

bulletin

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

February 2019 | www.rcslt.org



Supporting communication
with switch-based
interventions

LUNA landing: a new
treatment in aphasia
rehabilitation?

Leadership mentors: your
questions answered

A novel approach: the book club for service users
that bolsters student learning

Personal Voice Amplifier



TRY
for only **£36** +VAT
YOUR FULL TRIAL KIT
18w voice amp with 4 microphone options
including slimline headset, clip-on lapel, throat
and new adhesive pad microphone. **Save £81**

Voice Amplifier Kit JF105A

£75 +VAT

Suitable for dysphonic, hypophonic, and other conditions resulting in damage to vocal chords. Helps amplify and enhance a weak or strained voice. Helps prevent strain on voice box when public speaking.

This new upgraded voice amplifier is 18 watts which is more powerful than most small voice amplifiers which are normally rated at around 10 watts and consequently need to be operated at full volume. The advantage of 18 watts is you do not need to set the volume too high.

- Powerful 18 watts RMS output
- Easy to use
- Suitable for all ages
- Excellent clarity
- Small, discreet, & lightweight
- Pitch modulator to vary the sound of your voice
- Low acoustic feedback with in-built noise filtering
- Rechargeable with over 12 hours battery life

Available through NHS or direct from us

NEW KIT INCLUDES

- ✓ High Quality Organiser & Carry Case
- ✓ Headset Microphone
- ✓ Uni-directional Clip-on Lapel Microphone
- ✓ Adjustable Neck Strap
- ✓ Mobile phone and PC connector to increase audibility when using phone or skype
- ✓ Belt Clip
- ✓ Mains Charger 9V DC - 0.65A

Voice Aid

Unex Designs Ltd
Woodland Business Park
Torquay, Devon
TQ2 7AT, UK

t: 01803 612772
e: info@voiceaid.net
w: www.voiceaid.net



Adhesive Pad Throat Microphone TM9631

£21
+VAT

NEW

- Easy to use
- Suitable for all ages
- Simply place sensor on round adhesive skin pad and apply to side of neck
- Comes with 30 disposable adhesive sensor patches, medical grade, hypoallergenic and latex free
- Replaceable sensor pads available (30 pack)



Contents

ISSUE 802



33



11



16



18

- 4 **Letters**
- 5 **News**
- 11 **Opinion** by Alexandra Sturrock
- 12 **Alison Cox** shares a novel approach
- 16 **Madeleine Cruice and Lucy Dipper** introduce the LUNA research project
- 18 **Anne Murdock** on switch-based interventions in adults with PMLD
- 20 **Victoria Harris and Julia Manning** on RCSLT leadership mentors
- 23 **In the Journals**
- 24 **Research and Development Forum**
- 27 **Obituary:** Julia Peto
- 30 **Your speech and language therapy job adverts**
- 33 **My working life:** Joanne Holder



CONTACTS



20

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200
Email: bulletin@rcslt.org
Website: www.rcslt.org
ISSN: 1466-173X



COVER ILLUSTRATION
Ben O'Brien

President: Sir George Cox
Honorary vice president: John Bercow
Chair: Dr Della Money
Deputy chair: Mary Heritage
Honorary treasurer: Richard Fass
Professional director: Kamini Gadhok MBE



PUBLISHERS
Redactive Publishing Ltd
Level 5,
78 Chamber Street,
London E1 8BL
020 7880 6200 www.redactive.co.uk

EDITORIAL
Editor: Victoria Briggs
Publications officer: Amelia Dale
Contributing editors: Amit Kulkarni,
Lauren Longhurst, Katie Chadd
Art editor: Yvey Bailey

ADVERTISING
Recruitment sales:
Tel: 020 7324 2755
Email: rcsltjobs@redactive.co.uk
Display sales:
Tel: 020 7880 7668
Email: bulletin@redactive.co.uk



PUBLISHING DIRECTOR
Joanna Marsh
PRODUCTION
Aysha Miah-Edwards
PRINTING
Buxton Press

DISCLAIMER
©2019 Bulletin is the monthly magazine of the Royal College of Speech and Language Therapists. The views expressed in the Bulletin are not necessarily the views of the RCSLT. Publication does not imply endorsement. Publication of advertisements in the Bulletin is not an endorsement of the advertiser or of the products and services. The publisher reserves the right to alter or withdraw any advertisement without consultation.



