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bulletin



**Towards tomorrow: the
healthcare IT revolution**

bulletin

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Contents

3 News

Focus on Collaboration:

8 *Howse et al*

10 *Hazeldine and Joy*

12 *Baldwin*

14 *Haigh and Catterick*

16 *Tewkesbury and Gibbs*

18 Letters

19 Reviews

20 Clinical queries

21 2003 AGM

22 Professional issues

24 RCSLT and diversity



Cover story

Bulletin looks at the NHS' £2.3 billion revolution in healthcare IT.

COVER ILLUSTRATION: GETTY IMAGES

The *Bulletin* is the monthly magazine of the Royal College of Speech and Language Therapists. Views expressed in the *Bulletin* are not necessarily the views of College. Publication does not imply endorsement. Authors should contact the editor before submitting an article for consideration. Articles submitted to the *Bulletin* for publication may not be submitted elsewhere. Guidelines for contributors are available from the editor. Copyright for all published material is held by the Royal College of Speech and Language Therapists unless otherwise stated.



A golden opportunity to get involved

Do you want to contribute to the work College does on behalf of its members? Would

you like to develop your leadership and communication skills, widen your contacts with colleagues and influence the future of the profession? Well, here is your chance.

RCSLT is seeking nominations from England members for a councillor for England and eight committee members, one from each of the following areas: Northern and Yorkshire; the North west (including the Isle of Man); Trent; the West Midlands; the South east; London (including British forces posted overseas); Eastern and the South west (including the Channel Islands).

The new members' committee will meet with the councillor for England

four times a year (maximum), following Council, to disseminate information to and seek views from members, and to find ways of working to support the strategic plan of College and its boards.

The committee members' role will be to establish networks, probably in the form of e-groups, supported by other media where access to the internet is limited, with all sectors of the RCSLT membership.

This is golden opportunity to play an active role in College to meet new colleagues and influence people.

For more information about the councillor for England and committee member nominations, contact Bridget Ramsay at RCSLT. Tel: 0207 378 3001 or email: bridget.ramsay@rcslt.org.

The closing date for applications is 6 January 2004.

Steven Harulow

Agenda for Change update

The Amicus-MSF Speech and Language Therapy Occupational Advisory Committee voted not to support any of the SLT profiles for bands five, six and seven at their latest meeting in early November.

Amicus Health Section Research and Policy Officer Colin Adkins told *Bulletin* the committee decided not to support the profiles in a move to improve areas of consistency and to make clear the difference between each level of practice in speech and language therapy, to clarify the steps in terms of the speech and language therapy career structure.

"There was overlap in terms of some of the levels that wasn't helpful," Mr Adkins said. "Some of the contents of the profile for the highly specialist SLT, in our view, related to a principal level role and likewise there was some overlap between the specialist and highly specialist roles. Effectively, we need to separate these out to represent clear incremental steps in work in speech and language therapy to reflect the career structure at present.

"Because we're working in close partnership with RCSLT on this we took on board the views of College on a number of issues. In fact we're working so closely together on most of these issues there is absolute convergence on what we're saying and what College is saying."

Mr Adkins said Amicus-MSF hoped to have revised profiles out for discussion for current band one and two SLTs by 21 November, and revised profiles for principal and consultant level posts in the "very near future".

Changes to RCSLT direct debit collection

RCSLT is changing the way it collects its subscriptions by direct debit. From April 2004, subscription fees will be divided into 12 payments. The first payment will be in June 2004 for the first three months of the financial year (April, May and June).

Visit the RCSLT website: www.rcslt.org
Use the temporary password for member-only areas: **whyme**

Towards tomorrow: delivering the healthcare IT revolution

Imagine working in a system where notes and X-rays never go missing, where healthcare professionals can access accurate client information, whenever and wherever their clients need care, and where everyone can check and maintain their own lifelong electronic health care record.

This is the aim of the £2.3 billion National Programme for information technology (NPfIT) for England, which promises to connect NHS branches together and transform healthcare

'The litmus test for success is whether IT supports a speech therapist in Derbyshire'

delivery for both patients and the professionals who look after them.

NHS IT director general Richard Granger heads the programme and says the initiative will deliver fast data, video and voice links, with three new major utilities: electronic bookings, electronic prescriptions and integrated health records. The NPfIT will also see a new procurement system which will standardise NHS computer hardware, allow local computer systems to talk to each other and provide a 'common user interface' so all NHS systems are familiar.

Consultation

Consultation with patients and health professionals has already begun and two new committees aim to provide a better overview of what NHS staff and patients want from the system.

The Public Advisory Board (PAB) is made up of individuals drawn from patient, carer and citizen groups and meets every two months. The National Clinical Advisory Board (NCAB) con-

sists of representatives of 30 health service branches, including GPs, consultants, allied health professionals (AHPs), nurses, dentists and pharmacists, and meets every three months.

RCSLT CEO Kamini Gadhok represents the AHPs' Forum on NCAB to ensure SLTs and other AHPs have input into the NPfIT development process. Ms Gadhok says the NCAB is also looking at how NPfIT will fit in with developments in the other devolved countries.

NCAB chair Professor Peter Hutton says the purpose of NCAB is to listen to health staff and shape the way the programme develops, in partnership with technical experts.

"The National Programme for IT is not just about putting a computer screen on hundreds of thousands of NHS desks. It is about building a service around the patient's journey through the health system and linking scores of mini-NHSs into one truly national health service," Professor Hutton says.

SLT implications

According to Ms Gadhok, the NPfIT will have a significant impact on the work of speech and language therapists.

"There will be a role for both managers and clinicians in the development and implementation of this exciting programme, Ms Gadhok says.

"As the National Programme develops, SLTs will find themselves with much greater access to computer technology. Documentation will also become part of the electronic integrated care records, available across sites and disciplines as different branches share information.

"These records will utilise the international clinical coding system, *SNOMED Clinical Terms*, which creates a single unified terminology to underpin the development of integrated electronic patient records. The NHS Information

Authority is looking at ways in which AHPs can better develop the system and will be providing further information on how they can do this."

Richard Granger, whose wife is an SLT, recently emphasised the unexpected central role of SLTs in the NPfIT development process.

Speaking to the *Health Service Journal* in March, Mr Granger said the litmus test for success is, "whether IT supports a speech therapist in Derbyshire".

A work in progress

The DH, after consultation with strategic health authorities (SHAs) on how best to deliver local IT solutions as part of the National Programme, has split England into local clusters: London; the North east; Yorkshire and the Humber; the North west and West Midlands; East Midlands and the East; and the South.

Each cluster is comprised of SHAs that have agreed to work together on the procurement and implementation of NPfIT services at a local level. The clusters will soon establish clinical groups, which will include representatives of all the AHPs and output from each will be fed back to NPfIT via the clinical design team. These clinical groups will ensure healthcare professionals have a direct impact on the development of services.

Ms Gadhok has collected the names of six AHP clinicians, including SLTs, who are not currently engaged with the IT agenda, to be interviewed by the Parliamentary Technology Committee review of IT in the NHS on how they think the use of IT can improve patient care.

RCSLT will endeavour to inform SLTs of opportunities to take part in this exciting IT development. We would also like to hear from anyone involved in the National Programme as it unfolds. Write to: bulletin@rcslt.org

For more information visit:
www.doh.gov.uk/ipu/programme/index.htm

Rewarding 'extra mile' mentors

Health professions students and practitioners across Kent and Medway and Surrey and Sussex can say thank you to their mentors by nominating them for special awards of up to £1,500.

Now in its third year, the award scheme – which aims to recognise good work, share good practice and encourage more staff to take on a mentoring role – sees the introduction of a new team category.

Karen Crockford, multiprofessional placement manager with Surrey and

Sussex Strategic Health Authority, said, "Feedback from last year's nominators highlighted that working in a supportive team adds great value to the learning experience. We want to recognise the good work of those mentors who go the extra mile to support students or work colleagues."

The closing date for nominations is 5 January 2004. Nomination forms are available online at: www.mentoroftheyear.net



Art in mental health

A national touring exhibition aims to promote the art of those affected by mental ill health. *Art Works in Mental Health* contains nearly 200 two- and three-dimensional works and poetry, and prose from artists with first or second hand experience of mental health problems.

The exhibition is at Howard Gardens, Cardiff until 15 December; Birmingham Museum and Art Gallery, 13 March to 16 May 2004; Talbot Rice Gallery, Edinburgh, 12 June to 10 July; and Urbis, Manchester, 2-28 August. Visit: www.artworksinmentalhealth.co.uk

City wins research competition

City University's department of language and communication science, London, has won an Afasic competition to carry out research into the secondary school age group.

The one-year study, led by Dr Victoria Joffe, aims to assess the effectiveness of narrative therapy in a group of adolescents with identified language problems and communication impairments. The study's objectives include developing and refining an intervention package targeting the understanding and use of narratives with this group, and identifying the effects of narrative therapy on their language, academic and social performance.

Speech and language therapists will be involved in collecting data for the project, which starts in some of Redbridge local education authority's 17 secondary schools in January. City University SLT students will carry out the assessments and therapy under Dr Joffe's supervision.

The study should raise awareness of the speech and language needs of secondary schools pupils – an area in which there is currently a significant SLT shortage and lack of research – as well as providing speech and language therapy to students who are not receiving any provision.

