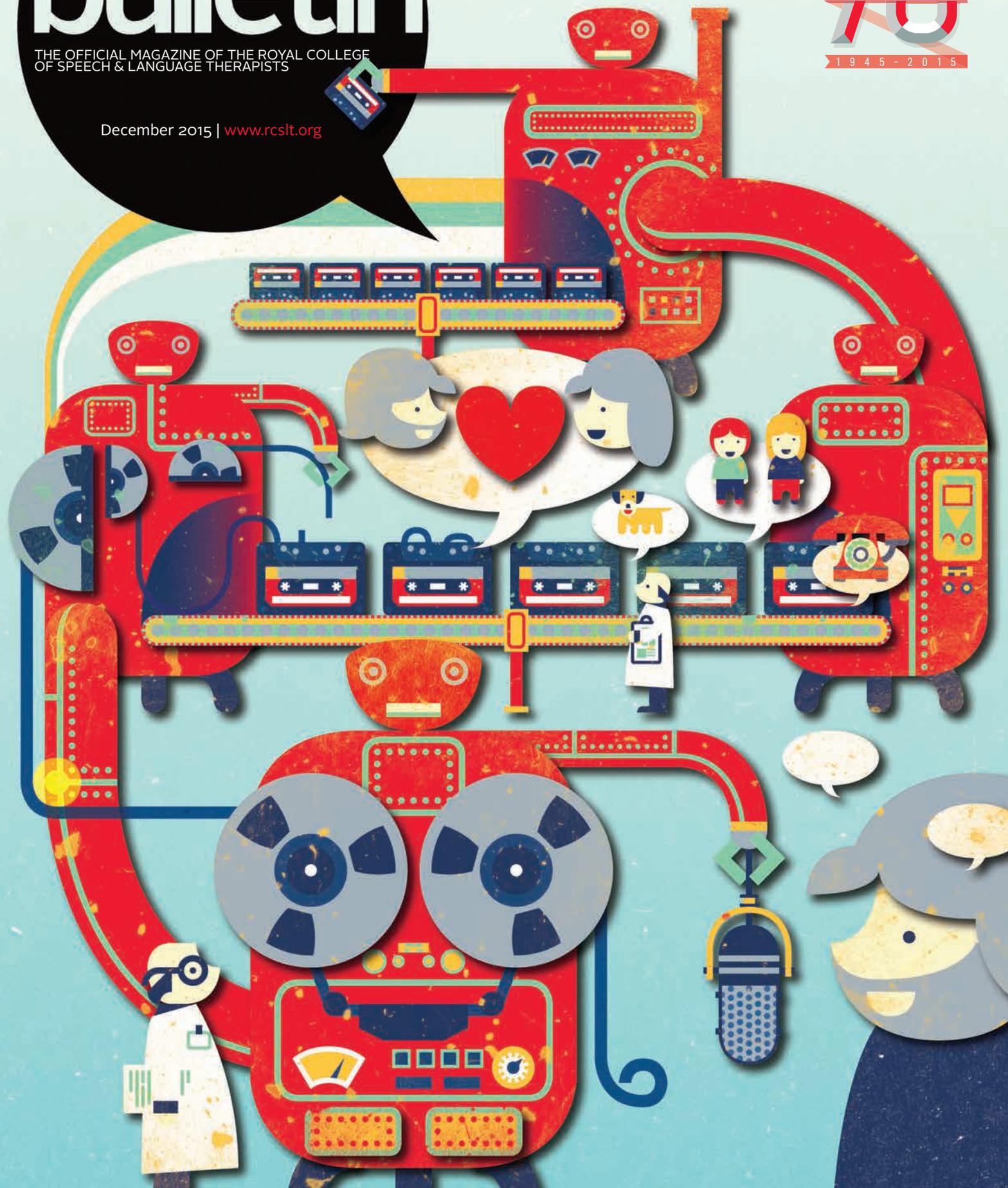


bulletin

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

December 2015 | www.rcslt.org

70
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Steven Harulow

EDITORIAL



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



Recognising the individual

The issues of communication and identity feature strongly in this final Bulletin for 2015. Our cover feature, on pages 12-14, highlights the work of Jennifer Benson in developing voice bank resources for individuals with motor neurone disease. While voice banking is not a new concept, Jennifer's work with an American software company is hitting the headlines and she will soon be off across the Atlantic to present her activities to a conference audience.

On page five we report on 'My Journey My Voice', RCSLT NI's multimedia exhibition in Stormont on 2 November. This powerful event featured the portraits of nine users of speech and language therapy services, and audio accounts of their personal journeys. As RCSLT Head of NI Office Alison McCullough MBE says, "It is important that society develops a better understanding of communication difficulties and recognises the individual and not just the disability."

We also include a thought-provoking piece from Cy Thirlaway (page 11) on her experiences with brain injury language difficulties. This is an extract from her recent presentation for medical students and captures some of the challenges she faces with speech, reading and numeracy.

Finally, on pages 20-21, Kate Patten describes the impact that Botox vocal treatments have had on Luke Manwaring's psychosocial wellbeing and confidence, and the relationship that has developed between Luke and Marjon students.

Steven Harulow

Bulletin editor

bulletin@rcslt.org

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My RCSLT

Claire Walker



I work as an independent SLT for a mainstream school in Manchester, working with nursery pupils through to secondary school age. The RCSLT has been invaluable in supporting my professional development. I am a member of the North West Mainstream School CEN, which provides peer support and the opportunity to share

and reflect on best practice. Basecamp is also a great way of organising meetings and accessing the documents and journals we will be discussing. Feeling part of a bigger team continues to inspire and motivate me to improve the service I deliver.

Volunteer experience

In August 2015, I gave up my job as an NHS SLT, in order to volunteer abroad in countries where limited services are available. I arrived in Accra, Ghana in September and here I will stay until the beginning of January.

My primary role is to support staff at AwaaWaa2 centre for children with communication difficulties. The caseload includes those with autism spectrum disorders, Down syndrome, cerebral palsy and delayed language skills. I am also supporting staff at Hopesetters Autism Centre, Tema. On 31 October I was the main facilitator for the Ghana Stammering Association workshop 'Practical guide to overcoming stammering'.

Even in just two months, I have been given so many opportunities to develop skills, through the absence of standardised assessments, using available resources instead. Supporting children to develop their early communication skills has helped me get back to the basics of speech and language therapy, and hopefully make a positive difference in the lives of many children and their families in Ghana.

I have been writing a blog of my experiences (tomcope89sltuk.wordpress.com) in the hope of encouraging other therapists to volunteer their time and experience to these great causes.

Thomas Cope, SLT, by email

Bravo Professor Enderby

Bravo to Professor Pam Enderby for raising the issue of the current state of SLT pay in relation to our previous equal pay comparators (Bulletin, October 2015 page 4).

I was involved in re-writing job descriptions back in 2000 following the Equal Pay case outcome and in re-writing job descriptions for Agenda for Change (AfC). In 2012, I made the decision to step away from a management role following a re-structuring that left me with a post carrying massively increased workload but a lower banding for whoever replaced me.

I now fulfil a clinical role and believe my responsibilities are accurately reflected in the banding of my post. However, I see a general picture of SLT posts where the expectations of the band are routinely those which would have been associated with at least one band higher at the point when AfC was implemented. There are whole geographic areas where there is no SLT post banded higher than a Band 7 and it seems that the 'price' of maintaining many of the Band 8 posts is to take on multidisciplinary or general management roles, such that Band 8 posts functioning in a uni-professional SLT role must be becoming rather rare.

Like Professor Enderby, I hope it is not time for another equal pay case and would strongly doubt that the union would have the appetite to fight that battle with us.

Jeanette Seaman, SLT, Lincolnshire

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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS



News

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DATES »



Closing date for Voice Box 2015 joke entries



Closing date for RCSLT Minor Grants



Voice Box NI closing date for entries



Left: Olivia with MLAs Emma Pengelly (left) and Jennifer McCann; Centre: Using AAC devices allows George to participate in more situations and to interact with others; Right: Clodagh (right): "It was the most horrendous thing in my whole life not being able to communicate"

My Journey My Voice

RCSLT NI works alongside people with communication disabilities to challenge stigma

Communication difficulties in our own words could well have been an alternative title to 'My Journey My Voice', RCSLT NI's multimedia portraits and stories exhibition that launched on 2 November 2015 at the Parliament Buildings in Stormont.

Commissioned by the RCSLT as part of our Giving Voice campaign – and supported by Disability Action and the Northern Ireland Health and Social Care Board – the exhibition

features nine portraits of individuals with communication disability, captured by photographer Laurence Gibson.

Visitors can also listen to the participants' voices as they each recount a memorable journey they've taken. Many of those participating have voices and speech that will sound different to listeners. Some use vocalisations that may be unintelligible to anyone other than close family; others use high- and low-tech alternative or augmentative forms of communication.

According to RCSLT Head of Northern

Ireland Office Alison McCullough MBE, "Viewing the portraits and listening to the voice recordings will enable anyone who experiences the exhibition (either online or in person) to have a greater insight into the nature and impact of communication disabilities."

The launch event attracted the attention of 23 MLAs, five ministers and one lord. Opening the exhibition Junior Minister Jennifer McCann said, "Those living with a communication disability live in a very different world."

"We want to create a society where a communication disability doesn't prevent people from living a fulfilling life. I would really encourage local community groups, libraries and arts groups to consider showing this exhibition in their premises."

Visit: <http://givingvoiceuk.org/my-journey-my-voice> to find out more

NEWS
IN BRIEF

RCSLT insurance:

Find out more about the RCSLT's insurance cover for members. You can download proof of your insurance cover from the RCSLT website. The online page features a guide to what to do in the event of an incident at work or a complaint about your work.

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

In November's Bulletin

we omitted to mention that Leatherhead's Woodlands School won the Shine a Light Augmentative and Alternative Communication (AAC) Award in September. Congratulations to all the school and multidisciplinary staff involved in the use of low and high tech, and strong partnerships with families to become a 'communication accessible environment'.

Visit: <http://tinyurl.com/nww5sa7>

Research newsletter:

The November-December edition of the RCSLT Research Newsletter is now available online. Find out more about the latest research resources, updates on funding opportunities available, consultations and surveys, and details of the research events coming up in 2016.

Visit: <http://tinyurl.com/ah76awl>

IALP abstracts:

Are you considering submitting an abstract to the International Association of Logopedics and Phoniatrics 30th World Congress in Dublin on 21-25 August 2016? Topics range from ageing and audiology through to traumatic brain injury and voice. Deadline 15 January 2016.

Visit: <http://tinyurl.com/obfg9n7>

News



Seray Ibrahim @serayibrahim
Brilliant thought provoking article by Sharon Adjei on Global #Aphasia, interventions & implications in this month's @RCSLT bulletin

Nillie Chahal @Nilliecslt
Focusing on @RCSLT 5 Good Communication Standards at the @EastMidRCSLTHub now. Spread the word! #eastmidshub

Join in the Voice Box fun

Did you hear the one about the national joke-telling competition for school-age children?

The RCSLT has once again teamed up with The Communication Trust to run this year's Voice Box competition to raise awareness of the fun and importance of communication.

We are inviting mainstream and specialist primary and secondary schools in England, Scotland and Wales to work on their own or with their SLTs to hold a joke-telling competition before 14 December 2015. Schools can send in their funniest jokes to the RCSLT by the closing date and we will invite the shortlisted joke tellers and their parent



Voice Box: the perfect way to build children's communication confidence

or guardian to the Houses of Parliament on 2 March 2016 for a national final.

RCSLT NI has also teamed up with the Northern Ireland Assembly for the fourth year to bring the Voice Box Awards to

Stormont. The Speaker of the Northern Ireland Assembly will host the live grand final on 7 March 2016. Schools can support one pupil who wishes to put themselves forward to represent their school or can

hold a joke-telling competition to find their entry. Schools should send in their chosen joke by 15 February 2016 and our judging panel will shortlist the 20 best ones they receive.

Voice Box offers an opportunity to focus on the fun aspects of communication. It is a great way to start the new term and will help all pupils to feel included. It is also a perfect way to build children's communication confidence in a friendly and supportive environment.

By inviting your local MP or MLA to attend, you will also have an ideal platform on which to showcase the communication work you do with your pupils and show that speech and language therapy really does transform lives.

Visit: <http://givingvoiceuk.org> and follow the links to Voice Box 2015 and Voice Box NI. There you can download your very own Voice Box toolkit.

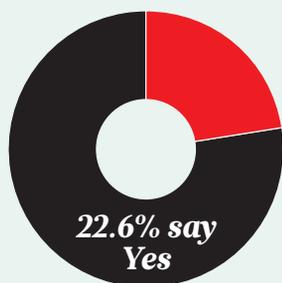
For more information email: josephine.olley@rcslt.org or tel: 020 7378 3013

Geoff Wilson

RCSLT Web Poll
Have your say...



Do you use the Giving Voice campaign to promote your role and/or services?



VISIT: WWW.RCSLT.ORG

Promote your HCPC registration

The Health and Care Professions Council (HCPC) has launched a new campaign to encourage registrants to promote their HCPC registration.

The campaign highlights the benefits to registered health and care professionals and highlights the range of free resources available to support them. It follows the findings of an online survey, which shows that a quarter of registrants who responded are not currently taking advantage of the resources available to help them promote their registration.

The HCPC has refreshed the 'Promoting your registration' section on its website. There, registrants can find guidance and information about the resources created to help promote their



registration. These include the HCPC registration logo, which can be downloaded and displayed on marketing materials; and free public information posters and leaflets, which can be displayed in waiting rooms and public areas. The new-look webpages also present registrant feedback on the importance of promoting their HCPC registration; plus new case studies profiling how private practitioners have benefitted from marketing their registered status.

For more information about promoting your HCPC registration, plus free resources for registrants, visit: www.hcpc-uk.org/registrants/promoting

Louise O'Neill @Louoneill44

Blown away by the #MyJourneyMyVoice exhibit launch today at Stormont check out the website <http://www.myjourneymyvoice.org> @rcsltni @RCSLT

Kirsty Weir @kirstywurst

@BBCWomansHour plz take a look @ letter in @RCSLT bulletin re gender inequality in NHS posts No one reporting this



KAMINI GADHOK

APPG: communication is key in youth justice

The youth justice sector was the focus of the latest meeting of the All Party Parliamentary Group (APPG) on Speech and Language Difficulties, at Westminster on 19 October. This was one of the best-attended APPG meetings to date, attracting MPs and peers from all parties and colleagues from relevant sector bodies.

The meeting featured two presentations. Members of the County Durham Youth Offending Service emphasised the need to consider speech, language and communication needs (SLCN) within the youth justice pathway and the requirement to put communication at the centre of youth justice thinking.

The University of Sheffield's Dr Judy Clegg presented the findings from a survey run in June 2015, in partnership with The Communication Trust and Birmingham City University. The survey aimed to find out more about how the youth justice sector across England is responding to the needs of young people who have SLCN within the reformed special educational needs and disability (SEND) system.

While the report highlights the good practice happening in the youth justice sector for young people with SLCN, it also makes clear the additional support and resources those working in the youth justice sector would benefit from to better support young people with SLCN. Key findings include:

■ Respondents reported they considered almost half of their service users to have SLCN as part of other learning and/or developmental needs; and that they consider 30% of their service users to have SLCN as their primary need.

■ Speech and language therapy provision is highly valued and enables services to engage more effectively with their service users with SLCN, but a significant proportion of youth justice services have no access to speech and language therapy provision or access to any support for their service users with SLCN.

