

bulletin

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

August 2018 | www.rcslt.org



Student-led
placement design

Developing and
adapting TOM scales

A child's right to decide:
Including children with PMLD in decision-making

RCSLT Study Day and AGM 2018

***Speech and language therapy:
Showing your worth through
value-based healthcare***

Thursday 4 October 2018

**Mercure Holland House Hotel
24-26 Newport Rd, Cardiff, CF24 ODD**

Join us at this year's national RCSLT Study Day, which aims to develop attendees' understanding and use of a value-based approach to delivering speech and language therapy services.

Learning objectives:

By attending this event, delegates will:

- Be aware of the strategic context for improvement
- Understand value-based healthcare as an improvement approach
- Gain a better understanding of the policy drivers from across the UK
- Have the opportunity to hear from colleagues and experts in the field
- Be aware of where additional information and resources can be found
- Have the opportunity to develop a personal plan for implementing learning



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YOUR
PLACE**

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DISAPPOINTMENT






- **RCSLT Member:**
£24 (£20+VAT)
- **Non-member:**
£48 (£40+VAT)
- **AGM only: free**

The delegate fee includes lunch, refreshments and materials. Please note that terms and conditions apply.

To book your place, please visit:
www.rcslt.org

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Clare Williams

EDITORIAL



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



Talking points

Whether you're a football fan or not, it's been hard to avoid the World Cup fever that has gripped the nation recently, with the England team bringing people together over a common talking point as they tackled their way to the semi-final for the first time since 1990. It was particularly heartwarming to see the videos of the speech and language therapy team at Gloucestershire NHS Care Services signing the England squad's anthem 'It's coming home' (featured on the BBC West Facebook feed: @pointswest), as well as the film celebrating children with Down Syndrome, which showed clips of the children, their parents and siblings using Makaton to sign along to the now infamous song (featured on the BBC website). Not only was it a great way of learning a few words in sign language, but it was also a perfect example of inclusive communication.

Talking of which, if you're wondering what is happening with the project to develop a communication access symbol, the second consultation came to a close at the end of March and, with more than 2,500 responses analysed, it became clear that the favoured symbol design is the face-to-face concept (see Bulletin, May 2017, p14 for a reminder). A total of 58% of quantitative responses favoured this option, with 67% of qualitative responses identifying it as clear and easy to understand. In addition, 85% of quantitative responses for the accompanying standards approved the current format, with only 2% favouring modification or amendment. The symbol, standards and training are now being developed in line with these results, working towards a soft launch later on this year. We'll keep you posted...

Clare Williams Bulletin editor

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

Your RCSLT

JULIA MANNING



My name is Julia and I may have spoken with some of you as part of my new role as enquiries co-ordinator at the RCSLT.

I have worked in enquiries management for several years prior to joining the RCSLT, mostly within government organisations in my home country of Australia.

I am greatly enjoying immersing myself in the fascinating work of speech and language therapy,

from learning about complex conditions through research and clinical resources, to speaking with our members every day by telephone and email.

If there is ever anything that you may need, whether it's assistance sourcing a document from the RCSLT website, or simply someone to lend an ear, please get in touch by email or telephone (see contact details below).

Julia Manning, Enquiries Co-ordinator, RCSLT.
Email: info@rcslt.org; Tel: 020 7378 3038

The power of poetry

I recently wrote a poem about the role of speech and language therapy and the importance of funding our vital service, which I was encouraged to share on social media. I was astounded when, within a few days, it had been shared several thousand times. It seemed to strike a chord with fellow SLTs (currently practising, retired therapists and students yet to qualify), who shared my frustration that our wonderful profession is often misunderstood, misrepresented, underappreciated and underfunded. More importantly, the poem provoked a response from hundreds of people who have cause to be grateful to SLTs or whose lives are being adversely affected by long waiting lists and patchy access to speech and language therapy services.

I have collated some of these very moving responses and have shared them with our Health Secretary and Shadow Health Secretary in order to show them just what speech and language therapy services mean to people, and the devastating effects on people's life chances and quality of life when they are denied access to them.

You can read the poem and the responses at: airedalestammeringtherapy.wordpress.com/2018/06/02/the-power-of-poetry

Stephanie Burgess, SLT, Specialist in Stammering, Airedale NHS Foundation Trust

Sourcing a nebuliser for CRT

In response to Helen Evans' letter regarding nebuliser availability for cough reflex testing (CRT), published in the May issue of Bulletin, I have received several enquiries about sourcing appropriate nebulisers, as we use CRT routinely within our Trust. I appreciate that the original nebulisers recommended are now no longer supplied to the UK and it has been difficult to source an exact match. Following contact with researchers in New Zealand from the University of Canterbury Rose Centre for Stroke Recovery and Research (www.canterbury.ac.nz/rosecentre), it appears that clinicians there are also facing similar challenges, as we all seek to continue CRT in the face of evolving hardware.

A suggested alternative is the Turboneb 2 Nebuliser (Clement Clarke International Limited, Harlow), which is available here in the UK. However, it has a free flow rate higher than the original nebuliser. To retain the 6.6L/min output, the researchers in New Zealand used a valve created by their bioengineering department, with no differences noted with the new equipment. It is likely that we will look to purchase these in the future to continue our CRT service, and await any further research in this area.

I would be happy to hear from others who are setting up CRT services who require further guidance on restrictor placement of this nebuliser (see my email address below).

Natalie Griffin, Principal SLT - Acute & Stroke, Northwick Park Hospital, London North West University Healthcare NHS Trust.
Email: nataliegriffin@nhs.net

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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS



Computer therapy aids word-finding

Dr Rebecca Palmer, RCSLT R&D Trustee, is celebrating the results of the largest trial of computer therapy for aphasia to date, which involved 278 people with aphasia, 177 carers, and SLTs from 21 NHS departments to evaluate how this type of therapy works in 'real-life'.

The Big CACTUS study – Clinical and cost effectiveness of Aphasia Computer Therapy versus Usual Speech and

language therapy alone in the longer term post-stroke – of which Rebecca is chief investigator, evaluated the use of specialist computer software to establish whether people with aphasia can continue to improve their ability to find words after completion of traditional NHS therapy, and whether this can be achieved cost effectively by offering computer treatment at home. Participants with aphasia were randomly allocated into groups so that they either received usual SLT care alone; usual SLT care with daily independent computer therapy for six months, tailored to their needs by an SLT and supported by an SLTA/volunteer; or usual SLT care with activities, such as puzzle books, and supportive telephone calls to mimic the activity and attention the computer group received.

The computer therapy was to provide additional speech and language therapy rather than replace existing therapy. The software enabled patients to choose meaningful words to work on in a structured way at levels



finding difficulties.

Not only is the Big CACTUS project paving the way for more large-scale speech and language therapy research, but it also exemplifies the importance of developing strong links with others to facilitate success: the collaboration with academics with specialist research skills and clinical departments was key

appropriate to their strengths and needs.

The computer therapy group's ability to say the words they chose to practice improved significantly compared with the other groups. These improvements in word finding were still seen six months after the therapy, showing that people with aphasia were able to learn new words a long time post-stroke with computer therapy. However, the study found that improvements seen in treated words did not generalise to untreated words, which reinforces the importance of only using words that people find relevant in word-finding therapy. The approach did not lead to improvement in conversation, general communication and quality of life either.

When exploring the cost effectiveness of the computer therapy approach, the study found it cost half as much as it would to provide the same amount of extra face-to-face therapy with an SLT. However, it was acknowledged that the approach is unlikely to be cost effective for everyone with aphasia without some modifications, but it is likely to provide value for money for people with mild and moderate word-

to achieving its aims. Most importantly, the Big CACTUS project had a strong and informative group of people with aphasia who advised on the project for five years and were central to its successful delivery. The Big CACTUS team would like to thank all the patients, carers, SLTs and researchers who came together to make such a large project possible.

For more information about the study, including links to the results booklet and film, visit tinyurl.com/BigCACTUS-study

Funded by
NHS
National Institute for
Health Research

This project was funded by the National Institute for Health Research

Technology Assessment Programme (12/21/01AB). Additional funding support was provided by the Tavistock Trust for Aphasia.

The views and opinions expressed are those of the authors and do not necessarily reflect those of the Health Technology Assessment Programme, NIHR, NHS or the Department of Health and Social Care.

These are emerging findings awaiting peer review.

NEWS
IN BRIEF

Patient Safety Alert: The RCSLT is delighted to announce that, together with the BDA and NHS Improvement, we have been working on the new NHS Improvement Patient Safety Alert on the use of the imprecise term 'soft diet' and the transition to the IDDSI Framework.

● **Read it at: improvement.nhs.uk/news-alerts/safer-modification-of-food-and-fluid**

Spread the word about the RCSLT's justice webinar on 17 September. Held in partnership with the Association of YOT Managers, it will highlight the impact of SLCN in the justice system, how SLTs support both individuals and professionals, and the support available to increase professionals' understanding and knowledge.

● **Visit tinyurl.com/Justice-System-Webinar**

The keynote speaker for the RCSLT's Study Day 2018 – 'Speech and language therapy: Showing your worth through value-based healthcare' – has been announced! We are pleased to welcome Alex Howells, Chief Executive of Health Education and Improvement Wales.

● **To find out more about the day, visit www.rcslt.org/news/events/study_day_2018**

Reminder: IDDSI guidance is available on the RCSLT website, where you will find guidance to help you with the implementation of the IDDSI Framework, including presentations, posters, implementation guides, YouTube videos and lots more.

● **Visit: www.rcslt.org/clinical_resources/dysphagia/dysphagia_diet**

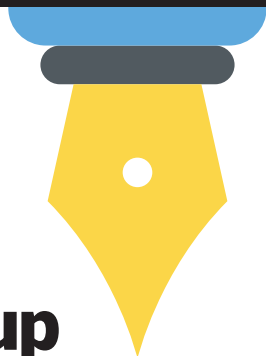


Gwenllian Wilkinson
@GwenllianSLT

What better way to spend #NHS70 birthday than a room full of SLTs striving to develop and improve evidence and services #ResearchChampions2018

Louise @SLTLoulou

As #NHS celebrates 70 incredible years, I too am celebrating 20yrs in the NHS. I remain an incredibly proud & passionate #slpeeps that #lovesmyjob and is humbled daily by colleagues & patients



Sign up for writing opportunities

We are looking for members across the UK who have an interest in voice and in critical care to help update the current RCSLT guidance (voice) and website content (critical care) in these clinical areas.

Vacancies are available for lead authors (paid), supporting authors and peer reviewers (voluntary). The work on the guidance for voice will begin in September 2018; while the work on the critical care webpages will begin later in 2018. All roles represent great CPD opportunities.

For more information, please email Paul O'Meara at paul.omeara@rslt.org for an application form or visit tinyurl.com/RCSLT-voice or tinyurl.com/RCSLT-criticalcare

RCSLT accredited as an NGO by United Nations

The RCSLT has been accredited as a non-governmental organisation (NGO) by the United Nations (UN) at the 11th Conference of State Parties to the Convention for the Rights of Persons with Disabilities by consensus.

This is an annual conference of representatives from the various parties to the convention that seek to promote the rights of people with disabilities, providing organisations such as the RCSLT a platform to engage influential individuals, law-makers and civil society from across the world.

The accreditation means that the RCSLT can now send a delegation to the conference, participate in UN meetings and also host side events at similar conferences to promote the impact and implications of the various communication disabilities that

largely go unrecognised.

RCSLT CEO Kamini Gadhok said: "The RCSLT's accreditation as an NGO will enable us to take forward our strategic aims to work with partners at an international level, to continue to influence for people with communication disability in our endeavours to ensure that communication is recognised as a human right as part of the International Communication Project (ICP)." (To find out more about the ICP, visit internationalcommunicationproject.com)

Alongside the RCSLT, Speech Pathology Australia was also accredited as an NGO, providing further support for future ICP activities to promote communication as a human right.

Naj Hussain, RCSLT Policy Adviser

Talk and Listen to inform research priorities

As part of the RCSLT's research priority-setting process for people with learning disabilities, RCSLT Research and Development Officer Lauren Longhurst visited the Leicester Partnership NHS Trust learning disabilities service to hear from members of their innovative Talk and Listen group. Members of the group, which comprises people with learning disabilities who are champions for communication, are supported to take on a range of roles, such as training with GPs and creating informative resources, including posters.

During Lauren's visit, the Talk and Listen group eagerly shared their thoughts

and experiences about communication and speech and language therapy. This information will now feed into the research priority-setting process.

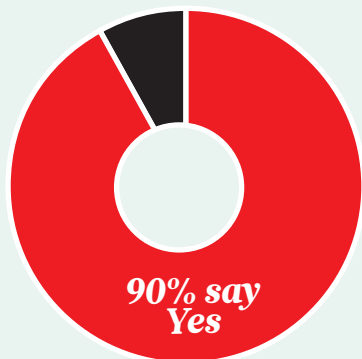
To find out more about the RCSLT research priorities programme, visit www.rslt.org/members/research_centre/research_priorities/RCSLT or email lauren.longhurst@rslt.org



RCSLT Web Poll
Have your say...



Are you using inclusive communication in your practice?