Victoria Briggs

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).



Once upon a time

Storytelling is universal and constitutes one of the most important facets of human communication. A good story, well told, not only helps to connect us to each other, but also to different cultures, traditions and periods of time. Whether stories come in the form of literary works, such as those read by service users at the University of Reading's book club (our cover feature, p12), or the personal narratives that shape our lives—which the new LUNA research project, pioneered by Madeline Cruice and Lucy Dipper of City, University of London, utilises to provide aphasia rehabilitation (p16)—stories are central to our sense of identity and understanding of the world.

This being February, we couldn't let the month pass without a nod to Valentine's Day. Even if you aren't the hearts and flowers type, I'm sure Clare and Gary's story opposite will warm everyone who reads it. It comes in follow-up to Anna Robinson's feature ('A notice of marriage') in December's issue of the magazine, which generated a phenomenal response on the @rcslt_bulletin Twitter timeline. We're grateful to Enya Killen and Gerlind Tredinnick for sharing Clare and Gary's story with us. If you have a story of your own that you think would resonate with readers, then do consider sending it our way.

Victoria Briggs

editor

bulletin@rcslt.org

@rcslt_bulletin

Your RCSLT

MARY HERITAGE



It was at Leicester Polytechnic's freshers' week in 1983 when I got my first chequebook. The very first cheque I wrote was for my RCSLT student subscription!

My career started in Nottingham and then Derbyshire, where I soon became particularly interested in working with people with dementia, as I could see what impact speech and language therapy could have for families.

I led the Derbyshire SLT service for 15 years, and now lead on AHPs and patient experience in my trust.

In the way I approach my work, I am still very much an SLT, finding ways to make sure everyone is heard and involved. Nowadays, as an RCSLT trustee, I've relished the opportunities to invest back into my profession. I'm always proud to say that I'm an SLT. RCSLT is its members — that's us — and I'm positive that our new digital platform and social media channels will enable each of us to participate in our profession.

Mary Heritage, RCSLT deputy chair

Email: mary.heritage@rcslt.org



Love story

After reading Anna Robinson's feature on mental capacity and marriage (December's *Bulletin*), I felt compelled to share my manager Gerlind Tredinnick's service user 'good news' story.

Gerlind and I work as part of the adult learning disability service in North East Lincolnshire, where a large part of our work is reducing prejudices towards people with a learning disability and challenging the assumption that they lack capacity. Much of this includes ensuring reasonable adjustments (NHS 2016) are undertaken to support our service users.

I've noted similar trends between Anna's story and Gerlind's, of the registrar insisting upon questions being answered verbally, which of course is often a major difficulty and barrier for our clients. With that in mind, here is Clare and Gary's story:

We're Clare and Gary (pictured) and have been together since 2008. We moved into our first home together in 2009. We got married in October 2018. We both have a learning disability and Gerlind, our SLT, has worked with us on and off since 2009. We've always been able to say to Gerlind what we want to work on.

Clare: "I find it difficult to speak, but know what I want. I communicate by signing, gesturing, facial expressions and Proloquo2go (a communication app on my smartphone/tablet)."

Gary: "My speech is not always clear and sometimes people struggle to understand me. We prepared for over a year for the wedding. When registering the marriage and giving notice at the registry office, we had some difficulties because some people thought we did not understand everything about getting married and the commitment we want to make to each other. Gerlind helped us fight these barriers and we were able to have the wedding we wanted. Gerlind helped us feel more confident about saying our vows on our wedding day and we practised lots. Clare was really worried about this but was sure she wanted to use speech to say her vows. On the actual wedding day we both spoke all our vows and so many people were surprised and proud of us."