Towards a national dysfluency framework

In answer to the many enquiries we have received about developing services for dysfluent clients, the Michael Palin Centre (MPC) has secured charitable funding to provide subsidised training to trusts over the next five years.

The move will allow trusts across the UK to utilise MPC's experience in dysfluency therapy to develop their own skills and knowledge base.

In April 2002, 70 participants attended an RCSLT workshop to discuss improving services for clients who stammer. The participants agreed that a national framework could be developed to provide guidelines for care pathways and clinical networks.

The working party reported progress in March 2003 and a document has been disseminated on request. A further workshop in April 2004 will ensure the momentum is maintained.

It is clear that care pathways/clinical networks for stammering are now being developed within and across many trusts. In October's *Bulletin* Pat Brookes, Rose Hilton and Fiona Hinshelwood described the development of a shared specialist service for adults across two districts in north east England.

However, a recurring theme is the need for ongoing training to support the new care pathways. Melanie Wade and colleagues in the NE Regional Dysfluency SIG have established an innovative paediatric training programme across 11 trusts from January to December 2004.

For further information on dysfluency training tel: 0207 530 4238 or email: frances.cook@nhs.net

Frances Cook

Principal SLT, the Michael Palin Centre

Bulletin would like to publish more news and features by and for SLT assistants

Write to bulletin@rcslt.org with your story and article ideas

Evidence based *Emmerdale*?

Speech and language therapists have reacted with dismay at the 'inappropriate' portrayal of an SLT in recent episodes of ITV soap drama *Emmerdale*.

The fictional SLT was seen delivering therapy to character Terry Woods, who was left aphasic after suffering a stroke.

Real life SLTs have objected to several lapses by their fictional colleague, including the 'tipping' of a glass of water down Terry's throat when assessing his swallowing; asking the severely aphasic client to say his name in the full knowledge that he cannot say one word; and using standard, rather than individualised charts.

RCSLT advisers did not have final editorial control in *Emmerdale*



COURTESY OF YORKSHIRE TELEVISION

As one SLT said, "It's a shame that a soap that a lot of people watch has shown SLTs in this way. It only serves to encourage the wrong impression a lot of people have about our profession and what we do."

RCSLT Deputy CEO Anne Whateley said it was still a tremendous coup to get an SLT onto a mainstream soap.

"The researchers did receive good advice from RCSLT advisers, but the reality is the advisers did not have final editorial control," Ms Whateley said.

Talking point: Is it better for SLTs to be portrayed inaccurately on prime time TV or not to be portrayed at all? Write to bulletin@rcslt.org

NEWS IN BRIEF

WAP deafness support

Vodafone UK has announced a new communications support directory designed to assist deaf and hard of hearing customers. The new service is available to all Vodafone customers with wireless application protocol (WAP) handset capability. Customers can access local information and contact details for British Sign Language interpreters, lip-speakers, speech-to-text reporters, communication support workers and deaf-blind interpreters.

School inclusion pack

The Scottish Executive (SE) will soon be giving every school in Scotland a teaching pack to ensure they are as 'inclusive' as possible. The SE says it wants to reduce any barriers currently faced because of special needs, physical disability or language difficulties. A video highlighting a range of scenarios has been produced for the pack, showing examples of good practice. *The Scotsman*

SLT client stories

Would any of your clients like to share their experiences with the national press? Freelance feature writer Rachel Dobson writes for national newspapers and magazines about children who have overcome illnesses and adults who have made 'miraculous' recoveries. Rachel would like to talk any SLT clients who are happy to talk about their own journey. Tel: 020 8853 2323. Email: features@racheldobson.co.uk

Aggressive and anxious

A University of Sussex project is trying to help children rejected by their peers for being aggressive. Psychologists are working with more than 330 Brighton primary school children to try and spot early on those who are having difficulties. From responses so far, researchers say aggressive children are often the most socially anxious and have little idea how to improve their peer status.

NESTA celebrates its silver jubilee in style

The North East Speech and Language Therapists Association (NESTA) celebrated its silver jubilee on 12 November by holding a conference in Sunderland to promote the good practice of SLTs in the region.

At the conference, keynote speaker RCSLT chair Caroline Fraser launched NESTA's new website, which details the association's activities, including a comprehensive list of courses and events.

NESTA is made up of voluntary representatives from

each trust in the north east region and aims to organise the delivery of low cost, high quality training to SLTs in the area, cutting down on travel and accommodation costs, and also on the clinical time out needed for clinical professional development.

As the association grows, NESTA is increasingly offering more specialised courses covering generalist and specialist areas of therapeutic intervention.

Visit: www.nesta25.com for more information.

NHS seeks staff views on service

The Commission for Health Improvement (CHI), the independent, inspection body for the NHS, is asking over 380,000 healthcare staff for their views on the health of the NHS.

In what is described as the biggest workforce survey in the world, every NHS trust and primary care trust in England is conducting a confidential survey with a random sample of staff who will be asked 39 standardised questions on issues such as working condi-

tions, team working, leadership, staff supervision, bullying, and harassment.

CHI expects to publish the results in February 2004, and will use the findings to develop performance indicators that will form the basis of the 2004 NHS star ratings. The findings will also enable the DH to assess the effectiveness of national NHS staff policies.

Visit: www.chi.nhs.uk for details.

2003 RCSLT Honours

Honours for distinguished services to RCSLT

The honours acknowledge RCSLT members who have contributed outstanding service to College. The award also gives recognition to members who have carried out work of special value to RCSLT.



Flis Parsons has given unstinting service to the profession with a proven track record of supporting and developing staff. While carrying out her management role in Sandwell, she was still clinically involved and is a strong local and national leader. By 2002 Flis had secured a post as Director of Clinical Quality and Health Improvement and she continues to advocate for the delivery of services to children. While RCSLT Council chair from 2000-2002, Flis was at the forefront of the restructuring of RCSLT headquarters and committees.



Jenny Sheridan was *Bulletin* editor for eight years from 1995. During that time she radically changed the magazine's value to the profession and its importance in furthering clinical, managerial and general professional issues. Before this, Jenny worked in adult communication disorders, specialising in adults with acquired brain injury. While working as editor, she gave her free time as a SIG in head injury committee member, played an active role for many years in the Hammersmith and Fulham Stroke Club, and has been involved with the national charity *Headway*.



Joan Stephenson was one of the team responsible for establishing Ulster Polytechnic's (now the University of Ulster's) undergraduate SLT course. She also pioneered the development of a collaborative model for planning and delivering education and therapy within a school setting. Joan was RCSLT regional councillor for Ireland from 1990 to 1993, chaired the regional committee in 1992/3 and also became a member of the professional standards board. Joan was part of the statutory registration working group which led to the RCSLT's service accreditation strategy and the statutory registration of SLTs.



Sandra Walker was councillor for professional and ethical standards (PES) from 1994 to 1998. She chaired the PES board from its outset, setting up its work programme and seeing through many significant projects. Sandra was also part of the registration working group, leaving the professional body in a strong position to apply successfully for membership of the Health Professions Council. She led the proposal for the competencies project and was a member of the original steering group. Sandra's energy has led to significant policy and practice developments that are ongoing testimonies of her commitment to RCSLT and the profession.



Gillian Jackson left the NHS in 1994 after nearly 30 years as an SLT and set up *Dyscover*, a charity providing hope and encouragement to adults with aphasia. Gill obtained funding for the charity and there are now two centres. Her dedication to her work is inspirational and Gill works countless hours without remuneration, raising *Dyscover's* profile and exploring fund-raising opportunities.



Jenny Jackson runs an independent paediatric practice and is a longstanding member of the Association of Speech and Language Therapists in Independent Practice (ASLTIP). For many years she has worked on ASLTIP's executive as secretary, vice-chair and now chair. During this time she has been instrumental in assisting with the development of College policy in regard to independent practice. In addition, Jenny has been the moving force behind the ASLTIP website, which provides invaluable information regarding independent practitioners to the public and RCSLT.

Fellowships

Fellowships are given to RCSLT members who have given longstanding distinguished service to the profession in the context of research, publishing and teaching. This award entitles holders to call themselves 'Fellow of the Royal College of Speech and Language Therapists'.



Dr Fiona Gibbon is an exceptionally talented researcher and teacher with an impressive publication record. She is highly regarded by colleagues for her ability to integrate speech science into clinical practice in novel and innovative ways. Fiona has been research area coordinator for speech and language sciences at Queen Margaret University College (QMUC), Edinburgh, for the past three years and has demonstrated herself to be a gifted academic leader and an excellent team worker. Fiona has taken electropalatography from the laboratory to the clinic and is initiating new ultrasound research to extend our understanding of the organs of articulation.



Dr Jannet Wright has taught students for more than 20 years at the former National Hospitals College of Speech Sciences and currently in the Department of Human Communication Science, University College London, following a successful career. Jannet was the first SLT appointed to the Institute of Education, where she applied the principles of collaboration between SLTs and education staff to form the basis of her research. For many years Jannet organised continuing education courses within the department and chaired the RCSLT advanced studies subcommittee.



Dr Siân Munro joined the South Glamorgan Institute of Higher Education, now the University of Wales Institute, Cardiff (UWIC), in 1972 to teach on the three-year SLT diploma. Siân was integral to the development of the four-year honours programme that started in 1979, and since 1995 has been principal lecturer and head of centre at UWIC. She is currently chair of the Wales SLT Committee, a member of the All Wales Task Group and a member of the SLT Action Group, among others. Siân also runs a paediatric clinic for children from Welsh speaking bilingual backgrounds.