VISIT: WWW.RCSLT.ORG

Kim Turner @SLT_Kimu76

I have that #FridayFeeling!
@GillianRudd's petition to get govt
response on @RCSLT and
@ICANcharity's #Bercow10 has
reached 10,000 signatures. Kids with
SLCN deserve our support!

Steph Llewellyn @SeasideSLT

Thanks to @rcslt_bulletin
for the article re #SLT role in adult
mental health - definitely needs
addressing and our role recognised.
Look forward to seeing what
@RCSLTpolicy creates



MORAG DORWARD & KAMINI GADHOK

Roadshows get to the hub of digital



This spring, the RCSLT Hub days have all had something in common – they have all featured a presentation about the RCSLT's digital project, which includes an update on the new RCSLT website.

The project is part of the RCSLT's ongoing digital transformation, at the core of which is an ambition to improve the benefits offered to members, such as the digital user experience and various online resources to support members, the profession and professional networks. The project also aims to position the RCSLT as the go-to authority on all matters relating to speech and language therapy in the UK.

In response to feedback, members have been taking part in focus groups and collaborating with the project's digital partner – We Are Friday – to create a fresh, modern and easy-to-navigate website that will better reflect the RCSLT and the profession in the 21st century. As this work continues, the RCSLT's Hub team has been touring the country to keep members updated on what to expect when all the complex technical work is completed, the 'go live' button is pressed and a new digital RCSLT

beckons! With the discovery and design stages now complete, the digital team is working hard to put the final touches to improvements such as the search facility, a single log-in for all areas, easier navigation across the website, and a better community and CPD area – there will even be a personalised homepage to look forward to (once you've completed your member profile).

As this new digital arena will mean a whole new look, we have developed a series of frequently asked questions and a virtual guide to help everyone find their way through the new online landscape as easily as possible. Available from www.rcslt.org, they will answer questions such as: What will happen when I log into the new website for the first time? What happened to my bookmarked pages? What will happen to my CPD diary? What about Basecamp?

If you would like to join an RCSLT event or roadshow, visit www.rcslt.org/news/events/forthcoming_events to see if there is one near you. Alternatively, you can view the presentations from the recent Hub events, including the digital presentation, at www.rcslt.org/news/events/pastevents

BUILDING A COMMUNITY OF PRACTICE

Over the years, RCSLT networks, along with the website, have provided members with the opportunity to access continuing professional development and share best practice and the latest research, as well as enable members to be part of a community of practice. However, there are still many challenges to ensuring that all members – regardless of where they work, who they are employed by or which client groups they work with – share best practice and engage with each other. This has been exacerbated by a number of factors, including access to funding, ability to take time off work or be released from work due to work pressures, the impact of devolution and competition.

Yet, a common theme in discussions with a range of members (as highlighted above) has brought into sharp focus the need for us to consider how we can overcome these barriers.

This challenge was summed up in the following feedback from colleagues from the Yorkshire and Humber region at the RCSLT UK-wide dysphagia event in June, which included members working in both the public sector and private practice:

“We have already started the process of building stronger collaborations”

“Identifying and sharing ‘the best of the best’ pieces of work and adopting these nationally so that there is one repository, instead of multiple departments ‘reinventing the wheel’.”

We have already started the process of building stronger collaborations, both within and outside the profession and at a UK-wide level, but we recognise that there is yet more to be done. Over the next few months we will be working with you to consider innovative ways to share the ‘body of knowledge’ held by the profession for the benefit of the populations we serve.

Let's break down the barriers to sharing best practice, and maximise impact. ■

Morag Dorward, RCSLT Chair; and Kamini Gadhok, MBE, RCSLT Chief Executive. Email: kamini.gadhok@rcslt.org

Winchester school recognised as 'communication friendly'

Weeke Primary School in Winchester has become the first Hampshire school to be accredited as an 'Elklan Communication-Friendly Setting'. This prestigious award, which is valid for three years, recognises the school's ability to offer support for the language and communication development of all children, including those learning English as an additional language.

Aware of the impact that better communication has on children's literacy, learning and quality of life, the school commissioned a local speech and language consultancy, Talking Outcomes, to provide 10 weeks of training for four members of staff. The training was then cascaded down to all staff, enabling them to use a range of



Weeke Primary school receiving their accreditation, with Steve Brine MP

tools during class-based teaching to develop children's listening, vocabulary, narrative and social communication.

SLT Jan Baerselman, from Talking Outcomes, said: "The staff have been a joy to train. They now use a range of new

techniques to support children's speaking and listening. I have seen innovative teaching strategies, excellent small group work and watched staff helping very young children struggling to get their message across. There is a greater focus on helping children with special needs to learn by 'showing' rather than 'telling' them what to do."

Kathryn Knapp, Inclusion Manager of Weeke Primary School, said: "Being accredited as a community-friendly setting is a brilliant achievement for the staff at Weeke Primary School. It has enabled us to build on existing good practice and confidently support all children with speech, language and communication needs."

RCSLT online resource of the month



As part of the Motor Neurone Disease Association's MND awareness month in June, the RCSLT hosted a webinar: Living with motor neurone disease: supporting speech, communication and swallowing. The webinar, which featured speakers Steven Bloch, Senior Lecturer in Communication Disorders, and Jennifer Bedford from the MND Association, is now available online, and highlights the impact of MND on speech, communication and swallowing, as well as how speech and language therapy supports people living with MND. To view a recording of the webinar, visit www.rcslt.org/news/webinars/mnd. You can also find the RCSLT's new factsheet on MND at www.rcslt.org/speech_and_language_therapy/docs/factsheets/mnd

Online SLC resource launched in Scotland

NHS Education for Scotland (NES) has launched an online resource to support the learning experiences of student and qualified health visitors and family nurses in relation to early speech, language and communication (SLC) development.

The educational resource, 'Speech, language and communication: 'Giving children the best possible start in life'', was developed by SLT Joanne Gibson, who was the project lead, and NES educational projects manager Jean Cowie, in collaboration with representatives from speech and language therapy, educational psychology, health visiting, family nurse partnership, universities and the RCSLT. It aims to guide the health visitor/family nurse in the delivery of their public health role to children and their families in relation to SLC development, and to meet requirements of the Named Person Order in the Children and Young People (Scotland) Act 2014.

Using the principles of 'Getting it right for every child' (GIRFEC) and the Universal Health Visiting Pathway (Scottish Government, 2015), the interactive and versatile tool will support early years professionals to develop the skills necessary

to assess and profile SLC. Easily accessible from a range of devices and with the flexibility to support decision-making and practice regarding SLC in the client's home or in the clinic, it also signposts practitioners to suitable resources to help empower parents to promote SLC in their children.

Phase one of the resource was launched on 26 June, with phase two, which contains an A-Z of speech, language and communication for health visitors, to be added in the coming months.

To view the resource, visit slctoolforhv.nes.digital

Jean Cowie, educational projects manager, NHS Education for Scotland. Email: jean.cowie@nes.scot.nhs.uk; Joanne Gibson, project lead, NHS Education for Scotland. Email: joanne.gibson5@nhs.net

Reference: Scottish Government. *Universal Health Visiting Pathway in Scotland. Pre-birth to Pre-school*. Edinburgh: APS Group Scotland, 2015. Available from: www.gov.scot/Publications/2015/10/9697/downloads

1.6

million pupils
in the UK have special
educational needs

14,523

followers on
the RCSLT
Twitter account



Derek
Munn

COLUMN

Scottish parliament commits to safe staffing

Safety in the NHS in Scotland is to be a significant topic for Scottish parliament this autumn. The governing party, the SNP, is committed to legislating for safer staffing levels and has published its Health and Care (Staffing) (Scotland) Bill, making it a legal requirement to ensure that appropriate numbers of suitably trained staff are in place.

Since 2004, Scotland has pioneered the development of safer staffing tools by creating validated methods for calculating nurse deployment. In 2013, it became mandatory for Health Boards to use these tools; however, this new legislation will put their use into law and will also extend to other professional groups and care settings, including care homes, making it easier for staff to understand how deployment decisions are made and for Health Boards to be held accountable.

Although the impact should be beneficial for patients and staff, RCSLT Scotland and other professional bodies are raising concerns with politicians about the

risks of unintended and unplanned-for consequences. Failure to adequately plan the workforce could undermine the good intentions: without a clear commitment to developing a truly multidisciplinary workforce and safer staffing tools built around the patient rather than a profession, the Scottish Government could end up doing more harm than good.

Scottish parliament committees will be gathering evidence over the summer, and RCSLT Scotland will be submitting its views and any amendments to ensure that safety tools are applied across professional groups and that this is done clearly within the Bill.

It will be some time before we see any impact from the legislation, if passed, as it will take years to create and validate new tools; however, speech and language therapy services across Scotland welcome any positive measures that improve quality and safety for their patients.

Robert MacBean,
RCSLT Scotland Office

Churchill fellow honoured

Elena Moore was presented with a Churchill Medallion at a prestigious award ceremony in Westminster, London, in June. The medallion was awarded to mark the successful completion of Elena's overseas research as a Churchill Fellow, which saw her investigate innovative practices in early years therapy services in government-funded programmes in the USA.

Churchill fellowships fund travel for four to eight weeks overseas to research new ideas that can make a difference to communities or professions in the UK. Elena has already started to replicate some of the outstanding practices she



observed in the USA at Barts Health NHS Trust.

For more information,
email Elena at elenamoore@nhs.net

SEEKING JUSTICE

The RCSLT has been making the case for many years about the links between speech, language and communication (SLC) and the justice system. Here's a round-up of some of the current activities.

Last month's Bulletin covered the launch of the new version of The Box – our online training resource for non-SLTs working in the justice sector. It's modular, so it's easy to work through; and, best of all, it's free. Initial take-up has been excellent, with hundreds of people and services already signing up. We're complementing this with a webinar hosted in collaboration with the Association of Youth Offending Team Managers, which will be held on 17 September.

We respond, of course, to government and parliamentary developments. Most recently we submitted evidence to the Health and Social Care Select Committee's inquiry into prison healthcare, and were invited for face-to-face discussions as a result. Other responses concern secure schools in England and Wales, and a review of physical restraint and de-escalation.

Meanwhile, in Scotland, the RCSLT has been commissioned by the government to develop an SLC screening tool for use by appropriate adults, as well as an accompanying teaching tool.

Lastly, as with so much of our influencing work right now, there is a link to the *Bercow: Ten Years*

On report. There are recommendations in the report that we are pursuing actively with MPs, government and agencies. The report asks that the Youth Justice Board (YJB) introduce mandatory communication skills training for all justice professionals as part of its initial training. In addition, the YJB has agreed to distribute The Box to their networks, and we have begun discussions on how they can incorporate it into their programmes. We are also discussing with them how to monitor the effectiveness of the AssetPlus SLCN screening tool. Meanwhile, the Department of Health has commissioned a review of the Comprehensive Health Assessment Tool (CHAT), and we are working with them on the identification of speech, language and communication needs. ■

“We submitted evidence to the inquiry into prison healthcare”

Derek Munn, RCSLT Director of Policy and Public Affairs.
Email: derek.munn@rslt.org

SLT Assistants CEN relaunch success

The East of England Speech and Language Therapy Assistants CEN held a successful meeting in May, the first since the CEN was relaunched in 2017. After a fantastic response to our 'Letter to the Editor' in Bulletin last September, there are now more than 70 CEN members, 32 of whom were able to attend the meeting in Peterborough.

Kaleigh Maietta, the RCSLT's Events and Member Engagement Officer, came to talk to the CEN in the morning and updated members on the SLT apprenticeship, how SLT assistants can become more involved with the RCSLT, and the new RCSLT website, as well as the benefits of joining the RCSLT – to name just a few highlights. In the afternoon, members of the Communication Aid Service East of England (CASEE) team gave an interesting presentation on what they do and how to make referrals to them.

We are now busy planning our



next meeting, which will hopefully take place in May 2019. We are also investigating opening a Twitter account so that we can keep in touch with CEN members and can connect with other SLT assistants CENs nationally.

For further information on the East of England SLT Assistants CEN, please contact me (see details below).

Tamson Chipperfield,
Adult SLT Clinical Assistant,
Cambridgeshire and Peterborough
Foundation Trust. Email:
tamson.chipperfield@cpft.nhs.uk

Students on the run for charity

On a very hot and humid 6 May, more than 30 speech and language therapy students and staff from Birmingham City University ran the Great Birmingham 10K.

We raised £3,527.30 for St Mary's Hospice, which is a local charity providing palliative care both in the

hospice and in the community.

The run was great for uniting staff and students from across the different year groups, and we hope to make this an annual event.

Dr Lesley Ann Docherty, Birmingham
City University



Stammer Trust grant available

The Stammer Trust (stammertrust.co.uk) is inviting applications for small grants of £250 towards treatment or research in stammering anywhere in the UK. The Terence Barry Grant Award may go towards part or whole of the cost of equipment, training or conference attendance, but is not limited to these examples.

Applications should be submitted in writing by 31 October (one side of A4), indicating how the grant would contribute to your work and, where part-funding is sought, from where the remainder will come.

The successful applicants will be informed by 31 December and will be required to produce a short report on how the grant has benefited their work – the report may be published in our newsletter.

Submit your application or queries to Ray Williams: ray_williams@live.co.uk (please include 'Trust Grant' in the subject box).

