HEE) and the National Institute of Health Research (NIHR) opened their call for applications to the integrated clinical academic pathway. So now seems an ideal time to shine a light on opportunities for SLTs to develop research skills alongside practice and to provide answers to your frequently asked questions.

### What is a clinical academic?

'Clinical academics are clinically active health researchers. They work in health and social care as clinicians ... while, in parallel, researching new ways of delivering better outcomes for the patients they treat and care for' (AUKUH, 2016).

### Why should I become a clinical academic?

Being a clinical academic allows you to do clinical work and

research without having to choose between them. It is a great opportunity to develop your clinical skills and carry out research that has the potential to respond to evolving healthcare services and have a direct impact on patient outcomes and experiences.

### What is the HEE/NIHR pathway?

This is a structured pathway for non-medical healthcare professionals in England who wish to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development.

There are five levels. Each award is offered on a part-time or full-time basis, is fully funded and salary is maintained. All programmes are supervised, with mentorship opportunities.

- If you are starting out, **internships** offer a supportive introduction to clinical research and the skills needed to undertake a research project, giving you a flavour of

life as a clinical researcher. These internships are coordinated regionally.

- If you already have research experience but feel you need ongoing support, the **masters in clinical research** enables you to undertake an individual clinical research project of your choosing while accessing taught modules in research methods.
- If you're a clinician with research experience and aspirations for a clinical academic career, the **clinical doctoral research fellowship** award will enable you to obtain a PhD while developing your clinical skills.
- The final levels are **clinical lectureships** (aimed at early post-doctoral clinicians who would like to combine independent research while continuing clinical work) and **senior clinical lectureships** (offering opportunities for further independent research while developing as a clinical academic leader).

### How many SLTs are on the pathway?

From the data available, which includes applications to doctorate and lectureship levels only, seven SLTs applied for a

clinical doctorate in 2015, while no applications were made for clinical lectureships. However, this changed in 2016, with SLTs applying for both the doctoral fellowships (5) and lectureships (2). For both pathways, there was a high conversion rate from application to interview. For the clinical doctoral research fellowship, SLTs comprised the third highest number of applications (8.3% of total applications) from the eligible professions, after physiotherapy and nursing. We hope that 2017 will see even more applications from SLTs at all levels of the pathway.

### How can I apply?

The application process differs for each award. The NIHR/HEE panel will take into consideration your current experience, aspirations, ability, academic trajectory and commitment to a clinical academic career.

For internships, you should apply to your regional coordinator; whereas, for the masters, you apply to the host institution (see [tinyurl.com/hayv246](http://tinyurl.com/hayv246)). The next round of applications for the clinical doctoral fellowships closes on 18 May, with applications for

### Tips for a successful application

**Mark Jayes (RCSLT Research Champion and HEE/NIHR Clinical Doctoral Research Fellow) shares his tips for embarking on clinical academic training:**

- Tell your manager why the course is beneficial to you, your service and the wider organisation to help get your request prioritised.
- Link the acquisition of research skills to the achievement of local services/directorates/trust clinical targets.
- Involve anyone in your organisation who is research-active or interested in research to help you promote the benefits of the research fellowship.
- Be prepared to negotiate with your manager. Remain flexible about how you'll do the course and continue to fulfil your clinical commitments.
- Help your manager to think creatively about staffing arrangements.

clinical lectureships and senior clinical lectureships closing on 27 April. This year, professional doctorate graduates are eligible to apply (see [tinyurl.com/hayv246](http://tinyurl.com/hayv246)).

### What if I don't work in England or in the NHS?

If you are an independent SLT or work in Scotland, Northern Ireland or Wales, there are other opportunities to become a clinical researcher. For example, Scotland has developed a national framework for clinical academic research careers; and, in Northern Ireland, the Health and Social Care Research and Development division offers a range of funding opportunities.

The RCSLT Research Centre has an area dedicated to clinical academic careers. The latest opportunities can also be found in the bimonthly RCSLT research newsletter (see [tinyurl.com/hgn9coa](http://tinyurl.com/hgn9coa)).

### How can I get further advice?

The RCSLT has a network of clinical academic mentors who are happy to advise SLTs. Email [lauren.longhurst@rcslt.org](mailto:lauren.longhurst@rcslt.org) to be put in touch with someone who has experienced the application process. ■

**Lauren Longhurst, RCSLT Research and Development Officer.** Email: [@SLTLaurenL](mailto:lauren.longhurst@rcslt.org)

### References & resources

Check out our clinical research careers information in the RCSLT Research Centre: [tinyurl.com/hxdwvg](http://tinyurl.com/hxdwvg)

Find out more about the HEE/NIHR pathway at: [tinyurl.com/hayv246](http://tinyurl.com/hayv246)

The Association of UK University Hospitals. *Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions: A practical resource for healthcare provider organisations*. London: AUKUH, 2016. Available from: [tinyurl.com/zjpa8ng](http://tinyurl.com/zjpa8ng)



### Emma Pagnamenta and Dr Rebecca Palmer reflect on Emma's career as research manager for the RCSLT

Vicky Joffe and Dr Rebecca Palmer as trustees for research, and Vanessa Rogers and Lauren Longhurst as research and development officers. I have had the opportunity to meet, work with and learn from many of you. Thank you for your support, energy and commitment. You have made me proud to be an SLT and part of our profession.

**Emma Pagnamenta**

### A fond farewell

Emma has been a fantastic support to me in my first six months as trustee. She has been integral to the increase in research capacity and activity in speech and language therapy over the past few years. In addition to the large projects she has nurtured from ideas to reality, Emma has listened to the needs of individual members and provided practical support and advice. I've really enjoyed working with Emma and will miss her enthusiasm, dedication, wisdom, kindness and professionalism, all combined with a good dose of common sense.

While we wish Emma the best of luck in her new post, happily, we are not saying goodbye! Emma will remain engaged in some of the projects close to her heart, such as research priority setting, and intends to continue to be involved with the research champion network, as she will continue to be a research-active member of College.