At this year's AGM, **RCSLT** presented 18 awards to mark the outstanding achievements of members and other individuals in the field of speech and language therapy. See page 21 for more AGM news.

Honorary fellowships

The honorary fellowships acknowledge and honour non- and overseas SLTs who have contributed outstanding services to speech and language therapy.



Dr Gillian Baird has been consultant developmental paediatrician at Guy's Hospital's Newcomen Centre since 1979. A nationally recognised specialist in the field of communication disorders, Gillian works with a multidisciplinary team offering assessments to children with a range of developmental difficulties. She is involved in research to identify the genes involved in developmental language problems, has investigated the early stages of social communication, and helped to facilitate early detection of potential problems of language and communication.



Dr Julie Dockrell is professor of psychology and special needs at the Institute of Education, University of London, and has been actively involved in developing knowledge about speech, language and difficulties since 1984. RCSLT has benefited from her support through her role as associate editor of the *International Journal of Language and Communication Disorders*, her appointment to the Council for Professions Supplementary to Medicine as nominee for educational psychology, and her appointment on the investigatory committee from 1999-2002.



Professor William Hardcastle is professor of speech sciences at QMUC. Bill joined QMUC in 1993, first as head of department of speech and language sciences, and then in 1999 as dean of health sciences and research. He is currently dean of research. His research over the last 35 years has made an important contribution to expanding the SLT research base. He has held 23 major grants investigating a range of clinical topics, including the diagnosis, assessment and rehabilitation of individuals with phonetic and phonological disorders, and the clinical applications of electropalatography.



Professor Matthew Lambon Ralph is professor of cognitive neuroscience at the University of Manchester (UM). He is actively involved in clinical studies, including spontaneous recovery in language impairment and speech therapy intervention in chronic aphasia. Matthew's commitment to research and its influence on SLT practice is evidenced by his supervision of SLTs undertaking postgraduate studies and his close collaboration with UM's human communication and deafness group. Matthew also provides valuable support to NHS SLTs who are looking to develop their skill and knowledge base through evidence based practice, case discussion and the application of theory to clinical practice.



Professor John Laver is an outstanding phonetician, whose teaching, research and administration skills have had a huge impact on the development and application of speech science. Most of John's career has been based at QMUC, where he has promoted education and research into communication. In 2001, he became research professor of speech sciences and then QMUC deputy principal. In 1979 he secured funding and collaborated with Sheila Wirz to develop his phonetic framework for voice analysis as a clinical tool. The vocal profile analysis scheme is now accepted as a core element of clinical voice assessment.



Professor Tim Peters is a medical statistician and professor of primary care health services research in the Division of Primary Health Care, University of Bristol, and has been closely involved in studies conducted at the SLT Research Unit, Frenchay Hospital. Tim made a highly significant contribution to the STEP study from 1995-1999, a randomised controlled trial investigating the effectiveness of existing community-based SLT services. He has played a prominent part in securing funding for and the design and conduct of a follow-up study to provide information about the longer-term outcomes of children referred for early speech and language delay.

2003 Sternberg Award for Clinical Innovation

The Sternberg Award for Clinical Innovation is presented to a project that is of demonstrable benefit to a service, clients and the profession. RCSLT announced joint recipients for 2003.



Claire Wells, principal SLT at Northwick Park Hospital, Harrow, received her award for her work in implementing a project to significantly reduce waiting lists for patients needing specialist intervention for specific voice difficulties. As a result of Claire's work there has been a measurable improvement in the quality of the service provided under the clinical voice disorders service and an increase in patient satisfaction.



Dr Graham Williamson, specialist SLT at Darlington Memorial Hospital, received his award for his work in improving the evaluation of voice difficulties in children and adults. Graham wrote a Windows-based software programme that guides clinicians through a systematic evaluation of voice difficulties, ensuring consistent information is collected on each client and greatly enhancing research and audit activities.

Catherine Renfrew Award

The £500 Catherine Renfrew Award marks the work of one of RCSLT's great ambassadors for speech and language therapy and a true pioneer of the profession. The award is presented to an SLT to help fund attendance at a course or conference outside the UK and outside the SLT's country of employment, and reflects Catherine's love of travel and frequent overseas visits and lecture tours.

Melanie Adams received this year's award for her pioneering work in establishing the first SLT degree course in Bangladesh. Presenting the award, Joyce Cook said Melanie would use the £500 to investigate problem-based learning and its possible applications in Hong Kong.

Contact RCSLT if you would like to donate to the 2004 **Catherine Renfrew Award**



COLLABORATION

In October we highlighted England's new children's green paper, *Every Child Matters* - which aims to streamline the organisation and delivery of key children's services (*Bulletin*, 2003). This month we're featuring the work of projects that demonstrate what is being achieved through collaboration between SLTs and other education professionals.

Barbara Howse and her colleagues describe how they improved their communication with the parents of children with complex learning difficulties. They have developed an information package that should provide parents with a better understanding of their children's educational needs.

Clare Hazeldine and Helen Joy outline the benefits of Forest Way School's communication team. The school puts speech and language therapy at the core of its activities and the results are tangible: pupils show consistent progress in meeting their individual education plans and SLTs feel less isolated.

Liz Baldwin looks at the partnerships SLTs have developed with other agencies in Salford. She details a conference last July to examine the way different professional groups need to change the way they work to meet the needs of those on the margins of society.

Carol Haigh and Angela Catterick talk about their experiences in promoting collaborative practice between teachers and SLTs in Bradford. The authors say their work has given foundation staff a greater insight into the 'whole child'.

Finally, Laura Tewkesbury and Sarah Gibbs describe how a child-to-child approach, influenced the behaviour of young people with special needs and highlighted the value of using a purposeful project to target SLT aims.

Steven Harulow, *Bulletin* editor

Reference: Royal College of Speech and Language Therapists. Children's paper offers SLT opportunities. *Bulletin* 2003; 618, 3.

Rules of engag

Speech and language therapists **Barbara Howse**, **Anna Karen White** and clinical psychologist **Olwen Wilson** describe how seminars helped parents understand their children's social

St Dominic's School in Surrey is a non-maintained special school for children with complex learning difficulties. Speech and language therapists hold regular meetings with Dr Olwen Wilson, the school's clinical psychologist, to discuss children with social communication difficulties. As St Dominic's is a boarding school, contact with some parents may only be a termly telephone call or visit. Contact with other parents may be even more limited.

Dr Wilson recently carried out research aimed at developing the successful social integration of adolescents with Asperger's syndrome (Broderick *et al*, 2002). We decided to hold a joint seminar on social interaction for parents of children who were experiencing particular difficulties.

Pilot study

We originally planned a series of four seminars as a pilot study. If these proved successful we would consider repeating them on a regular basis for other parents. We spaced the seminars throughout the spring term on different days of the week, to enable as many parents as possible to attend, and strongly advised both parents of each child to attend all sessions to gain the maximum benefit. The seminars ran for two hours from 11am with an opportunity for discussion afterwards over lunch.

We identified eight children from years five, seven, eight and nine (ages 11-14) - seven boys and one girl - who had a range of social communication difficulties. These children were selected by reference to their statements of special educational need (SEN), and from our own knowledge of them as individuals.

The aims of the seminars were to:

- introduce to parents 'how we think';
- explain interaction;
- discuss the rules of conversation;
- explain use of comic strips in teaching;
- practise analysing interaction using videos.

The seminars

Session one. In the first session Dr Wilson used the introduction to give parents the chance to share with others the particular problems they were experiencing with their child. The SLT team then introduced a range of pragmatic difficulties presented by the children: for example, their qualitative impairment, their problems with comprehension and expression of emotions, and their markedly restricted repertoire of interests.

We discussed functional communication covering topics such as: non-verbal communication; paralinguistic skills, awareness of self and others; attention and listening skills; understanding how conversation works; inference and reasoning, and integrating all of the above skills. We emphasised that this list was not exhaustive and that the group's needs would be central to the workshop sessions.

Session two. In the second session we reviewed session one and introduced the concept of analysis of interaction/conversation by developing observational skills. We presented video clips of the television soap operas 'East Enders' and 'Coronation Street' for parents to work out the rules of conversation and what might go wrong in a conversation.

Hours of research into television soaps, looking for group interactions, have taught us one thing - television soaps

ement

Rhodes, Mary Lass, describe how social interaction communication difficulties

comprise dialogues, not interactions. Visitors to our therapy suite must have wondered what we were up to.

We videoed the children in a conversation group and used this as a discussion point for their parents. We then gave the parents a homework task that involved observing and commenting on their child's interaction with siblings, parents, grandparents and friends. The information gained from this exercise was used as a basis for discussion in the next session.

Session three. After reviewing the previous session, we grouped parents into pairs to discuss the homework and give feedback to the group.

We revised observation using the I CAN video *See What I Mean?* (1996) which portrays various feelings/emotions, and further video observations of the children in conversation groups.

The group brainstormed possible solutions to problems that might arise and took parents' ideas to use as a basis for social stories (Gray, 1994). Group discussions involved problems such as going to the supermarket, going for a hospital appointment and eating out.