Nick Miller – a celebration

Newcastle University will be marking the work of Professor Nick Miller on Monday 10 September, from 1-6.30pm. The celebration will include talks by colleagues (both national and international) who have worked with Nick over the years.

Whether it is foreign language syndrome, aphasia, Parkinson's or motor speech disorders, or even writing about the Battle of Jutland, there has been a host of SLTs who have worked with Nick, and many who have published with him, particularly students whose dissertations he supervised.

If you would like to attend the event, please contact Janet Moss (janet.moss@newcastle.ac.uk). If you are unable to come but would like to send Nick a message, please email Janet with your name and recollection for display on the day.

Dundee aphasia films top shortlist

Two short films created by Dundee University's AAC Research Group have been selected to be screened at the International Society for Augmentative and Alternative Communication (ISAAC) short film festival at the ISAAC 2018 conference in Australia.

Both films are about aphasia. The main submission – a stop-animation film entitled 'I have aphasia' – animated and designed by people with aphasia for people with aphasia, aims to explain aphasia in 90 seconds. The second movie – 'Aphasia in our own words' – gives an insight into what it is like to have aphasia.

To find out more and view the films, visit aac.dundee.ac.uk/tap-and-talk/animation-workshop



**Richard
Cave**

Opinion

Richard Cave explains why voice banking is so important, and urges SLTs to encourage people with MND to think about banking their voice for future use

Time to invest in voice banking



ILLUSTRATION Sara Gelfgren

More than 80% of people with motor neurone disease (plwMND) lose their ability to communicate using natural speech over time (Beukelman et al, 2011) and will eventually be unable to speak at all (Beukelman et al, 2007), turning to augmentative and alternative communication devices (AAC) to support daily communication. Many of these high-tech devices are

programmed with a standard synthesised 'voice'; however, some may use a 'personalised synthetic voice' (PSV), which is an approximation of the person's natural voice. To create a PSV, plwMND record a set list of phrases with their own voice while they are able to do so. This is known as voice banking.

For many plwMND, there is nothing that could replace the ease or speed of natural speech – a PSV won't speed up the time

it takes to communicate using AAC and may not change people's attitudes either. Nevertheless, there is a lot of interest in voice banking – it was the most searched item on the MND Association's website in 2017. In addition, the MND Association receives a high number of funding requests to help with voice banking, as well as questions from plwMND and SLTs.

It is important to provide all the information, both positive and negative, to enable plwMND to make a considered decision about voice banking. For example, it's essential to set realistic expectations about how a PSV sounds: although a PSV will capture natural voice quality, because it is synthetic, it does not replicate natural speech, with the timing and intonation of sentences likely to sound more robotic (see www.modeltalker.org/faq). However, in my clinical work, many plwMND (and their families) report a positive experience of communicating with their PSV, and it may not need to be more than an approximation of natural voice to deliver benefit.

Although the decision to voice bank should be made by plwMND, evidence suggests they are not being given the opportunity. In a survey of plwMND carried out by the MND Association in 2017, 633 out of 760 respondents reported not having banked their voice, with more than 60% indicating they did not know about voice banking, did not have enough information about it, or did not start the process early enough. Only 10% said they were not interested in banking their voice. To ensure that plwMND have the time to consider fully the pros and cons of voice banking, to complete the process and have the best chance of it being successful, the subject needs to be raised early, before bulbar symptoms develop.

People with MND should also consider recording important and

meaningful phrases, words or sounds that they regularly use (for example, 'I love you' or the sound of laughter). Known as message banking (Costello, 2016), this should also be discussed at the same time as voice banking (or before, if voice is becoming weak).

As SLTs, we are ideally positioned to support decision-making about voice and message banking and its future use in AAC; however, feedback from many SLTs I meet reveals that they have not been given the opportunity to learn about it. In a survey at the London AAC Special Interest Group, only a third of those working with plwMND felt confident in providing information on voice banking or supporting the process itself. To address this, the MND Association launched the Voice Banking at Diagnosis project, which offers free, practical, hands-on training for SLTs working with plwMND, as well as ongoing technical support. We are also training Voice Banking Volunteers (VBVs) who can provide practical support and technical help to plwMND who have already decided to bank their voice, as well as to SLTs.

If you would like to find out more about the training or VBVs, please contact me (details below), or visit www.mndassociation.org/voicebanking ■

Richard Cave, Advanced Specialist SLT, Voice Banking at Diagnosis Project Manager, MND Association. Email: richard.cave@mndassociation.org; Tel: 07898 721278; Twitter: @VoiceBankingMND

References

- Beukelman D, et al. Communication support for people with ALS. [Online.] *Neurology Research International* 2011; 2 February. tinyurl.com/jcyezs28
- Beukelman DR, et al. *Augmentative communication strategies for adults with acute or chronic medical conditions*. Virginia, US: Paul H Brookes Publishing Company, 2007.
- Costello JM. *Message Banking, Voice Banking and Legacy Messages*. Boston, MA: Boston Children's Hospital, 2016.



A child's right to decide: enabling participation

Scot Greathead and colleagues outline a child-centred, participation-based approach to include children with PMLD in decision-making processes

ILLUSTRATION BY **Tim Bradford**

The Special Educational Needs and Disability (SEND) reforms (Children and Families Act, 2014) have laid down a legal mandate for professionals to seek the views of all children when making decisions that influence their lives. But how do professionals recognise and support the views of children with profound and multiple learning difficulties (PMLD)?

A legal requirement

The United Nations Convention on the Rights of the Child (1989) and more recent SEND reforms (Children and Families Act, 2014) state that all children have the right to shape decisions that influence their lives. This strong emphasis challenges professionals to facilitate all children to participate in everyday decisions; however, children with special educational needs are often marginalised from this process, especially those identified as having PMLD (Department of Health, 2009). Excluding children from contributing to these forums on the grounds of having limited communication skills is not an option.

The Communication Trust has developed a toolkit to support schools to fulfil their legal requirements in seeking views from children they teach (Communication Trust,

2016). They recognise that, for children with PMLD, many of whom have minimal or no spoken language, accessing traditional forums to share their views and experiences is not meaningful. Instead, they suggest a different approach: participation.

Participation allows children to shape their lives through an ongoing process rather than a single event. It promotes children to exert their influence through using communicative behaviour with different people and across different settings on a moment-by-moment basis.

What participation looks like

Participation does not begin and end with adults simply offering choices to children; rather, it aims to promote interactive learning experiences designed to increase both the rate and range of communicative behaviour, including choice-making, expressing emotions, protesting, direction-giving, maintaining interactions and forming relationships with peers. Consequently, adults shift from teaching compliance and reinforcing adult-directed activities to adopting child-centred curricula that reflect individual interests and strengths.

Encouraging participation by adopting this child-centred, interactional or 'process-based' approach (Imray, 2014) is linked to positive language outcomes, such as joint attention, reciprocal communication, spontaneous expressive

(prelinguistic) communication skills, and distal points (pointing towards something in the distance) (DiStefano, 2016). This approach potentially facilitates the development of communication skills, which allows children to further engage with, and influence, those around them.

Supporting participation

Research studies (eg Pickles, 2016) have documented that levels of responsiveness in adult communicative partners are closely linked with effective communication skills in children. Adults have a fundamental role in either enhancing children's communicative competence by reinforcing and facilitating communicative behaviour, or hindering autonomy by failing to provide communicative opportunities or recognise that communication is occurring.

One key aspect of supporting participation is that adults attune to children and proactively adapt both their own communication style and aspects of the environment to enhance levels of active engagement, build communicative competence and foster reciprocal interaction (Prizant, 2007). Furthermore, to understand whether a child's right to influence everyday decisions has been honoured, professionals should pay close attention to how their communicative attempts are 'listened to' (ie, interpreted and acted upon) by people around them (Ware, 2004).

“Participation allows children to shape their lives through an ongoing process”

Table 1. Components from the SCERTS® developmental checklists

Observation	Child's social communication skills	Adult's supports
Evie's teacher pulled a chair next to her and imitated her vocalisation, which became a brief reciprocal interaction between them. Evie smiled and looked closely at his face during this time.	Responds to bids for interaction	Uses appropriate proximity and non-verbal behaviour to encourage interaction
	Engages in extended reciprocal interaction	Imitates child
	Looks towards people	Responds appropriately to child's signals to foster a sense of communicative competence
	Shares positive emotion using facial expression and vocalisations	Creates turn-taking opportunities and leaves spaces for child to fill in

Observe; document; reflect

The Communication Trust proposes that professionals use an ‘Observe – Document – Reflect’ approach to identify and promote children’s successful communicative behaviours (Communication Trust, 2016). Various frameworks can be used to facilitate this process; for example, the Social Communication, Emotional Regulation and Transactional Support (SCERTS) framework (Prizant, 2007), which has been proven to increase classroom engagement of autistic children (Morgan, 2018). The assessment is sensitive enough to capture a range of communication acts that, once analysed, highlight differences in children’s communicative behaviour in relation to the types of support they receive from adults across different settings. This allows a fine-grained analysis on the extent and nature of child–adult interactions that have been suggested to foster positive language outcomes (Greathead, 2016).

Table 1 shows how an observation of a

child (Evie) interacting with her teacher can be described using the SCERTS assessment developmental checklists, profiling Evie’s communication skills in the context of adult supports. This information can then be used to facilitate reflection about the opportunities that Evie had to influence those around her, and the supports that might enable her to do so more effectively.

Implications for SLTs

Describing a child’s successful communicative behavior (ie, what is important to children, how they express themselves and the rate at which they do it) in the context of the support they receive from an adult, allows teams to build a discrete evidence base of supports that are effective within specific settings for individual children. This information can be used as part of an ongoing, dynamic process to guide future assessment, inform staff reflection/mentoring and evidence functional communication outcomes – all

tasks within an SLT’s remit.

Focusing on the extent to which children with PMLD are active participants in their lives allows SLTs to address the challenging issue of understanding how children with PMLD express their ‘views’. Ultimately, much more clarity is required on how professionals not only promote the ‘voice’ of children but also how these views and experiences are used to shape children’s lives. Finding out what matters to all children by understanding and responding to their ‘views’ – their wishes, preferences and feelings – enhances their legal and human rights and enables them to be authentic participants in influencing the decisions that, ultimately, impact their lives. ■

.....
Scot Greathead, Dr Rhiannon Yates, Abigail Croydon, Vivian Hill, Lorcan Kenny and Professor Liz Pellicano, Life At School research team at the Centre for Research in Autism and Education (CRAE), University College London. Email: scot@speechtherapyservices.co.uk



References

Department of Health. *Valuing People Now: a new three-year strategy for people with learning disabilities*. London: Department of Health, 2009. Available from: tinyurl.com/DoH-ValuingPeopleNow [Accessed: 25.4.2017]

DiStefano C, et al. Communication growth in minimally verbal children with ASD: The importance of interaction. *Autism Research* 2016; 9(10): 1093–1102.

Greathead S, et al. Supporting children with severe-to-profound learning difficulties and complex communication needs to make their views known: observation tools and methods. *Topics in Language Disorders* 2016; 36(3): 217–244.

Imray P & Hinchcliffe V. *Curricula for Teaching Children and Young People with Severe or Profound and Multiple Learning Difficulties*. Oxon: Routledge, 2016.

Morgan L, et al. Cluster randomized trial of the classroom SCERTS intervention for elementary students with autism spectrum disorder. *J Consult Clin Psychol* 2018; 86(7): 631–644.

Pickles A, et al. Parent-mediated social communication therapy for young children with autism (PACT): long-term follow-up of a randomised controlled trial. *Lancet* 2016; 388: 2501–09.

Prizant BM, et al. *The SCERTS Model*. Baltimore, MD: Brookes Publishing, 2007.

The Communication Trust. *Involving children and young people with SLCN. A toolkit for education settings*. London: TCT, 2016. Available from: tinyurl.com/TCT-toolkit [Accessed: 25.4.2017]

Ware J. Ascertaining the views of people with profound and multiple learning disabilities. *British Journal of Learning Disabilities* 2004; 32: 175–179.

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FOODS

Making small talk: student-led placement design

Helen Cameron and colleagues describe a collaboration between staff and students to create a highly successful clinical placement for postgraduate students

ILLUSTRATION BY James Boast

Student engagement in learning provision has been shown to be associated with positive experiences and outcomes (Healey et al, 2014). Here at the University of Sheffield, we were interested in whether this would apply in the context of clinical placements.

Feedback from students regularly indicates that they would like more placement opportunities during their training, yet higher education institutions often experience challenges in securing placement provision due to increasing demands on speech and language therapy services. To address this lack of placement opportunities, and to integrate more student engagement into the placement process, we implemented the 'Students Making Small Talk' project. Designed as part of a staff-student partnership, the project resulted in innovative clinical learning experiences for students.

Sheffield Small Talk

The University of Sheffield's Philippa Cottam Communication Clinic, based in the Department of Human Communication Sciences, offers a range of speech and language therapy groups for the local community. One such group is Sheffield Small Talk, a weekly group for preschool-aged children who have speech, language and communication difficulties, either in isolation or associated with other conditions.

Originally, Sheffield Small Talk ran as a student volunteer opportunity, with students on the university's speech and language therapy programme working with the children and families to offer a service that supplements local NHS provision. However, due to issues such as timetabling and workload conflicts, students were not always able to attend consistently, and reported that this prevented them from making the most of the learning opportunity. Similarly, the parents/carers reported that this could be disruptive, both for themselves and their children. Reflecting on this challenge, we decided to incorporate Sheffield Small Talk into the core clinical programme for level one of our two-year postgraduate-entry training programme.