Thank you for all you have done, Emma, and the best of luck in your new role! ■

**Dr Rebecca Palmer, RCSLT Trustee for Research and Development.** Email: [r.l.palmer@sheffield.ac.uk](mailto:r.l.palmer@sheffield.ac.uk)  
Contact the team: Email: [lauren.longhurst@rcslt.org](mailto:lauren.longhurst@rcslt.org), [@RCSLTResearch](http://www.facebook.com/RCSLTResearch)

# Embarking on new horizons

**A**s demonstrated by the requests for information about pathways to a clinical academic career, SLTs are passionate about continually improving themselves, as well as the lives of others. This is also true of our very own research manager, Emma Pagnamenta, who has been offered an exciting new role in higher education. But it's not goodbye; just farewell.

### Education calling

This month I will be handing

over the reins of RCSLT Research Manager and taking up a teaching and research lectureship at the University of Reading. I am very much looking forward to contributing to our profession and the fantastic work of the RCSLT in different ways in my new role, and am excited about what lies ahead for RCSLT Research and Development.

It has been a privilege to be part of the Professional Development team at the RCSLT for the past 4½ years, working closely with both Professor



## Our monthly look at the latest in published research

# In the journals

Send articles or publications to consider for future issues. Email: lauren.longhurst@rcslt.org

### Speech difficulties and literacy development

New research confirms that persisting speech sound disorder (SSD), co-occurring language impairment (LI) and family history of dyslexia are risk factors for children's literacy development.

Sixty-eight children with SSD at age 3½ years were grouped according to isolated SSD, presence of LI and family risk of dyslexia. Children's literacy was assessed at ages 5½ and 8 using standardised measures as part of a longitudinal design.

The study found that SSD at school-entry is associated with weak emergent literacy skills at the age of 5½, but these effects are no longer seen at age 8 years. When LI co-occurred with SSD, this was predictive of poor word-level literacy at both age 5½ and 8, and of reading comprehension at age 8. Having a family risk of dyslexia was found to have an effect on literacy at both ages, above and beyond the effects of speech and language.

The authors conclude 'early SSD alone has only modest effects on literacy development but, when additional risk factors are present, these can have serious negative consequences'.

**Reviewed by Helen Cameron,  
University Teacher in Speech and  
Language Therapy, University of  
Sheffield**

#### Reference

Hayiou-Thomas ME, et al. When does speech sound disorder matter for literacy? The role of disordered speech errors, co-occurring language impairment and family risk of dyslexia. *Journal of Child Psychology and Psychiatry* 2017; 58: 197-205. doi:10.1111/jcpp.12648

### Reducing the wait for ASD diagnosis

A Scottish study examined how practitioners can improve the efficiency of autism spectrum disorder (ASD) diagnostic assessment, reducing the wait for diagnosis while continuing to adhere to clinical guidelines.

The study was carried out in two steps. First, quantitative case-note data on individuals recently diagnosed with ASD were gathered and analysed from 16 child and adult ASD diagnostic services. Focus groups of an average of six clinicians from the participating services were then provided with feedback. This prompted discussion relating to possible reasons for issues raised, the impact on waiting times for a diagnosis and possible solutions.

Key points from the focus groups were incorporated into collaborative local action plans for each of the 16 services. The data from these plans were synthesised to create an action plan for child services and an action plan for adult services.

Researchers concluded that the reasons for delays in diagnostic assessment must be understood to address diagnostic efficiency and waiting times. Developing an action plan using systematic enquiry and synthesis could provide evidence-based guidelines on common challenges and solutions, guiding future quality improvement plans.

**Reviewed by Jaya Simpson,  
Professional Adviser, The  
Communication Trust**

#### Reference

Rutherford M, et al. Why are they waiting? Exploring professional perspectives and developing solutions to delayed diagnosis of autism spectrum disorder in adults and children. *Research in Autism Spectrum Disorders* 2016; 31: 53-56. Available at: [tinyurl.com/zob9aj](http://tinyurl.com/zob9aj)

### Impact of LI and bilingualism on narrative skills

This Dutch study investigated the effects of language impairment (LI) and bilingualism on macrostructural narrative skills. The authors found that there was a negative effect of LI but no negative effect of bilingualism. In addition, using macrostructural elements (internal state terms, story episode information) supported the identification of LI, regardless of a child's experience in a given language.

The study used a cohort of 132 children, aged 5 or 6, in a four-group design, matched in age, non-verbal IQ and SES, with no significant differences in gender or exposure to Dutch. The MAIN assessment tool, a multilingual assessment of comprehension and production of narrative (Gagarina et al, 2012), was used, and results were analysed using a multivariate analysis of covariance.

No negative effects of bilingualism were found. The authors also confirmed that, with adjustments to the assessment, eliminating the language-specific elements and using subtests of macrostructure, MAIN could be improved to become a diagnostic tool, valuable for identification of LI in bilingual children. The study further suggests that 'story components related to the internal states of the protagonists are particularly problematic for children with LI'.

**Reviewed by Mary Pegler, Specialist SLT,  
Oxford Health NHS Foundation Trust  
and The Owl Centre**

#### Reference

Boerma T, et al. Narrative abilities of monolingual and bilingual children with and without language impairment: implications for clinical practice. *International Journal of Language & Communication Disorders* 2016; 51: 626-638. doi:10.1111/i460-6984  
Gagarina N, et al. MAIN Multilingual Assessment Instrument for Narratives. *Zas Papers in Linguistics* 2012; 56: 1-140.