Some parents expressed a particular interest in this session, so we offered to provide 'trouble shooting' follow-up sessions on an individual basis. During these, we encouraged parents to foresee the range of problems that could occur in these situations and anticipate and prevent any difficulties that might arise.

Follow-up

By the end of the third session we felt we had adequately covered all the topics. The parents agreed that three sessions were



Photo: Granada Television

TV soaps comprise dialogues, not interactions

sufficient. Most parents, too, would not have been able to attend a further session. They did, however, request a follow-up session in the spring term to discuss any improvements in their child's interaction skills.

We gave the parents an evaluation sheet. Everyone felt that they now had a better understanding of their child's communication skills. As Slater and Ham (2003) noted, we found one of the greatest advantages of these sessions was the great support parents derived from one other. They all commented on the benefit of meeting other parents and sharing their experiences and difficulties. Comments about positive outcomes included, "Meeting other parents and discussing problems common to us all", "Learning more how speech works" and "Discussions with other parents".

We asked the parents to rank the question, "Has the course helped you to better understand your child's communication skills?" on a scale from one 'Not at all' to six 'Completely'. All the responses were positive.

In view of the success of these seminars we intend to hold more in the future.

Barbara Howse, Anna Rhodes

Mary Lass, Karen White

SLTs, St Dominic's School, Godalming, Surrey

Dr Olwen Wilson

*Clinical psychologist
Royal Surrey Hospital, Guildford*

For further information email: howse@ic24.net

References: Broderick C, Caswell R, Gregory S *et al.* *A Pilot Scheme for Developing the*

Successful Social Integration of Adolescents with Asperger's Syndrome – A Manual for Professionals and a Handbook for Parents. Surrey Hampshire Borders NHS Trust, 2002.
Broderick C, Caswell R, Gregory S *et al.* Can I join the club? *Autism* 2002; 6, 4.
Gray C. *Comic Strip Conversations.* Arlington: Future Horizons, 1994.
Gray C. *Social Stories.* Arlington TX: Future Horizons, 1994.
I CAN (John Horniman School). *See What I Mean?* West Barton Productions videotape, 1996.
Slater A, Ham, N. Support mechanisms. *Bulletin* March 2003; 611, 11-12.

problems and their solutions

it was often difficult for both parents to attend the sessions

it was also difficult to get 100% attendance - this necessitated repetition/recap of information. We anticipated these problems and gave as much time as possible, offering dates on different days of the week, spread throughout the term

it took the entire three sessions for some parents to relax. In future we intend introducing strategies much earlier to encourage group cohesion

some parents took considerably more 'air time' than others. We welcome any ideas from colleagues on solving this problem

we had problems finding suitable video clips from television. It was also very time-consuming. We are now building a resource of video clips for use in therapy sessions and these will be useful for training purposes

Real collaboration brings Real rewards

Speech and language therapist **Clare Hazeldine** and senior teacher and SLT **Helen Joy** describe the benefits of a collective approach at a school for pupils with severe learning difficulties

Forest Way School in Coalville, Leicestershire, is a severe learning disabilities (SLD) facility with 103 pupils aged between three and 19 years of age. The school caters for a wide range of pupils, including those with profound and multiple learning difficulties (PMLD), autistic spectrum disorder (ASD), medical and sensory difficulties and the whole range of learning difficulties. Some pupils have challenging behaviour and all pupils follow a modified national curriculum.

I am employed as an SLT by specialist community health services hosted by Leicester City West PCT and work in the school for one-and-a-half days a week.

Senior teacher Helen Joy, an SLT and a qualified teacher, is employed by the school for three days a week and has responsibility for communication development throughout the school.

Lynn Slinger, the headteacher of the school, and the school governors have made a huge commitment to the communication development of its pupils and also employ a specialist augmentative and alternative communication (AAC) teacher, Helen Nightingale, for one day a week, and a full-time communication ancillary worker, Jo Rayns.

The school is well resourced, with a communication resource bank for its teaching staff.

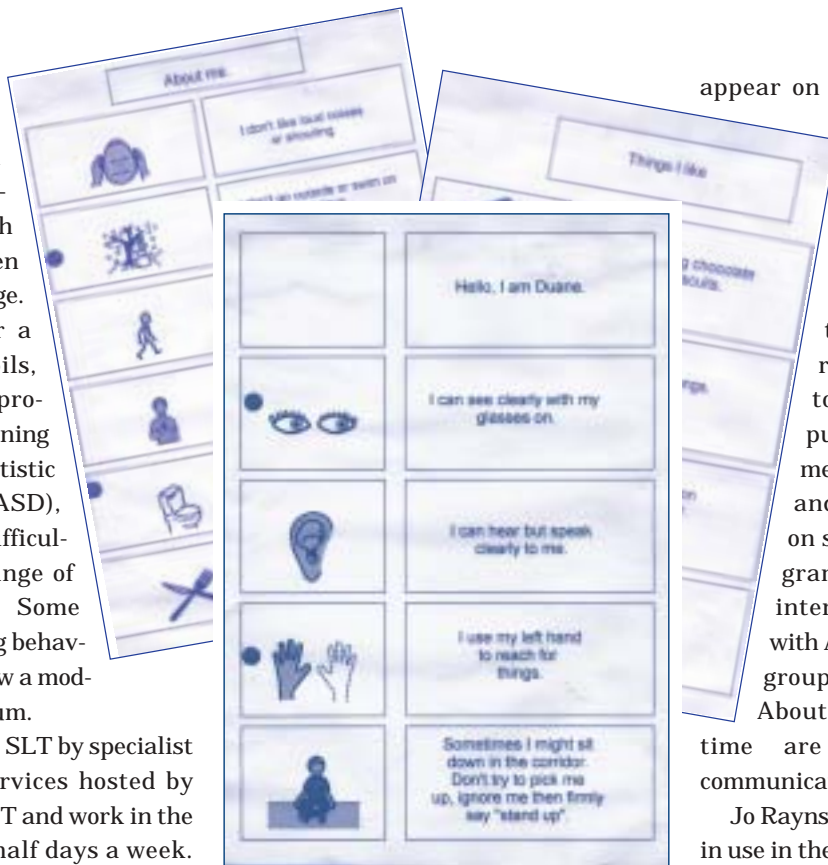


figure one: an example of Forest Way School's communication passports

What do we do?

The creation of a communication team has been very effective. My working practice has changed so I have more time to work in classes with pupils and school staff rather than working with individuals and writing annual review reports. Classroom working includes observation of communication strategies, developing opportunities, and problem solving and ensuring communication targets are integrated into the classroom. All speaking and listening targets for pupils' individual educational plans (IEPs) are jointly agreed and

appear on the educational report for annual reviews.

Helen Joy coordinates the communication team, working through pupils in class groups and planning individual sessions. Jo Rayns is timetabled into classes to release a member of staff to work individually with pupils. This allows more staff members to develop their skills and gives them time to work on specific communication programmes, including intensive interaction sessions with pupils with ASD, phonology and language groups, and social skills work. About 20 pupils at any one time are receiving these extra communication sessions.

Jo Rayns makes all the visual systems in use in the school, which Helen Joy and I design. About 150 are now in use, for example timetables, picture exchange communication systems (PECS), behaviour token systems and choice boards in class for activities and songs. Jo also programmes communication aids.

Helen Nightingale works with 20 pupils using her particular skill with technology and matching systems to pupils' needs. However, all members of the team take responsibility for this work. Helen Joy and school staff run AAC group sessions every week. Communication team meetings each term also prioritise pupils for individual/group work and look at any communication issues in the school.

The communication team is as wide as



the school staff. All staff have weekly training on signing run by deputy head teacher Sue Wilson. This means that staff use signing routinely. The communication team also carries out training on the use of language levels, visual systems, working with pupils with sensory needs, ASD and PMLD. This includes the use of body signing and communication passports (Aitken and Millar, 2002), as shown in figure one. The passports give information to all staff about how a pupil communicates and accompany individuals to and from school.

Curriculum planning

One of the most important aspects of communication work is the way the school's curriculum operates. Pupils are in mixed ability class groups for most curriculum sessions, but are taught in sets according to receptive communication levels for literacy, numeracy, food technology, physical education and personal, social and health education lessons. 'Setting' pupils is extremely conducive to tailoring schemes of work and individual lessons to each pupils' needs. It also helps staff to moderate their language levels and to use visual systems at the level the pupils need.

I have recently set up multidisciplinary school meetings for occupational therapists, physiotherapists, visiting specialist teachers of pupils with hearing and/or

visual impairment and school staff for sharing information, coordinating programmes and arranging joint assessments. This includes eating and drinking assessments and programmes. Communication passports are also updated, as necessary, at these meetings.

Finally, the importance of the contribution of the parents and carers of pupils cannot be overstated. They have open access to school and can attend communication workshops run by the communication team and visiting speakers.

Why does it work?

The opportunity to problem solve and develop communication work jointly means a much more consistent approach. We understand each other's roles and their demands better. Communication is seen as intrinsic to teachers' everyday planning. For example, PECS books travel with the pupils. More appropriate work is directed to pupil level and need. Helen Joy has timetabled time with teachers to model strategies in speaking and listening lessons and I am able to see all pupils during the course of the school year by working in the classrooms with the teachers.