Collaborative design

When designing the new placement, rather than implementing a top-down approach with staff taking control, we created an opportunity for students to share their learning needs and how they would like them to be met. We approached the design as a collaborative activity, with staff and students working in partnership to determine learning outcomes, activities and assessment. We hypothesised that collaborating with students would result in high student satisfaction and increased confidence in their clinical skills. Co-designing the placement would also provide students with 'behind the scenes' access to placement provision and organisation, which is important given that our current students

are the practice educators of the future.

Having secured funding to employ students to work alongside staff on the project, teaching staff Helen Cameron and Judy Clegg put a call out asking for students to lead the project. Five students responded (Stephanie Crichton, Madeline Lamb, Natalie Pountney, Nicola Malley and Jack Schofield), with Helen appointed as placement co-ordinator and fellow teacher Carla Rohde as placement practice educator.

The aims of the project were outlined, roles were discussed, and the concept of partnership was agreed by all. We met as a group on three occasions and used an online file storage service as a shared workspace between meetings.

Pilot placement

A clinical workbook for a pilot placement was designed, comprising various learning activities for students to complete and reflect on (Table 1). Key areas of practice that students typically find difficult were identified, such as conducting informal assessment and applying theoretical knowledge.

As students were keen to work with individual clients on a regular basis but also wanted experience with a wide range of communication impairments, they suggested that they could be assigned a regular client for weekly individual sessions but also spend time in the larger group to develop observation and interaction skills with a range of children. To enable peer support, as the placement is undertaken in the first year of the course, students would work in pairs with their individual clients.

Table 1. Placement activities

Completing child's communication passport with parents/carers
Structured observation of children's speech, language and communication
Informal assessment of children's speech, language and communication
Writing case notes
Writing session plans
Implementing therapy programmes
Using language facilitation strategies
Using Makaton and visual helpers to support communication and interaction
Feeding back to parents on their child's progress
Therapy outcomes
Writing a client summary report



The importance of communicating with parents/carers was recognised by the students, but they were also nervous about this. To help boost this skill, frequent opportunities to interact with parents/carers, both verbally and through communication books, were built into the placement.

Together, staff and students considered the placement assessment process and agreed that students would discuss their reflections on a weekly basis with the practice educator, who would then provide an end-of-placement pass/fail report. This meant that the assessment focused on the student’s learning journey, rather than final attainment.

The pilot ran for two sets of five sessions in Spring 2016, with 20 students taking part.

Valuable feedback

Following the first pilot, we collected feedback from the students, service users and practice educator, identifying the placement’s strengths and areas for improvement. Comments from all groups suggested high levels of satisfaction (see Table 2).

Feedback from students resulted in the placement being lengthened from five sessions to 10 for future cohorts; and parent/carer feedback resulted in the completion of a communication passport with parents/carers, rather than formal case-history taking.

The revised placement ran formally with two new cohorts of level-one students in the autumn and spring terms of 2016/17. Pre and post self-efficacy reports demonstrate an overall group trend of increase in confidence in the students’ clinical skills and their view of the importance of the various learning outcomes.

Learning opportunities

From a staff perspective, we developed our awareness of students’ preferences and drew inspiration from them. Overall, it gave us confidence that we were offering a high-quality, positive learning experience for the SLTs of the future. This will become even more important with the rollout of the Health Education England’s Quality Framework (HEE, 2017), designed to capture the quality of clinical placements.

For the students involved in the placement design, there have been several benefits. They welcomed the opportunity to share their learning needs with clinical and teaching staff. They also found it empowering to have their voice heard; for example, they felt strongly about the workbook being self-assessed rather than a formal submission. They also gained insight into the rationale behind the learning outcomes of clinical placements, which they may not have fully understood previously. In addition, it encouraged them to think critically about

Table 2. Examples of feedback

From a student: “Very enjoyable and interesting placement. It has given me more confidence working with children and talking to parents. I initially felt overwhelmed, but quickly came to thoroughly enjoy it.”

From a parent/carer: “I was highly delighted with the work the students were doing with [child]; the one-to-one benefited him, and I’m sure that it also benefited them to use the targets and see how [child] was progressing.”

Sheffield Small Talk as a clinical service, providing valuable knowledge about service design and delivery.

Together, both staff and students feel that this student-led clinical learning project resulted in a successful placement, bridging student learning between the lecture hall and the clinic, and allowing students to find their feet while surrounded by the friendly faces of their peers, children and families, and clinical teaching staff. ■

Helen Cameron, University Teacher / SLT; Dr Judy Clegg, Senior Lecturer / SLT; Carla Rohde, University Teacher / SLT; and Stephanie Crichton, Madeline Lamb, Natalie Pountney, Nicola Malley and Jack Schofield, Student SLTs. Department of Human Communication Sciences, University of Sheffield. Email: h.m.cameron@sheffield.ac.uk

Acknowledgements

This project was supported by a University of Sheffield teaching development grant. A short film of the project can be viewed on YouTube: visit tinyurl.com/StudentsMakingSmallTalk



References

HEE. *HEE Quality Framework 2017-2018*. Leeds: Health Education England, 2017. Available from tinyurl.com/HEEQualityFramework

Healy M, et al. *Engagement through partnership: students as partners in learning and teaching in higher education*. York: Higher Education Academy, 2014. Available from www.heacademy.ac.uk/system/files/resources/engagement_through_partnership.pdf

Fit for purpose: adapting a TOM scale

Pam Enderby and colleagues explain how to develop or adapt a TOM scale for a specific clinical area

ILLUSTRATION BY **Jamie Wignall**

As discussed in previous issues of Bulletin (eg, March 2018, pp12-15), the Therapy Outcome Measure, or TOM, is a tool that measures outcomes of care by describing the relative abilities of an individual in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time in association with interventions. It takes a few minutes to complete and is useful for treatment planning, clinical management, audit and research.

The third edition of *Therapy Outcome Measures For Rehabilitation Professionals* (Enderby & John, 2015) contains 47 scales for specific conditions, as well as the 'core' scale – further scales for specific clinical areas are under development by expert groups (see Table 1). As the authors of the TOM, we regularly receive enquiries about how to develop or adapt a TOM scale for a specific clinical area that isn't currently catered for. To help others who are in the same position, we have devised a process for how to go about this.

*Table 1. Examples of adapted scales in development (that the authors know about)**

ADHD
Selective mutism
Erratum for AAC
Acquired apraxia
Paediatric dysphagia
Sensory processing disorder
Paediatric podiatry
Chronic fatigue syndrome/ME
Hip and knee replacement

In early development

Trismus
Transgender voice
Dysphagia and laryngectomy combined
Dysphagia and dementia combined
Acquired dyspraxia
Vocal tract discomfort
Abbreviated AAC

**Thank you to the therapists and services leading on these.*

Before starting

Make sure that you have understood the principles of the domains, as specified in the third edition of the TOM publication (Enderby & John, 2015), before starting to adapt a TOM scale. Review the 47 adapted scales that are contained in the book – is there one that can be modified slightly?

Consider whether there is a real need for an adapted scale. Don't forget that, for clients with conditions of very low incidence or prevalence, and for whom there is no appropriate adapted scale, you can use the core scale.

Adapting a scale

You may feel that adapting some of the terminology in the scale to fit the language you use in your service would help with understanding and agreement among therapists. If this is the case, you should discuss the possible changes with your colleagues and then send a copy of your amendments to Pam Enderby (PE) or Alex John (AJ) so that they can check that they are in line with the principles of the TOM. If the amendments are minor, PE or AJ may authorise the use straight away; however, if the amendments are more major, you will need to continue on to the following steps...

Developing a new scale

As mentioned above, ensure that you understand the principles of the TOM and what is included in each of the domains. Remember that the aim of the adapted scale is to assist you and colleagues working with the same client group to come to the same decision with regard to the abilities and difficulties of the individual.

Inspect some of the adapted scales that are similar to the client group you are considering. Discuss how you can develop the descriptors with other professionals working with the same client group. Sometimes it is helpful to develop the descriptors together.

It is usually easier to describe the descriptors for scale points 0, 1, 4 and 5 before attempting descriptors 2 and 3 – describing what we call 'moderate' is always difficult!

You and your colleagues should pilot this early draft of the scale with clients from the particular client group. Identify any lack of clarity and discuss whether further descriptions would help.

Remember that the descriptors are 'best fit'; therefore, the client may not have all of the challenges outlined in the description, but it describes them better than another.

Following a trial of the modified description, you should send it to PE or AJ to review that the scale is in line with the principles of the TOM. If all is well, we suggest that you practise using this adapted scale to



“Checking reliability is important as it represents the extent to which the adapted scale is understood consistently”

see whether any further minor amendments need to be made. Once you are satisfied with the wording of the adapted scale, you should go forward with a reliability trial.

Checking reliability

Checking reliability is important as it represents the extent to which the adapted scale is understood consistently and that the data you collect provides a correct representation.

Just a reminder, intra-rater reliability is the degree of agreement among repeated administrations of a diagnostic test performed by the same rater. To do this, you will need to prepare some case stories with sufficient information for the TOM to be carried out by a number of therapists; for example, six. Ask them to rate the cases – a co-ordinator should keep a copy of these scores but the individual therapists should not. The same therapists should rate the same cases again a couple of weeks later. The co-ordinator should then check the consistency against the previous ratings. You are trying to find out whether your adapted scale helps therapists to rate in a

similar way over time.

Inter-rater reliability examines the extent to which those who use the scale assign the same or very close scores to the same variable. We would suggest that you get a group of therapists – again, preferably six – with experience with the relevant client group and who are familiar with the TOM, to meet together. Each one should describe a case and ask the group to rate the case using the new adapted scale, without collusion. If you are unable to get a group of therapists together, you may suggest each therapist shares an anonymised case history by email, which can then be rated.

Check the agreement of rating on 10 cases; the lead therapist should check agreement:

1. Count the number of ratings in agreement within 0.5 of each other
2. Count the total number of ratings
3. Divide the total by the number in agreement to get a fraction
4. Convert to a percentage – to represent the percentage of agreement

You could undertake a Cohen’s kappa coefficient (κ), which is a statistic that

measures inter-rater agreement for qualitative (categorical) items. It has been developed to take account for the possibility that raters are likely to guess on at least some variables due to their uncertainty, and is thought to be a more robust measure than a simple percent agreement calculation.

It is possible that you will find that you will need to add or subtract some phrases from your adapted scale because they are being interpreted differently by different raters.

Final touches

It is advisable to include the following header on your adapted scale:

Therapy Outcome Measure Adapted Scale – [add client group] – in development

The individual does not have to have each feature mentioned in the descriptor. It is a best-fit description, ie does this description fit the individual better than the other one? Use 0.5 to indicate if the individual is slightly better or worse than the descriptor. Consider as appropriate for age.

To comply with copyright, please also add the following footer to your adapted scale:

Therapy Outcome Measure Adapted Scale for ----- in development in line with principles detailed in: Enderby P, John A. *Therapy Outcome Measures For Rehabilitation Professionals. Third Edition*. Guildford: J&R Press Ltd, 2015.

Ongoing support

Remember to keep in touch with PE and AJ (see details below), who can provide further advice if required.

You may be asked whether you would agree to the scale that you have developed being included in the next edition of the book – your leadership on this piece of work would be acknowledged. ■

Professor Pam Enderby OBE, Professor Emeritus of Community Rehabilitation, University of Sheffield. Email: P.M.Enderby@Sheffield.ac.uk; Alex John, SLT/ Associate Researcher, Nursing and Midwifery, University of Dundee. Email: alexjohn2108@gmail.com; Kathryn Moyse, Outcomes and Informatics Manager, RCSLT. Email: kathryn.moyse@rcslt.org



Reference

Enderby P & John A. *Therapy outcome measures for rehabilitation professionals. Third Edition*. Guildford: J&R Press Ltd, 2015.

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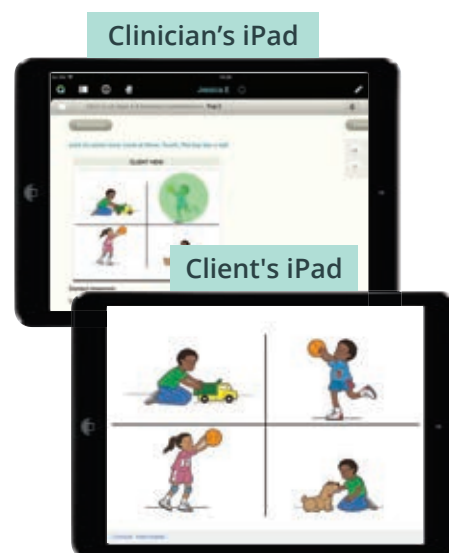
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Assessing teenagers with ASD

Standardised tests of receptive and expressive vocabulary and grammar should be supplemented with narrative assessments and pragmatic observation to accurately assess the communication skills of teenagers with autism spectrum disorder (ASD).

The authors tested 14 adolescents with ASD and 14 typically developing adolescents, matched on age, gender and non-verbal ability. Assessments included CELF-IV and BPVS-II; narrative assessments (standardised fictional recount using ERRNI, informal event narratives and informal fictional story generation using story stems); and CCC-2 (parent and teacher completion).