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



# Dysphagia. Clearly managed.



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

**East Midlands Progressive Neurology CEN (EMProN)**

**3 April, 9am – 2pm**

Multiple sclerosis study morning. Cognition in MS: What can we learn from psychology? Also, advances in medical treatment for MS. Speakers: Roshan das Nair, Professor of Clinical Psychology and Neuropsychology; Dr Patrick Vesey, Consultant Neuropsychologist; and Nicola Daykin, MS Specialist Nurse. Venue: Nottingham University, Jubilee Campus. Cost £10; lunch provided. Places limited. Email: Grace.Rowley@nottinghamcitycare.nhs.uk or Lyle.Wheeler@nottinghamcitycare.nhs.uk

**South West and Wales Dementia CEN**

**3 April, 9am – 4.30pm**

End of life care in dementia. Full agenda tbc. Cardiff Metropolitan University, Llandaff Campus CF5 2YB. £10 on the day (includes annual membership). To register, email: sue.jones78@nhs.net

**Midlands Counselling and Therapeutic Skills CEN**

**7 April, 9.30am – 4pm**

Speaker: Kate Jones, Senior Psychological Therapist, Wye Valley NHS Trust. Subject: The main components of behaviour change: the IMB Model. Venue: Birmingham City University. Cost: £25 clinicians/non-students; £10 students. For information and to reserve a place, email: Rachel.M.Lewis@bcu.ac.uk

**CEN for s/Its with an interest in ABA**

**12 April, 8.30am – 5.00pm**

AGM and full day workshop: Introduction to Precision Teaching and Standard Celeration Charting: effective data collection procedures for speech and language therapists. Members £60; non-members £70. Venue: near Tavistock Square, University College, London. Contact Bethan Mair Williams for details: bethan.mair@tiscali.co.uk

**South East CEN in Deafness**

**20 April, 09.30 am – 4.30 pm**

Presentations and discussion around the theme of 'Supporting Mental Health of Deaf Clients'; plus AGM. Venue: London, details tbc. Refreshments provided. Annual membership (from April): £15, covers 2 meetings; non-members £10 per meeting; concessions £5. 45 places available. To book, email: m.curtin@nhs.net

**Essex SLI CEN**

**21 April, 9am – 4.30pm**

Susan Ebbels will be presenting The Evidence Base for School Aged Children with Language Impairments at The Cordite Room, Wat Tyler Park, Pitsea Hall Lane, Pitsea, Basildon SS16 4UH. £30 for the day (includes membership). Please contact Katherine Farrow at katherine.farrow@nhs.net for more information.

**Central Paediatric Dysphagia CEN**

**26 April, 9.30 start**

Agenda: AM: Bereavement; PM: AGM. Venue: The Lantern, Shrewsbury SY1 4NG. Fees for year due (£10). Please email njhall1234@gmail.com to let us know you are coming, then we can make sure we have enough tea/coffee/biscuits.

**NW Fluency CEN**

**26 April, 1-4pm**

Speaker: Steph Burgess (SLT) on stammering therapy with adults via telemedicine – based on her experience of working with people in prison; AGM; case discussions on older teenagers. Free of charge. Venue: Timperley Health Centre. For directions and information, contact Sarah Ellison: [sarah@profluence.co.uk](mailto:sarah@profluence.co.uk); 07934 677750.

**National CEN in Selective Mutism**

**27 April, 9.45am - 4pm**

Supporting success with older children and teens with selective mutism. Short talks and interactive sessions. Speakers: Libby Hill and one of the SMIRA team. Venue: St James Hall, St James Terrace, Leicester LE2 1NA. Cost with lunch: members £25; non-members £45; students £15. Contact: Angela. May@northumbria-healthcare.nhs.uk

**MSI/VI CEN**

**27 April, 10am–4pm**

Communication: Everyone's business, multiprofessional approaches. Presentations: SENSE Play Toolkits; the listening group: a joint project with OT and music therapy; music therapy and communication – building a profile of communicative behaviours; habilitation, sensory room sessions and communication; review of RCSLT MSI guidelines; AGM and election of new committee. Venue: RCSLT, 2 White Hart Yard, London SE1 1NX. Members and students: £15 annual membership plus £5; non-members: £15. To book, email: [sshah@thechildrenstrust.org.uk](mailto:sshah@thechildrenstrust.org.uk) or [julia.hampson@rnib.org.uk](mailto:julia.hampson@rnib.org.uk)

**Scottish Adult Acquired Communication Disorders CEN**

**28 April**

Brain tumours, with presentations looking at the brain tumour diagnosis and treatment pathway. Speakers: occupational therapy, speech and language therapy, and clinical nurse specialist. Venue: Conference Room, Pentland House, Edinburgh. Contact: Helen.Maclean@lanarkshire.scot.nhs.uk. Register: [www.eventbrite.co.uk/e/adult-acquired-communication-disorders-centre-tickets-30586934344](http://www.eventbrite.co.uk/e/adult-acquired-communication-disorders-centre-tickets-30586934344)

**SLT through Storytelling CEN**

**28 April, 10am (reg/coffee) – 3pm**

AM: Award-winning film 'My Beautiful Broken Brain' by Lotje Sodderland, documenting her recovery from stroke, aged 34; followed by Q&A with Lotje. PM: NHS Lambeth and Southwark Susannah Barran's presentation 'Lis'n Tell: impact and process on early language groups'. RCSLT, London SE1 1NX. £10. To book, email: [jill.goulding@gmail.com](mailto:jill.goulding@gmail.com)

**Mainstream CEN**

**2 May, 9.00am – 4.15pm**

Social Communication: includes presentation from Jacqueline Gaile, co-author of the SCIP intervention manual. £20. Venue: RCSLT, 2 White Hart Yard, London SE1 1NX. To book, visit [www.mainstreamcen.yolasite.com](http://www.mainstreamcen.yolasite.com)

**TRACHE CEN**

**3 May, 9am – 4pm**

Communication at all costs: exploring options for patients with tracheostomy. Venue: Queen Square, London. £21.83. Register: [www.eventbrite.co.uk/e/trache-cen-3-may-2017-3111111](http://www.eventbrite.co.uk/e/trache-cen-3-may-2017-3111111)

communication-at-all-costs-exploring-the-options-for-patients-with-tracheostomy-tickets-3153388710