Resourcing of the classrooms is appropriate to pupils' developmental levels. All classrooms have a variety of activities on offer at all times and the content of lessons is kept as practical and fun as possible. Individual work, particularly for those with ASD, enables many members of staff to develop skills of working on communication, for example intensive interaction skills (Nind and Hewitt, 1994). Communication is seen as part of daily schoolwork not just a bolt-on activity. The senior management team and governing body see communication as a priority and this has a knock-on effect throughout the school.

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Can we prove it makes a difference?

Yes. In hard data – P levels (a measure introduced by the Qualifications and Curriculum Authority to measure progress below level one of the national curriculum) and school baselines. All pupils are measured on a detailed baseline published by Forest Way and data has been kept for the past three years (written up in year one for University College Northampton). This shows a high level of achievement year on year. P level (speaking and listening) progress is also pleasing and pupils have shown consistent progress.

Yes. Achievement of IEP targets.

Yes. Parental preference – school numbers have grown from 68 to 101 in three years – although this is not the only reason for this increase, communication development of pupils always ranks as very important to new parents viewing the school. Parents have given positive feedback about children being seen by an SLT in the classroom and have said how useful communication passports are. There are no issues about joint target setting and the fact that there are no individual SLT reports, as parents are aware that the best use is made of my limited time in school.

Yes. Job satisfaction. Communication work is intrinsically satisfying and even more so when pupils make progress. The idea of an SLT working in isolation is now not even considered. I used to feel so bogged down in paperwork and guilty for not seeing the children enough or knowing enough about the curriculum. This new way of working has made me feel much more positive, valued and aware of individuals' needs and school issues.

References: Aitken S, Millar S. *Listening to Children with Communication Support Needs*. SENSE Scotland & Call Centre, 2002. Forest Way School. *Guidance in the teaching and assessment of pupils with Special Educational Needs – English*. The Featherstone Education Partnership Leicester, 1997. Nind M, Hewitt D. *Access to Communication*. London: David Fulton, 1994.

Overleaf: three case studies demonstrate the success of a collaborative approach

Forest Way's case studies - names have been changed to preserve anonymity

Including temporary staff. Sonia, a supply classroom assistant, arrives at school to cover sickness. As she has never worked here before she isn't sure what to expect. Her first lesson is a sensory session supporting a teacher working with a class of pupils with PMLD. Sonia is asked to work with one pupil, Jack, and is shown his communication passport that is always located on Jack's wheelchair. Sonia is able to make sure she positions herself at the best vantage point for Jack's limited sight and responds appropriately to his idiosyncratic communication behaviours (for example, banging his knee for 'more').

Using symbols. Jane, a class teacher, is taking her regular PE lesson with a group of pupils with limited or little language and understanding at a single word level. After working alongside her for two weeks, SLT Clare suggests they use rewards for listening and some symbols in the lesson for the activities. This helps students to focus and reduces the need for constant repetition and demonstration. Jane makes these for the next session that they run together. This gives Clare the opportunity to experience what the demands of the curriculum and working with this group are really like, and Jane the chance to work with pupils individually. The session runs much more smoothly and efficiently. The pupils also have opportunities for choices built into the session.

Updating targets. Sukhvinder, a pupil with ASD, has achieved most of her jointly set SLT and teaching staff targets quickly and needs her individual communication programme updating. Her teacher, Melanie, feels Sukhvinder can achieve more. Senior teacher Helen reviews the programme and moves her on to the next PECS level. As the introduction of the 'I want' symbol is difficult, at first she allocates some of Jo's (communication ancillary) time to get this up and running. The time also gives Sukhvinder some extra individual intensive interaction. Melanie was right and Sukhvinder soon picks up the 'I want' sentence strategy and is now using four element sentences consistently.

Promoting positive p

Last summer a conference looked at how collaborative we can be in meeting the needs of children and young people. **Liz Baldwin**

The inclusion agenda is here to stay and it challenges us to look at what services we offer, where we offer them and to whom. In Salford, SLTs have been working in partnership with other agencies for many years and have found many benefits of such work. It has challenged our professional boundaries, made us question why we do certain things in certain ways and enabled us to work with populations on the fringes of society.

Last July, I organised a conference in Salford on behalf of Salford Primary Care Trust (PCT) SLT department at which we presented a range of externally funded work, all targeted at working with children and young people. *Speech and Language Therapy - Bending the agenda* attracted over 70 delegates from all over the country and from many different professional backgrounds, including SLTs, teachers, educational psychologists, social workers, police, health advisers, and PCT and education directors.

The conference's theme was the need to change the way we work in order to meet the needs of those on the margins of society. Various delegates presented their projects that first identified the speech and language needs in a given area, and then addressed those needs in ways that were both accessible and meaningful for the children, young people and their parents.

Sure Start support

Salford SLTs Rachael Hughes and Rebecca Shirt presented some of their work in Sure Start. The project offers support to all children under the age of four, while targeting specific need as it is identified. Crucially, most of the Sure Start work takes place in the home or in community facilities such as playgroups and libraries. Among a range of diverse activities, the language development team runs *Talking Tots* groups that

provide an informal, interactive means of showing parents how to enhance their child's language skills. An external team from Salford University recently evaluated this project and concluded, "The language development project provides an outstanding service and has been a trail-blazer in its own right."

The Sure Start team also recognises the need to build relationships with communities in general and individual families in particular. It now employs a team of communication development workers (CDWs) – these are Nursery Nurse Examination Board qualified staff with additional training in speech and language, and skills in developing partnerships with parents – who have an intimate knowledge of the community in which they work. They develop good relationships with families and are able to offer advice on language development. This helps build parental trust and parents are then more likely to engage with the SLT service if necessary. The role of the CDWs has forced us to look at what the SLT core skills are and what skills others can develop to great effect.

The Salford and Trafford Education Action Zone-funded work, *Learn to Talk; Talk to Learn*, which has been running for four years, has proved the effectiveness of working with whole school populations rather than just those identified as having specific speech and language difficulties. Team members SLTs Jane Lowe and Debbie Swift have worked with teachers to jointly plan and teach lessons on three key topics: listening skills; narrative discourse and inference.

The work has found a highly effective way of not only changing children's receptive and expressive language skills in a classroom context but also, more importantly, of changing teacher practice. The teachers' evaluation included comments

Partnerships

Projects in Salford address reports

such as, "I now give more precise instructions" and "My awareness helps me to assess problems of understanding".

Children with identified speech and language difficulties find themselves in a school environment that has a working knowledge of how to enhance their skills in school. As the schools feel better placed to build their speech and language skills themselves, we hope SLT referral rates will reduce. (The project has not increased referral rates as was predicted at the outset.)

'How willing are we to listen to the client's view when we are designing our services?'

This work's success, however, raises some difficult questions, such as who should pick up permanent funding for work that has been highly acclaimed by participating schools? In fact, this work addresses many individual bodies' targets:

- health - by improving communication skills and attainment we enhance life chances through access to employment, and through becoming active citizens;
- education - improving speaking and listening skills has positive results on pupil performance and access to the curriculum;
- social services/Home Office - there could be some links between raising attainment, self-esteem and communication skills, and reduction in crime and anti-social behaviour (this is work in progress).

Should the funder be the one whose targets are being met? These targets are universal

and fit easily within the current government's agenda. Perhaps the establishment of children's trusts will help the debate along if they mean that budgets for children are genuinely pooled and services are divided up according to need and not according to who we can wangle money out of next.

Salford Local Education Authority allocated standards fund money for three years to fund SLT work in schools. We are using this money to trial models of working in mainstream schools that address the needs of individual pupils in the context of whole class and group work. At the start of this project, some of the critical issues involved identifying the need. We agreed to take the caseload of about 40 children from the local clinic who attended a group of schools.

SLT Debbie Heaney who works in the Salford standards fund project described some of the difficulties. She told us how she met with one school to agree how best to meet the needs of the eight children known to the local clinic, only to be presented with five pages of children's names that the school was concerned about regarding speech and language.

To manage the problem of not having sufficient funds for paediatric work by offering a clinic service that we fully expect many not to take up is simply not meeting the needs of the population we are here to serve. Nor does it help our teaching colleagues meet the speech and language needs of this group by simply discharging children for non-attendance.

At the end of our conference we looked at the SLT role in Salford's youth offending team (YOT). The first year of this work was mainly spent assessing young people and identifying a significant need. Of the 26 young people referred to SLT, 25 had significant speech and language difficulties. The challenge when working with this population is their lack of willingness to engage with services or the people trying to help them. There is a need to think laterally in order to identify and begin to address their needs. Gillian McCarthy, YOT SLT, has successfully engaged young people by using theatre visits, playwriting and project work.

We are challenged to consider whether,

in fact, the problem lies with us and our inaccessibility. Is it we who are hard to reach, rather than these young people? Perhaps we locate our services in places and within models of delivery that are inaccessible to them.

Making targets relevant

So what do we take from this conference? In her keynote speech, Salford PCT Chief Executive Edna Robinson raised the issue of identifying targets that are relevant to the child and their family at the time. She gave the example of her daughter, who has some special needs. Her daughter's top priority at the moment is to learn to skip. Skipping would greatly help her relationship with her peers. Yet this was not the focus of countless reviews and professional intervention. How willing are we to listen to the client's view when we are designing our services?