Adolescents with ASD fell within the average range on the CELF-IV and BPVS-II, albeit scoring lower than their typically developing peers. They also performed within the average range on the ERRNI recount, although used shorter and less grammatically complex narratives than the control. Notably, some significant differences were found in the structural and evaluative quality of the informal narratives: the ASD group generally presented with reduced mean length of utterance, more limited vocabulary, fewer reasons/explanations, less character development and fewer references to emotions and thoughts. Some variation was also noted between parent and teacher CCC-2 responses.

The authors note that the implications “cannot be underestimated” because more detailed information about specific areas of difficulty “aid[s] in the planning of appropriate intervention and support”.

Nicki Witkin, Highly Specialist SLT, Hertfordshire Community NHS Trust, and independent practice



Reference

King D & Palikara O. Assessing language skills in adolescents with autism spectrum disorder. *Child Language Teaching and Therapy* 2018; 34(2): 101-113. Available from: tinyurl.com/y9lep752

Word retrieval in aphasia

A third of stroke survivors experience deficits in word retrieval as a core characteristic of their aphasia. This study looked at anomia therapy using speeded picture naming compared with standard picture naming protocol focused on naming accuracy alone.

Twenty participants with a range of profiles of chronic post-stroke aphasia (all had poor repetition; severe aphasia was excluded) completed a six-week therapy programme. A set of nouns was trained twice a week using ‘standard’ picture naming (a naming attempt and then increasing phonological cues up to whole word repetition with the picture present). Another set of nouns was trained for three weeks using standard therapy and then three weeks focusing on increasing the speed of naming to match that of healthy controls.

Speeded naming showed higher accuracy, better maintenance of gains and greater generalisation to complex picture description when compared with standard therapy. Therapy outcomes positively correlated with cognitive-executive skills, and individuals with poorer phonological skills showed the greatest benefit.

The authors state: “Speech production in healthy participants is a remarkable feat of cognitive processing being both rapid ... and accurate. We tested the hypothesis that word-finding treatment will only be successful and generalise to connected speech if word retrieval is both fast and accurate.”

Dr Lotte Meteyard, Associate Professor & SLT, University of Reading; Chair of the British Aphasiology Society



Reference

Conroy P, et al. Time for a quick word? The striking benefits of training speed and accuracy of word retrieval in post-stroke aphasia. *Brain* 2018; 141(6): 1815-1827. Available from: tinyurl.com/yc57xjzm

DLD and the justice system

It is established that a high number of young offenders have lower language abilities than the general population. Regular monitoring of language abilities of children with behavioural and educational difficulties could prevent entrance into the justice system, saving £100,000 in incarceration fees.

In this study, 84 adults aged 24 with a history of identified developmental language disorder (DLD), who attended language units and received intensive specialist early intervention throughout childhood, were compared with a group of 88 age-matched peers (AMPs) with no history of speech and language therapy or special educational needs. The findings indicate that young adults with identified DLD who had received language intervention reported lower levels of contact with police than AMPs. This may be considered in relation to the literature concerning young people with unidentified DLD in the justice system.

It is suggested that interventions that “ameliorate language difficulties may not only offer children the opportunity to develop strategies to adjust socially and emotionally to the long-term nature of their language difficulties, but also improve the young person’s competence in other areas associated with offending, such as emotional self-regulation”. Specialist intervention in childhood has the potential to alter the path of young adults with DLD.

Rynette Hartmann, SLT student, Plymouth Marjon University



Reference

Winstanley M, et al. More or less likely to offend? Young adults with a history of identified developmental language disorders. *IJLCD* 2018; 53(2): 256-27. Available from: tinyurl.com/ycxjuv8f

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



Helen Wilson

Helen Wilson discusses how a course set up to support health professionals has helped to develop a culture of research and innovation within her service

Developing a culture of research and innovation

Research (new knowledge) and innovation (doing things differently) is something we're all aware we should be doing, but, in the context of a busy NHS service, it can sometimes get pushed to the bottom of the to-do list. So it seemed like an excellent opportunity to sign up to NHS Research & Development North West's course, Leading a Culture of Research and Innovation (R&I), to really think about how we can bring this firmly into the day job. This is particularly relevant, as Healthcare Education England has a 2020 goal that all NHS staff should be involved in R&I.

The course turned out to be nothing like I expected, but all the better for it. The attendees were a group of like-minded people (fairly evenly split between nurses and allied health professionals, some with a specific research focus to their jobs; along with one service user), all focusing on the cultures within

our teams and trusts, and the course was led by ex-NHS professionals and researchers, as well as a writer, comedian and actor. This mix really helped us to reflect upon, and step out of, our comfort zones. The end goal was a plan to support the development of R&I within our teams or organisations, presented in a creative format that we could share with the group and take back to our teams.

Getting started

Using Schein's (2010) Model of Organisational Culture, we explored the culture of our organisations and teams – 'how we do things around here' – and how this supports (or not) R&I. The model looks at the 'taken for granted' assumptions that are common throughout organisations and are often difficult to identify and explain, as well as questions such as 'What is important about R&I?' and 'What are people doing to support or hinder R&I?' It also prompts

reflection upon 'How this works in your team'.

We found that there is a need to think about the culture and the capabilities of our teams when it comes to R&I, and how they can be developed. In a culture where research is seen as something other people do, rather than a core part of the role, time and effort won't be put in and there are more likely to be barriers.

Cooke (2005) has developed a framework for building research capacity within health services to produce a sound evidence base for decision-making in policy and practice, and for developing the skills and structures that support research to take place. It talks about the difference between, and importance of, research for practice (conducted by academics to inform practice), research within or through practice (research conducted collaboratively by academics and practitioners) and research by practice (ideas initiated and research conducted by practitioners). Organisational, service and individual factors need to be considered to determine where the team's practice sits in relation to each of these levels.

Implementing the learning

When we were first told about the need to develop an R&I plan for our teams, my focus was on choosing a specific clinical question about how our service is run. As the course developed, and through discussion with leaders and participants, it became clear that this was too big and impractical, and that changing the culture within our team from one where research is something other people do, to something that we are all involved in, was the priority. Remembering that 'research – audit – service evaluation' is a continuum, and that it's all about asking a question and checking out the

answer and how effective something is, helped to make this more achievable. My project now is about changing the questions we ask ourselves when developing and implementing innovations, and to bring this more into the core of the service.

Presenting my plan in a creative way helped me to focus my idea and think about how to make it clear to an audience who knows nothing about speech and language therapy. Technology doesn't need to be a barrier either. There was a range of creative presentations used; for example, people wrote poetry, made models, used experiential discussions and made animations. Using a free online animation app, I produced a



Research and Development Forum



ILLUSTRATION BY Cathal Duane

“Changing the culture from one where research is something other people do, to something we are all involved in, was the priority”

stop-motion animation to disseminate my plan to develop a culture of R&I within our team (see ‘Bringing Research into the Heart of a Community SLT Service’ on YouTube: youtu.be/BHKCYw7ewvY).

We’re still early in the implementation stage of the plan and development of the culture, but thinking about these areas, and the wider culture of how our team functions, is supporting us in working more effectively together for the benefit of the children we work with.

Key messages

Network: Many networks exist that can support you to develop an R&I culture within your team. Remember to work with the whole range of these networks, including universities, your trust’s R&D team and your local clinical research networks and NIHR CLAHRCs (Collaborations for Leadership in Applied Health Research and Care – see tinyurl.com/NIHR-CLAHRCs). Ensure you optimise the impact of this work by considering which networks you are involved in and scoring them on how well they work currently. Ask yourself which networks you need to connect with more and how you can do this.

Leadership: Leadership skills are crucial to drive forward change. The Healthcare Leadership Model framework (see tinyurl.com/NHS-HLM) looks at leadership and influencing skills, with a self-assessment tool to explore the skills needed to develop and influence the culture of your team and networks. It allows you to rate your skills as well as consider which are important to you. It’s useful to keep in mind the phrase ‘leaders influence others by what they say, how they say it and what they do’.

Influencing: One key aspect of leadership is influencing. Think

about this actively. Before going into meetings, think about what you want to get out of the discussion and what others’ motivations and aims will be – we are all more likely to be engaged with something and follow it through if there’s something in it for us. Consider in advance the questions others may have and how to answer them, making sure you use their language and link back to what’s important for them.

Use established models: Various models exist to help support you drive forward change. The GROW model (Goal, Reality, Options, Wrap up) gives a good structure for reflecting upon what your goal is, what the current reality is, what the options are and how these might be implemented, and how to wrap up actions and consider next steps.

Worth the effort

Changing a culture is never going to be a quick fix. However, attending this course has helped me to reflect upon how important it is to further develop a culture of research and innovation within our team. It has also given me practical ideas for ways to achieve this.

Ensuring we are a team focused on development is a crucial step towards providing a more effective service for the children we support. ■

Helen Wilson, Advanced Clinician – Specialist SLT, North West Boroughs Healthcare NHS Trust. Email: helen.wilson@nwbh.nhs.uk



References

Cooke, J. A framework to evaluate research capacity building in health care. *BioMed Central Family Practice* 2005; 6: 44.

Schein EH. *Organizational Culture & Leadership. 4th Edition.* San Francisco, USA: Jossey-Bass, 2010.

International Journal of Language and Communication Disorders

Volume 53, Issue 4, July–August 2018

Reviews

What 'form' does informal assessment take? A scoping review of the informal assessment literature for aphasia (659-674)

Jennifer Thomson, Melanie Gee, Karen Sage, Traci Walker

Impact of thermo-tactile stimulation on the speed and efficiency of swallowing: a systematic review (675-688)

Maria Schwarz, Elizabeth C Ward, Jane Ross, Adam Semciw

Discourse and cognition in speakers with acquired brain injury (ABI): a systematic review (689-717)

Elizabeth Hill, Mary Claessen, Anne Whitworth, Mark Boyes, Roslyn Ward

Service delivery and intervention intensity for phonology-based speech sound disorders (718-734)

Eleanor Sugden, Elise Baker, Natalie Munro, A Lynn Williams, Carol M Trivette

Research reports

Investigation of the language tasks to include in a short-language measure for children in the early school years (735-747)

Jessica Matov, Fiona Mensah, Fallon Cook, Sheena Reilly

Cultural adaptation and psychometric testing of The Scenario Test UK for people with aphasia (748-760)

Katerina Hilari Lara Galante Anneline Huck Madeleine Pritchard Lucy Allen Lucy Dipper

Assessment of voice, speech and communication changes associated with cervical spinal cord injury (761-775)

Kerstin Johansson, Åke Seiger, Malin Forsén, Jeanette Holmgren Nilsson, Lena Hartelius, Ellika Schalling

Clinicians' views of the training, use and maintenance of phonetic transcription in speech and language therapy (776-787)

Rachael-Anne Knight Chandni Bandali Clare Woodhead Parul Vansadia

Children with cochlear implants in infancy: predictors of early vocabulary (788-798)

Edith L Bavin, Julia Sarant, Greg Leigh, Luke Prendergast, Peter Busby, Candida Peterson

Quality of life in children with developmental language disorder (799-810)

Patricia Eadie, Laura Conway, Birgit Hallenstein, Fiona Mensah, Cristina McKean, Sheena Reilly

Morphosyntactic abilities of toddlers with hearing impairment and normal hearing: evidence from a sentence-repetition task (811-824)

Rama Novogrodsky, Natalia Meir, Rachel Michael

Effect of type of language therapy on expressive language skills in patients with post-stroke aphasia (825-835)

Jasmina Vuksanović, Tanja Milovanović, Ljubica Konstantinović, Saša R Filipović

The effects of enactment on communicative competence in aphasic casual conversation: a functional linguistic perspective (836-851)

Rimke Groenewold, Elizabeth Armstrong

Effect of motor-based speech intervention on articulatory placement in the treatment of a posterior nasal fricative: a preliminary MRI study on a single subject (852-863)

Kazlin N Mason, Eshan Pua, Jamie L Perry

Quality of life and swallowing questionnaire for individuals with Parkinson's disease: development and validation (864-874)

Juliana Garcia, Diniz Alfredo, Carlos da Silva, Ana Caline Nóbrega

What does it take to stress a word? Digital manipulation of stress markers in ataxic dysarthria (875-887)

Anja Lowit, Tolulope Ijtona, Anja Kuschmann, Stephen Corson, John Soraghan

Identifying language impairment in bilingual children in France and in Germany (888-904)

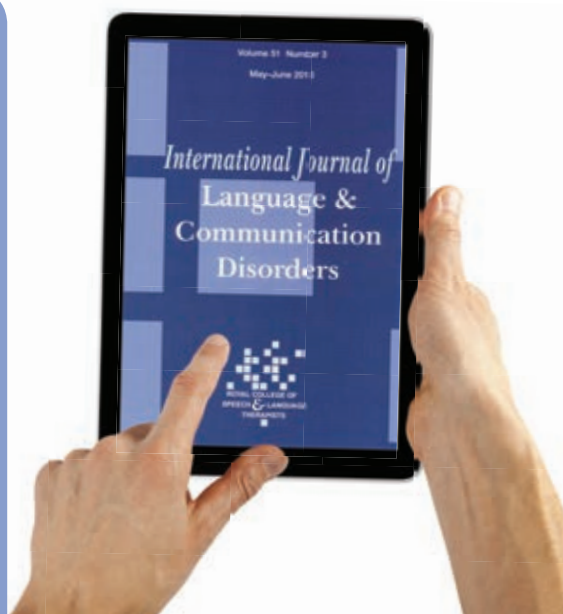
Laurice Tuller, Cornelia Hamann, Solveig Chilla, Sandrine Ferré, Eléonore Morin, Philippe Prevost, Christophe dos Santos, Lina Abed Ibrahim, Racha Zebib

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

Obituary

REMEMBERING

Jackie Griffiths (née Petty)

1951–2017



It is with great sadness that we say goodbye to our inspirational ex-colleague and friend, Jackie Griffiths.