**Adult neurology CEN (Northern & Yorkshire)**

**4 May, 9.30am – 4.30pm**

Neuro-oncology: Presentations on the management of patients with brain tumours. Talks tbc but likely to include: the relevance and role of SLT, treatment and side effects, and talks from Neuro-oncology MDT members. An opportunity for therapists to share experiences and resources, and discuss clinical issues. Venue: Woodside, Rotherham S60 2UA. £10. To book, email: [rebecca.humphries@rothgen.nhs.uk](mailto:rebecca.humphries@rothgen.nhs.uk)

**Secondary SLCN CEN**

**12 May, 9.00am – 3.30pm**

Supporting Language and Communication and Emotional Wellbeing. Speakers include: Gino Hipolito – Awareness, Assessment and Intervention for Young People with Selective Mutism; Laura McLean – Mindfulness and Speech Therapy (teaching mindfulness to young people with SLCN); Ross Hobart –What is Zones of Regulation? (how we can use this systematic, cognitive behaviour approach, used to teach self-regulation, with adolescents). Venue: Access & Inclusion Centre, Queen Elizabeth 2 School, Kennet Road, London W9 3LG. To reserve a place, email Nafisa Shehu: [nafisa.shehu@merton.gov.uk](mailto:nafisa.shehu@merton.gov.uk)

**Dementia and Mental Health of Older Adults CEN – (formerly Psychiatry of Old Age (Southern) CEN)**

**16 May, 9.30am – 4.30pm**

Study day at RCSLT offices, London. Programme to include: Dr Michael Dilley 'Functional Disorders'; Professor Jason Warren 'Update on PPA and current research'; Anna Volkmer 'Better Conversation with PPA usability workshop'; and Rachel Daly 'Shared decision making in dementia care'. Members and students £15; non-members £25. Email [dmhcen@gmail.com](mailto:dmhcen@gmail.com) for information and to book, or contact us at [www.dementialtalhealthcen.com](http://www.dementialtalhealthcen.com)

**London and South East Region CEN in Selective Mutism**

**17 May, 10am – 4pm**

Day to explore and share effective practice in working with young children with selective mutism. Venue: RCSLT, London SE1 1NX. Contact: [roberta.mendes@nhs.net](mailto:roberta.mendes@nhs.net)

**Computers in Therapy CEN (CITCEN)**

**18 May, 9.30 – 4pm**

CommuniCATE research project presentation: use of mainstream technologies in aphasia therapy including Dragon Dictate, Amazon Fire e-readers, Skype, WriteOnline, plus Aphasia Scripts therapy software; Megan Sutton of TACTUS Therapy via live video-link to discuss the Tactus apps and research behind them; join in with our CITCEN Toolkit development – a detailed resource that aims to help SLTs overcome barriers to technology use in clinical practice; plus app development with Jon Hunt, app share and more. Venue: Claremont School, Bristol. Bring lunch; refreshments provided. £20. For info and to book on Eventbrite, visit [tinyurl.com/citcenmay17](http://tinyurl.com/citcenmay17)

# Appointments

## Speech & Language Therapist

Band 6 equivalent, £36,000 pro rata

Based in Canterbury, Kent

Permanent, part-time (0.6 WTE)

**Speech Link Multimedia Ltd has an exciting opportunity for a therapist to join our expanding SLT team. With at least 2 years' post qualification experience in primary schools, you will be a keen and committed therapist looking for a new challenge. Comfortable delivering training and happy to travel if needed, you will be open to alternative, technology-based solutions for supporting schools. We have both primary and secondary support packages and experience in secondary schools, whilst not essential, would be an advantage.**

This role will include:

- Delivering training to our users both face-to-face and online
- Supporting therapy-related queries from our schools
- Working on research and product development

Speech Link Multimedia Ltd is the creator of Language Link and Speech Link, used by mainstream schools to support pupils (4-14) with speech and language difficulties. Over 90,000 pupils are assessed with our packages each year. These are cloud-based packages delivered on a secure platform for teachers and learning support staff, including:

- Online standardised assessments
- Class strategies and small group interventions
- Reports and provision mapping tools

For more information, visit [www.speechlink.info](http://www.speechlink.info).

We offer a pleasant and flexible working environment on campus at the University of Kent, Canterbury.

**Closing date for applications: 30th April 2017**

For full details or how to apply, please contact:

[judith.mcmillan@speechlink.co.uk](mailto:judith.mcmillan@speechlink.co.uk)



## Lead Speech and Language Therapist

Location: Stoke on Trent, Staffordshire

37.5hrs per week | Circa £36K dependent on experience

**This is a once-in-a-lifetime opportunity for an experienced and driven autism clinician to really make a difference to the lives of autistic children and their families.**

Established in 2000, Caudwell Children is a national charity with 17 years' experience of providing practical and emotional support for thousands of disabled children each year.

Autism affects over half of the children we support and we have anecdotal evidence on the successful approach to supporting autistic children and their families. However, it is our firm belief that through further research, a more robust and effective means of supportive intervention can be identified to improve the quality of life for autistic children and their families.

Now is the time to put our experience to good use and contribute to the global conversation regarding autism through the development of our iconic purpose-built therapy and research centre within the grounds of Keele University, and the introduction of a ground-breaking multidisciplinary clinical service and family support programme.

We are seeking an experienced autism clinician with a recognised qualification in Speech and Language Therapy to support our Director of Clinical Services and Research, Dr Juli Crocombe, and join a growing team of passionate autism professionals who share our vision.