📍 Visit: <http://tinyurl.com/qagqmft> to find out more about the APPG and <http://tinyurl.com/qdekrlw> to read the report

With Jo Bolton, Programme Manager, The Communication Trust

Youth justice practice advice addresses SLCN

The RCSLT has worked with the Youth Justice Board to develop 'Practice advice: speech, language and communication needs (SLCN) in the youth justice system'.

This advice is for practitioners and managers in youth offending teams and secure accommodation for young people. It will help them consider how SLCN may affect a young person's ability to engage and comply with requirements placed upon them and also identify some

useful approaches to help you tackle communication issues.

The guidance include sections on the impact of SLCN; its incidence in the youth justice system; identifying and screening young people with SLCN; SLCN at court; and working with young people with SLCN. It also includes a section on England's special educational needs and disability reforms.

📍 Visit: <http://tinyurl.com/qj4r4cd>

THEIR JOURNEYS, THEIR VOICES

As we move towards the end of 2015, it's good to reflect back on successes during the year.

The RCSLT event, 'My Journey My Voice', at the Parliament Buildings in Stormont on 2 November 2015, was definitely the standout highlight of the calendar of activities as part of our Giving Voice campaign (see page 5 for a news write up of the event).

Commissioned by the RCSLT and supported by Disability Action and the Northern Ireland Health and Social Care Board, the multimedia portraits and stories exhibition unquestionably played its part in raising awareness of communication disability.

Developed and led by the RCSLT's head of Northern Ireland office, Alison McCullough MBE, the exhibition was truly inspiring and impactful. Laurence Gibson's stunning photographs and audio recordings are a first for the RCSLT. We were thrilled by the support from key partners, but most of all our thanks go to the nine participants – all users of speech and language therapy services – without whom the exhibition would not have been possible.

The attendance of five Northern Ireland ministers, 23 MLAs and one lord was very impressive and it was rewarding to hear the

many positive comments, such as the need to ensure that, when policy makers talk about disability, communication disability needs to be a part of this.

We hope RCSLT members followed the Twitter feeds on the day (#myjourneymyvoice). To access the stories and pictures, please visit: <http://givingvoiceuk.org/my-journey-my-voice>.

The exhibition will tour around Northern Ireland and we will be considering how we can replicate this creative work in other parts of the UK. The work in Northern Ireland engaged members in the hub community as part of the development of the event on the day itself, so if we do go forward, we will look forward to your active involvement in this very effective and worthwhile undertaking. ■

Kamini Gadhok, MBE, RCSLT Chief Executive.
Email: kamini.gadhok@rcslt.org

“When policy makers talk about disability, communication disability needs to be a part of this”



Romania skills for new SLTs

This summer, a group of newly-qualified SLTs and occupational therapists (OTs), from Birmingham City University and Coventry University respectively, travelled to Romania with the charity SHARE.

We worked in a residential children's centre that permanently houses children aged from birth to 18 years with a range of complex needs and challenging behaviours. Working jointly with OTs and with the knowledge of our supervisors (qualified UK therapists) we were able to develop our clinical skills using observation and informal assessment to guide our therapy targets for the children.

Communicating with the children and carers proved challenging due to the language barrier. However, through use of gesture, an interpreter and by learning some key Romanian phrases, we were able to address these difficulties and

successfully progress with therapy. We required carers' permission before engaging the children in certain activities, which required skills of negotiation, and we had to use our initiative and imagination frequently due to the limited resources available.

We completed verbal reflections daily, which allowed us to analyse our practice, discuss our progress as a group and support each other in our clinical reasoning when difficulties arose. This often involved indepth problem solving, flexible thinking and liaison with the OTs to establish the best possible holistic approach. We are confident we can transfer these skills and experiences in our jobs in the UK.

Jane Williams, SHARE Charity Trustee
Email: janemlwill@aol.com for more information about SHARE's projects

RCSLT online resource of the month

RCSLT insurance

The RCSLT offers insurance facilities to members. Read our guide, which tells you what to do in the event of an incident at work or a complaint about your work. You can also download the insurance certificate for RCSLT members practising in the United Kingdom and the Republic of Ireland.

📍 Visit: www.rcslt.org/members/professional_roles/rcslt_insurance/intro

Wanted: A Polish speaker with a Polish paediatric client group

Finding standardised tests of language in languages other than English (and possibly Spanish) is hard and can make a real difference to the lives of speech and language therapy practitioners and of course their caseload.

Indeed the issue of bilingual tests has been the topic of a EU funded Cost Action <http://bi-sli.org/>. But in the recent meeting of the most current Cost Action focusing on intervention http://www.cost.eu/COST_Actions/isch/IS1406 one of our members Professor Magdalena Smoczynska

from Poland presented a fully standardised language test for Polish speaking 4-8-year olds called Test Rozwoju Językowego (TRJ) + an accompanying standardised tool for elicitiation of text production Standaryzowane Narzędzia do Oceny Wypowiedzi (SNOW).

She has given me a copy and asked me to find someone in the UK who works primarily in Polish who would like to use the test and share some data on its application in the UK.

📍 If you are interested please contact me at james.law@ncl.ac.uk

Read your IJLCD

It's time to read the final International Journal of Language and Communication Difficulties (IJLCD) for 2015. Issue 6 of volume 50, contains excellent discussion, reviews and research reports.

Professor Karen Bryan's review of the need for earlier identification of language difficulties in criminal justice is based on her 2014 IJLCD Winter Lecture. Other reviews look at the practices of US school speech-language pathologists working with culturally and linguistically diverse families; and the inferential comprehension of three- to six-year-olds within the context of story grammar.

The discussion piece, by Dr Christos Salis, provides a tutorial on the assessment and treatment of short-term and working memory impairments in stroke aphasia.

Research reports include a programme to improve reading comprehension in adolescents with language impairments in mainstream school; and how biographic-narrative intervention influences identity negotiation and quality of life in aphasia.

📍 Access the IJLCD back catalogue online. Visit: <http://tinyurl.com/rcslt-pubs>

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members of the consortium of royal colleges and charities that created the Disability Matters website

25%

of HCPC registrants do not take advantage of the resources available to promote their registration



Derek Munn

COLUMN

First woman bishop in House of Lords was SLT

Former SLT, the Bishop of Gloucester, the Right Reverend Rachel Treweek, took her seat as the first female bishop in the House of Lords on 26 October.

Priested in 1995 after studying at Wycliffe Hall, she worked for 12 years as a parish priest in London, including seven years as the Vicar of St James the Less, Bethnal Green, before becoming Archdeacon of Northolt in 2006, and Archdeacon of Hackney in 2011.

Before her ordination, she studied linguistics at Reading University and worked in the NHS as a paediatric SLT.

“That you have been shaped by a job out there in the world is really important,” she told Church Times.

“As a speech therapist, I was concerned about enabling people to have a voice. Looking back, I can see how poignant that is now. I will want to go on speaking out for children, on education,



The Bishop will speak out for children and on education, health, and housing issues

health and housing issues.”

The RCSLT has sent its congratulations to the bishop and we look forward to working with the bishop on issues of shared concern.

Community focus for learning disabilities

NHS England has published ‘Building the right support’, a three-year implementation plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Developed jointly with the Local Government Association and the Association of Directors of Adult Social Services (ADASS), the plan aims to reduce the reliance on inpatient beds by up to 50%, and free up money to build new community services that will be led by 49 local transforming care partnerships across England.

The plan says, “In February 2015, NHS England publicly committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community.

“This plan sets out how we will do so: supporting local leadership and making available new investment to kick-start change. It means that we now have an opportunity – to make real the rights of people with a learning disability and/or autism, and to help thousands of people lead happier lives.”

Visit: <http://tinyurl.com/nqkr7w2> to read more. What are your views on this move?

TRANSFORMERS

Fans of political comedy and drama will know that words don’t always mean what they appear to mean. So, when NHS England asks the allied health professions to engage in ‘workforce transformation’ it is natural to wonder what ‘transformation’ might be a euphemism for, particularly when words like ‘flexible’ follow close behind.

However, the RCSLT is choosing to embrace and respond to the challenge that has been set us. The speech and language therapy profession needs to get itself ready for the rest of the twenty-first century and set the agenda, not just respond.

There are four overlapping areas we need to engage with. These are as follows:

- Unique selling point (USP) and added value: what can members of our profession do that no one else can do?
- Shared skills and knowledge: what are the generic skills and competencies that our profession has which can enhance patient experience?
- Enhancing the skills of others to improve user outcomes: what skills and knowledge can members of our profession develop in others (assuming safe delegation and training)?
- Extending skills and knowledge to improve service efficiency and user outcomes: what tasks and roles do other professionals perform that members of our profession could do?

The wording is a bit jargon-heavy, but the challenge is clear enough, particularly the first one – what is the USP of the SLT?

This is politics, so there is an agenda lurking behind. Both vertical pressure on the profession (such as queries as to what can be done below Band 5) and horizontal pressure (the possibility of more generic AHP training) are bubbling below the surface. That’s why it’s so important for us to be in the lead.

This is formally an England initiative for now, but health policy reforms in other nations have similarly caused SLTs and other AHPs to consider how they can work together in new and different ways – for example, as part of plans to integrate and improve health and social care services.

We’ll be providing resources for hubs and workplaces to consider the transformation challenge. It’s too important not to. ■

“What is the unique selling point of the SLT?”

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

GETTY

New CPD learning journeys for SLTs

The RCSLT is pleased to announce the launch of two learning journeys for SLTs working with children with disability. These are part of the Disability Matters website, created by a consortium of 14 royal colleges, charities and organisations, including the RCSLT. Please note, because the project is Department of Health funded, the learning journeys refer mainly to the law in England.

The learning journey for SLTs working with pre-school children has seven sessions covering a range of subjects – attitudes to disability, culture and languages, three-way communication, communication support, diagnosis, complex conditions and responding positively to disruptive behaviours.

The learning journey for SLTs working with school-age children has eight sessions, which cover the child's rights and best interests, advanced case planning, issues around family life, growing up and



transition, and behaviours.

Each learning journey takes between two-and-a-half and three hours to complete and is broken down into shorter themed sessions. You can save your progress as you go so you do not need to complete everything at once. Completing these learning journeys will count towards your continuing professional development.

📍 Visit: <http://tinyurl.com/pvs3k3b> to access the speech and language therapy learning journeys. To find out more about Disability Matters visit: <https://www.disabilitymatters.org.uk>

Success for Dominika

Congratulations go to Dominika Lisiecka, who has been awarded a prestigious Research Training Fellowship for Healthcare Professionals by the Health Research Board – the lead agency in Ireland supporting and funding health research – under the supervision of Dr Helen Kelly and Professor Jeanne Jackson.

Dominika is a PhD candidate in the Department of Speech and Hearing Sciences, School of Clinical Therapies, University College Cork. Originally from Poland, she has worked as a senior

SLT in County Kerry since 2003 and has a particular interest in swallowing impairments and neurology.

Dominika's PhD research stems from her clinical experience with people with motor neurone disease (MND). The main aim of her research is to gain a deeper understanding of the experiences of dysphagia in individuals with MND from the perspectives of the individuals and their caregivers.

📍 Visit: <http://tinyurl.com/pe4cg6c> for information on the HRNB grants and awards

Dysfluency special issue marks ISAD

Former Shadow Chancellor Ed Balls was the keynote speaker at an inaugural summit on stammering, at City Lit in London, to mark International Stuttering Awareness Day (ISAD) on 22 October 2015. Chair of Action for Stammering Children Jo Hunter said, "This is a great moment for the members of the stammering and speech and language community. We are united and are speaking with one voice to help raise awareness about the issues of stammering." To help promote research into the assessment and treatment of stammering, the RCSLT published a special issue of the International Journal of Language and Communication Disorders.

📍 Visit: www.rcslt.org/stammering_awareness_week_2015

Commissioning for SLCN

The Communication Trust would like to draw RCSLT members' attention to a new resource to support commissioning of support for children and young people with speech, language and communication needs (SLCN) by schools and health services. 'Commissioning for Speech, Language and Communication Needs' draws on the evidence from the Better Communication Research Programme, together with the extensive experience of the author Marie Gascoigne in her work developing the 'Balanced System'.

📍 Visit: <http://tinyurl.com/nw49ogd> to read the synthesis of the evidence and to download the report

What are your views on students' conduct and ethics?

The Health and Care Professions Council (HCPC) has launched a consultation on its draft revised 'Guidance on conduct and ethics for students'. According to the HCPC, this will be of interest to students on approved education and training programmes, registrants, education providers, practice placement providers, employers, professional bodies and those who use the services of registrants or students. The consultation runs until 29 January 2016. The HCPC expects to publish the updated guidance at the start of the academic year 2016-2017.

📍 Visit: <http://tinyurl.com/qeofktp>

Chatterbox Challenge 2016

The children's communication charity, I CAN, has launched Chatterbox Challenge 2016, its annual sing-a-long fundraising event for children younger than five years of age. Celebrating its 15th year, Chatterbox Challenge 2016, is open to registrations from nurseries and early years settings across the UK. For the second year, popular children's TV show, 'Ben and Holly's Little Kingdom' will support the activities. Although Chatterbox Challenge 2016 runs from 8-14 February, early years settings and nurseries can hold their challenge at any time.

📍 Visit: www.chatterboxchallenge.org.uk

Cy Thirlaway talks about her life with brain injury language difficulties (extract of a presentation for medical students)

Make the days count

I would like to give you a taste of what it is like for me to live with my damaged brain. A brief history includes a stroke; then a very small stroke; then encephalitis with epileptic activity and a glitch, which may have been a mini stroke or migraine.

I enjoyed learning to read at school; it wasn't so much fun after the first stroke and when the encephalitis robbed me of that skill yet again, I was not amused. I had to teach myself to read again because when I looked at the newspaper that first morning I could only see balls and sticks. I was scared. The damaged brain plays with words. Reading is slow unless I recognise a pattern. I have no problem with disestablishmentarianism. Subtitles defeat me.

You may wonder why I have begun with reading when speech would be a more logical place to start. Simply, I need to ask for your patience as I read these notes. It would be helpful if I could commit my story to memory, but memory is a very different story. My daughter Freyja didn't ask quietly, "did you just say cash and cabbage?" and there were quite a few shoppers outside the cash and carry. You may drink decaffeinated coffee, ours is "defaffinated".

If I ask you for an opposite word you will think then supply

me with the correct answer. I don't have to think, opposites pop out of my mouth with no thought at all, I don't hear them. Names, forgetting names is a very common problem. Try word association but think before you speak. My male nurse was called Bruce, not spider. I need several strategies to rescue me. "Er" alerts most friends to fill in the missing word. I can often give a description of the last word to help me with the flow but this guessing game requires audience participation - OVER TO YOU - animal, Australia, pouch - it's just that



"I now spend quality time with friends and family"



ILLUSTRATION Trina Dalziel

my original thought was to apologise for leap frogging from one analogy to another, not kangaroo at all.

From literacy I should move to numeracy, but let's not. Fortunately, my elder daughter Zoë is good with sums. I have numerical dyspraxia. I almost said that I have problems with numbers but you may have noticed I avoid the word "problem". I am often asked how old are my grandsons. I can tell you that they are seven and five [holds up fingers] or seven and five [writes the numbers in the air]. Occasionally I am asked for my age - numerical dyspraxia does have its uses.

Every task needs steps. Missing out a step has consequences, as does lack of total concentration. The days of multi-tasking are gone. Next time you make a cup of coffee, count how many steps you take. I count 18, and I don't take milk. A flat surface is a good place to put down items. The air in front isn't. Putting things down requires thought.

I met a lady on the bus recently. Her question was simple, "what number bus do I need?" My answer was equally simple, "purple". Fortunately, just then the purple bus arrived in front of the silver bus and her puzzled look changed to a smile.

I don't have to explain that I have had a stroke, but when necessary I am happy to use the word stroke even though I am sometimes treated with scepticism. After all, both arms and legs are working.