The LEA assistant director for inclusion and access, Paul Greenway, presented a model of inclusion for discussion. With the pupil in the middle, he said, we consider the pupil's presence in terms of the pupil being in the right place at the right time to be able to take up the services offered. Next we have a child who is participating in what is on offer, active in the life of the school, engaging with those who can offer support. As result of this we have pupils who are progressing, enhancing the skills they have and so improving the range of choices that face them as adults.

Surrounding this we have the issue of protection. We all want children to be safe, physically and emotionally. Perhaps for us as SLTs there is also an element of wanting them to be protected from falling through the net and not having their needs identified and met. As one colleague said to me at the end of a meeting recently: "I've decided there are too many questions and not enough answers." True, but I feel we have just one or two more answers now than we had a few years ago.

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Collaborative classroom action

What is the key to achieving the best for children with speech and language difficulties in the classroom? **Carol Haigh** and **Angela Catterick** offer their joint solutions

In July 2002 we – a teacher and an SLT working collaboratively in a designated special provision for primary school children with speech and language disorders in Bradford – acquired Standards Fund money¹ to set up a pilot project aimed at training foundation stage staff to work with children with speech and language difficulties in an inclusive classroom.

The project was carried out as a result of the outcomes of our two previous local research studies. The first looked at the needs of primary school teachers in working with children with speech and language difficulties (Haigh, 2002). The second researched the nature and prevalence of speech and language difficulties in primary schools in Bradford (Catterick *et al*, 2002). The results of these two projects highlighted the need for training, particularly of foundation stage staff in schools, in order to improve the early identification of and intervention with children with speech and language difficulties.

We were keen for the training to reflect our five years of collaborative practice experiences, including joint assessment, planning, target setting and teaching within a specialist provision, and felt we needed to focus on ways of integrating speech and language targets into the class curriculum. This would promote a consistent, continuous and meaningful approach to helping children's language development. The project aimed to:

- promote collaborative practice;
- increase awareness and understanding of typical speech and language development;
- enable early identification of speech and language difficulties;
- enable early intervention to develop speech and language skills;
- develop the skills and confidence of all staff

in working with children with speech and language difficulties.

The project comprised a full day's training course delivered through a balance of theory, practical activities, discussion and resource ideas together with a follow-up visit to each school. The course covered normal speech and language development as well as delay versus disorder. It looked at the impact that speech and language difficulties have within a classroom context and offered strategies for dealing with them linked with the curriculum. The course also examined ways of supporting the speech and language development of all children, by creating a more language friendly environment. In total, 58 staff from 17 schools attended the sessions. We also supplied a general advice booklet for each participating school, which included language checklists/assessments and practical classroom strategies for different speech and language difficulties.

Evaluating the project

We evaluated the project in three different ways: through a course evaluation questionnaire, a confidence questionnaire and a focus group meeting.

The course evaluation showed 20 of the participants found the overall training to be 'good' and 29 felt it was 'very good'. Other comments included, "A great day. I want to plaster the school with symbols. I think schools and SLTs really do need to work together. Some great practical ideas that we will use."

"I feel reassured that lots of what we do in early years does help children with speech and language difficulties – but now I know how it helps."

We asked participants to rate their level

of confidence in the following areas before and three to four weeks after the training:

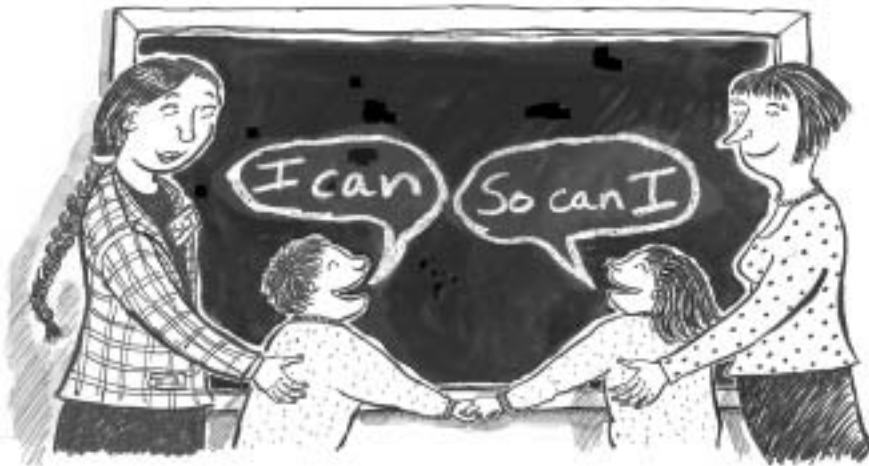
- developmental stages of speech and language development;
- identification of speech and language difficulties;
- identification of associated difficulties;
- strategies to enable curriculum access;
- knowledge of how the SEN code of practice relates to children with speech and language difficulties (DfES, 2001);
- target setting for children with speech and language difficulties;
- inclusion of speech and language therapy into the curriculum.

The results showed a marked increase in participants' confidence levels in all areas following the training.

We also invited a representative from each participating school to attend a focus group meeting at the end of the project. We were particularly interested in how the project had affected classroom practice. The following samples reflect the feedback gained from both the focus group meeting and the confidence questionnaire. The project affected the classroom practice of 36 participants in the following ways:

Classroom organisation. Participants reported an increased use of symbols in the classroom. Many also reported the use the 'social communication rules' – four rules suggested for use with groups of children: good looking, good listening, good turn taking and good sitting – to develop social communication skills (Rinaldi, 1996).

One teacher said, "We will be building up the use of photos, symbols and labels and offering some visual timetables in areas of need, sequencing with symbols in some areas, adding vertical number lines and



incorporating into curriculum planning activities to stimulate language development.”

Own language use. Participants felt they were more aware of the level of their own language use and were more confident in monitoring the amount of language they used according to a child’s level of understanding.

Some comments included, “I need to use more visual cues and think about the ways I speak to children, giving clear instructions” and “I realise that we bombard children with too much information and often need to reduce this.”

Understanding speech and language development and difficulties. Participants felt they were more confident in identifying children with speech and language difficulties and reported an increased awareness of the difference between delayed language development and more serious problems. Participants also felt they were more confident in identifying which children to refer to speech and language therapy.

Comments included, “I find I listen to the children more carefully when they speak and am beginning to assess their linguistic capabilities almost as an ongoing task” and “I have completed information carrying word assessments on a small number of children. This has been quite enlightening. I have also been able to give valuable information to parents with regards to their verbal interactions at home.”

Participants said the general advice

booklet was a useful resource to dip into if there were concerns about any children. The language development checklists were particularly useful in aiding the identification of difficulties and establishing severity. We have used the booklet more widely since September when new children have entered nursery or reception classes.

The follow-up visits to the participating schools allowed us to give feedback that helped confirm participants’ own ideas about children’s needs. Advice given about a specific child helped one participant to initiate individual sessions in school without having to wait for an SLT appointment. Parents also said they felt reassured that something was happening to address their child’s needs.

Greater liaison

This project has successfully achieved our aims and has promoted collaborative practice by encouraging greater liaison between teachers and SLTs in Bradford. By writing and delivering the training collaboratively, we have been able to bring the theoretical side of language development to life by directly relating it to practical classroom examples. For example, we were able to show how a therapist’s knowledge of the development of the speech sound system and the teacher’s knowledge of teaching reading can combine to effectively help children to develop phonological awareness skills from an early stage. We were also able to show how therapy targets can be achieved through normal classroom practice. The project participants felt that by listening to two different perspectives they

were able to gain a greater insight into the needs of the ‘whole child’.

We have recommended that the project should be rolled out to all foundation stage staff in maintained and non-maintained settings in Bradford. We are keen that the project is continued in its entirety. The combination of training, follow-up visits and use of the general advice booklet has resulted in a comprehensive and highly effective approach to integrating speech and language targets into the foundation stage curriculum.

We anticipate that as a result of the project there will be a decrease in inappropriate speech and language therapy referrals. This should allow SLTs more time to focus on children with more severe and persistent difficulties.

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References: Catterick A, Haigh C, Tierney P. *The Needs of Children with Speech and Language Difficulties in Bradford*. Unpublished, 2002.

Department for Education and Skills. *Special Educational Needs: Code of Practice*.

London: Department for Education and Skills, 2001.

Haigh C. *The Development Speech and Language Programme, for use by Teachers, Linking Language Targets to the Curriculum*. Unpublished research, 2002.

Rinaldi W. *The Social Use of Language Programme – pre-school and primary*. Rinaldi, Chilworth, 1996.

Further reading: Law J et al. *Provision for Children with Speech and Language Difficulties: facilitating communication between health and education services*. Nottingham: DfES, 2000.

Note

1 A specific funding stream from the DfES to local education authorities for commissioning services to children with speech and language needs within an educational context.

Taking a child-to-child approach

SLT **Laura Tewkesbury** and community project worker **Sarah Gibbs** outline their collaborative project aimed at helping secondary school children with learning difficulties

The Child-to-Child (C-t-C) approach was developed in 1978 by a University of London team of health and educational professionals. The idea was that, "Children, if given the opportunity, can make important contributions to the health and well being of themselves and others." (Gibbs *et al.*, 2002.)

The aims of C-t-C are to empower children to take action to improve the health and well being of themselves, other children, their families and their community; increase children's self-confidence and sense of control over their lives and strengthen children's friendship networks and life skills, such as decision-making and teamworking.