For further information and to apply, please send your CV (and any general enquiries) to: [recruitment@caudwellchildren.com](mailto:recruitment@caudwellchildren.com)

**Closing date for applications is Friday 5th May 2017.**



## Looking for a fresh start?

**Specialist Speech and Language Therapist**  
roles in Essex, Co Durham and Dundee

Full-time and part-time roles available

Salary between £30,000 - £40,000 per annum  
dependent on location (pro-rata for part time)

Passionate about everything we do

[clare.hayward@danshell.co.uk](mailto:clare.hayward@danshell.co.uk)

07768 568240 - Clare Hayward

[danshell.co.uk/careers](http://danshell.co.uk/careers)

Danshell cares for and supports adults living with autism or a learning disability in specialist hospitals and residential services



**danshell**  
GROUP

## APPOINTMENTS

CALL JOE MOORE ON 020 7880 6215



## Aberdeen City Health and Social Care Partnership Speech and Language Therapy Clinical and Team Leader – School Age Children

Band 8A £40,428 - £48,514 per annum

Full-time 37.5 hours per week

Following a redesign of our paediatric leadership structure, we are looking for an experienced Speech and Language Therapist to fulfil this key leadership role within the Aberdeen City Speech and Language Therapy Service.

The City team provides services to:

- Pre-school children
- School age children
- Adults across community and hospital settings

The successful applicant will be responsible for leading and supporting the clinical network of therapists working with school age children across Aberdeen and will be expected to work closely with the postholder in the equivalent role for preschool children and as part of the senior leadership team for the wider service.

The team works to support children and young people in primary and secondary settings as well as special schools and clinics across the city of Aberdeen. Our team has a strong commitment to working collaboratively and in partnership with

families, schools, social support services, and other health professionals with a focus on skill sharing and tailoring support according to the needs of individuals and their circumstances. We are a friendly and supportive team who aim to be innovative, resourceful and reflective.

For informal enquiries or to discuss other opportunities to join the team at band 6 and 7, please contact Pamela Cornwallis, Lead Speech and Language Therapist, Aberdeen Health and Care Village on 01224 655714, email: [pamela.cornwallis@nhs.net](mailto:pamela.cornwallis@nhs.net)

For information about Aberdeen and the surrounding area please go to [www.visitscotland.com/destinations-maps/aberdeen/](http://www.visitscotland.com/destinations-maps/aberdeen/)

To apply please visit [www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs) and search for Reference No JM16360. Closing date 3 May 2017.



Join our team... for more information: [www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs)



## Paediatric Speech and Language Therapist – Full time

(Competitive salary dependent on experience and 10 weeks paid annual leave) Part time hours will be considered.

An exciting opportunity has arisen within our Speech & Language Therapy service at Pace, a unique Centre for children aged 0 – 18 years.

Pace has been providing innovative, integrated education, therapy and support for children with cerebral palsy, related sensory motor disorders and developmental delay, including support and guidance for their families for more than 25 years. 2016 inspection by Ofsted rated Pace Outstanding in all areas yet again.

We are looking for a dynamic SLT interested in maximising and furthering his/her expertise with children with motor disorders. Pace SLTs are integral to our dedicated, transdisciplinary teams, working to plan and develop integrated classroom programmes, provide detailed assessments, intensive and individual therapy and independently manage a small and complex caseload. Our ideal candidate will have experience in AAC and Dysphagia.

We provide excellent in-service training, access to wider CPD opportunities and supervision within an expert and supportive team. Pace is committed to the wellbeing, safety & protection of all our children and an enhanced DBS will be required.

For an informal chat and/or further details please contact: Laurel Allen, Clinical Lead SLT - Email: [laurel.allen@thepacecentre.org](mailto:laurel.allen@thepacecentre.org) Tel: 01296 614287

Applications should be sent to [vacancies@thepacecentre.org](mailto:vacancies@thepacecentre.org) or: Susan Muir, HR Department, The Pace Centre, Philip Green House, Coventon Road, Aylesbury, HP19 9JL

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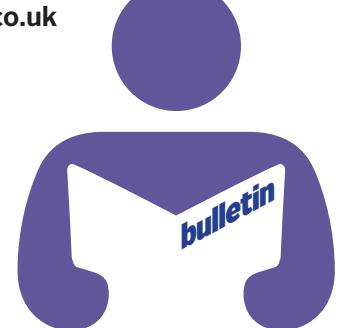
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Joe Moore:

**020 7880 6215** or  
[joe.moore@redactive.co.uk](mailto:joe.moore@redactive.co.uk)



# bulletin



## Harnessing the potential of young people. **You make it possible.**

Providing specialist education and care for young people with complex needs takes more than first-class facilities and an innovative curriculum. It takes a highly committed team and a clear focus on the individual needs of each child – just two of the strengths that have already made Priory Coleg Wales in Wrexham into one of the most effective institutions of its kind.

Priory Coleg, Wales, Rhosddu Road, Wrexham LL11 0ZX

### **Speech and Language Therapist**

Salary dependent on qualifications and experience

Set within the grounds of Coleg Gwent, the largest further education college in Wales, Priory Coleg Wales is a specialist co-educational college for students aged 16 to 25 with Asperger's syndrome and associated conditions. You will plan, conduct and review therapy sessions ensuring activities, assessments and interventions continue to meet the needs of, and are consistent with, individual students' therapy plans. You must have a relevant degree and post graduate qualification alongside the RSLT membership and a HCP registration. Closing date: 3rd May.

To discover more about this role please visit our careers website today.

**[jobs.priorygroup.com](http://jobs.priorygroup.com)**

We are committed to safeguarding and promoting the welfare of children and young people and expect all our employees to share in this commitment. We are an equal opportunities employer.



## **Community Specialist Speech and Language Therapist**

**Band 6 / 5-6 development  
(Adult Neurology)**

Full or part time working

We are looking for a speech and language therapist to join our friendly community speech and language therapy team. The service covers a geographical area that includes the historic towns of Chichester, Petworth, Arundel and Midhurst. There are direct rail links to London from Bognor, Chichester, Worthing and Portsmouth. The successful candidate will have a caseload that includes a variety of communication and swallowing disorders predominantly of neurological origin. As well as home visits and outpatient clinics, there is also delivery in to Community Hospital settings.

Sussex Community NHS Foundation Trust is a large community health care organisation. You will have direct links with speech and language therapy colleagues working in Bognor and Worthing, but also benefit from being part of a wider adult community speech and language therapy service in Brighton and Hove, Mid Sussex, High Weald Lewes and Havens. As a member of the larger Trust wide speech and language therapy workforce you will be encouraged to participate in the many clinical development opportunities available.