I now spend quality time with friends and family, the bad times mostly forgotten. Those days when I could not even remember my own name and only the words "feather" and "Malassezia Furfur". To close, my thought for today and for every day since my life changed so dramatically in December 2012 comes from Muhammad Ali - "Don't count the days, make the days count." ■

Cy Thirlaway was formerly the National Secretary of the Cleft Lip and Palate Association

Almost everyone (80–95% of individuals) with motor neurone disease (MND) will lose their ability to communicate via speech over the course of their condition (MNDA, 2014) and will need to access some form of alternative and augmentative communication (AAC) to enable them to continue to express their needs, thoughts and wishes.

Traditionally, voices on AAC devices have been fairly ‘robotic’ and although digitised voice quality has improved, it can never replace an individual’s own voice in quite the same way. Our voices are very personal to us and we know them as well as we know our minds, so the prospect of a voice lost can be devastating. Our voices are integral to our identity and sense of self, and the psychological consequences of losing your voice are well documented (Andrews, 1995).

From the opposite perspective, it is well known that Stephen Hawking has refused offers to update his digitised voice because it has become so closely linked to his identity and people recognise him for his robotic-sounding delivery.

Voice banking

Voice banking allows the user to record a set of sample phrases, which then produce a synthesised version of their own voice, allowing for generation of unlimited words, phrases and sentences.

I first came across voice banking using the ModelTalker system while reading up on the new features of Predictable 4 when it was released in November 2014. At the same time, one of my patients who had also been reading about voice banking approached me. He was keen to see whether it was possible for him and was happy to be my ‘guinea pig’, so we agreed to give it a go.

The process of voice banking using ModelTalker has proved to be amazingly simple to manage, speaking as a therapist

Have your MND patients taken out their vocal insurance yet?

Jennifer Benson talks about the development of voice banking for community patients with motor neurone disease

ILLUSTRATION BY Patrick Welham

who is not an AAC specialist and not a ‘techy’ person. Incredibly enough it is also free. Owned by Nemours Speech Research Institute in Delaware, their aim is to make voices for children who have never had a voice of their own. By agreeing to donate your voice, you can become a beta tester for them. There is no pressure to be a donor, but they very clearly say that at no point would your voice be identifiable as given to someone else. You can also withdraw your permission for them to use your voice at any time. Patients seem to like this idea and have responded positively to it.

All you need is a computer with internet access and Google Chrome installed, good quality USB headphones with a microphone attached (less than £50 on Amazon) and a quiet room. This can be the most challenging

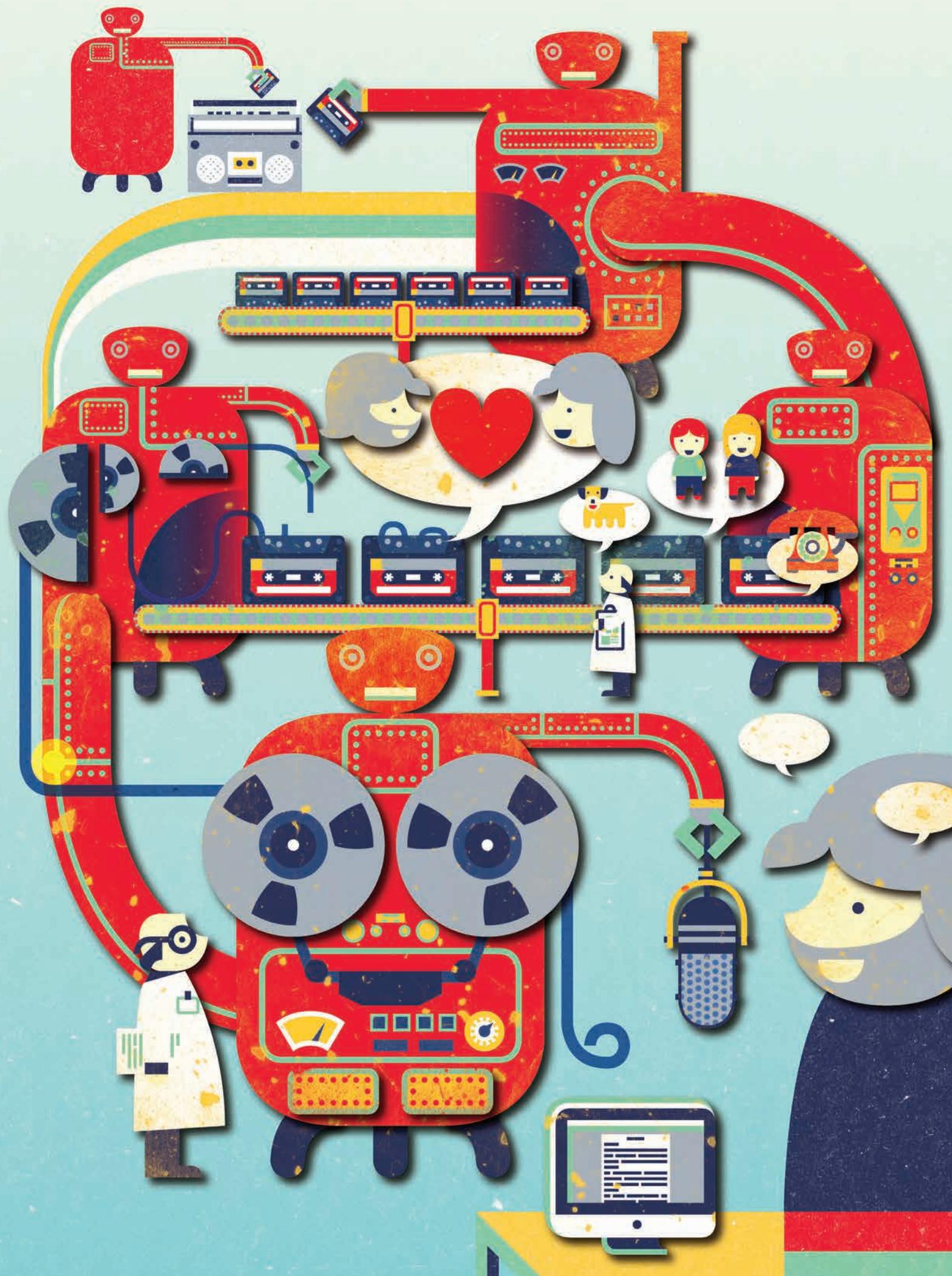
thing to achieve and is the reason why this technology is so suited to patients in the community.

Once the account is set up with ModelTalker, you then record a screening inventory of 10 phrases, which automatically go off for analysis. It can sometimes take some fiddling about and re-recording to get the quality exactly right, but the communication from ModelTalker is clear and easy to follow when this happens.

Building the inventory

Once the screening sentences are accepted, you receive a link to access the full inventory of 1,600 sentences. It is then up to you to record these on the system in whatever timeframe you need. ModelTalker quotes six to eight hours to do this, which I found accurate – I could record an average of 100 sentences in 20 minutes, as a non-fatiguing ‘healthy speaker’. The software allows you to listen to how your synthesised voice is building up as you input more sentences, which is very motivating when going through the process. Once you have completed the recordings, ModelTalker sends through a link with your very own synthesised voice. You can use this within Predictable, or on any Windows-based text-to-speech device. »

“The earlier the recording is completed, the less time it will take and the better the quality”



Case study: Greg's story

Greg Dent is 50 years old and was diagnosed with limb onset MND two years ago. He lives at home with his wife Mandy Baldwin and their three children. I had had only brief input with Greg and Mandy, really to assure them of SLT input when it was required, and to give reassurance that his speech was functioning well.

Mandy contacted me to ask about support with voice banking about six months later, and felt Greg's speech was beginning to deteriorate slightly. We discussed AAC and they both felt that keeping Greg's own voice was of paramount importance to them as a family.

We started recording as soon as possible after that. We had a few problems initially – due to neither of us being familiar with the process, a slow internet connection and the deterioration of Greg's MND. The overall recording process took around three months. He was experiencing a lot of fatigue in his speech at that time, and therefore was only able to record short segments of speech.

We were able to overcome the internet issues and the process became more familiar, with the recordings following on as Greg was able to manage. In the meantime, we bought an iPad with Predictable installed and a switch box. I set this up so Greg could practise using the system with the built-in digitised voices, while working on his ModelTalker voice.

Spine tingling

When Greg completed the recordings and obtained the link for his digitised voice, we downloaded it directly into Predictable and it was ready to go. Hearing Greg's digitised voice for the first time was something I can only describe as 'spine tingling' – it sounds exactly like him. Greg had a mild dysarthria when he completed his recordings, and his synthesised voice is Greg with mild dysarthria.

Greg and Mandy were both delighted with the outcome of the recording. We had all expressed concerns that it would be strange for Greg to hear himself recorded, and that none of us like hearing ourselves. Greg said he did find it strange at first, but he has quickly got used to hearing his voice and feels he will really appreciate this if and when his speech deteriorates further. Mandy commented that it is a really good likeness of Greg's voice and feels voice banking has saved her and the family from the distress expressed by relatives of other



Mandy contacted Jennifer to ask about support with voice banking about six months later, and felt Greg's speech was beginning to deteriorate slightly. They discussed AAC and they both felt that keeping Greg's own voice was of paramount importance to them as a family

people with MND, who comment that they cannot remember what their loved one sounded like.

Do it early

The main comment from both Greg and Mandy is that patients should 'do it early', and as the SLT involved, this is also my recommendation. The earlier the recording is completed, the less time it will take and the better the quality achieved. On the basis of this, I am now offering voice banking to all newly-diagnosed patients who have sufficient voice to achieve this.

Unfortunately, those with bulbar onset MND are not usually diagnosed quickly enough to benefit from this service, but I have discussed the possibility of one patient using a family member as a donor with some segments of his own speech with the ModelTalker team and we are considering this at present.

This new strand of my service has led to a new conversation for me as a therapist, one we do not normally have, essentially – "do you want to act now in case you lose your voice." Greg and Mandy have encouraged me to ask this question early on with patients, and feel that voice banking can be seen as a positive thing to do, at a time when there is great negativity and 'doom and gloom' around diagnosis and prognosis.

The conversation, done sensitively, is being well received, and I have started two further individuals on voice banking as a result. I have also looked at using voice banking with patients with other progressive neurological conditions, and have a couple of interested people waiting for equipment to become available.

One patient has described voice banking as being like 'insurance for your voice' – so don't delay – get your policies in place today. ■

Jennifer Benson, SLT, Cross-Site Clinical Specialist in Dysphagia and Nutrition, Diana, Princess of Wales Hospital, Grimsby.
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Thanks to Jane Evans, Regional Care Development Advisor for the MNDA for her help and support with this work.



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

Reviews

BOOK

Choosing autism interventions

AUTHORS: Bernard Fleming, Elisabeth Hurley and the Goth
PUBLISHER: Pavilion Publishing and Media Ltd

PRICE: £19.95

REVIEWER: Jan Raine, Clinical Lead SLT (ASD), City Hospitals Sunderland Foundation Trust

RATING Book ●●●●●

If you are a parent or professional looking for unbiased information about treatments and therapies for autism then this is most definitely the book for you. It is clearly laid out in easily-accessible, colour-coded sections. One section provides information on what autism is and the common issues that people with autism face. Another section provides an evidence-based overview of the more commonly-used interventions for children and adults who have a diagnosis of autism spectrum disorder.

The authors describe each intervention briefly and include objective and unbiased evaluations based on scientific research, along with National Institute for Health and Care Excellence best practice guidance. The book allows parents or professionals to easily evaluate specific interventions using the tools provided and make informed choices about what they feel would be best.

I have used the book to evidence interventions already used in our department and the references included in each section have provided me with additional support and reading.

BOOK

Intermediaries in the criminal justice system

AUTHORS: Joyce Plotnikoff and Richard Woolfson

PUBLISHER: Policy Press at the University of Bristol

PRICE: £24.99

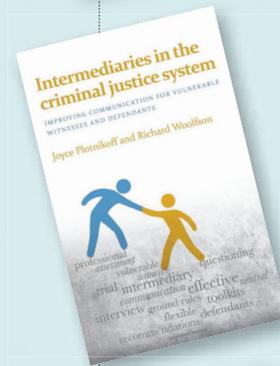
REVIEWER: Jenny Landells, Senior Lecturer and member of the Prison Research Network, Leeds Beckett University

RATING Book ●●●●●

Intermediaries provide skilled communication support for vulnerable witnesses as they access the criminal justice system. The book covers all aspects of the role, eg assessment, writing court reports and attending the 'ground rules' hearing to negotiate necessary adaptations for the witness. It also illustrates amply the skill and creativity of intermediaries in assessment and support, using quotes and real case examples.

The authors' experience of vulnerable witness research is evident from their understanding of the issues and of criminal justice legislation, which is embedded throughout. The final chapter looks to a future of increasing demand for a service that lacks a clear management and support structure.

Three-quarters of intermediaries are SLTs. This book is essential reading if you are considering the role or are a criminal justice professional. I found the book engrossing and would recommend it strongly, because it reflects not only on the experiences of intermediaries and vulnerable witnesses but also on our justice system.



BOOK

Jake and Tizzy Boxset

PUBLISHER: ICAN

PRICE: £39.99

REVIEWER: Tamsin Rycroft, Specialist SLT/Early Years Operational Lead, Berkshire Healthcare NHS Foundation Trust

RATING Book ●●●●●

These eight stories support the language development of pre-school-age children. The stories can be purchased as part of a boxset or individually. Each is based on everyday familiar routines and common childhood situations, and the main characters are a little boy called Jake and his tiger puppet Tizzy.

My daughter, who is two and a half, particularly liked book three, which is a story about Jake and Tizzy going shopping. The pictures are bright, interesting and appropriately detailed to link to the spoken story. I think they would appeal to older children too. Early language concepts are slotted into the stories and repeated to create an opportunity to extend a child's language.

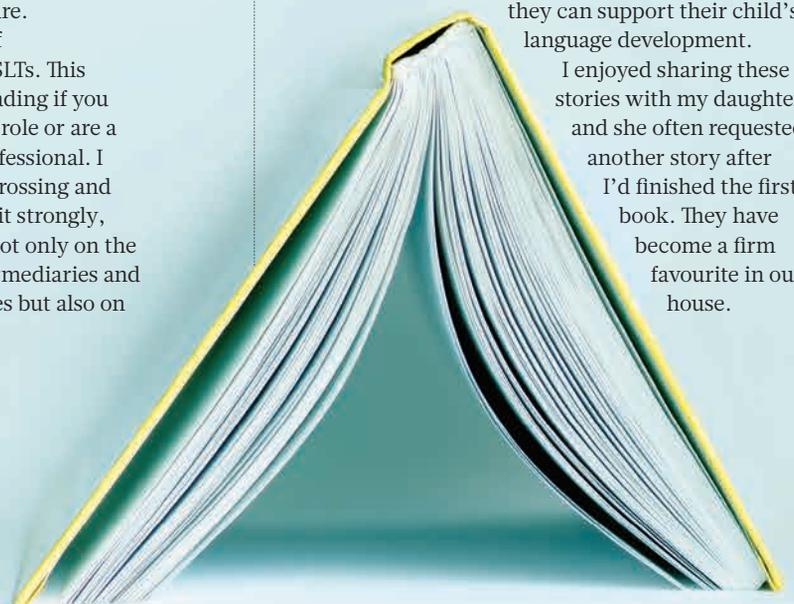
At the back of each book, there are five talking tips from Tizzy. These tips are the same in each book and give the parent/carer some basic ideas about how they can support their child's language development.