Jackie led a very full and active life. She started her speech and language therapy training at the Edinburgh School of Speech Therapy in 1969, qualifying in 1972. Her long and successful career then began in a team of four SLTs working with adults at Frenchay Hospital, Bristol. In 1975, she took a break from speech and language therapy and worked as an au pair in France. In true Jackie style, she took this opportunity to perfect her French.

On her return from France, Jackie moved back to Bristol, working singlehandedly at Southmead Hospital, seeing inpatients and outpatients, and undertaking community and domiciliary visits. She worked closely with Pam Ellis (secretary), who became a lifelong friend, and developed the service at Southmead, becoming the chief SLT in 1979. In the same year, Jackie married Mike, and continued to work at Southmead until leaving to have twins, Alex and Katie, in 1986.

Jackie returned to work on a part-time basis at Weston Hospital and the ENT department at Bristol General Hospital. In 1992, she became clinical co-ordinator for rehabilitation in a job share with Pauline Siddall. She started running a number of stroke groups, always going the extra mile and enriching the lives of its members by taking them around Bristol in the evening. Patients enjoyed these groups so much that nobody was ever discharged!

Jackie was very successful in developing services and raising the profile of speech

and language therapy, particularly with consultant colleagues. In 1995, she presented on dysphagia screening training to nurses at the RCSLT Golden Jubilee conference.

In 2000, Jackie completed her advanced dysphagia qualification with a particular focus on motor neurone disease (a special interest). In 2001, she became joint acting head of speech and language therapy at Bristol Royal Infirmary with Jane Beckinsale and Vicki Weekes. By 2007, Jackie was the sole head, continuing in the post until she retired in 2011.

During her career, Jackie worked with people with a range of acquired disorders and always had time for everybody; she was always upbeat. Her zest for life was often demonstrated through her love of dancing, acquired from childhood lessons – frequently she would enter a room performing a ballet move! She was also well known for her

humour and writing of poems; the one below being a particularly good example:

*I'm the hypoglossal – 12th cranial nerve
I'm bright and very talkative, full of energy
and verve
I exit the medulla, twist pyramid and pons
And via Hypoglossal canal, right down to
your tongues*

*I help push and then pull, protrude and retract
Lift up alveolar and then up at the back
I trough and I groove, depress, elevate
Never a dull moment when you are in
full spate...*

Jackie led a very full life outside of her work, both with her family and the huge numbers of friends she made through singing, drama, art classes, dancing, flower arranging and church. She touched the lives of everybody she met, including through arranging Christmas 'do's with carol singing and mince pies on the bus from her village to work.

In her final years, Jackie bore her illness with dignity and never lost her interest in people. She will be sorely missed for many reasons. Her enthusiasm, fun, youthfulness and love of life were inspirational.

Our thoughts and deepest sympathies are with her husband Mike, children Alex and Katie, as well as with her mother and sister.

Vicki Weekes, Dysphagia Lead SLT, UHBristol NHS Trust; and Jane Beckinsale, Macmillan SLT, Aneurin Bevan Healthboard

*“Her
enthusiasm,
fun, youthfulness
and love of
life were
inspirational”*



Raise the confidence of children and young people you work with by getting them involved in this exciting competition

The RCSLT is launching the Voice Box joke competition for primary school children for the fifth year running for England and Scotland.

More than 5,000 pupils from both mainstream and special schools took part in the 2017-18 competition, and 25 children made it through to the final to tell their jokes to a packed audience of politicians and parents.

Over the years, many children have told us that their experience of being involved in the competition has been a positive one and has impacted significantly on their confidence levels. One child told us that the competition had helped him to make friends; others have become more comfortable with speaking in public, even undertaking media interviews, appearing on television, radio and in the newspapers.

Voice Box has also given many schools and speech and language therapy services the opportunity to engage with local MPs, further increasing awareness of how communication difficulties impact on people and the valuable role that SLTs play in supporting them.

If you would like to get your local schools involved, visit www.givingvoiceuk.org/voice-box for more information and a toolkit containing ideas about how to run a competition, including how to involve MPs and the media, as well as details of prizes and a submission form. MPs and the media, as well as details of prizes and a submission form.

The competition will run from 1 October to 30 November 2018. The grand final is likely to take place in London in Spring 2019. Travel expenses will be paid for finalists plus two guests of their choice.



AUGUST CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to bulletin@rcslt.org by 6 August for the September issue, 6 September for October and 6 October for November. To find out more about RCSLT CENs, visit: tinyurl.com/rcsltcens

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

Scottish Adult Acquired Communication Disorders CEN

31 August, 9am – 4pm

The day will focus on progressive neurological conditions. Topics will include the Speak Unique project, AAC research and practical applications, MND research, and a workshop focused on SLT intervention. Location: Astley Ainslie Hospital, Edinburgh. Sign up at tinyurl.com/neuro-conditions. Email: helen.maclean@lanarkshire.scot.nhs.uk

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

7 September, 9.30am – 3.30pm

This is a participant-led day; please bring assessments/resources/interventions to share. We will be discussing: current projects, issues raised from practice, SLT boundaries, developing services, mental capacity and feedback from trainings. Venue: Universities at Medway. For more information and to book a place, email marian.mccormick@canterbury.ac.uk

London Adult Neurology CEN

10 September, 9am – 4.30pm

Study day: Motoring ahead with MDT management of Motor Neurone Disease. Includes MDT speakers from Kings College Hospital MND clinic, The National Hospital for Neurology and Neurosurgery and COMPASS, covering a wide range of topics, including: dysphagia and respiratory management; palliative care and advanced care planning; and voice banking and AAC. Venue: Bethnal Green PDC. Cost: £30; students, £10. For more information and tickets, visit www.londonadultneurocen.weebly.com

CEN for SLTs with an interest in Applied Behaviour Analysis (ABA)

21 September, 9am – 4pm

Topics: Linzi Tropea and Kirsty Keyburn on establishing the Autism Support UK Saturday School in Bolton; and Natalie Savage, BCBA, presenting on her PhD research into the use of colour-coded feedback systems to measure engagement and overall quality of life in residential services for adults with autism and additional needs. Venue: The Inscape School, The Together Trust. Cost: £10 for CEN members; £20 for non-members. All are welcome. For more information, email bethan.mair@tiscali.co.uk

Scotland Dysphagia CEN

26 September, 9.15am – 4.45pm

Rating Instrumental Assessments, presented by Kirsty McLaughlin, Kate Toft and Nadine Hare. Venue: St John's Hospital, Livingston. Cost: £10. Visit: ratinginstrumentalassessments.eventbrite.co.uk

Midlands Stroke CEN

26 September, 9.30am – 4pm

AM: Workshop – A focus on aphasia and apraxia; an opportunity to discuss best practice and share resources. PM: Guest speaker Dr Carole Pound – Caring, kindness and conversation: How can humanising theory support practice? Venue: Royal Leamington Spa Rehabilitation Hospital (CERU), Warwickshire CV34 6SR. Cost: £15 (students/assistants, £5). For booking and information, email Rebecca.Davis@swft.nhs.uk

West Midlands CEN for ASD

2 October, 12.30–4.30pm

Relaunch event. Network meeting followed by The Girl with the Curly Hair Project's Sam Ramsay presenting on issues related to managing anxiety and the spectrum. Venue: Parkview Clinic, 60 Queensbridge Road, Moseley, Birmingham B13 8QE. More information to follow via email for CEN members. If you wish to join, email cath.clayton@nhs.net

East Midlands AAC CEN

11 October, 10am – 2pm

Venue: Bennerley Fields School, Stratford Street, Ilkeston DE7 8QZ. Cost: free. Please email Claire.Sayers@nottshc.nhs.uk if you would like to attend.

Specific Learning Difficulties CEN Conference

12 October, 8.45am – 4pm

Topic: Integrating SpLD into the Curriculum. Speakers: Douglas Silas – EHCPs, GDPR, Children and Families Act; Maggie Johnson (SLT) – active listening for active learning; Rosie Gibbons (OT) – sensory challenges and practical strategies; Elklan – Communication Friendly Programme. Venue: Caledonian Club, London SW1X 7DR. Cost: £110. The AGM will be held at 3.30pm. Contact spldsiglondon@gmail.com to book.

Trent Dysphagia CEN Study Day

31 October, 9am – 4.15pm

Topics to include: oral care, cough reflex testing, updates on IDDSI and more. Opportunities for clinical case and service discussion throughout the day. Venue: Chesterfield Royal Hospital, Education Centre, Chesterfield, Derbyshire S44 5BL. Cost: £10. To book your place, contact trentdysphagiacen@outlook.com

South West Brain Injury CEN

15 November, 10am – 4pm

Theme: Social communication interventions for people with ABI. Guest speaker Dr Nicholas Behn, City University. Cost: £15 (to be paid on the day). Location: The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. The agenda for the study day will be advertised on Basecamp. For more information and to reserve a place, contact Sarah Gibbin (email: sarah.gibbin@nbt.nhs.uk)



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Visit www.rcslt.org and follow the links





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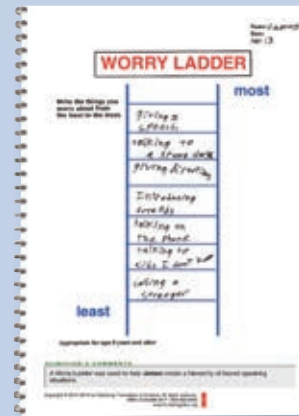
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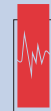


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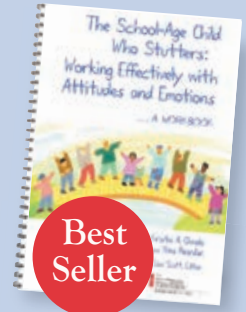
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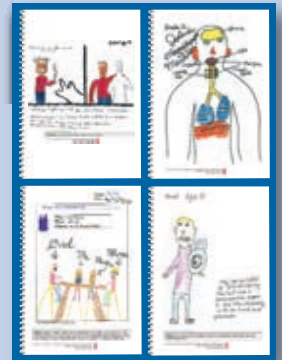
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Writing for Bulletin



The RCSLT's Bulletin relies on articles written by members, for members – without you, the magazine would not exist. As a professional magazine, rather than an academic journal, Bulletin is filled with articles that are thought-provoking, enjoyable, easy to read and of interest to practising therapists and support workers. We welcome submissions from people working across the profession: from students, assistants and NQPs, to experienced or retired SLTs.

GOT AN IDEA FOR BULLETIN?

If you've got some news, research or an opinion to share, Bulletin is a great way to communicate with the rest of the profession. Writing for Bulletin also counts towards your continuing professional development (CPD) hours.

It's worth contacting the Bulletin editorial team with an outline of your proposed article, so that we can ensure it is suitable for publication. The team will let you know if you should go ahead and write a draft, and can recommend which section your submission would be best suited for. Please note that we do not accept articles that have appeared in other publications.

TYPES OF BULLETIN CONTENT

Bulletin welcomes member-generated content for all our regular sections:

LETTERS TO THE EDITOR

Letters to the Editor should be 100 to 250 words and express your thoughts on a particular topic, pose a question to fellow members or address something you've read in a previous issue of Bulletin.

NEWS

Each month, Bulletin includes several pages of news about interesting or notable events in the profession. This includes everything from national policy updates to local activities, awards and initiatives. News items can be brief (eg 50 words) or up to half a page (300 words). Please note we are unable to accept articles that promote paid-for events or products.

FEATURE ARTICLES

Bulletin features are in-depth articles on topics that are of interest to SLTs. The word count for a one-page feature is 650 words, and 1,200 words for a two-page feature, including references. Covering a wide range of areas, examples include

professional advice (eg 'Making the switch from public to private sector work'); clinical conditions and their treatment; individual case studies; service users' first-hand accounts; the instigation and outcomes of innovative ways of working; and evaluations (including audits, service evaluations, qualitative projects and dissertation projects of clinical relevance).

Here are a few tips for writing a feature:

- Write in an accessible narrative style, as though you are speaking with a colleague.
- For evaluations, include a brief outline of the evidence base, state the aims of your evaluation, describe the methods/participants and how you measured outcomes, state any limitations, and back up your conclusions with evidence.
- When writing about clinical topics, be sure to demonstrate best practice and make reference to the current evidence base, outline the relevance of the topic to the profession, and refer readers to any useful resources or references.

OPINION

Do you have something to say about a burning issue of the day? An opinion piece should be 650 words long and draw on your own experience and thoughts on a topic relevant to the profession.