Contact Clare Leppard on 01243 623614 for further information or to arrange an informal visit.



## **More House School**

### **Band 5 Speech and Language Therapist - Full time**

(Fixed term until 31.07.18 – with the possibility of becoming a permanent position)

Are you interested in working with boys whose education has failed because of their language processing difficulties? Would you like to be able to make a tangible difference to their life-chances? If the answer is yes, then read on and discover the benefits of working as a Band 5 Therapist at More House School.

At More House School, we specialise in providing a high quality education for boys with Specific Learning Difficulties. Speech and Language Therapy is at the heart of what we do and each pupil has an individual timetable to ensure their needs are met.

We are looking for two enthusiastic and adaptable Speech and Language Therapists to join our large team of qualified therapists and specialist teachers in our Learning Development Centre (LDC). The post will involve managing and delivering therapy to a varied caseload, with regular supervision from an experienced, senior Speech and Language Therapist and ample opportunities for CPD. The successful candidate must have a degree in Speech and Language Therapy and be HCPC registered.

**Salary:** In line with Band 5 pay scales.

You are most welcome to visit us to see first-hand what we do.

For an application pack, please contact the Headmaster's PA, Mrs Secker-Barker, on [hr@morehouseschool.co.uk](mailto:hr@morehouseschool.co.uk) or T: 01252 792303. Applications will be subject to an enhanced DBS check and satisfactory references.

**Closing date for applications:  
5pm Wednesday 19th April.**

**Please visit our website for further information:  
[www.morehouseschool.co.uk](http://www.morehouseschool.co.uk)**

More House School is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure Barring Service (DBS)

**[www.morehouseschool.co.uk](http://www.morehouseschool.co.uk)**

Registered Charity number: 311872

Moons Hill, Farnham, Surrey, GU10 3AP



### Upcoming Workshops:

Belfast - Intro May 18-20

London - Intro Oct 25-27

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.

London - Bridging July 10-12

London - Bridging Oct 30-Nov 1

This workshop will help the clinician more thoroughly understand and apply the four levels of PROMPTing with different motor systems and conditions. A major focus of this workshop is understanding planes of movement (vertical, horizontal, anterior-posterior) and how these apply to lexicon development and word choices.

New Workshops are added daily. Visit [prompt.org](http://prompt.org) to register and view updated workshop listings

# cluttering: another look

New

with Kathleen Scaler Scott, Ph.D., CCC-SLP



In recent years, many advances have been made in understanding the communication disorder, cluttering. Kathleen Scaler Scott, Ph.D., of Misericordia University helps to clarify prior myths and explain recent research findings about cluttering. She presents the current lowest common denominator definition of cluttering and demonstrates how to apply this definition to assessment, differential diagnosis, and treatment.

For therapists who have been confused about how to identify, assess and treat cluttering, this 76-minute DVD provides practical strategies for understanding and managing complex clients.

**DVD No. 9720**



To order item No. 9720  
[StutteringHelp.org/Store](http://StutteringHelp.org/Store)



HELPING YOU  
HELP CHILDREN COMMUNICATE

Nurture early language and literacy...

## Discover a training for educators that gets results

Attend a Learning Language and Loving It™ Certification Workshop and gain an evidence-based training framework that has been shown to:

- Change teacher interactive behaviour in the long term
- Increase children's overall language use, as well as the complexity of their utterances
- Increase peer interaction

This intensive 3-day Hanen workshop provides you with a set of invaluable materials for engaging and supporting early years educators to create language-rich, responsive environments for young children (birth-5).

Space is limited! Register today for this upcoming Learning Language and Loving It workshop:

Wirral (Liverpool\*), UK ..... June 27-29, 2017

\*indicates nearest major city

[www.hanen.org/LLIworkshop](http://www.hanen.org/LLIworkshop)

Learn more about the evidence behind the workshop at:  
<http://hanen.org/lli-research>

## Professional Training for Healthcare Professionals



10th, 17th & 24th May 2017

### East Midlands Inter-Professional Stroke Educational Programme

Project Lead: Dr Sunil Munshi

A high quality 3 day course providing teaching on the whole stroke patient pathway. The course comprises of three modules (Acute Care, Rehabilitation, and Stroke in the Real World) delivered through a variety of interactive teaching opportunities.

Venue: Ruddington | Fee: £250

29th June 2017

### Advanced Course: Therapy Management of Parkinson's

The programme will cover management at each of the 4 stages of Parkinson's - Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Each session will be led by a clinical specialist in the field of Parkinson's.

Venue: Royal Derby Hospital, Derby | Fee: £130

11th - 12th July 2017

### Palin Parent-Child Interaction Therapy - Practical Intervention for Early Childhood Stammering

Lecturer: Vicky Crofts

This 2 day workshop will aim to increase speech and language therapists' knowledge and skills in assessing and identifying those children who are at risk of more persistent problems, as well as in the treatment of early stammering. The course will cover the assessment and management of this age group and is potentially applicable for children up to 7 years of age. Venue: Derby | Fee: £155

01332 254679 | dhft.ncore@nhs.net | Twitter: @NCORE\_NHS

[www.ncore.org.uk](http://www.ncore.org.uk)

OCCUPATION: SLT, SOLENT NHS TRUST; TEACHING FELLOW, UNIVERSITY COLLEGE LONDON; PRIVATE SLT, COASTAL SPEECH THERAPY

*“Each role brings with it skills and experiences that enhance my ability to perform in my other roles”*

**A**mong my colleagues I am well known for keeping busy and being involved in a number of different projects; so much so that I have carved out a portfolio of roles for myself during my working week. On Monday, my week kicks off with my role as teaching fellow on the Speech and Language Sciences MSc at University College London (UCL), where I first started working in 2012 as research assistant (RA) on the Better Conversations with Aphasia (BCA) project. It was my NHS manager at the time who opened this door for me and supported my secondment into the part-time RA role while I was also working part time for the NHS. During this time, I completed my own MSc project from City University London and, a few weeks ago, the paper from that project was published in *Aphasiology* (Sirman et al, 2017).