I enjoyed sharing these stories with my daughter and she often requested another story after I'd finished the first book. They have become a firm favourite in our house.

amazon.co.uk

Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: www.rcslt.org

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



It has been more than a year since our speech and language therapy team started reconsidering outcome measures for dysphagia in the acute hospital setting. The main reasons for this were NHS drivers for evidencing value for money, service improvement and quality of care, and the outcome measure work underway by the RCSLT.

We began by exploring the range of individual goals we already put in place as part of our patient care. The entire team noted dysphagia-specific goals for their own patients onto a communal sheet. The process continued until there were no further ‘unique’ goals. We collated nearly 60 different dysphagia goals and presented these back to the team.

Four small groups each categorised dysphagia goals into overarching ‘themes’ and we found that each group had come up with similar categories for the dysphagia goals. Using these categories we were able to generate an overall team ‘model’ (figure one). Each of the 60 individual patient goals fitted neatly into one of the four categories. We agreed that the same patient could move between categories while under SLT dysphagia care, but would not sit in more than one category at once. For example, a patient may first fall in the ‘assessment’ category and then move into the ‘return back to baseline’ or ‘maintenance’ categories after the assessment had been completed. By using real-life examples of our dysphagia goals to develop a model that was unique to our service, we hoped we would be in a better position to select the most appropriate outcome measure for our practice.

The next steps

Our next question was, “is there an existing



Outcome measures in acute dysphagia

Jodi Allen looks at the merits of using outcome measures for patients with dysphagia in the acute hospital setting

tool that can measure outcomes across all four categories?” – ie, is there an available tool that can capture outcomes of a one-off dysphagia assessment as well as input aiming to stabilise the effects of dysphagia?

We focused on category 2, because, after diagnosis, this was the mainstay category of our acute caseload. However, we did not neglect categories 1, 3 and 4 in this process and considered them in later discussions around whether the identified outcome measure for category 2 could also be used for the remaining categories.

After a literature search we chose four existing outcome measures for initial consideration: the Functional Oral Intake Scale (FOIS) (Crary et al, 2005); the Dysphagia Outcome Severity Scale (DOSS) (O’Neil et al, 1999); Therapy Outcome Measures (TOM) (Enderby et al, 2006); and the Mann Assessment of Swallowing Ability (MASA) (Mann, 2001). Small groups researched one outcome measure each and presented to the rest of

the team. We considered the measures for their practicality, accessibility, validity, reliability and relevance to our team dysphagia goal categories (table one).

Therapy Outcome Measures

After reviewing each of the tools and a brief discussion with the RCSLT Outcomes Measures Team, we undertook a one-month pilot of TOM, because of its ease of use, speed of administration, validity, reliability and RCSLT vision to use this as a ‘best fit’ tool for the wider profession. We scored each new patient diagnosed with dysphagia after their initial assessment and at subsequent significant points of change, and recorded comments along with any concerns or difficulties in using the outcome measure.

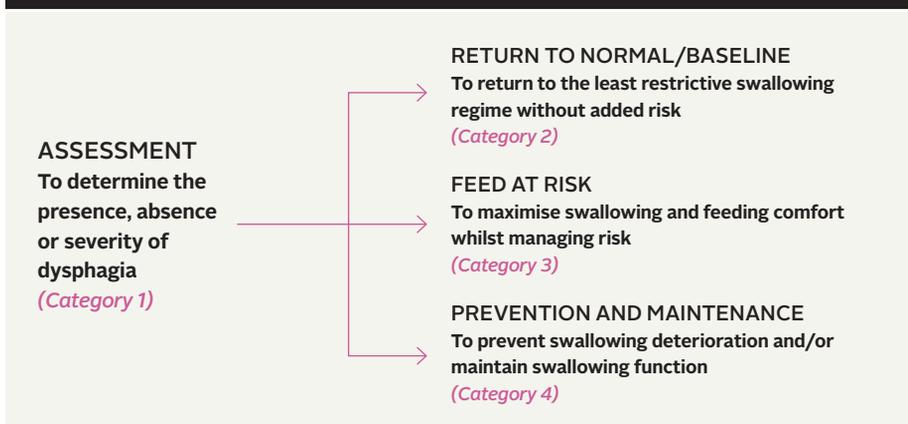
Our findings showed difficulties in using TOM for more than half of our population. Key issues included:

- Difficulty measuring participation and wellbeing in the acute setting. Many patients have multiple comorbidities of which dysphagia is not the primary issue.
- Patients’ inability to participate in setting their own goals or reviewing their outcomes. While this is not necessarily isolated to the acute setting, there was a high need for outcomes to be measured by therapists given the prevalence of patients with fluctuating alertness, acute confusion and being generally unwell.

Other difficulties we noted included:

- Patient outcomes not fitting neatly into one of the five pre-determined descriptors, even when we considered half scores.
- Not a broad enough scoring system to capture relevant and significant changes in functional presentation.

Figure one: Overall team ‘model’ of categories for dysphagia goals



■ Not every patient in the acute setting undergoes an objective dysphagia evaluation – the inability to view the pharynx at the bedside means that swallow participation (or function) is often used to assess the level and nature of swallow impairment; therefore, making it difficult to isolate impairment scores from scores of activity.

“There must also be a way of capturing experiential measures from our patients”

We discussed the shortfalls of using TOM in the acute setting and considered that, even with additional user training, we could not see a useful value in continuing to use this tool without need for substantial adaptation.

RBHOMS tool

Considering alternative outcome measures, we contacted Frimley Park Hospital SLTs, who had been using the Royal Brisbane Hospital Outcome Measure for Swallowing (RBHOMS) tool successfully in a similar acute setting. They kindly shared their experience. After delivery of the RBHOMS manual, we again considered the tool for its usefulness, relevance and validity in our setting. Piloting RBHOMS, we found benefits included:

- The singular measure of swallow function removed the ambiguities of scoring wider socio-participation in the acute setting and the difficulties in scoring swallow impairment without objective assessment.
- The range of 10 possible scores allowed us to capture incremental changes in patient swallow function (this included three possible scores for patients who are maintained nil by mouth).
- Score descriptions felt intuitive and matched the presentation of our patients.
- Scores did not rely on active participation of our patients.
- Its ease of administration took out little time from pressures of clinical work.

As scoring takes places pre- and post-assessment, and at discharge we felt RBHOMS could be useful for category 1 and 2 patients – for example, patients placed nil by mouth by nursing staff due to concerns of possible dysphagia but subsequently commenced on diet and fluids by the SLT who either detects no dysphagia or a level of dysphagia that can be compensated for.

In view of the success of our pilot, we subsequently joined with Frimley Health NHS Foundation Trust and University Hospitals Coventry and Warwickshire to undertake a multi-site, three-month data collection period of patients with acute dysphagia. Each team has undergone standardised training on use of RBHOMS using case studies provided in the RBHOMS manual, led by Judith Anderson (SLT manager at Frimley Park Hospital). For the purpose of data collection, all patients with dysphagia were included in the multi-site study. Description or ‘variance’ codes were added for patients who were being fed at risk, or whose aim was palliative, supportive or maintenance.

RBHOMS data

While data analysis of the multi-site pilot takes place, our immediate reflections on RBHOMS are that it is a useful tool for measuring functional eating and drinking outcomes in our patients with dysphagia. However, it is clear the tool, along with

many other dysphagia outcome measures, does not capture the qualitative nature of the acute SLTs’ work. This includes the training, education, support and reassurance we provide to other professionals, patients and carers, and quality of life and comfort measures for those being fed at risk, versus non-orally fed or nil by mouth. There must also be a way of capturing experiential measures from our patients that, despite their acute illness, are able to participate actively in goal setting and provide valuable experiential or psychosocial data. ■

Jodi Allen, Highly-specialist SLT, National Hospital for Neurology, University College London Hospitals (previously Heart of England NHS Foundation Trust, Birmingham where this project took place)



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Table one: Comparison of existing outcome measures

	Description	Focus	Practicality and accessibility	Validity and reliability	Relevance
FOIS	7-point scale	Functional swallow ability	< 5 mins to complete No training Conducted at bedside	Stroke population	Yes
DOSS	7-point scale	Functional swallow ability	> 5 mins Relies on VFS Familiarisation with scoring	No comment on validity	Yes
TOM	4 x 5-point scales	Impairment, activity, participation and wellbeing related to swallowing	< 5 minutes Training required Needs input from patient	Face and content validity	Yes. Application to acute setting?
MASA	24 items each with 10-point scale	Aspiration and swallow impairment	Approx. 20 minutes Training required	Validated in neurogenic population	Yes

Outcomes measures: behind the numbers

Helen Webber and Mark Jayes discuss the use of outcome measures to demonstrate the value of speech and language therapy to patients with neuro-rehabilitation needs

O Osborn 4 Neuro-rehabilitation Centre in Sheffield has 14 beds for adults requiring inpatient rehabilitation for neurological conditions. Two SLTs (0.6 whole time equivalent (WTE) Band 7 and 0.8 Band 6) and 0.5 WTE SLTA provide intervention for a range of diagnoses (including dysphagia, dysarthria, aphasia, apraxia of speech, dysphonia, and social and cognitive communication disorders) as well as joint input with multidisciplinary team members in areas such as mental capacity assessment and support for families.

Speech and language therapy intervention is dependent on a patient's needs and goals. For example, the input for a patient with cognitive communication disorder might include education and feedback on communication, joint community assessment with occupational therapists and support for family/carers.

Osborn 4 therapists input outcome measures onto the UK specialist Rehabilitation Outcomes Collaborative national database – a collection of multidisciplinary data on individual case episodes, used to develop a payment-by-results system and enable greater analysis of the costs and benefits of neuro-rehabilitation. Locally, our department collects outcome measures routinely.

Multidisciplinary and speech and language therapy outcome measures provided the data for a service evaluation that aimed to investigate the level of change patients made during their time in the centre.

Data collection

We collected data on the following outcome measures for patients who completed a course of speech and language therapy treatment at Osborn 4 between July 2012 and April 2013:

UK Functional Independence Measure + Functional Assessment Measures (FIM+FAM) (Turner-Stokes et al, 1999). The whole multidisciplinary team score this measure on admission and discharge for 30 items covering self-care, mobility, cognition and communication. All items are rated on the same seven-point scale. We took data from items most relevant to speech and language therapy intervention – for example, where a patient had intervention for dysarthria, we used FIM+FAM 'Speech Intelligibility'.

Therapy Outcome Measures (TOM)

(Enderby et al, 2006). The hospital speech and language therapy service started using TOM across all clinical areas in 2012. SLTs complete measures on admission and discharge from an episode of care for diagnoses relevant to speech and language therapy, such as dysphagia, dysarthria and aphasia. Scoring is on an 11-point scale (0 to 5, in 0.5 units) for impairment, activity, participation and wellbeing.

At the time of the evaluation, our service mainly kept measures for impairment and activity, because these were the areas where we found most change. Where the area targeted for speech and language therapy input is not covered by an existing scale, Sheffield SLTs choose the 'Core' scale. We analysed both measures for the range of change in scores between admission and discharge.

Results and evaluation

We included 27 patients in the evaluation (22 men and five women with a mean age of 55, range 22–79 years). Their aetiologies included traumatic brain injury (9), acquired brain injury (eg spontaneous subarachnoid haemorrhage) (9), multiple sclerosis (5), and others (eg cerebral abscess) (4). The time since onset was 18 weeks for traumatic and acquired brain injury patients (mean 7.2 weeks, range 2–16).

Tables one and two show analysis of the scores. Both scales involve ordinal data, meaning that a change between points one and two is not necessarily of the same clinical magnitude as a change between points three and four on the same scale.

The results show modal scores increased between admission and discharge by at least 0.5 for nine of the 18 items measured. It is helpful to note that a change of 0.5 on TOM is likely to be clinically meaningful (Enderby, 1999; Enderby and John, 1999). This is encouraging and enables us to show commissioners that our service has a positive impact.

However, we recognise that our analysis does not enable us to demonstrate a causal

“Speech and language therapy intervention is dependent on a patient's needs and goals”

Table one: FIM+FAM change in areas targeted for SLT intervention

FIM+FAM items	Sample	Range of change						
		Minus	0	1	2	3	4	5
Swallowing	11	0	4	4	2	0	1	0
Comprehension	6	0	4	1	1	0	0	0
Expression	8	0	3	4	1	0	0	0
Reading	7	0	1	2	0	0	1	3
Writing	1	0	1	0	0	0	0	0
Speech Intelligibility	5	0	2	3	0	0	0	0
Social Interaction	8	2 (-1, -4)	4	1	1	0	0	0
Memory	1	0	1	0	0	0	0	0

Table two: TOM change

TOM Scale	Sample	Range of change						
		-0.5	0	0.5	1	1.5	2	2.5
Cognition – Impairment	3	0	3	0	0	0	0	0
Cognition – Activity	3	0	2	0	1	0	0	0
Core – Impairment	10	0	2	4	3	1	0	0
Core – Activity	10	0	3	4	1	1	0	1
Dysarthria – Impairment	4	0	0	3	1	0	0	0
Dysarthria – Activity	4	0	0	3	1	0	0	0
Dysphagia – Impairment	11	0	4	0	3	1	3	0
Dysphagia – Activity	11	0	3	0	3	2	2	1
Aphasia – Impairment	10	0	0	3	4	0	3	0
Aphasia – Activity	10	1	0	4	1	2	0	2

(Total of sample column larger than total sample (27) because patients have multiple TOMs)

relationship between patient outcomes and speech and language therapy intervention. It is difficult to differentiate the effects of therapeutic intervention from changes caused by spontaneous recovery. We also note there are some differences in baseline scoring, which could explain why there was a large level of change in FIM+FAM scores for ‘Reading’ – if there is no information about this patient’s area of function due to no assessment on admission, this area is scored at the lowest level, as per FIM+FAM protocol.

Reflections and actions

The service evaluation gave us opportunity to reflect on our current process of completing outcome measures:

TOM selection: We often find it difficult to select a TOM to reflect our input, such as intervention for social or cognitive communication disorder (CCD) or giving

education and support to a patient’s family. We therefore use the generic ‘Core’ TOM for patients with CCD, which presents commonly within our caseload. Since the evaluation, we have developed local guidelines and supportive narrative to help SLTs use the ‘Core’ scale for CCD. We note that the third edition of the manual seeks to address this issue (Enderby and John, 2015). **Complexity:** Our patients have very complex presentations, with a range of interacting impairments. These often affect their ability to respond to therapy. It is important to reflect this when reporting outcomes. For example, it can be difficult to help a patient with CCD to change if they have no insight. Conversely, raised insight can have an apparently negative effect on outcome measure scores. For example, we helped a patient to gain insight into his social communication difficulty, which led to reduced – but

more appropriate – interactions with other patients. This resulted in a negative change to his FIM+FAM Social Interaction score. It is important to help commissioners understand the narrative behind numerical scores to appreciate the full value of speech and language therapy.

Inter- and intra-rater reliability is important for the stability and consistency of outcome measures (Enderby et al, 2006). If commissioners use the outcome measures we provide to make funding decisions, it is imperative our figures show the most accurate possible reflection of the value patients receive from speech and language therapy. The whole department has, therefore, been working to maximise reliability.

Patients’ perspectives: In a patient-centred service, we need to consider the patient’s perspective on their rehabilitation, not just data about it. An evaluation of Osborn 4 patients’ views on SLT input is currently underway.

We look forward to monitoring the process of keeping and analysing outcome measures, with the aim of continuing to offer the best possible evidence-based care and achieving the best outcomes for the patients ‘behind the numbers’. ■

Helen Webber, Specialist SLT and Mark Jayes, Highly Specialist SLT; with input by Sue Pownall, Head of SLT Service and Julia Houghton, Highly Specialist SLT – all at Sheffield Teaching Hospitals NHS Foundation Trust



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As part of our Professional Knowledge and Skills module, second-year SLT students at the University of St Mark and St John, enjoyed guest speakers sharing their experiences of speech and language therapy. In this context, Luke Manwaring told us about his congenital condition that causes a rare laryngeal disorder.