MY WORKING LIFE

This section focuses on an individual's professional life, particularly those who are doing something unusual or innovative. These articles should be 650 words long, written in a personable style, and include a photograph of the author in their working environment. If you would rather provide a shorter snapshot of what you're working on, you can submit around 120 words about yourself and your job for our 'Your RCLST' section.

OBITUARIES

Bulletin publishes obituaries to honour those who have dedicated their careers to speech and language therapy. Please get in touch if you would like to contribute an obituary for a friend or colleague who has recently passed away. These pieces should be around 600 words in length and include a photo.

BOOK REVIEWS

Bulletin regularly publishes book reviews, written by members about new, industry-relevant titles. The Bulletin editorial team decides on the books to be featured, and will select a reviewer to read each book and write a 200-word review. If you wish to be added to our list of book reviewers, email us with your details and any clinical areas of interest you may have.

SUBMITTING YOUR CONTRIBUTION

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

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ROYAL COLLEGE OF
SPEECH & LANGUAGE
THERAPISTS

Appointments

Blossom House Admissions Lead



What the role involves:

We are looking for an experienced Speech & Language Therapist or Teacher to take responsibility for the admissions pathway at Blossom House School overseeing the ongoing involvement of SpLD, Occupational Therapy, Arts Therapy, Speech and Language Therapy and Teaching in the assessment process. You will also teach/carry out therapy.

The ideal candidate will:

- Have knowledge of assessment tools/procedures to evaluate SLCN
- Possess the ability to carry out formal and informal assessments, CSLT and Academic Progress and Skills
- Be pro-active in their approach to the role and be able to successfully work independently
- Have the ability to communicate clearly and effectively to a variety of professionals, parents and pupils
- Have good knowledge of the EHCP assessment process.

We offer:

- Support from an enthusiastic and dedicated team of Therapy staff and Teachers.
- Continued professional development and training including the Elklan course.
- Competitive salaries, generous staff benefits and a friendly nurturing environment.
- Close to a good transport network and on-site free parking is available.

The role is Permanent, Full-Time Monday to Friday (08:30 – 17:00)

Annual salary: Competitive market rate, 9 weeks holiday pa

Closing Date: Thursday 9th August 2018

Interview date: Week commencing 10th September 2018

Potential start date: January 2019 or earlier if available.

If you wish to apply for the post, please download the application form and job description from the school website: www.blossomhouseschool.co.uk/vacancies. Please send the completed application form to recruitment@blossomhouseschool.co.uk by the closing date.

PRIORY EDUCATION AND CHILDREN'S SERVICES, ABU DHABI

RECRUITING NOW

With offices in Abu Dhabi and the UK, Priory Education and Children's Services offers world-leading education and behavioural care to young people.

We are offering great opportunities to join our world-class team in Abu Dhabi, as we open a new school in January 2019 for children and young people who have mild/moderate needs on the autistic spectrum.

We are recruiting for:

SPEECH AND LANGUAGE THERAPISTS SENIOR SPEECH AND LANGUAGE THERAPISTS

Benefits include:

- Very competitive tax-free salary
- Accommodation allowance
- Travel allowance
- Annual return flight
- Private healthcare
- Visa costs covered
- End of term gratuity

This is an exciting opportunity for passionate and dedicated individuals to join a team who are focussed on making a real and lasting difference.

For an informal conversation about this unique opportunity, please contact AndyCobley@priorygroup.com

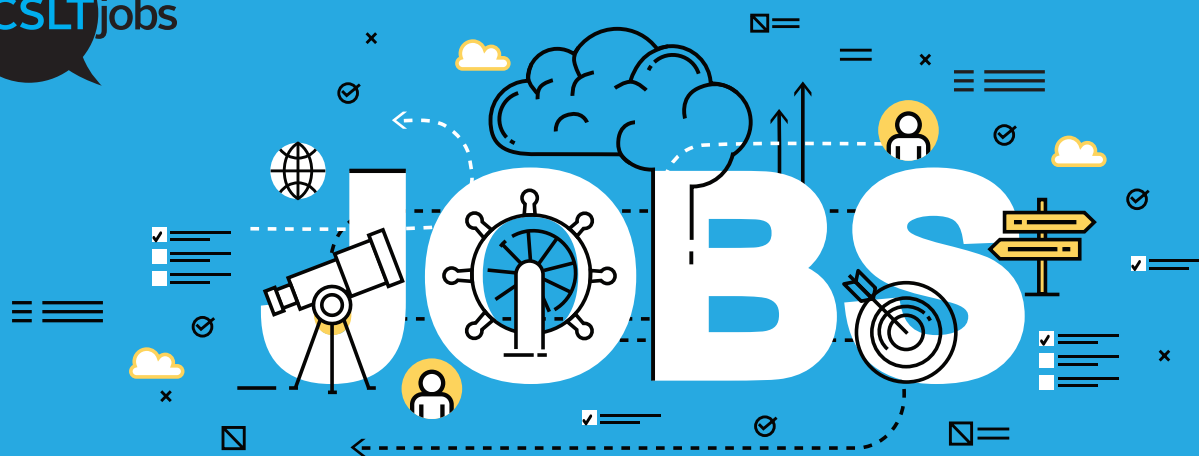
For more information, or to apply, please visit www.jobs.priorygroup.com/vacancies, and search Abu Dhabi.

PRIORY

EDUCATION AND
CHILDREN'S SERVICES

Priory Education Services is committed to safeguarding and promoting the welfare of children. All applicants must be willing to undergo safeguarding screening appropriate to the post, including checks with past employers and disclosures with the relevant body at an enhanced level. We are an equal opportunities employer. Subject to contract award.

RCSLTjobs



The perfect place to find the latest speech and language therapy vacancies

RCSLT Jobs is the official jobs board for the Royal College of Speech and Language Therapy

www.speech-language-therapy-jobs.org

Royal College of Speech and Language Therapists



Speech and Language Therapist

(Part Time)

Location: Reading

Salary £33,000 – £40,000 dependent on experience

Circle Health is a group of independent hospitals which pioneers five-star hospitality in the UK.

We are looking for an experienced and innovative Speech and Language Therapist to work within our organisation as a specialist in neuro-rehabilitation.

You will be joining an aspirational multi-disciplinary team committed to providing the latest therapeutic technology within the surroundings of modern rehabilitation facilities. The case load will be predominantly stroke, and other neurological conditions. The role is for a part time speech therapist (15-22 hours per week).

Additional benefits include free parking, discounted food on site, medical insurance (dependent on qualifying period) and participation in a Health and Well Being programme.

Please apply via www.circlehealth.co.uk

Speech & Language Therapist

Grade: SO1 (£24,892 - £26,539 full time) pro-rata for term time only

Key Tasks:

- To lead and develop a Speech and Language therapy programme throughout the school with children from 2-11 years;
- To provide a high level of clinical expertise in the assessment and management of children with a broad range of speech, language and communication needs;
- To develop and deliver appropriate training programmes for parents, carers and education staff to maximise the children's progress;
- To develop and lead individual and group interventions.

Specific Responsibilities:

- To actively promote the school ethos and school policies, with particular responsibility for raising the profile of speech and language therapy, both within the school and in the wider community;
- To provide a high level of clinical expertise in the assessment and management of children with a broad range of speech, language and communication needs;
- To work in partnership with other professionals, parents, carers and education staff in the delivery of Speech and Language programmes;
- To establish and develop links and effective working relationships with relevant organisations;
- To initiate developments in service delivery which are evidence-based and innovative and targeted to those most in need;
- To be responsible for the delivery and evaluation of training provided to school staff, parents/carers;
- To ensure speech & language documentation is maintained;
- To attend staff meetings, parents' evenings and Annual Reviews as required;
- To gather evidence to support children's learning, and funding/EHCP requests;
- To participate in regular Supervision and Performance Management.

Competencies

- Post-qualification experience working as Speech and Language Therapist
- Ability to work with children of varying complexities
- Evidence of collaborative practice within multidisciplinary teams and education
- Good IT and word processing skill
- Eligible for certified RCSLT membership
- HCPC registered
- Experience of working with children in the 2-11 age range

Go to allertonprimary.com/about/vacancies/ to apply for this vacancy.



Speech and Language Therapist

Fixed term contract for 12 months - maternity cover only

Cressey College is seeking an enthusiastic FT SaLT who is looking to grow and develop their skills by coming to work at Cressey College and making a difference with our pupils. Candidates will be part of our expanding multi-disciplinary Therapy Team.

Newly qualified applicants welcomed – weekly supervision with support to complete the NQP Framework available. Cressey College is committed to providing many opportunities for CPD.

- You will be expected to assess learners and devise, supervise and monitor programmes as well as provide any appropriate interventions.
- You will have constant liaison with parents, teaching staff and other therapists to ensure a coordinated therapeutic approach is delivered.
- Salary range is £22,128 and £35,577 depending on experience.
- Term time only, but with paid school holidays.

Cressey College is a centre of excellence for succeeding with children who have very complex needs, with the related social, emotional and behavioural difficulties. We have a deep experience of succeeding with such children, often for the first time. Our approach is nurture-based with a very high staff ratio in a therapeutic environment, which in turn enables our students to feel safe and secure in their learning environment, enabling them to build their self-esteem and confidence.

Cressey College is committed to safeguarding and promoting the welfare of children; successful applicants must be suitable to work with children and will need to undertake an Enhanced Disclosure & Barring Service (DBS) Certificate with Barred List information. HCPC registration essential.

For an informal discussion please e-mail Laura on l.emerton@cresseycollege.co.uk with your contact details. Application forms can be found on our website: www.cresseycollege.co.uk or email m.white@cresseycollege.co.uk for further information.

CRESSEY COLLEGE

A multi-site special school for students (5-19) with social, emotional and attachment difficulties, with additional complex needs and/or particularly challenging behaviour.

West Heath School is an Independent SEN residential School with Charitable status for children aged 10-19yrs with social, emotional and mental health difficulties. The successful candidate will work as part of an outstanding team.

We believe in developing life skills and encouraging students to realise their full potential through different educational pathways, alongside access to therapy and care.

Speech & Language Therapist

We are looking for a band 5/6 (term-time only) Speech and Language Therapist to join our well established Therapy team. West Heath School supports pupils with Social, Emotional and Mental Health difficulties, the successful candidate will be required to provide assessment, planning and intervention in a flexible manner. This active department receives excellent support from school staff and senior management and provides opportunities for working with students of whom the majority have an Education, Health and Care Plan.

For further information please email:

mimi.kirke-smith@westheathschool.com – emails will be checked intermittently throughout the summer.

If you would like to find out more about our school, plus application form and JDs please visit the website www.westheathschool.com or contact hr@westheathschool.com if you have any questions.

Closing date for applications is 7th September 2018

Successful applicant will be subject to pre - employment checks plus an Enhanced DBS check. West Heath School is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

WEST HEATH SCHOOL
Ashgrove Road, Sevenoaks, Kent TN13 1SR
"Rebuilding lives through education"





Insurance for RCSLT members

Keeping you protected while you practise

As the dedicated insurance broker to the RCSLT, we're experts in sourcing the right insurance solutions for you and your practice. In addition to the cover you already receive as part of your membership, you may wish to consider additional insurance for your business.

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- Specialist professional indemnity for businesses whose requirements fall outside the RCSLT member cover
- Overseas business travel insurance for limited companies
- Office insurance
- Cover for your contents and equipment
- Employers' liability insurance
- Cyber liability



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0330 102 6160

or email rslt@PremierBusinessCare.co.uk



Sarah Williams

OCCUPATION: SLT ASSISTANT, ADULTS WITH LEARNING DISABILITIES COMMUNITY TEAM, GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

“I see the role of SLT assistant as a career in its own right”



Whenever people ask me what I do for work, before answering, I always reply that I am lucky enough to have the best job in the world!

I have worked in the community team as a speech and language therapy assistant (SLTA), supporting adults with learning disabilities (AwLD), for the past 15 years. Our service users have a range of dysphagia needs, communication needs and complex health needs.

Being an SLTA is such a varied job, and constantly allows me to develop and use a wide range of skills. There are many different parts to my role, and my organisational skills help me to keep on track with the different aspects of the job, juggling and prioritising tasks when necessary.

Administration makes up about 25% of my role – this includes taking minutes for various speech and language therapy meetings, maintaining databases, ensuring our electronic system for recording patient information is up to date, loaning equipment, ordering and managing communication and dysphagia resources, providing general admin for training courses, and making visual supports for SLTs. I also have a service-user caseload, which can vary in size depending on the projects that I am working on. The intervention I provide includes supporting people with alternative and augmentative communication (AAC), both low- and high-tech, such as signing, communication



symbols tools and programing devices with relevant software. I also make resources to support people, such as communication passports, visual timetables, chat books and symbol books.

I am often involved in projects – sometimes supporting SLTs and, at other times, developing the projects on my own. Some of them have included updating Signing Minimum Standards for the team, auditing local library facilities that AwLD access, supporting service users to be included on interview panels, and developing communication passports for AwLD in the borough. I also support training courses and develop bespoke courses for support workers and not-for-profit agency staff members to attend. These courses include signing training, accessible information training and how to use various communication devices.

I have also supervised work experience students as part of my role – usually

students who are keen to access a career in healthcare and are completing their A-Levels or are in sixth form colleges. This includes planning and developing a two-week timetable, ensuring that the students attend a range of activities and learning sessions to support them during their time within the team.