By now I had come to love the variety that split roles brought. So it was fortunate that, as the BCA project was coming to an end, a post on the teaching fellow team became available.

My current teaching role focuses on the second-year Professional Studies module. This involves visiting students on clinical placement across London, running workshops and tutorials on topics such as ethics, intervention planning and counselling skills, as well as being involved in exam marking and other assessments. This academic year, I am hoping to complete my fellowship application to the Higher Education Academy.

After two days at UCL, I head back to the south coast and my NHS role in a



community hospital for Solent NHS Trust, where I work with adults with neurological disorders and adult dysfluency. Within the trust, I have recently been involved in two exciting projects. The first is looking at developing our service for adults who stammer. There is inequitable service provision across the region and I am really keen to develop the care pathway to increase access to speech and language therapy for adults who stammer, including using telemedicine to support access. I have also been supporting our SLT Lead in Progressive Neurological Conditions, Amanda Conroy, who has streamlined our service for people with Parkinson's disease. My role is to organise and lead meetings with stakeholders during Parkinson's Awareness week - 10-16 April - to launch our new care pathway. I also run a private practice, Coastal Speech Therapy, which is in its infancy. I have a couple of regular clients who I see face to face and via Skype, but

hope to develop the business further.

I have straddled higher education and the NHS for a couple of years now. It is challenging, as the work is demanding and I need to be organised and disciplined with my time. However, I love having such variety to my work. Each role brings with it skills and experiences that enhance my ability to perform in my other roles. For example, working at UCL helps me to stay up to date with the latest research, which benefits my clinical practice; while my clinical practice allows me to share my experiences with students to support their learning. It has taken me a couple of years to develop this portfolio and I can say with certainty that I have not looked back.

If you are interested in having closer links with a university, here are my top tips:

- Find out about any research projects that are taking place and get in touch to express your interest. Follow researchers on Twitter.
- If you have a research idea that could be a student project, let the university know about it.
- Offer student placements and build up links with the clinical placements team.
- Ask if there are any viva exams or presentations that you can be involved in assessing.
- Register for job alerts with jobs.ac.uk for research or teaching roles. ■



## References & resources

Sirman N, Beeke S & Cruice M. Professionals' perspectives on delivering conversation therapy in clinical practice. *Aphasiology* 2017; 31(4): 465-494.

## QUICK LOOK DATES

### 28-29 March, RCSLT, London

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

Equip SLTs and teaching advisors 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. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 31 March, 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 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

#### Various dates

#### Talking Mats training - Explore the potential of this powerful communication framework

Online: April; Stirling: 11 May/8 June; accredited: 31 May/1 June; London: 7 June; Dublin: 15 June; Manchester: 22 June. For more information visit: www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479511

### 2 May, Evelina London Children's Hospital

#### An introduction to tracheostomy in children for SLTs working in the community but may be helpful for those working in acute.

Course director: Lizzie Nash. Email: maya.asir@gstt.nhs.uk to book.

### 5 May, The Ear Foundation

#### Lego therapy

By providing a joint interest and goal, Lego building can become a medium for social development such as sharing, turn-taking, communication, listening, making eye-contact, and following social rules. £100. Email: susanna@earfoundation.org.uk

### 7 May, British Voice Association

#### Tools of the trade

Practical and interactive day focussing on resonant voice techniques, Lax Vox and the treatment of children with psychogenic dysphonia. Visit: www.britishvoiceassociation.org.uk, email: administrator@britishvoiceassociation.org.uk

### 9 May, RCSLT, London

#### The East Kent Outcome System (EKOS) in practice

Are you or your team interested in a multidisciplinary approach to improving clinical effectiveness and commissioning for outcomes? Maggie Johnson leads a study day. £150 including lunch and EKOS user-manual. Email: pip.hardy@nhs.net.

### 9-12 May, Horley, Surrey

#### Symbol UK specialist training

SLTs/SALTAs supporting people with Down syndrome. Comprehensive course examining Down syndrome, EBP, SALT interventions. Four-day modular course. Email: barbara.flook@symboluk.co.uk, tel: 01622 859216, visit: www.symboluk.co.uk

### 12 May, The Ear Foundation

#### smiLE Therapy – Stage 1

Teaches the communication skills that support pupils to become confident young adults. Works effectively with a wide age range

from primary pupils aged 7, through secondary aged pupil, to post-19 college students. £100. Email: susanna@earfoundation.org.uk

### 12 May, Gatwick Hilton Hotel

#### Active Relaxation training workshop

Practical one-day interactive workshop suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85 pp. Email: enquiries@brainreetraining.co.uk, tel: 01276 472 369, visit: http://www.brainreetraining.co.uk/relaxation\_spf.php?id=64

### 13 May, Radisson Blu Edwardian Grafton Hotel, London

#### Music and SLT: Benefits of using music and working with music therapists.

Gain practical skills. No musical abilities required. 9am - 4.30pm. £90 pp (before 7 April); £100 (after 7 April). Includes lunch/refreshments. Email: info@apexability.com

### w/c 15 May, The Ear Foundation

#### Intensive training week: Early intervention

Often auditory learning is confused with auditory training and the link between cognition and language is missed. Enables you to plan sessions with greater impact. 30 AG Bell CEU's. £500 pp. Email: susanna@earfoundation.org.uk

### 18 and 19 May, Northwick Park Hospital

#### Adult apraxia of speech

Professor Nick Miller leads practical workshop reviewing evidence-based assessment and therapy for apraxia of speech with case studies. £230 pp. Email: Merry.Wright@nhs.net, tel: 020 8866 2808