Luke (32) has spastic dysarthraphonia, causing difficulty with both speech and voice production. He has been experiencing increasing difficulty with his voice due to hyperfunction and hyperclosure of the vocal folds on phonation. This presents as a high-pitched voice with significant strain and uncomfortable constriction in the throat. Luke began to experience these voice difficulties as a teenager and they have increasingly impacted on his quality of life. For the past three years, he has received speech and language therapy from Helen Hart, an SLT employed by SeeAbility – a specialist charity for adults with multiple disabilities and visual impairment.

Low self-esteem

Since childhood, Luke has had SLT input with the main focus being on using a multi-modal approach to his speech and communication, including using Makaton, a light writer, a speech-to-text app and picture support systems. However, over the years his voice disorder has led to him experiencing low self-esteem and confidence. There were times when Luke became quite disengaged from his local community. Feeling depressed and anxious he shied away from particular situations. Luke told us, “It was like a black cloud hanging over me, affecting everything I did which involved speaking to people.”

Luke gave his presentation with the support of Helen and his carer. He shared a letter that he had written about his feelings towards his voice disorder and a video clip giving us a clearer insight into how his spastic dysarthraphonia affected his vocal quality. We felt privileged to share such personal information, especially as this was Luke’s first public speaking event.

In line with the advice given by the clinical guidelines, Helen worked with Luke to build a full communication profile. Assessment included GRBAS ratings (Hirano, 1981); the Frenchay Dysarthria Assessment (Enderby and Palmer, 2008); Voice-Related Quality of Life questionnaire (Hogikyan et al, 2001); the Voice Handicap

Luke feels the Marjon force

Kate Patten on the psychosocial benefits of Botox voice therapy

Index (Jacobson et al, 1997); and video recordings of Luke speaking.

Botox treatment

After indepth assessment of all aspects of Luke’s communication, Helen referred him to his local ENT department to see whether Botox injections could assist with the spasticity of his vocal folds. This was declined at the local level, so Helen referred Luke to two London voice specialists, both of whom concurred that he would benefit from the injections after conducting further assessments, including a video laryngoscopy, diagnostic

electromyogram and Kay Elemetric computerised voice analysis.

A systematic Cochrane review suggests the use of Botulinum toxin injections is widely accepted as an effective treatment modality for controlling the symptoms of adductor spasmodic dysphonia (Watts et al, 2006). Despite this being a growing research area for speech and language therapy, there have been a number of high-quality research designs conducted since 1973; all of which have been shown to have significant treatment effects for acoustic and perceptual variables of vocal function (Watts et al, 2008).

“Luke’s presence at our university spoke volumes for the impact the Botox has had on his psychosocial wellbeing”



The benefits of Botox have led to an increase in Luke's confidence and self-esteem



Funding problems

Unfortunately, Luke's local clinical commissioning group (CCG) declined to fund his treatment. It was at this point that Mr Gerald Brookes, a specialist in neurogenic laryngeal dysfunction at the Harley Street ENT clinic, made the very generous offer to fund Luke's treatment over the course of a year. Luke received three treatments of botulinum toxin injections to his thyroarytenoids.

Transient swallowing difficulties can occur post treatment, due to the spread of the Botulinum toxin to adjacent muscles and the closing action of the vocal folds being weakened (Marion, 2012; Holzer and Ludlow, 1996). However, these always resolve. Luke experienced these temporary difficulties with drinking – managed by changes to his positioning, pacing of drinks and drinking either naturally thickened drinks or very cold, fizzy drinks.

Although a repeat assessment showed the treatment had been very successful, Luke's CCG was still unwilling to offer the Botox treatment locally. This blow to his progress didn't deter Luke and Helen. His resilience and determination to fight for making the most of his own voice shone through during

these difficult, drawn out times. The benefit of Botox has led to an increase in confidence and self-esteem, so much so that after years of being asked to come and talk to students at our university he finally agreed to share his story.

Despite overwhelming nerves, Luke was such a warm and endearing person, with a great sense of humour. It left the year group with one question in mind – why, when such treatment was proving to be successful for Luke would the local CCG refuse to provide funding so he could access treatment locally, rather than making a 200-mile journey to London every few months? His presence at our university spoke volumes for the impact the Botox has had on his psychosocial wellbeing. If there was to be no further funding, the increased feelings of anxiety and depression he once experienced would be likely to return. In turn, this would once again have the potential to limit his activity participation (WHO, 2002) and quality of life.

Inspirational story

Luke's presentation stuck in the minds of some of the year group. Student Natalie Lilley commented that, "As a group we felt

honoured that he shared his story with us. It was a story which inspired the year group, making us more aware of this particular area of speech and language therapy."

After approaching Senior Lecturer Lynsey Parrott, who herself had been Luke's SLT when he was younger, we agreed I could contact Luke on behalf of the second years to request consent to write a letter of support – a letter that he could forward on to the CCG as part of his appeal if he so wished. Luke agreed to allow us to write this letter and later fed back to Lynsey how much he and his family appreciated this help. The medical team involved with his voice disorder were also touched by our support.

Despite ongoing difficulties with local CCG funding, Luke has now been offered treatment by a different local hospital. Helen continues to support him with his speech and swallowing needs and Luke is 'over the moon' about these current developments. With a busy year ahead, Luke has even agreed to be the best man at his best friend's wedding, where he will be giving a speech – something he is very much looking forward to. He admits this won't be as overwhelming as speaking to a room full of second-year SLT students. ■

Kate Patten, 3rd Year SLT Student University of St Mark and St John. Email: 20052883@marjon.ac.uk



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Ask the experts

Do children in secondary school with specific language impairment achieve greater academic success following a structured vocabulary therapy approach compared to no direct input?

Billie Lowe

PhD Student

Division of Language and Communication Science, School of Health Sciences, City University London

An overview of speech and language therapy services by Joffe (2015) suggests 10% of all secondary school pupils (11-18 years of age) have language difficulties as their primary area of need. Young people with language impairment frequently have difficulty with receptive vocabulary, expressive vocabulary or both. For young people in areas of social disadvantage, vocabulary is particularly at risk (Spencer et al, 2012).

The vocabulary of children and young people with language impairment is characterised by limited breadth and depth of word knowledge; they may also have a specific word-retrieval difficulty and these characteristics often persist into adolescence (McGregor, 2013). The link between early vocabulary skills and later academic achievement is well-documented (Croll, 1995; Stothard et al, 1998).

Review of intervention research

Professional consensus, supported by research (Easton et al, 1997; Dockrell et al, 2007; St John and Vance, 2014) indicates that effective approaches for enhancing vocabulary skills include activities which strengthen and link phonological and semantic representations; encourage the deep processing of words; build on the existing lexicon; personalise word knowledge to the child; and teach strategies for independent word learning. Evidence is growing for the impact of vocabulary intervention in younger children, but less is known about the impact of a structured vocabulary therapy approach for older children.

As research has shown that vocabulary is a predictor of academic attainment, this suggests that enhancing the vocabulary skills of children and young people with language impairment should increase their academic attainment. However, there

have been a limited number of studies using academic attainment outcomes to measure the impact of structured vocabulary therapy (whether direct or indirect). In those studies that have addressed this issue, reading comprehension has often been used as an indicator of academic attainment.

Joffe (2006) conducted a randomised controlled trial with 12-year-old children with language impairment, providing small group vocabulary instruction based on developing semantic and phonological connections. Participants showed improvements on the British Picture Vocabulary Scale (BVPS), Clinical Evaluation of Language Fundamentals (CELF3) sentence recall, and Assessment of Comprehension and Expression (ACE) non-literal comprehension. This study measured reading comprehension, but progress was not significant.

Other studies have taken a whole-school approach, and these often include measures of literacy attainment. Starling et al (2012) implemented a whole-school training programme in two secondary schools in Australia. The programme involved training teachers to modify their oral and written language in order to provide support for those with language impairment. A component of direct vocabulary instruction was included in the training. Changes in the adolescents' language profiles was measured on the Wechsler Individual Achievement Test (Second Edition), showing a significant degree of progress in listening comprehension and written expression, but not on reading comprehension or oral expression. The authors suggest that more specific and systematic teacher support for students' reading comprehension might have had greater impact on reading comprehension outcomes.

The robust vocabulary instruction of Beck et al (2013) is widely used to develop children's independent word learning skills. Robust vocabulary instruction involves choosing words of maximum functionality to teach, fostering an atmosphere of interest in words, and providing opportunities for children to discuss what words mean and to use the words in personally meaningful contexts. Following this approach, Snow et al (2009) implemented a class-based intervention



Victoria & Emma Joffe Pagnamenta

Emma Pagnamenta and Vicky Joffe talk about the ‘so what’ of research

It’s all about research impact

Think for a minute about what you have just been doing or are about to begin. It may be administering a standardised test, considering a differential diagnosis or working with a client on a specific intervention. In all of these routine clinical activities, you will find some evidence to underpin your activity, evidence that would typically have been reported on in an academic publication.

This evidence, however, did not stay contained exclusively on the library shelf or online collection, but rather, was disseminated widely enough and was sufficiently interesting and meaningful with significant impact – all of which allowed the initial research findings to be translated into your own clinical practice.

Research impact

Impact is a word we hear a lot about. For example, ‘What is the impact of the intervention?’; ‘What is the impact of the service re-design on service users?’; and even, ‘What is

the impact of speech and language therapy?’

Nowhere is this more apparent than in research, and its importance is becoming increasingly more significant. Research impact is really getting at the ‘so what’ question. In reading research, you will all be drawn more to studies that can answer the ‘so what’ question, studies that will have the most benefits to your clients and the most impact on your clinical practice. When reading a paper, you may read the abstract and skim the conclusions to assess the relevance and impact of the research to your own clinical work, so writers need to show explicitly how their

research findings impact on practice or policy when writing up their studies.

Impact examples

Let’s think for a moment about research that has had a major impact on people’s lives. You may remember the ‘Back to Sleep’ campaign, fronted by TV personality Anne Diamond, who herself lost a child to ‘cot death’, even if you have not read directly the research by Professor Fleming and colleagues that underpins it. A series of surveys conducted by Fleming et al (1990; 1996), pinpointed three potential risk factors for cot death – babies sleeping face down, being covered in too many blankets and being exposed to parental tobacco smoke. This is an example of how research led to a lifesaving campaign, with cot deaths falling by 70% after just two years.

A more recent campaign which touches the speech and language therapy profession more directly is the FAST campaign that helps people recognise the symptoms of a stroke and to think FAST (<http://tinyurl.com/qfh8nxw>). The information in this campaign utilises key evidence from a diverse body of research on stroke and its manifestations, although its long-term impact is still under some debate (Dombrowski et al, 2013).

The above cited examples both incorporate major campaigns after a series of research. An example of a very



recent significant impact on educational policy, again from a strong and consistent body of research, can be seen by the introduction of a statutory phonics screening check in England at the end of Year 1 to identify those children that need additional support, in order to improve early literacy. One could argue that the wealth of research on reading and the importance of teaching the alphabetic principle has shifted education policy for all.

Enhancing impact

Research can have an impact at many different levels including academic, policy and practice. Most researchers want their research findings to be relevant and many are involved in activities that enhance impact. Many of you will have attended such activities and may have contributed to them. For example, clinical excellence networks that feature

“The more recent emphasis and focus on impact has important and exciting implications”

Research and Development Forum

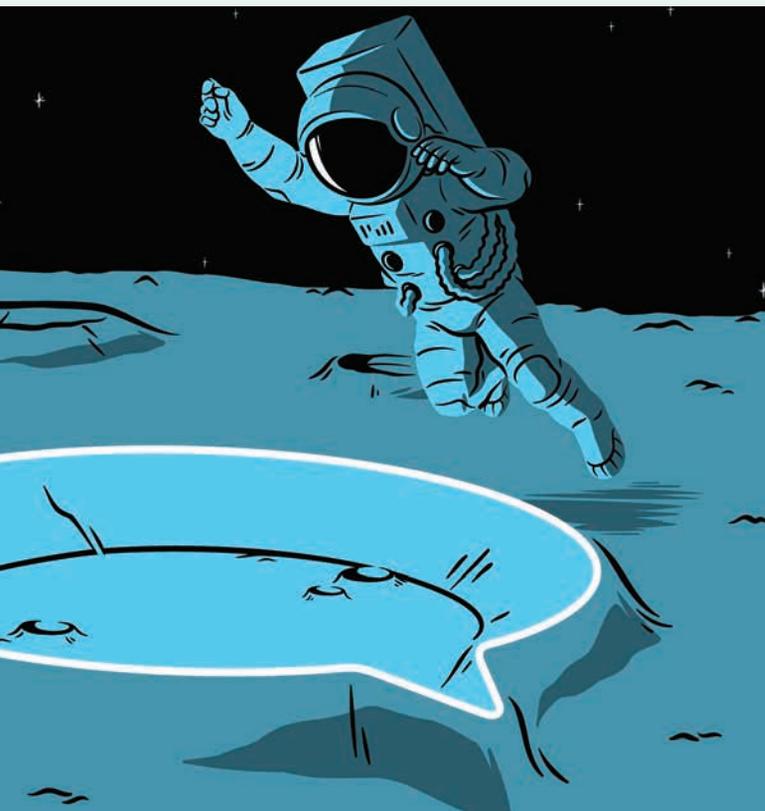


ILLUSTRATION BY Ben Mounsey

researchers talking about their work are an important route that they can take to enhance the impact or reach of their research.

It is you, as the practitioner making use of the research findings and translating it into clinical practice, and the service user who are critical to this process. Researchers will welcome input from practitioners about their research, because it shows them what has happened as a result of their work and can help pinpoint further avenues of need.

Increasingly, funders are expecting researchers to be explicit about the impact their research will have on society, including who might benefit from the work and how these benefits can be increased by what is included in the research grant – for example, how one might go about disseminating the work. Funders now require

plans for ensuring impact as an integral part of grant application processes and many of you may already have been approached to sit on advisory boards or participated in the patient and public involvement of a research grant. Some of you may also have attended an Economic and Social Research Council-funded Festival of Science event, where funding is provided to researchers to carry out an activity that specifically focuses on the translation of research to the public.

Measuring impact

Universities are also assessed on the impact of their research, so research impact is something with which researchers and those employed by higher education institutions (HEIs) are very familiar. One way that research impact is measured is through the Research Excellence Framework (REF), a system that measures the quality of

research in publicly-funded UK HEIs. The REF carried out in 2014 was the first exercise to assess the impact of research outside of academia. Impact was defined as ‘an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia’.

As part of the 2014 REF exercise, UK HEIs submitted 6,975 impact case studies demonstrating the impact of their research on wider society. These provide a unique and invaluable source of information on the impact of UK research, and can be located through the REF impact case study database; a searchable tool of all available impact case studies (<http://impact.ref.ac.uk/CaseStudies>).

Impact on practice

Research in the area of speech, language and communication impairments can have significant and far reaching impacts on policy and practice, and the role of the practitioner is integral to this. The more recent emphasis and focus on impact has important and exciting implications and opportunities for all of us producing and using clinical research. Twenty-eight HEIs submitted an impressive list of 36 case studies, relevant to speech and language therapy and across a wide range of clinical areas, in the 2014 REF exercise. You can find these in our online research centre (www.rcslt.org/members/research_centre/research_impact).