The concept was first designed for use with children in developing countries to tackle primary health care issues. However, the approach was adapted by project workers in Manchester in the early 1990s, and in 1999 Community Health South London NHS Trust launched the first C-t-C projects.

Partnership aims

The aim of this particular project was to adapt the established C-t-C methodology to enable young people with special needs to identify and take action on issues that are important for them in their community. We also wished to pilot the methodology as a vehicle for delivering speech and language therapy within a special school setting.

The project was funded through an innovative partnership between the health and education sectors. Both Lewisham Primary Care Trust (PCT) and Lewisham Special Educational Needs Department dedicated resources for the project. This enabled us to work together



figure one: having good friendships was the theme chosen by the Lewisham pupils

to plan, facilitate and debrief the sessions.

Before each session, we identified any broad or abstract concepts and explained these with the aid of computer-generated symbols and other visual materials. For example, the rather abstract concept of community was explained using a large pictogram made up of symbols showing aspects such as who lives in a community, people you might meet, things you can do in a community, and what services are available.

We were also aware of the need to lighten the language load of each session in order to allow all of the participants to access fully the games and tasks.

The result has been a framework for supporting young people in a special school to develop and use functional communication skills on a practical level.

The project took place in a secondary school for pupils with learning difficulties

in Lewisham, south east London. We chose 11 children for the project, all of whom were in year 8 (ages 12 to 13) and had identified speech and language needs.

The project began in January 2003 and lasted for 14 one-and-a-half-hour sessions every Thursday afternoon during the term. Each session was built around the same format in order to help the young people develop an awareness of the structure.

The speech and language therapy aims of this project were divided into three categories:

- to increase group work skills, for example listening to others;
- to increase confidence in communication, for example thinking about other people's views and experiences and evaluating their own thoughts;
- to increase functional language, for example generating and sharing ideas, negotiation and decision-making skills.

These areas link well with the concept of citizenship as set out in the personal, health and social education section of the national curriculum. The pupils were also able to reflect on the process of the project as well as evaluating its content and effectiveness.

A teacher from the school supported us during the afternoon sessions. Her role involved acting as a link to help transfer learning and experiences from the project into school life, feeding back to the other staff and providing helpful ideas and strategies to facilitate the group dynamics. Her input was especially useful in the area of behaviour management, as school sanctions were much easier when a member of staff was present.

We all felt that it was important

to have this defined link so the school was involved in 'owning' the project.

The C-t-C methodology

The C-t-C methodology consists of six sequential steps:

Step 1: group work

During this we:

- prepared the groundwork for the project;
- chose games and activities to build the pupils' group work and listening skills;
- discussed the concept of community;
- enabled students to re-name the project.

Step 2: our ideas

In this step:

- we asked specific questions to help the young people think about their communities, for example, "What do you think would make your community a happier, healthier and better place?"
- the young people generated a list of 60 ideas including, "putting rubbish in the bin", "more education", "stop thieves" and "stop rape".

Step 3: choose an issue

At this point the young people narrowed down their list of ideas, through a ranking exercise, to a shortlist of eight issues, and voted for the most important one using a ballot box. The chosen issue was "having good friendships".

Step 4: find out more

During step four they brainstormed what it means to be a good friend and a bad friend and decided to visit the local community police officer and the school counsellor to ask them questions about friendship.

Step 5: plan and take action

At this stage the young people:

- decided their school needed to know about the importance of friendship;
- made a video to show in a whole school assembly;
- produced a leaflet about friendship (see figure one) and commissioned a pen with four of their main ideas printed on it;
- presented the leaflet and pen to each pupil in the school.

Step 6: think it over

In this final stage the pupils reflected on what they had done; what they had achieved and what they would have done differently. This was achieved through individual activity and group discussion.

Outcomes

Through the process of discussing how to make better friends, we noted several interesting comments and changes to the young people's behaviour. For example, the group dynamics altered after discussions on how to react if someone is 'cussing your mum'. This was a particular problem in the group and often resulted in physical fighting. However, in the following session, a young person was seen to diffuse such a situation by laughing off the insults and ignoring the other student.

The deputy head of the school also described how one of the young people from the project approached her at lunchtime and asked her how he could make better friends. On her advice that a good start was to be kind to people and help them, he was later seen to spontaneously fetch a drink for one of his classmates who had come in feeling sick. He was then heard to comment, "Maybe that's one way that I can make better friends."

Future plans

From an SLT perspective, the project demonstrated the value of targeting speech and language aims through the medium of an exciting and purposeful project. The result was a nurturing environment through which the young people learned and practised functional language. In a feedback session, the head noticed how the pupils had grown in confidence during the life of the project.

The adapted C-t-C methodology has allowed the young people, who as a group are often marginalised, to express their concerns in a supportive environment. When asked what they liked best about the sessions, they said that they had enjoyed "voting for things and choosing things", "helping people" and "having ideas". The previous anecdotes also show

that the project's impact was not confined to Thursday afternoons but has spread out into school life.

This adapted methodology with symbols has already been successfully used with a group of young people who have recently arrived in the UK and who have little English language. The project was undertaken in an English as an additional language (EAL) unit in a secondary school and the symbols proved to be very helpful in communicating the project aims and in describing activities.

We currently hope to gain further funding from Lewisham SEN department for a further C-t-C project in Pendragon next year. If substantial funding were available one plan would be to build this project into the established SLT provision in the same school. This would mean that children who participated in a SLT group in year 7 (ages 11-12) would also have the chance to complete a C-t-C project when they enter year 8.

A further project is currently underway in Highshore School for secondary pupils with moderate learning difficulties in Southwark. Discussions have also been carried out with the head teacher of a secondary age pupil referral unit in Southwark who has expressed a future interest in running a project.

Laura Tewkesbury

SLT

Lewisham NHS PCT

laura.tewkesbury@lewishampct.nhs.uk

Sara Gibbs

Community project worker

Southwark NHS PCT

Acknowledgement: Thanks to all staff and pupils at Pendragon Secondary School, Lewisham.

References: *Citizenship: The National Curriculum for England*, 2003. www.nc.uk.net
Gibbs S, Mann G, Mathers N. *Child-to-Child: a practical guide, empowering children as active citizens*. Groundwork Southwark Health Action Zone, 2002. Available online: www.child-to-child.org/guide
Writing with Symbols. Widgit Software Ltd, 2000.



write to the editor, RCSLT, 2 White Hart Yard,
London SE1 1NX, email: bulletin@rcslt.org

Please include your postal address and telephone number if emailing. Letters may be edited for publication. 250 words maximum.

Covert stammering

We are writing in response to Sandra Turner's interesting comments on covert stammering, the NHS and the McGuire programme (*Bulletin*, October 2003, p20).

We are shocked to hear that clients present for therapy and are turned away because they are "not stammering enough". People with covert or interiorised stammering can often take many years to find the courage to seek help. To have their difficulties misunderstood in this way by a professional is completely unacceptable.

However, we would also like to use this letter to question whether the McGuire programme, with its emphasis on speech control, is in fact the most appropriate form of intervention for such clients.

Carolyn Cheasman,
Rachel Everard and
Jan Logan
The City Lit, London

First for Bangladesh

Some of you may be interested to know that a new SLT degree course is due to start in Bangladesh. It is the first of its kind in a country with a

high incidence of disability and very limited resources for rehabilitation. Bangladesh has a population of almost 130 million, and there are currently no qualified SLTs in the country.

The course will be based at the training institute of the Centre for the Rehabilitation of the Paralysed (CRP) near Dhaka, and the first intake will start in January 2004.

Local staff with relevant skills will do some of the teaching, but a team of overseas SLT lecturers will be needed to cover SLT clinical teaching as well as clinicians to provide placement modelling and supervision. This support will be needed for the first five years, at least.

If anyone is interested in contributing in any way to this exciting venture we will welcome your input. We are particularly looking for donations of books, other therapy materials, and for people interested in teaching visits or longer-term stints.

Melanie Adams
CRP speech and language therapy adviser
email: mel@crp-bangladesh.org

NHSmail available

As a follow-up to Liz Panton's letter (*Bulletin*, October 2003, p20), I thought it worth adding that *NHSmail*, the BMA-approved NHS email and directory service, is available now to all working in the NHS at: www.nhs.net

Account registration is available on any NHS network. Once registered the service can be accessed using a web browser over the Internet and also using popular email software, such as Outlook, over NHS networks.

To register individuals must be in the *NHS Directory*, an online service that holds contact information, provided by NHS organisations of 900,000 NHS staff.

The service is free, safe for transmitting sensitive information between *NHSmail* users, and stays with you wherever you choose to work in the NHS. Recently added services include the ability to send an email as a text message to a mobile phone and to send an email to a fax machine.

To find out more, and claim your own NHS email account, access the *NHSmail* homepage at www.nhs.net on any NHS network.

Graham Spearing
Implementation manager,
NHSmail

Unacceptable profiles

We, as managers in Belfast's main Acute Hospital and Community Trusts met recently to review and comment on the revised SLT job profiles for Agenda for Change. It is our view that

the three bands proposed for SLT, specialist SLT and highly specialist SLT, with salaries in the range £17,548 -£33,342, are the bands in which our existing Band 1-4 posts will fall without substantial revision.

We do not think the Department will consider a principal SLT profile as this would have the effect of pushing a consultant SLT post into a higher salary range than will exist for other consultant AHPs.