### 19 May, The Ear Foundation

#### Assessments, Better Targets, Better Teaching and Therapy

One-day conference for teachers of the deaf and SLTs: looks at the benefits and challenges of assessing children from birth to 16. £100 pp. Email: susanna@earfoundation.org.uk

#### Various dates, Worcestershire

#### ARCOS (Association for Rehabilitation of Communication and Oral Skills) one-day courses

FOTT study day: 22 May; Moves to swallow - therapeutic moving to promote breathing, swallowing, voice: 12 June; Making the most of mealtimes - positioning, oral stimulation: 26 June; Therapeutic oral hygiene: 18 September. £130. Visit: www.arcos.org.uk; email: admin@arcos.org.uk; tel: 01684 576795

### 22-23 May, RCSLT, London

#### Elklan total training package for 11-16s

Equip SLTs and teaching advisors to provide practical, accredited evidence-informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 22-23 May, RCSLT, London

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

Revised course equips SLTs and teaching advisors to provide practical, accredited evidence-informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £495 pp.

### 23 May, UCL Great Ormond Street Institute of Child Health, London

#### Paediatric dysphagia videofluoroscopy swallow study course

Aimed at dysphagia-trained SLTs who are interested in consolidating skills in analysis and interpretation of paediatric videofluoroscopy swallow studies. Consists of a group presentation to introduce delegates to a VFSS analysis form which will then be used in themed workshops led by GOSH SLTs. It is anticipated that delegates attending the day will have had some previous experience and/or training in analysing studies. Visit: www.icevents.com, email: ich.events@ucl.ac.uk

### 24-25 May: 3-5s; 26 May: Optional o-3s, RCSLT, London

#### Elklan total training package (TTP) for 3-5s with optional TTP for 0-3s

Equip SLTs and teaching advisors to provide practical, accredited evidence-informed training to staff working in early years settings from 3-5 years. Additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. £495 for 3-5s 2 days; £745 for all three days, 3-5s and 0-3s. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 24-25 May, RCSLT, London; 6-7 June, Balbriggan, Ireland

#### Elklan total training package for 5-11s

Equip SLTs and teaching advisors to provide practical, accredited evidence-informed training to education staff and SLTAs. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 24-25 May, RCSLT, London; 8-9 June, Balbriggan, Ireland

#### Elklan total training package (TTP) for 3-5s

Equip SLTs and teaching advisors to provide practical, accredited evidence-informed training to staff working in early years. Teacher/therapist teams welcome. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 25 and 26 May, Michael Palin Centre, Fareham/Southampton (TBC)

#### Parent child interaction therapy

£75 pp. Email: hilary.barrett@nhs.net or rebecca.jordan@solent.nhs.uk, tel: 0300 3002019

### 26 May, RCSLT, London

#### Elklan total training package (TTP) for 0-3s

For existing Elklan tutors who have trained on total training packages for 3-5s or under 5s. Equip SLTs and teaching advisors to provide practical, accredited evidence-informed training for staff working in early years settings to enable them to develop the communication skills of babies and very young children. Only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £250 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 26 May, Hartlepool

#### CPD Masterclass: Whole school approaches for SLCN (primary)

Led by Wendy Lee, former Communication Trust professional director and lead on 'What Works' and Claire Vuckovic, senior lecturer (SEND and inclusion), University of Cumbria. Ideal for joint SALT/teacher/SENDCO attendance. £195 pp.

Visit: <http://coursebeetle.co.uk/cpd-masterclasses/>  
email: info@coursebeetle.co.uk

### 5 June, Holywood, Northern Ireland

#### Elklan Let's Talk with 5-9s tutor training pack

Equip SLTAs, HLTA's, TAs, SENCOs, teachers and parents 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 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 5 June, Holywood, Northern Ireland

#### Elklan Let's Talk with Under 5s tutor training pack

Equip SLTAs, EY practitioners and parents 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 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

### 5-8 June 2017, Birmingham

#### ADOS2 administration and coding course

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

### 9 June, Hartlepool

#### CPD Masterclass: The current evidence base for school-aged children with language impairment

Focusses on the evidence for different approaches to improve sentence production and comprehension, narrative, vocab and word finding. Led by Dr Susan Ebbels. £195. Visit: <http://coursebeetle.co.uk/cpd-masterclasses/>, email: info@coursebeetle.co.uk

### 9 June, National Hospital, London

#### Acquired Brain Injury CEN: Cognitive Communication Disorders - Good Practice Day

Update, inform, and inspire: the latest in current thinking from literature, conferences and clinical practice. Practical applications will be discussed. £25 pp. Email: ABICEN@hotmail.com

### 9th June, Central London

#### The Therapy Outcome Measure (TOM)

1-day training workshop with Prof Pam Enderby. Delegate fee - £175 (check the event listing in the CTN website for discounts for RCSLT members)

For further details and to book go to [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

### w/c 12 June, The Ear Foundation

#### Complex Needs Week

Individual day courses covering ANSD, CMV, prematurity, ASD, Deafblindness, Sensory Processing Disorder. £100 per day or all four for £300. Email: susanna@earfoundation.org.uk

### 14-16 June, Weston-super-Mare

#### Hanen's It Takes Two to Talk certification workshop

Shows the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of





Verbatim patient quote,  
Fresenius Kabi data on file  
- Thick & Easy™ Clear  
Acceptability Study Report Sept 2014

## Top marks for consistency

Thick & Easy™ Clear is a gum-based drinks thickener that retains the natural appearance, taste and texture of fluids,<sup>1</sup> and also ensures a consistent thickness over time.

What's more, Thick & Easy™ Clear:

- Encourages fluid intake, meaning that patients can hydrate effectively while consuming drinks in their own time
- Facilitates confidence to drink by reducing the fear of swallowing

Contact us today on 01928 533516 or visit [www.fresenius-kabi.co.uk](http://www.fresenius-kabi.co.uk) and find out how we can help your patients rediscover a sense of normality.



References: 1.Fresenius Kabi data on file - Thick & Easy™ Clear - Acceptability Study Report Sept 2014.

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