Research in our field that has demonstrable impact can be hugely powerful for our profession. It can support our influencing work to highlight the impact of what we do to all stakeholders. Research that focuses on making a difference and having substantial impact brings with it new opportunities for practising SLTs to be

involved in shaping research that will translate into what we do on the ground. By requiring consideration of potential impact at the very start of the research process, funders are driving a change in what research actually takes place.

Researchers need evidence of impact; they need information about how and where their findings have been translated. Clinicians are perfectly placed to advise on the key research priorities and needs of their service users, and how best to translate the research into practice. ■

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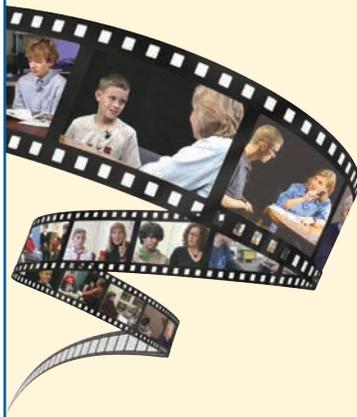


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- Making change durable
- Transfer
- Disclosure

From Michael Palin Centre for Stammering Children, London: Frances Cook, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); Willie Botterill, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; Ali Berquez, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; Alison Nicholas, MSc, BA (Hons), Cert MRCSLT; Jane Fry, MSc (Psych. Couns.); Barry Guitar, Ph.D., University of Vermont; Peter Ramig, Ph.D., University of Colorado-Boulder; Patricia Zebrowski, Ph.D., University of Iowa; and June Campbell, M.A., private practice, provided additional footage.



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In the Journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

Mental health and children with ASD

Many young children with an autism spectrum disorder (ASD) diagnosis also meet criteria for additional psychopathology, according to a London-based study.

Researchers recruited children with a local diagnosis of ASD from a clinical population, providing a final sample of 101 (57 boys, 44 girls, mean age 6.7 years). Psychiatric disorder diagnosis was by parent interview using the Preschool Age Psychiatric Assessment. Measures of autism symptom severity, IQ and language were also obtained.

The most common psychiatric disorders found were generalised anxiety disorder (66.5% of children), specific phobias (52.7%) and attention deficit hyperactivity disorder (59.1%). Additional disorders included social anxiety, agoraphobia, depression and obsessive compulsive disorder.

The authors report on the effects of child and parent characteristics on psychopathology and raise the importance of specific assessment for psychiatric disorders at the point of ASD diagnosis. While acknowledging study limitations they state, "with the knowledge that additional psychopathology persists in ASD, it is essential to develop an evidence base for treatment of co-occurring psychopathology."

Reviewed by Penny Williams, Consultant SLT, Newcomen Centre at St Thomas', Evelina London Children's Hospital

Reference

Salazar F, et al. Co-occurring psychiatric disorders in preschool and elementary school-aged children with autism spectrum disorder. *Journal of Autism and Developmental Disorders* 2015; 1-12. <http://tinyurl.com/obar4tg>

VIG and prelingual deaf children

Video feedback enhances communication in families with prelingual deaf and hard-of-hearing children, and encourages more connected parent-child interaction.

This is the suggestion of a prospective longitudinal study of 14 families. Researchers allocated prelingual deaf children randomly into an intervention group or waiting list control. Video interaction guidance (VIG) intervention consisted of a goal-setting session, three filming sessions of parent-child interaction in the family home and three shared review sessions. During the latter, parents watched short video clips demonstrating attuned responses linked to their goals, allowing microanalysis and discussion of the behaviours that facilitated successful communication with their child. The emotional availability scale (Birigen, 2008) was used and videos were coded blind.

Video interaction guidance led to increases in parental sensitivity, parental structuring, parental non-hostility, child responsiveness (verbal and non-verbal), child involvement, and in parental self-esteem.

The authors comment, "this study contributes an important new evidence base to support family-centred intervention for deaf and hard of hearing children during the prelingual period when parental scaffolding provides a critical support to child development."

Reviewed by Melanie Cross, Consultant SLT ISP, Clinical Tutor City University

Reference

Lam-Cassettari C, Wadnerkar-Kamble M, James DM. Enhancing parent-child communication and parental self-esteem with a video-feedback intervention: Outcomes with prelingual deaf and hard-of-hearing children. *Journal of Deaf Studies and Deaf Education* 2015; 1-9. <http://tinyurl.com/q6b3rwg>

Self-report tools in aphasia

The Communicative Activities Checklist (COMACT) self-report tool is a reliable and valid method to assess the real-life impact of aphasia by examining the extent of communication activity, Anglo-Australian research suggests.

Thirty participants with mild-moderate chronic aphasia and 75 control neurologically healthy participants completed two self-report questionnaires: the COMACT and the Social Activities Checklist (SOCACT). The COMACT addressed communication activities within the subscales of 'Talking, Listening, Reading and Writing' while the SOCACT examined social activities with the subscales of 'Leisure, Informal and Formal'.

Statistical analysis revealed the COMACT and SOCACT demonstrated known group validity as overall tools. The COMACT had good internal consistency and convergent validity, with the reading subscale having good internal consistency but not the listening subscale. The SOCACT scale had questionable internal consistency.

The authors recommend the COMACT for clinical use as a means to aid discussion to identify personally relevant activities, gain information to inform explicit goals for therapy or to measure change. However, they state, "The challenge remains to develop tools that accurately capture the personal perspective of [people with aphasia]... and that identify areas of important life participation to inform and guide therapeutic intervention".

Reviewed by Jen Thomson, Senior Stroke SLT, Leeds Teaching Hospitals Trust

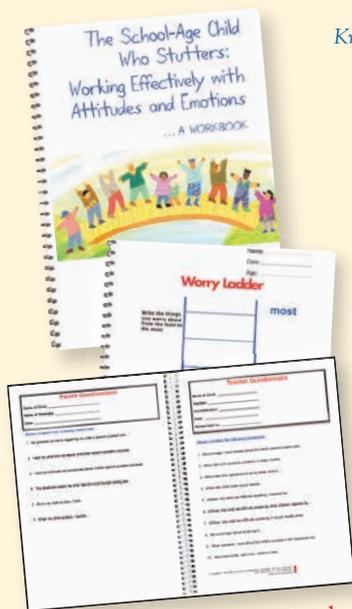
Reference

Aujla S, et al. Preliminary psychometric analyses of two assessment measures quantifying communicative and social activities: the COMACT and SOCACT. *Aphasiology* 2015. <http://tinyurl.com/qg49fh2>

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

The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions ... A Workbook

Kristin Chmela, M.A.,
Nina Reardon, M.S.,
Lisa A. Scott, Ph.D.



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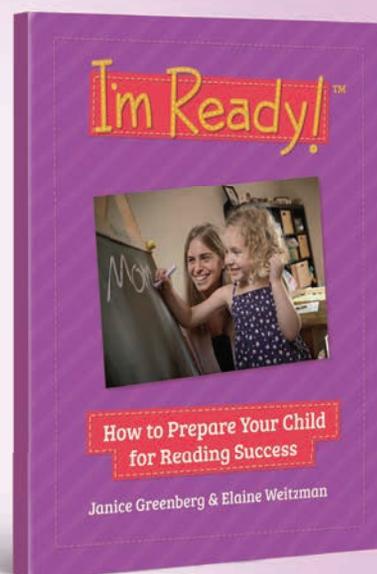
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Donald Morrison and SLT Rebecca Castelo: fostering good relations between SLTs and GME teachers is important

“It is not essential to have Gaelic-speaking SLTs – it’s their thinking that counts,” GME teacher.

Building positive relationships and a shared understanding of the good practice between GME leaders and SLTs has been the focus for RCSLT Scotland Office and RCSLT members over the past few years. Activities have included a presentation at Storlann’s Additional Support Needs Conference in 2013, an SLCN-focused workshop at Storlann’s 2014 annual conference and an RCSLT stand and repeated extended SLCN workshops at the October 2015 Storlann Conference (‘An t-Alltan’).

RCSLT Team Scotland members have SLT Rebecca Castelo of Highland Council to thank for providing excellent SLCN workshops at An t-Alltan in 2014 and 2015 (and much more in between); and newly-qualified SLT Fiona Smith and RCSLT staff member Mary McFarlane for running the RCSLT stand.

Conference participants commented on how helpful the SLCN sessions were. Rebecca also observed a positive reaction among GME teachers as they made a connection between the behaviour they saw in the classroom and possible additional support needs. Storlann CEO Donald Morrison and Rebecca both agree that fostering good relations between SLTs and GME teachers is important. GME teachers and stakeholders from across Scotland are equally positive.

“It has been fantastic to have the opportunity to link up with SLT to look at how the school can support language development for all children and therefore raise attainment and improve literacy,” head teacher.

Join the RCSLT GME and Multilingual CEN (Scotland)

To keep the good work going, SLTs active in GME and/or working for other non-English communities want to set up the above network in Scotland. Outcomes will depend on network members’ priorities but might include:

- Sharing knowledge, skills, experiences, resources, evidence base, and outcomes information.
- Holding learning events.
- Influencing policies to better meet the SLCN of bilingual children.

To join the network, email: mary.mcfarlane@rcslt.org ■

Kim Hartley Kean, Head of RCSLT Scotland Office

An essential foundation for GME

Kim Hartley Kean says making friends and building shared understanding is key to success for SLTs working in Gaelic Medium Education

More and more children and young people are accessing Gaelic Medium Education (GME) in Scotland and draft legislation (the Education Bill) indicates this could increase significantly in the coming years. Speech and language therapists are already working in the medium, but the developing GME scene means demand is likely to grow. The prospect of working in bilingual services may be daunting for some and there certainly are challenges. However, help is available and more is on the way.

Best practice guidelines

The RCSLT has published guidelines on SLT assessment and intervention ‘Best practice for children and young people in bilingual settings’ with a particular focus on practice in GME. Written by experts Drs Carol Stow and Sean Pert, they are available in full form (<http://tinyurl.com/pjmhafz>) and a colleague-friendly summary version (<http://tinyurl.com/oexuyoc>). The GME CPD body Storlann has promoted the guidelines to GME teachers across Scotland and they appear on the Storlann teachers’ resource website (www.storlann.co.uk).

The guidelines emphasise that bilingualism is an advantage. Referencing the best evidence base on bilingualism, they highlight that when children have established good language skills in one language they become well equipped with the skills to acquire an additional language. Therefore, if a child with an identified speech, language and communication need (SLCN) requires targeted or specific input, there is a strong indication that the child’s home language is the best language to select. This may mean supporting the family and teacher to use the home language, such as English, with the long-term aim of acquiring Gaelic as an additional language.

Working together

Working on speech, language and communication skills in English, in the context of total immersion GME, can sometimes be a source of tension between SLTs, teachers and/or parents. Speech and language therapists working in GME have found building positive relationships with GME colleagues is an essential foundation to reducing this tension to the benefit of all concerned. “It’s not about SLTs speaking Gaelic; it’s about working collaboratively and *understanding* the difficulties,” P1-3 GME class teacher.

Any questions?

Stroke assessments

Do you have formal or informal functional communication assessments for the acute stage of stroke to determine whether patients will be safe on discharge home, especially when they are living on their own?

Niamh Kelly
niamh.kelly4@nhs.net

Five Good Communication Standards

Do you apply the Five Good Communication Standards to a paediatric caseload with complex needs? How do you relate your work to these standards in practice?

Anna Westaway
anna.westaway@nhs.net

Mixed aetiology communication

Do you have experience of delivering mixed aetiology communication groups for adults in a community setting?

Jenny Stewart
jenny.stewart@nhs.net

Eye gaze technology

Do you use eye gaze technology in schools? We work with children with PMLD and are new to the assessment process. Do you have an informal assessment tool that you use?

Jo Williams and Claire Atkins
jo.williams1@nhs.net

Dysphagia policy

Do you have any dysphagia policy documents used in your special school that you could share?

Hayley Rosenthal
hhill@educationvillage.org.uk

Preventative voice training

I'm looking into setting up a 'preventative' voice training group to deliver to teachers locally, to educate them on the basics of vocal hygiene/care, vocal warm ups, strategies to facilitate them in the classroom etc. Do you do something similar?

Sarah Holdsworth
Sarah.Holdsworth@heartofengland.nhs.uk

Service design

What's the best service design to ensure an efficient and quality service within special schools?

Rebecca Tindall
rebecca.tindall@nhs.net

Assistant SLT CEN

We are in the process of setting up a CEN for assistant SLTs working with adults. Do you already have an established group? Do you have any ideas about agenda topics and possible extended learning opportunities?

Jennifer Lee
Jennifer.lee@srft.nhs.uk

Want some answers,
why not ask your
colleagues?

Voice competencies

Do you have a set of core clinical competencies for working with children with voice difficulties, eg essential/desirable knowledge, skills and training?

Jo Sainsbury
johanna.sainsbury@nhs.net

Thickening liquid medications

What is your hospital's policy on the thickening of liquid medications for patients with dysphagia?

Dora Guyatt
Dora.Guyatt@elht.nhs.uk

Awake craniotomy

We are currently reviewing our protocol for SLT involvement in awake craniotomy. Do you have any protocols you could share?

Melanie Taylor
melanie.taylor@thewaltoncentre.nhs.uk

Community palliative care

Do you practise within specialist community palliative care teams or have experience in developing this service?

Fiona Patterson
fionae.patterson@southerntrust.hscni.net



Email your brief question and any replies to anyquestions@rcslt.org.
 www.rcslt.org/discussion/forum

Terminology tangles: a very real barrier to public understanding

Virginia Beardshaw CBE reflects on her time as I CAN chief executive

I run the leading children's communication charity in the UK, fighting to give every child a voice. We work to make sure that no child is left out or left behind because of a difficulty speaking or understanding. In 2005, when I arrived at I CAN, I tried to get my head around the terminology. It felt like fighting through a thicket. 'Communication disability', 'communication difficulty', 'speech and language delay', 'SLI' and then 'SLCN', 'processing difficulties', 'pragmatic semantic disorder'...

So far, so bewildering. The terms made little sense to me and, I felt, conveyed little or nothing to people outside the field. And among the practitioners and academics involved there were lots of convoluted sensitivities around how each was used.

I felt then that this was no help at all to people with language problems or their families. I still do now, 10 years on. My son Laurence – a classic case of specific language impairment – resorts to saying 'I'm dyslexic'. The terminology gets in his way and everybody else's. And here's the real point: terminology tangles are a very real barrier to public understanding. This means it is hard for families, early years settings and schools to spot when children need help. It also makes it hard to access money.

This is serious. A huge number of children live with communication difficulties. One in 10 has severe difficulties and needs long-

term support. Public awareness is needed so that problems can be identified early when there is a better chance of being able to do something about them. Money is needed to fund services and support for children and their families, and funding is needed for research into how best to prevent language problems in the first place and what best to do to help the children who have them.

Research done for the government's Better Communication Research Programme proved that children with SLCN got less support than children with autism who had similar profiles. There is also good evidence that it is far harder to access funding for research into language difficulties than for dyslexia and autism, even though SLCN affects so many more children.

Huge strides

Ten years on, we are looking at I CAN's messaging again. I am very proud of the progress we've made together with partners, like the RCSLT, in raising the profile of the issue. We've made huge strides in this and in influencing public policy,



by banding together with like-minded organisations in The Communication Trust.

This is as it must be. After all, communication is the fundamental life skill for all children in the 21st century, essential to helping them progress through their education, training and into employment. It builds friendships and relationships – the underpinning of a rewarding life. But the thicket is still there, prickly and impenetrable. I feel an added frustration now, since it is hard to go with this unresolved.

I CAN's ambition is for children's communication to become the burning issue it needs to be. More than a million children in the UK struggle with speech, language and communication – more than dyslexia and autism combined. But for the issue to get the attention it deserves we need to be able to communicate about it clearly and concisely.