We are also unanimously of the view that the revised profiles are somewhat misnamed and need to be re-labelled more appropriately:

Without exception these profiles must map our existing career structure and there can be no compromise on this: SLT (Band 1); generalist/specialising (Band 2); specialist profiles (Band 3); advanced or senior specialist instead of principal (Upper 3); consultant SLT (Band 4) and senior consultant SLT (Band 5).

We are alarmed that the SLT National Advisory Committee almost agreed to vote these job profiles through at their last meeting. The committee must ensure they represent the views of the members they represent and that they do not agree to or allow themselves to be pushed into agreeing to anything when a full consultation and discussion has not occurred within their region with SLT colleagues.

Ms Christine Hayden
Manager
The Royal Hospitals for Northern Ireland
Managers' Forum

book reviews



Stickerpack: Safe Eating and Swallowing **VANESSA CROWE**

Dementia Services Development
Care, University of Stirling,
2003
£50.00

The *Stickerpack* has been compiled for SLTs working with adults with acquired neurological dysphagia, particularly dementia. A 10-page booklet details the swallowing difficulties experienced by people with dementia, the rationale for developing the *Stickerpack* and some helpful literature to support the use of symbols and words in conveying information to caregivers. The rest of the pack contains the stickers: these are simple symbols or pictures accompanied by short phrases summarising the recommendations an SLT might give for safe swallowing and feeding following assessment.

The comprehensive range of stickers covers diet, fluids, medication, positioning, and a general section including swallow and positional strategies. The clear, colourful and attractive stickers would be a useful aid in delivering information quickly, although caregivers would also require teaching. However, there are only a finite number of stickers (21 per recommendation) and this, given the pack's cost, would mean an inconveniently short shelf life.

The booklet contains a referenced section on swallowing problems in dementia. Although it is clear the booklet is not designed to be a primary source of information on

dysphagia or swallow strategies, it may provide a useful educational aid for other health care professionals as an introduction to swallowing difficulties with this population.

However, the SLT would need to look elsewhere for detailed information on dysphagia and clarification on the appropriate selection and use of swallow strategies.

Contents ★★★★★☆

Readability ★★★★★☆

Value ★★★★★☆

SUE MCGOWAN

Clinical specialist SLT

Chair, SIG AAD (Adults with Acquired Dysphagia)

National Hospital for Neurology and Neurosurgery, London

Find the Link

DIANA WILLIAMS

Speechmark, 2003

£48.75

ISBN: 0-86388-421-0

This category-based resource consists of a large folding playing board and 200 cards based on four groups – animals, food, clothes and transport – which can be subdivided. Another 10 categories represent the function of various everyday objects that can be used for work on common verbs, for example reading. Another set of cards is based on the location of objects, for example, in the bathroom, kitchen or garden. There are also conceptual categories such as shape, colour, materials, attributes and parts of wholes.

An accompanying booklet has suggestions for games. In fact, the resource takes its name from one of these, *Find the Link*, where the aim is to place linked cards on the board. The resource helpfully emphasises playing the games at a player-appropriate level and the range of category items allows for a great deal

of flexibility. Because of this, the resource is appropriate for a wide range of child and adults clients and for both verbal and non-verbal games.

The quality of the hexagonal photographs is excellent. They are clear, large enough to be handled easily, but small enough to be able to put out lots of cards when needed. Although the backs of the cards are colour coded, there is no quick way of sorting them. Familiarity and pre-session organisation is necessary to get the best from the resource, but it would be a welcome addition to existing categorisation materials.

Contents ★★★★★☆

Usability ★★★★★☆

Value ★★★★★☆

JANE SPEAKE

Lead practitioner, speech and language therapy

South Cambridgeshire PCT



Linguistics for Clinicians

MARIA BLACK, SHULA CHIAT

Arnold Publishing, 2003

£16.99

ISBN: 0-34075-896-1

Despite its title, this book is for SLT students, and is about one aspect of linguistics – sentence structure. It provides practical analysis techniques that lead to therapeutic decision making, and legitimises its approach by referring to clinical examples from child language disorder and adult aphasia. Each section has a set of exercises with key answers provided. This helps learners to engage with the material.

The book explains hierarchical sentence structure, thematic role labels and intonation. The approach explains form-meaning relationships, emphasising that therapy should develop clients' sentence structures to increase their communication options. It uses linguistic terms beyond language therapy, selecting a range of theories to produce material students will understand without losing sight of the complexities involved.

The book would be an excellent starting point for further study. It is an introduction, but is also a reminder of how difficult it is for new students to deal with such complexity. Sentence structure is slippery stuff to describe, even for first language users. Speech and language therapy degrees are notoriously difficult, and material has to be accessible as well as clinically relevant. SLT programmes have, in the past, simplified sentence analyses by teaching the more straightforward syntactic categories first, and then moving on to thematic relationships. In the battle for student understanding, syntactic approaches may 'win' in terms of simplicity and readability: encoding and decoding bracket analyses typed on one line – as in the book – can be trying. However, complexity cannot be ducked forever, and the authors' arguments for emerging therapies that require understanding of sentence inter-relationships are strong. They have written a text that will certainly help new students to 'start here'.

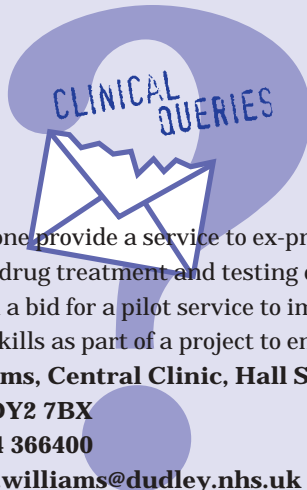
Contents ★★★★★☆

Readability ★★★★★☆

Value ★★★★★☆

ELSPETH MCCARTNEY

University of Strathclyde



RCSLT holds a database of clinical advisers who may be able to help with many queries. Contact the information department 020 7378 3012.

- Q** Does anyone provide a service to ex-prisoners or adults on drug treatment and testing orders? We are putting in a bid for a pilot service to improve communication skills as part of a project to empower adults.
Jo Williams, Central Clinic, Hall Street, Dudley DY2 7BX
tel: 01384 366400
email: jo.williams@dudley.nhs.uk
- Q** We have adopted the MACS system of service delivery in our community clinics and are keen to hear from anyone using or considering using it in clinics or other locations.
Carol Pickering, Sutton and Merton PCT
tel: 020 8643 4042
email: carol.pickering@swlondon.nhs.uk
- Q** Has anyone devised systems for managing outpatient waiting lists? I work with adults with acquired neurological disorders, but am interested in ideas from other clinical areas.
Helen Downie, St James's Hospital, Leeds
tel: 0113 206 4495
email: helen.downie@leedsth.nhs.uk
- Q** Interested to hear from any SLTs involved in Sure Start projects in the northwest. We are in the early stages of setting up a service with Sure Start and would like examples of good practice.
Suzanne Metcalfe, Grace Ivamy, Lynsey Birtwistle, Sure Start Waterbridge, Linden Business Centre, Linden Road, Colne
tel: 01282 859001
email: grace@surestartwaterbridge.co.uk
- Q** We are reviewing our domiciliary service and are interested in criteria for domiciliary visits and whether capped caseloads are used. Does anyone know of any research into this?
Anita Bennett, Child Development Centre, 151 Locksway Road, Milton, Portsmouth PO4 8LD
tel: 023 9289 4410
email: Anita.Bennett@ports.nhs.uk
- Q** We are devising a means of implementing pictorial life goals questionnaires with aphasic clients. Has anyone been involved in similar projects or would like questionnaire copies?
Elizabeth Ackroyd or Lynn Armstrong, Res 3, North Staffs Maternity Hospital, Hilton Road, Stoke-on-Trent ST4 6SD
tel: 01782 552485
email: ElizabethA.Ackroyd@nsch-tr.wmids.nhs.uk
- Q** Have any SLTs submitted, or are trying to submit, proposals for funding an SLT into special care baby units? Please contact Shropshire paediatric dysphagia support group.
Dyllis Kilby, Telford and Wrekin NHS PCT, Longbow House, Harlescott Lane, Shrewsbury SY1 3AS
email: dyllis.kilby@severndale.shropshire.sch.uk
- Q** We are redesigning our community clinics and seek evidence on which to base our new service. We require references of evidence or research on innovative models of service delivery, for example, triage, prioritisation and therapy options.
Kath Cooper, Wycombe PCT
tel: 01494 426981
email: Katherine.Cooper@sbucks.nhs.uk
- Q** We would like to hear from anyone who has developed an evidence based tracheostomy assessment protocol. We are reviewing our protocol and are interested to see how others are using the blue dye test given that the evidence suggests it is not very reliable.
Sarah Glenwright
Carter Bequest Hospital, Cambridge Road, Middlesbrough TS5 5NH
email: sarah.glenwright@stees.nhs.uk
- Q** Has anyone been contacted by service providers concerned that they will be unable to meet national care standards YA1, clients to have a service user guide they can understand, and YA22, complaints procedure must be appropriate to the needs of the service user, for learning disabled individuals who are pre-symbolic and cannot use accessibly produced information in any format?
Tracey Bell, SLT coordinator (adults with learning disabilities), Hull and East Riding Community NHS Trust
email: tracey.bell@herch-tr.nhs.uk