I receive regular supervision and am encouraged to develop myself by attending courses that will benefit my role and by participating in team away days. I am also part of a peer SLTA network, which meets every couple of months. We use this opportunity to discuss our work, any plans we have for the future and how we can continue to develop our roles within the team.

After 15 years as an SLTA, I now have a great deal of autonomy, while also having the security of a knowledgeable team of SLTs to support me if ever I need it. The role of SLTA is also recognised within the wider multidisciplinary team, and I am often called upon to answer questions or support other disciplines regarding communication information.

Another question I am often asked is whether I would like to go on and train to become an SLT. My answer is always a firm ‘no’. I see the role of SLTA as a career in its own right. There are always so many new developments and opportunities to try different things. I’m lucky I get to work with so many interesting and amazing people and their support staff or families, and hope to be able to continue working within the community, supporting communication for AwLD and raising the profile of SLTAs. Given the chance and opportunity to develop, we are so much more than minute-takers and laminators! ■

QUICK LOOK DATES

2018-19 (ongoing)

Video Podcast Training for Neurological Impairments

This brand-new series of distilled training sessions (each episode is 20 minutes) will enable you to empower your patients to manage, and adjust to, their neurological problems, in a fun and practical way. Cost: £120 for all 12 episodes. Location: Home study – watch the episodes as often as you like (you own them). Email: enquiries@braintreertraining.co.uk; tel: 01276 472 369; visit: www.braintreertraining.co.uk/dlc_vpc.php

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

12-13 November, RCSLT, London; 14-15 May, COSLA, Edinburgh. This revised course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to those supporting verbal pupils with ASD in all settings including mainstream schools. Covers a wealth of practical strategies and approaches proven to be effective with these pupils. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

13-14 November, RCSLT, London; 6-7 March 2019, Holiday Inn Media City, Salford. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

14-15 November (3-5s) and 16 November (0-3s), RCSLT, London; 16-17 May, COSLA, Edinburgh. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in Early Years settings from 3-5 years. The additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. Option to do one day 0-3s for Elklan Tutors who have trained on Total Training Packages for 3-5s or under 5s. Cost: £495 for 3-5s two days; £745 for all three days, 3-5s AND 0-3s; £250 for 0-3s one day. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

15-16 November, RCSLT, London; 4-5 March 2019, Holiday Inn Media City, Salford; 16-17 May 2019, COSLA, Edinburgh. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to education staff and SLTAs. Innovative advice and strategies help children maximise their speech, language and communication potential and access the curriculum more effectively. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

27-29 August, Kilmarnock (Glasgow)

Learning Language and Loving It™ Certification Workshop

Learn how to provide outstanding in-service education that gives Early Years practitioners the skills to facilitate children's social, language and literacy development. Visit: www.hanen.org/27-08-18-kilmarnock.aspx

1 September, London

Life Coaching and Speech & Language Therapy: Supporting clients and therapists

Venue: Radisson Blu Edwardian Grafton Hotel, 130 Tottenham Court Road, London, W1T 5AY. 9.30am – 4pm. Limited places. Suitable for SLTs who work with adults or children. Cost: £120 (includes lunch and morning/afternoon tea). Email: info@apexability.com; tel: 07788 783 174.

4-5 September, Derby

The Lidcombe Program of Early Stuttering Intervention

This is a programme for early stuttering in which parents do the treatment whilst being trained and supported by their therapist. Tutors: Corinne Moffatt and Claire McNeil. Cost: £280. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

7 September, London

TKI Study Day: Care and Management of Patients Receiving Tyrosine Kinase Inhibitors

A study day aimed at healthcare professionals involved in the care of patients receiving TKI inhibitors as part of their cancer treatment. Venue: Royal Marsden Education and Conference Centre, London. Visit: www.royalmarsden.nhs.uk/studysdays

9 September, London

British Voice Association AGM Study Day 2018

Glottal Start: laryngeal science into practice; up-to-date concepts in anatomy, physiology and pathology directly related to practice for all voice professionals; special panel on 'sight and sound' for the singing teacher. Van Lawrence 2018 free papers. Visit: www.britishtimeassociation.org.uk; email: administrator@britishvoiceassociation.org.uk

17-19 September, Wirral (Liverpool)

It Takes Two to Talk@ Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: www.hanen.org/17-09-18-wirral.aspx

17-19 September, London

Fiberoptic endoscopic evaluation of swallowing (FEES)

A unique opportunity to focus on both the interpretation of FEES examinations and the formulation of treatment plans for patients with swallowing difficulty arising from a variety of aetiologies. The course includes an optional workshop on the third day for those who wish to learn how to pass a nasendoscope for the purposes of FEES. Visit: www.imperial.ac.uk/cpd/fees; tel: 020 7594 46885; email: cpd@imperial.ac.uk

21 September, Manchester

CPD Masterclass: Bilingual Children with Speech and Language Difficulties

Gain clear pointers for identification and management. For SLTs, school and advisory practitioners. Led by Dr Sean Pert – Manchester University. Cost: £215 or £190 if two book together. Student discounts available. Visit: tinyurl.com/y9c5nww3; email: info@coursebeetle.co.uk

21 September, London

Introduction to working with children and young people with SEMH needs and SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215 (student

discounts available). Visit: tinyurl.com/y8ldzbuu; email: info@coursebeetle.co.uk

24 September, Nottingham

Autobiographical Memory

This course aims to pull together the themes in recent research which look at how children develop their autobiographical memories and the stories they tell themselves and are told by others. Cost: £90, bring a friend for £10. Email: susanna@earfoundation.org.uk

24 September, Derby

Cognitive-Behavioural Approaches to Physical Rehabilitation: Intermediate Level Workshop

Lecturer: Dr Aftab Laher. The study day will provide an opportunity to extend your knowledge and skills relating to CBT approaches to physical rehabilitation in the context of adults presenting with chronic pain and other chronic illness conditions. Cost: £130. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

24-28 September, Sheffield

Assessment and Management of Adults with Dysphagia

Five-day course held in Sheffield, followed by clinical supervision in own trust. Email Course Administrator Irene Wilson for more information: irene.wilson@sth.nhs.uk

28 September, Birmingham

The current evidence base for school-aged children with developmental language disorder

An update on the current evidence base for intervention for school-aged children with DLD. Cost: £215. Student discounts available. Visit: tinyurl.com/y853ldsl; email: info@coursebeetle.co.uk

28 September, London

How to do Cognitive Rehabilitation Workshop

This one-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. Cost: £90. Venue: Gatwick Hilton Hotel. Email: enquiries@braintreertraining.co.uk; tel: 01276 472 369. Visit: www.braintreertraining.co.uk/howtodocr_spf.php?id=76

12 October, Birmingham

Autism: The current evidence base and implications for practice

Update on new and significant research findings with Dr Dougal Julian Hare, Reader in Clinical Psychology, Cardiff University. Cost: £215. Visit: tinyurl.com/ybdobakq; email: info@coursebeetle.co.uk

15 October, Derby

Occupational Stress: Understanding and Management

Lecturer: Dr Aftab Laher. The workshop will draw on the wider psychological literature with a particular focus on occupational stress in healthcare settings. It is hoped that by the end of the workshop delegates will have enhanced their knowledge, skills and confidence in identifying, assessing and managing occupational stress from a personal, organisational and service user perspective. Cost: £130. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

18-19 October, Bristol

Lidcombe Programme of Early Stuttering Intervention

The Lidcombe Programme is an extremely effective treatment for early stuttering that children enjoy. Workshop covers theory and practice of the programme. Presenters: Corinne Moffatt-Santos and Rosemarie Hayhow, SLTs and members of the

Lidcombe Programme Training Consortium. Cost: £275, including workbook. £5 discount for Bulletin readers who book before 3 September. Email: speechtherapy@hirsch.org.uk; tel: 07713 621846

19-20 October, London

Understanding and Dealing with Behaviour Problems Following Brain Injury: Workshop

This two-day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. Cost: £185. Venue: Gatwick Hilton Hotel. Email: enquiries@braintreertraining.co.uk; tel: 01276 472 369; visit: www.braintreertraining.co.uk/ceb_spf.php?id=77

29-31 October, RCSLT, London

PROMPT LEVEL 1: Introduction to Technique

This three-day intensive workshop focuses on teaching the technique of PROMPT (PROMPTS for Restructuring Oral Muscular Phonetic Targets). It teaches a system for assessing and treating language and speech disorders from a perspective of speech-motor control and learning, and trains SLTs to provide tactile-kinesthetic input to support the development of speech movement. Using a holistic framework, participants will learn how to embed speech goals within functional communication, thus developing social interaction and language. 9am – 4.30pm. Cost: £775 (early bird \$725). Visit: www.promptinstitute.com/events

November, Sheffield

Advanced Dysphagia Course

Five days at £600, individual days at £120. Topics to include: critical care, FEES, videofluoroscopy, laryngopharyngeal reflux, dementia, respiratory disorders and head and neck cancer. For information and to book email the Course Administrator: irene.wilson@sth.nhs.uk

7 November, London

Social thinking and children with hearing loss – joining the dots

With Michelle Garcia Winner. The Social Thinking Methodology helps individuals with social learning challenges learn how to develop their social competencies to better connect with others. Cost: £150. Email: susanna@earfoundation.org.uk

12-14 November, Chorley

PROMPT LEVEL 1: Introduction to Technique

This three-day intensive workshop focuses on teaching the technique of PROMPT (PROMPTS for Restructuring Oral Muscular Phonetic Targets). It teaches a system for assessing and treating language and speech disorders from a perspective of speech-motor control and learning, and trains SLTs to provide tactile-kinesthetic input to support the development of speech movement. Using a holistic framework, participants will learn how to embed speech goals within functional communication, thus developing social interaction and language. Venue: Goodwins Bar and Restaurant, Chorley PR6 7AX. 9am – 4.30pm. Cost: £745 (early bird \$725). Visit: www.promptinstitute.com/events

13 November

Cough reflex testing study day

Includes an overview of cough, the evidence behind CRT, cough judgement, integrating CRT into clinical decision making, setting up a service, protocols and documentation.

Cost: £130. Venue: Northwick Park Hospital. Email: Janine.ettinger@nhs.net

21 November, Leeds

Introduction to working with children and young people with SEMH needs and SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215, student discounts available.

Visit: tinyurl.com/y7rxk9co; email: info@coursebeetle.co.uk

22-23 November, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy.

Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

27 November, Nottingham

Social thinking in the early years

This course will be looking at a hands-on, practical approach for growing social competence and learning how to take other people's perspectives. Cost: £90 (bring a friend for £10). Email: susanna@earfoundation.org.uk

27 November, Birmingham

TOMs CONNECT 2018: Making Sense of the date

THE event for AHPs using or planning to use the Therapy Outcome Measure (TOM), bringing together services to share knowledge and experience of implementing the TOM across the UK. Venue: Council House, Birmingham. For more details, visit: www.communitytherapy.org.uk

6-7 December, London

Two-day course: Introduction to Working with Children with Hearing Loss: for SLTs

Explore key issues of working with children with hearing loss. Understand the role of the SLT working with children with hearing loss and the importance of working collaboratively. Cost: £150. Email: susanna@earfoundation.org.uk

18 January 2019, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

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

6-8 March 2019, Manchester

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

6-7 March 0-3s, 8 March 3-5s. Venue: Holiday Inn Media City, Salford. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in Early Years settings from 0-3 years. The additional day provides information for those working with 3-5s. Teacher/therapist teams welcome. Option to do one day 3-5s for Elklan Tutors who have trained on Total Training Packages for 0-3s or under 5s. Cost: £495 for two days; £745 for all three days; £250 one day. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

21-22 March 2019, Durham

LSVT LOUD - Training and Certification Workshop

Designed to train SLTs in a voice/speech treatment technique for adults and children with motor speech disorders, with a speciality in Parkinson's disease. Cost: Various rates available. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

14-15 May 2019, Edinburgh

Elklan Total Training Package (TTP) for pupils with SLD

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



Our therapy materials are developed by world renowned experts:

Vivian Sisskin, M.S., CCC-SLP, University of Maryland

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2 hours DVD 6740

Autism Spectrum Disorders and Stuttering

2 hours DVD 6730

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Research and development @RCSLTResearch

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Are your patients drinking enough?

We all know that water is essential for life. Unfortunately, not everyone finds it easy to drink enough to stay hydrated.

Dysphagia sufferers, estimated at 8% of the population¹ often struggle to take in enough liquids, even developing a fear of swallowing.

It's time to take hydration seriously

Thick & Easy™ Clear



Thick & Easy Clear

Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

Thick & Easy Clear:

- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks²
- Retains a consistent thickness over time

Helping patients to stay hydrated



Fresenius Kabi are sponsors of Hydration Angels. Together we're helping to hydrate the nation.

To find out more, visit www.whatwemadefof.org

Find out more about dysphagia

For expert information, advice, case studies and the latest developments in clinical dysphagia research, visit www.dysphagia.org.uk - the online resource for HCPs, carers and patients with dysphagia.

Alternatively, call Fresenius Kabi on **01928 533 516** or email scientific.affairsUK@fresenius-kabi.com

References

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

Date of preparation: January 2018. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



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caring for life