I regret leaving I CAN with this central problem stubbornly still there. Our best hope is that Professor Dorothy Bishop, with her enormous credibility in the field, cracks it through the painstaking consensus building she is doing with her CATALISE programme. Good luck to Dorothy and to everyone engaged in communicating better about this to the wider world. The children and families we serve need us to. They deserve it as well. ■

I CAN names new chief executive officer

I CAN has named Bob Reitemeier as its next chief executive officer. Bob makes the transition from his role as chief executive of the Essex Community Foundation – one of the largest community foundations in the UK. Prior to this, he was chief executive of The Children's Society for 10 years and was awarded a CBE for services to children in 2012.



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

Obituaries

Avril Anne Jennings

1938 – 2015

Avril trained at the Oldrey-Fleming School of Speech Therapy from 1956 to 1959. At that time, the student grant required her to return to the north of England on qualifying to aid recruitment and she began her career in Blackburn, working single-handedly, as was usual at that time in school health. She later worked at the David Lewis Centre for Epilepsy in Alderley Edge, Cheshire.

In 1979, Avril was appointed as manager of the speech and language therapy service in Stockport, a post she held for nearly 20 years. She was an enthusiastic and caring manager, always willing to adopt new ideas

and keen to publicise the profession. She was also a tough negotiator in obtaining the best possible conditions and financial rewards for her staff during a number of re-organisations and re-grading exercises.

As one of the first service managers she made a valuable contribution to developing both speech and language therapy services and post qualification training in the North West and established the first return-to-work course outside London. She also played a key role in setting up the first dysphagia course in the North West at Manchester Metropolitan University.

Avril was also very involved with the RCSLT, serving as honorary treasurer and regional councillor for the northern region. She was central to the development of the Association of Speech Therapy Managers, serving on its committee. She twice chaired the Consortium of Speech and Language Therapy Managers in the North West.

Following her early retirement in the 1990s, she returned to Blackburn to work part-time in the field of dysphagia, including nurse training. When retired fully, she organised gatherings of retired members, being the northern representative for the Retirement Network. She had also recently started to edit the Retirement Newsletter.

Avril had many interests including travel, good food and the theatre. Her warmth, kindness and sense of humour will be remembered by colleagues and friends who will greatly miss her. Our thoughts and sympathy are with Avril's family, in particular her children, Andrew and Alison, especially as her death comes so soon after that of her husband Peter last year. Avril is a sad loss both to the profession and to her many friends and colleagues.

Pat Mobley, Lynette Smith, Sue Weir and Sue Younghouse

Eleanor Cowen (née Hudson)

1980 – 2014

In June 2014, the East Cheshire Speech and Language Therapy Department completed Cancer Research UK's Race for Life. We did this to remember a very good friend and colleague, Ele Cowen. Ele, who was just 35 years of age, lost her battle against cancer after a short-lived illness. She is survived by her husband and their two children. Ele was an inspirational mother, wife, friend and colleague.

A highly-regarded and passionate SLT, Ele worked hard to make a real difference to the daily lives of the children under her care. She worked across the North West

within the NHS in Southport, Ormskirk and Liverpool, following her degree at Sheffield University.

Ele was our specialist therapist in the area of specific language impairment for East Cheshire NHS Trust. She provided excellent support to children in mainstream schools with statements and initiated the service's rolling programme of the Elklan training package for schools.

Ele was quite the Renaissance woman, having a very creative spirit that she applied to her work and her personal life. Those who knew her often talk

about how funny, warm and caring she was. Perhaps the most common trait that everyone noticed and admired about Ele was her sweet nature, because she was non-judgmental and saw the good in everyone. As a professional, her colleagues respected and appreciated the calm and proactive manner in which she approached work.

Additionally, Ele was a fitness and health fanatic who was energetic and lived life to the fullest. Even when she was poorly, she was planning to run the Race for Life with us. Unfortunately, Ele passed away before she could run this race but her bravery and positivity during her illness inspired the team and many others to run in her name. Ele made a huge impression on a large number of people and she will be missed immensely by her co-workers, family and friends.

Una McIntyre

DECEMBER CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 4 December for January, by 8 January for February and by 5 February for March. To find out more about RCSLT CENs (formerly SIGs), visit: <http://tinyurl.com/rcsltcens>

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

Promoting Communication in the Early Years CEN

2 December, 9.30am

Impact and effective practice: Being/staying current. Speaker Keena Cummings on VERVE. RCSLT. Members £20; non-members £30 (to include membership until 31 August 2016). To book a place: jayne.blincoe@walsallhealthcare.nhs.uk

Yorkshire and Humberside Fluency CEN

17 December, 9.30am – 12.30pm

Feedback from NAT CEN and residential; discussion led by Cath Bond on CBT with ALD. Children's Therapy Services, Northgate, Broad Street Plaza, Halifax HX11UB.
Contact: Teresa Howarth on 01422 261340 for local details

South East and London CEN Study Day

29 January

Stammering support at school, work and clinic: A day of practical tips and sharing ideas about support for children, young people and adults who experience stammering. Presentations: BSA colleagues on the Employers Stammering Network and working with schools to support pupils who stammer; Lightning talks – members sharing what is working in their area and sharing successful resources; Workshop – how might we integrate these ideas in to our own practice? RCSLT, London. Email: helen@building-blocks-slt.co.uk to request a place

North West Voice CEN

2 February

Mindfulness and imagery: A tool for change in voice therapy. Relevant evidence implications and practical exploration with Christina Shewell (author, senior lecturer and clinical expert in voice). Education Centre, The Royal Bolton Hospital. Members £25; non-members £45.
To book your place, email Sally Dennis, CEN Secretary: Sally.dennis2@nhs.net

North West Special School CEN

22 February, 9am – 12pm

We will be discussing how we implement the use of different apps in special schools. If possible, please come prepared with how you use a chosen app. We will also be discussing members' experiences of courses, cases and therapy techniques. Lytham Primary Care Centre, Victoria Street, Lytham FY8 5EE. £7 per meeting for members (£15 annual fee for three meetings); £10 non-members.
To book: laura.linton@bfwhospitals.nhs.uk

National CEN in Disorders of Fluency

24 February, 10am – 4.30pm

An introduction to Solution Focused Brief Therapy. Theoretical introduction and practical workshop led by Alison Nicholas of the Michael Palin Centre. Free to CEN members; £25 to join on the day (£10 for students). Places limited to 30. Birmingham City University. Email: Isabel.oleary@nhs.net to book



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For further details visit www.rcslt.org/about/RCSLT_venue_hire/Introduction



Appointments

Grove House School Speech and Language Therapist Full/part time



Required for early 2016 – Salary range £26,041 - £34,876

Grove House School, Essex is seeking a Speech and Language Therapist.

Grove House School, opened in September 2015, and is a special school for pupils with Speech, Language and Communication Needs with associated difficulties. The school is distinctive in its offer of a collaborative, classroom-based approach to the delivery of therapy.

The Speech and Language Therapist will be responsible for delivering a high-quality, evidence-based service and will work with the education team to ensure the collaborative practice model is embedded in the life of the school. If you are adaptable, enthusiastic and want to be a part of our friendly and supportive team at this exciting time then we would love to meet you.

This is a unique and exciting opportunity for the right candidate to help develop and shape this evolving new school and in turn transform the life chances of young people with SLCN.

For further details please email: admin@grovehouse.essex.sch.uk
Closing date: 14th December 2015
Interview: early January 2016

Grove House School is committed to safeguarding and promoting the welfare of children and young people and expects staff and volunteers to share this commitment. The successful candidate will be subject to an Enhanced DBS along with other pre-employment checks.

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JIGSAW CABAS® SCHOOL SPEECH AND LANGUAGE THERAPIST

PAY BAND: 5 - 7, dependent on experience
Full or part-time considered, term time only

The Jigsaw CABAS® School, rated "outstanding" by OFSTED, is an independent day school for up to 60 pupils aged 4-19 with Autism Spectrum Disorders and associated additional complex needs. Teaching at the school is based on the principles of Applied Behavioural Analysis (ABA).

An opportunity has arisen to join our vibrant and supportive team of therapists. You will work closely with pupils and their teachers to provide specialist direct and indirect therapy using a range of creative techniques including PECS, Attention Autism, Intensive Interaction Therapy, and Social Stories.

Jigsaw has a strong commitment to continuing the professional development of staff and offers internal and external training opportunities.

This unique role gives the individual opportunities to develop both clinical skills and experience of working within a Multi-Disciplinary Team, alongside Occupational Therapists.

This role may suit an experienced Speech and Language Therapist looking to develop their clinical skills, or a newly qualified speech and language therapist looking for their first position.

For more information about the school and an application pack, please visit: www.careersatjigsaw.co.uk

Jigsaw School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful applicant will be subject to an Enhanced DBS check.

The Jigsaw School is a UK Registered Charity No. 1075464

Speech and Language Therapist £22,000 - £28,000 per annum depending on experience 37.5 hours per week

David Lewis is a progressive, enabling organisation dedicated to improving the life experiences of people with complex needs. We specialise in providing high quality education and care, on a residential and day basis, for people aged 16 and above with complex epilepsy, physical and learning disabilities and other neurological conditions.

An opportunity has arisen to join our established team of therapists who are committed to developing a Total Communication environment and will work as part of the wider multi-disciplinary team. You may already be an experienced Speech and Language Therapist looking to develop your career, or a newly qualified speech and language therapist looking for your first position.

You will work with Adults and College Students and will be involved in the assessment and treatment of the specialist case load for communication and dysphagia, attending annual reviews when requested and maintaining links with parents and families of Service Users when required. You will also participate in the development and delivery of training to others.

You will hold a recognised Speech and Language Therapy qualification and will be registered with the Health Professions Council and Royal College of Speech and Language Therapists. Experience and a qualification in post basic dysphagia (or a willingness to work towards) would be an advantage.

Closing Date: **Thursday 31st December 2015**
Interviews will be held on: **Thursday 14th January 2016**

For more information about the position, please contact Janet Bott,
Director of Clinical Services **01565 640193**

David Lewis operates a Safer Recruitment Policy including full screening through the Disclosure and Barring Service.

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www.davidlewis.org.uk



Additional Resources for Oxfordshire

Oxford Health NHS Foundation Trust has been awarded additional investment to further develop the Adult Speech and Language Therapy service. This exciting opportunity will enable the service to champion the issues of Dysphagia and develop additional resources for Oxfordshire Speech and Language Therapy.

INTEGRATED LOCALITY TEAMS

Oxfordshire has three integrated locality cluster teams with two integrated locality teams in each cluster. The teams comprise Physiotherapists, Occupational Therapists, Rehabilitation Assistants, Assistant Practitioners, Community Nurses, End of Life Community Matrons, Health Care Assistants, Mental Health Practitioners, Psychiatrists, Psychologists, Age UK networkers and Domiciliary Reablement Support Workers. The teams have strong links with GPs and are supported by other community health services.

To further enhance multi-disciplinary working, we need to recruit the following posts to the team:

Adult Speech and Language Therapist

Job Ref: 267-OPSLT7

Salary: Band 7 £31,072 - £ 40,964 pa 1.1 wte

South East/South West cluster and Central/North East Cluster Team.

Adult Speech and Language Therapist

Job Ref: 267-OPSLT7

Band 7 £31,072 - £ 40,964 pa 0.8 wte Fixed Term contract

To support maternity leave cover within the North/West cluster team

Adult Speech and Language Therapists

Job Ref: 267-OPRRS6

Salary: Band 6 £26,041 - £ 34,876 pa 2 wte

Location to be agreed at interview

Successful applicants to these posts will manage a mixed caseload of communication and dysphagia and maintain working relationships with relevant partners. You'll be supported by the Speech and Language Therapy Clinical Lead and Rapid Response Team as well as Acute Speech and Language Therapy colleagues and voluntary organisations.

You must enjoy team working, be a good problem solver and have experience of clinical and consultative working. On-call duties will be required.

The Integrated Locality Teams cover the population of Oxfordshire and provide multi-disciplinary care and management to patients across a variety of physical and mental health conditions. The integrated cluster teams are already supported by clinical and professional leads for nursing, physiotherapy and occupational therapy.

Clinical Lead Adult Speech and Language Therapist

Job Ref: 267-OPCL8611

Salary: Band 8a 39,632 - £ 47,559 pa 1 wte

The role of clinical lead has been newly created to enhance the clinical support to speech and language therapists and the wider integrated locality teams.

You will translate new service requirements in to operational delivery e.g. assessing learning and development gaps in their localities, developing standard operating procedures for new ways of working, assessing and auditing clinical safety, helping with training locally, investigating complaints/incidents, and ensuring the AHPs in their localities are accessing essential training and practicing safely. You will also have an opportunity to undertake some clinical work.

SPEECH AND LANGUAGE THERAPY RAPID RESPONSE TEAM

To support those who have dysphagia and working as part of the integrated model, a Rapid Response team is being established in the community in order to respond to urgent dysphagia referrals within two working days. This team will have a clinical role and an education role. There is already a Band 7 Team Lead in post and we are now looking to recruit

Speech and Language Therapists - Dysphagia Specialists

Job Ref: 267-OPDSL76

Salary: Band 6 £26,041 - £ 34,876 pa 2 wte

The post holders will already have experience working with dysphagia and will be keen to specialise further within this field. The candidates will need to offer flexible, innovative and enthusiastic support for a small developing team. The caseload will include seeing patients in Community Hospitals, Nursing and Care Homes and in their own homes.

STROKE

Speech and Language Therapist - Stroke Specialist

Job Ref: 267-OPSSALT7

Salary: Band 7 £31,072 - £ 40,964 pa 1 wte

We are looking for a Speech and Language Therapist with experience of managing patients with stroke.

You will be responsible for the supervision of a Band 6 SLT Stroke Specialist and will work alongside the Dietitian, Physiotherapist and Occupational Therapist to form part of a specialised team to work across the inpatient therapy wards of Witney and Abingdon hospitals. The caseload will also cover some outreach follow-up in the community.

You'll be required to maintain and develop working relationships with relevant partners across the stroke pathway.

If you are passionate about promoting speech and language therapy within integrated services and committed to delivering excellent services that truly put excellent patient care at the heart of all we do then please come and work with us and make a real difference to our patients.

Oxfordshire may provide low cost temporary housing for individuals wishing to relocate.

For further information please contact Michelle Knox on 01865 743137 or Tine Rees on 07920 580326

To apply please visit www.jobs.nhs.uk and search using the relevant job reference number.

Closing Date: 13 December 2015 Interviews: 17 & 18 December 2015



NO LIMITS JUST POSSIBILITIES

An 'Outstanding' (Ofsted 2013) non-maintained day and residential specialist school for Learners aged 5-19 with complex needs, many on the Autistic Spectrum




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www.st-josephscanleigh.surrey.sch.uk

SPEECH AND LANGUAGE THERAPIST

required for January 2016
Salary range £21,156 - £36,286pa depending on competencies
(inclusive of 33 days paid holiday including Statutory Public Holidays)

St Joseph's is a specialist, non-maintained School & registered Children's home providing day and residential places for learners (5-19) whose special educational needs may include autistic spectrum disorders, learning difficulties (moderate, severe and complex), language and communication disorders, ADHD and challenging behaviour.

We are seeking an enthusiastic Speech and Language Therapist to work within the multi-disciplinary Therapy Team. Speech and Language Therapy is a fully integrated part of the whole curriculum involving parents, teaching staff, care staff and other professionals. Opportunities for specialist training and up-dating are regularly available. Knowledge of MAKATON would be an advantage, although in-house training is provided.

You will be expected to assess learners and devise, supervise and monitor programmes as well as providing appropriate interventions as necessary.

You will be HCPC registered and belong to the RCSLT. Own transport essential due to rural location of School. Position to commence at the start of the Spring term 2016.

Although the salary range quoted is based on 37 hours per over 52 weeks of the year, in practice the annual hours to be worked (1,924) will be compressed into term time only working (plus 5 In-service training days each academic year). Full details of the working pattern will be included in the application pack.

For a full application pack please contact Doug Brown, HR Recruitment Administrator, by email dbrown@st-josephscanleigh.surrey.sch.uk or visit the School web site www.st-josephscanleigh.surrey.sch.uk and follow the link to Recruitment.

Closing date for applications (which may be submitted electronically) is 12 noon on Thursday 10th December 2015 with interviews taking place in the w/c 14th December 2015
The school is committed to safeguarding and promoting the welfare of children and young people. This position requires an enhanced DBS check..





The Trustees of the School are
the R C Diocese of Arundel and Brighton

Certified Speech Language Therapist

JEDDAH, KINGDOM OF SAUDI ARABIA

JOB DESCRIPTION:

- Provide intake consultations, assessments and therapy sessions for a variety of communication disorders. Having clinical experience in working with ASD population is preferred.
- Provide clinical supervision to SLP assistants and university interns when needed.

CANDIDATE REQUIREMENTS:

- Certified by RCSLT or any recognized SLT/SLP organization.
- Holding MSc in SLP from an accredited university
- 3-5 years of practical clinical experience in a variety of communication disorders
- Supervisory experience is a plus

For more information, visit our website: www.jish.org

JISH is a non profit organization founded in 1991 in Saudi Arabia to provide quality speech language, audiology & applied behavior analysis services. JISH has many SLP/Aud clinicians from different nationalities.



Band 7 Speech & Language Therapist

South East
37.5 hours per week
Salary: £38,300 per annum

We are looking for an experienced Therapist to support adults with sight loss and a range of complex and multiple disabilities.

This will be an exciting opportunity to develop your leadership and clinical skills within an innovative and person centred voluntary organisation.

This 37.5 hour post is located primarily within our Surrey Services, although travelling to other areas in the South East will be required as necessary.

We will want you to offer a breadth of experience covering Dysphagia, AAC, communication strategies and to display an ability to train and motivate staff to ensure strategies and guidelines are delivered with skill and consistency.

For an informal chat please contact Martin Thomas on m.thomas@seeability.org

Application from SeeAbility 01372 755023 or visit www.seeability.org

Closing date: 8th January 2016
Interviews: 20th January 2016 at Epsom, Surrey

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To place an advertisement please contact
Philip Owusu-Darkwah:
020 7880 6215 or
philip.owusu-darkwah@redactive.co.uk




bulletin

Specialist Speech and Language Therapist

Salary Band 6 SP Point 21-29
(£26,041-£34,876 depending on Experience)
Flexible Part - Time



The Percy Hedley Foundation is the Largest Charity in the North East. Hedley's Able 2 Day Opportunities has centres in Forest Hall, North Shields and Westerhope.

The speech and Language Therapy team have highly specialist skills in working with people with dysphagia (eating, drinking swallowing difficulties) and communication needs associated with their disabilities, including cerebral palsy, autistic spectrum disorders, multiple and profound learning disabilities, acquired disorders such as dementia, acquired brain injuries.

We work within a multi-disciplinary approach, including internal disciplines and outside agency, to support individuals in a holistic, person- centred approach.

We're looking for a specialist Speech and Language Therapist to work as part of our Adult Services.

You will be expected to:

- Deliver a high quality and effective SLT service to ensure a total communication environment.
- Provide a clinical dysphagia service (with supervision if required).
- Carry out assessments, set targets and monitor progress.
- Contribute to person – centred and annual reviews, write reports and transition agreements.
- Work with a wide variety of team members.
- Support Band 5 SLT. Supervise SLT assistants and students.
- Deliver training.
- We offer excellent leave, CPD support, company pension, Phab rewards scheme including discount vouchers, health insurance and childcare voucher scheme.

Applications are to be made via our website:
www.percyhedley.org.uk/jobs/

Closing Date: 14 December 2015



north east
autism society

We are looking for an **Occupational Therapist** and a **Speech and Language Therapist** to join our Therapy team!

Monday to Friday 8:30am - 4:30pm (37 hours per week)
North East of England £25,984 - £34,876 per annum
Please visit www.ne-as.org.uk for more information

Closing date: Friday, 18th December 2015

The Society may choose to close any advertised posts before the stated closing date. We therefore recommend that you apply as soon as possible.

Speech and Language Therapist Band 6 Post | Full or part time

Communicate is a social enterprise based in the North West. We are a team of Speech and Language Therapists providing high quality, responsive services to support young children's communication as a core life skill.

We are seeking an SLT to work in partnership with children, families and the children's workforce within children's centres, early years settings and through the delivery of training. The therapist will be committed to supporting young children's communication in Blackpool and be an effective, organised, team player.

The successful candidate will undergo an Enhanced DBS check and must be a registered member of RCSLT and HCPC.

For more information or to request an application
www.communicate-slt.org.uk
enquire@communicate-slt.org.uk | 01253 462123
Closing date: 05.01.16 | Interview date: 27.01.16



NEW JOB?

The official recruitment site for the **RCSLT**, the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

Start your search today and visit
www.speech-language-therapy-jobs.org



QUICK LOOK DATES

Picture Exchange Communication System (PECS)

Level 1 Workshops – London, Edinburgh, Birmingham, Cambridge, Liverpool, Canterbury, Sheffield and Glasgow.

Transitioning from PECS to Speech Generating Devices – London and Glasgow.

PECS in your Curriculum – Sheffield, Birmingham and London.

Visit: www.pecs-unitedkingdom.com, tel: 01276 609 555

Various Dates

smile Therapy Training Stage 1 & Stage 2

NEW courses for SLTs & Teachers. Innovative therapy teaching functional communication & social skills to students with special needs. Visit: www.smile-interaction.com. Stage 1 training:

22 Jan/18 Mar/28 April.

Email: courses@smiletherapy.info

14 January, The Ear Foundation

Communication learning in a social context

Pragmatics allow us to know, not just what is said, but why it is said, words are not effective unless we understand learning in its social context. £85. Email: susanna@earfoundation.org.uk

15-16 January, Gatwick Hilton Hotel

Cognitive rehabilitation workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: enquiries@braintreertraining.co.uk, tel: 01276 472 369. Full course details available at: <http://tinyurl.com/qzbgzam>

19 January, Birmingham

Medico Legal CEN

Expert witness study day led by Philip Edwards, Partner, Clarke Wilmott LLP and Dr. Simon Fox No5 Chambers. Provisional agenda – report writing; addressing difficult issues; joint statements; trial procedure and mock cross examinations. CEN members free (returnable deposit required); non-members £40. Email: jo.intospeech@gmail.com

25 January, Bristol

Children with cochlear implants: Progressing through the primary stage

With the majority of children in mainstream settings this one-day workshop focuses in on practical strategies for developing language and listening. £85. Email: susanna@earfoundation.org.uk

28-29 January

Laryngeal endoscopy and voice therapy

This two-day course focuses on using findings from endoscopy to assist in voice therapy planning. Both the speaking and singing

voice are addressed and the newly published UHSM EEL Protocol will be introduced. £250.

Tel: 0161 291 2864, email: SLTcourses@uhsm.nhs.uk

30 January; 28 February

The voice in distress

Two half-day events exploring the effect of stress on the voice and ways to resolve vocal problems associated with emotional difficulties: Burnout (Jan 2016) and Emotional repair (Feb 2016). Visit: www.britishvoiceassociation.org.uk (Courses & Events); email: administrator@britishvoiceassociation.org.uk

1-2 February, RCSLT London; 10-11 March, Ramada Hotel Salford Quays

Elklan total training package for 5-11s

This course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-4 February, Edinburgh

Johansen IAS provider training course

Musical auditory stimulation programme designed to develop listening and auditory processing skills in support of attention, language and literacy. £500 (Early Bird £475). Email: camilla@johansenias.com, tel: 0131 337 5427

4-5 February, RCSLT London; 7-8 March (with optional TTP for 0-3s, 9 March) Salford

Elklan total training package for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited, evidence-informed training to staff working in Early Years settings from 3-5 years. Additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. £470 for 3-5s (two days). £670 for all three days (3-5s and 0-3s). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

8-9 February, RCSLT London

Elklan total training package for verbal children with ASD

This REVISED course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

25-26 February, The Bobath Centre London

Introductory Bobath course for SLTs

Tutor: Yolanda Broek (Senior SLT

Tutor), The Bobath Centre, London.

A two-day course for SLTs on the Bobath approach to assessment and treatment of children and babies with cerebral palsy. £380.

Full course description and booking, visit: www.bobath.org.uk, email: training@bobath.org.uk or tel: 020 8444 3355 (Contact Abby)

25-26 February

Nasendoscopy training for SLTs on speech and velopharyngeal function

This three-day course will provide comprehensive theoretical and practical training for SLTs. It will illustrate how SLT nasendoscopy clinics can be introduced, integrated and established as a service.

Contact: ICH Events at info@ichevents.com or www.ichevents.com

26 February, Gatwick Hilton Hotel

How to do Cognitive Rehabilitation Workshop

This one-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £85. Email: enquiries@braintreertraining.co.uk, tel: 01276 472 369. Full course details available at: <http://tinyurl.com/nfujdf6>

4 March, London

'A rehabilitation approach to severe aphasia, Wolfson and Queens Square'

Sharing a toolbox of ideas, including specific language work, gesture, drawing, working with groups and use of simple technology. Review of literature and current practice. £100, NRU Gym, National Hospital for Neurology and Neurosurgery. For application forms and details contact Alkida Domi. Tel: 0203 448 3476, email: therapy.courses@uclh.nhs.uk

26-27 November, RCSLT London; 7-8 March, Salford

Elklan total training package for 11-16s

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

9 March, Salford

Elklan total training package for 0-3s

Equips SLTs and teaching advisers to provide practical, accredited evidence-informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. This one-day course is only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/

therapist teams welcome. £235 pp.

Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March, Salford

Elklan total training package for children with complex needs

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

11 March; 17 June

FEES interpretation course

Training in the interpretation of FEES images in adults with acquired dysphagia. Dysphagia management will be discussed based on the case study findings. On day two participants are asked to bring their own clips for discussion. £275. Tel 0161 291 2864. Email: SLTCourses@uhsm.nhs.uk

8 April; 1 July; 30 September

One-day basic endoscopy course

One-day course available on each of the above dates. Course covers considerations in running an endoscopy service for voice/swallowing. Hands-on workshop in the afternoon where participants will pass nasendoscopes. £175. Tel 0161 291 2864, email: SLTCourses@uhsm.nhs.uk

16-18 May, Wirral (Liverpool)

Hanen's More Than Words entry-level workshop

Fulfil the key criteria for effective early intervention for children with autism. Learn how you can involve parents to facilitate their child's social and communication skills in everyday contexts. Now open to SLTs with no previous Hanen training. Visit: www.hanen.org/MTWorkshop, email: info@hanen.org

21-22 June, RCSLT London

TalkTools Level One

Level One: A three-part treatment plan for oral-placement therapy: A general introduction to the TalkTools programme presented by Monica Purdy TalkTools Level 6 Instructor. £430. Visit: www.eg-training.co.uk, tel: 01530 274 747, email info@eg-training.co.uk

23-24 June, RCSLT London

TalkTools Level Two

Level Two: Oral-placement therapy: assessment and programme plan development. Designing TalkTools programmes based on client's diagnoses presented by Monica Purdy TalkTools Level 6 Instructor. £430. Visit: www.eg-training.co.uk, tel: 01530 274 747, email info@eg-training.co.uk



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Increase the potential of your course or event by advertising in the RCSLT Bulletin Quick Look Dates section. A Bulletin survey shows **77%** of readers have attended a course advertised in these pages.

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Tel: **020 7324 2735**

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Kerri Morgan

OCCUPATION: SLT, THE LONDON CENTRE FOR CHILDREN WITH CEREBRAL PALSY

“Being on site gives me daily opportunities for discussion and feedback between staff and families”



Throughout my life and career, my passion has been working with children with complex needs. I believe communication is a basic human right. Every child deserves someone to champion them and never give up on them.

I joined the London Centre for Children with Cerebral Palsy (LCCCP) earlier this year after moving on from a specialist speech and language school in Sussex. My aim in speech and language therapy, in common with the ethos of the centre, is to ensure everything I do has a practical purpose and benefit on a child’s life as a whole. My role at the centre is to assess, diagnose and provide guidance and support to children who have communication difficulties associated with their cerebral palsy or other special education needs.

I work with the children every day and being onsite allows me to see and help them in their everyday environment. This is very different to working with children in isolated individual sessions. I am in the classroom, which allows me to understand the impact communication has on each child’s experiences, their access to the curriculum and their interaction with the wider world. Being on site also gives me daily opportunities for discussion and feedback between staff and families in order to ensure consistency of approach, to quickly identify any developing issues and establish joint goals.

Cerebral palsy is caused by injury to the developing brain before or shortly



after birth and may affect a child’s communication in many different ways – control of the musculature necessary for the movements for speech, gesture and facial expression; the understanding of (receptive) language or use of (expressive) language; and hearing, vision and sensory perception. All of these may be affected individually or in combination and may result in communication difficulties. In fact, speech impairments are estimated to affect a third (36%) of children with cerebral palsy, with roughly 20% being classified as non-verbal. Other communication difficulties affect around 45%. As the problems experienced by children with a diagnosis of cerebral palsy are wide ranging and unique to each child there is no universally appropriate approach. Intervention can focus directly on spoken output, use and understanding of words and sentences, developing alternative methods of communication or helping children to develop social skills.

At LCCCP, we use a total communication approach, which means taking whatever communication method or methods work best for the child and using, developing and building upon them. Whether a child uses speech, sign language or low-tech aids,

such as objects of reference and communication books or high-tech communication aids, such as switches and eye gaze technology, we will work to develop their ability to communicate with others and the world around them.

Intervention also involves children’s familiar conversation partners, such as their families, friends and teaching staff. Such indirect therapy aims to teach

those who are in close contact to facilitate communication development by creating opportunities for children to practise skills throughout the day.

As the onsite SLT, I am also responsible for monitoring the children’s eating and drinking. The physical impact of cerebral palsy can affect the muscles and nerves necessary for chewing, preparing food and swallowing, and I work closely with the children’s local teams and Great Ormond Street Hospital to ensure the best procedures are in place to maximise the children’s safety and enjoyment of food.

Many children with cerebral palsy also present with cognitive difficulties resulting from the damage to the developing brain and many have additional complex needs, such as autism, additional syndromes or chronic ill health.

In every case, the aim of therapy is to maximise and make possible the child’s ability to communicate their needs and ideas to the world effectively; to enable them to become independent communicators. ■

📍 Visit: www.cplondon.org.uk to find out more

NEW

MyNutilis

Nutilis Clear has been designed to maintain the original appearance of drinks, which may support compliance and improved fluid intake.

The new MyNutilis.co.uk website aims to inspire patients and carers to cook delicious meals with Nutilis Clear.

Visit the website for recipes, news items and videos of Chef Neil making meals that look and taste appealing to patients.



	Tin Size (g)	FP10 Price*	Cost per Stage 1 drink**	No. of Stage 1 drinks** per tin
Nutilis Clear	175	£8.46	£0.15	58
Nutilis Powder	300	£4.92	£0.13	37
Thick & Easy™	225	£5.06	£0.20	25
Resource ThickenUp® Clear	125	£8.46	£0.16	52

*MIMS, September 2015; **200ml drinks as per manufacturer dosage instructions.



Transparent results

MyNutilis.co.uk

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