Gerlind and I are lucky to work in a small locality allowing us some influence over services through training and partnership working, however it is clear that nationally, there is still work to be done on behalf of people with a communication difficulty, with or without capacity.

Enya Killen, SLT. Email: enya.killen@nhs.net

FOLLOW THE RCSLT ON **facebook** AND **twitter**

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





Application deadline for RCSLT minor grants



Swallowing Awareness Day



Scotland Hub Day

Fit for a queen

The RCSLT hosted a special event for Professor Pam Enderby OBE (pictured: right) last year to celebrate her exceptional and unique contribution to the profession. Friends, family and colleagues, past and present, gathered in the beautiful setting of Speakers House, Westminster, to hear about Pam's extraordinary career and myriad achievements, spanning campaigns and awareness raising, research and evidence-based practice, leadership roles from two separate stints on the RCSLT Board of Trustees, a period serving as chair of RCSLT, and her current role chairing the International Association of Logopedics and Phoniatrics.

Those who have worked with Pam talked about the impact she has had on their lives, with some colleagues travelling from as far afield as Australia to pay their respects. All stated in their own ways that Pam has been a major driving force for quality and evidence-based practice, with a clear emphasis on research and outcomes, while her contribution to the RCSLT as an organisation

has been sustained and significant over many years.

There was much fun and jollity at the event, befitting Pam's style and sense of humour, and culminating in her being "crowned" as the queen of the profession by Sue Roulstone, emeritus professor at the University of the West of England, and Dr Yvonne Wren, director of Bristol Speech and Language Therapy Research Unit.

Pam delivered her response to the gathering with the crown on her head, joining in the fun and entertaining us with some of her career stories and highlights, all while being her usual modest self and underplaying her contribution to the profession.



The warmth and kindness felt for our "queen" was palpable. Thank you, Pam, on behalf of the profession, for being the exceptional person you are, and for your continued drive and energy going forward. We are honoured to have worked with you.

Dr Della Money and Morag Dorward, current and former RCSLT chairs

New journals added

From February, the RCSLT online library is offering members access to a host of new journal titles. These include *Functional Linguistics* and *Cancers of the Head and Neck* from publishers Springer, and *Autism Research* and *British Journal of Learning*

Disabilities from publishers Wiley. We know from last year's members' survey how much access to journals is valued as part

of the membership offer, which we've taken on board. We are now aiming to make the library even more useful to you.

The Wiley and Springer titles are among those that members have been asking for, but are available for a limited time only. The RCSLT research team is currently reviewing all journal subscriptions and monitoring usage of our library throughout February to gauge which titles are being used the most. We'll be using this information to decide

which ones we will subscribe to in the future, so make sure you have a browse and take advantage of this fantastic opportunity to help shape the journals collection to suit your needs.

Email comments about our journals collection, or send additional titles for consideration to katie.chadd@rsl.org

📍 You can visit the RCSLT journals library at bit.ly/2F72g4H

NEWS
IN BRIEF

IDDSI guidance

Don't forget there's guidance on the RCSLT website to help you with the implementation of the IDDSI framework. The guidance includes presentations, posters, implementation information, YouTube videos and lots more.

📍 Visit bit.ly/2VDTpgz for more details.

West Mids Hub

If you live or work in the West Midlands you can register for the RCSLT West Midlands Hub Day, taking place on 6 March at Birmingham City University (city centre campus). The day will focus on service user stories and reflective practice.

📍 For more information, visit bit.ly/2F7aKcM

Stroke film win

Congratulations to Bishop Auckland's stroke team (from County Durham and Darlington NHS Trust) who were among the winners of the United Kingdom Acquired Brain Injury Forum (UKABIF) short film award 2018. The team's winning 30-second video highlighted the diversity of people needed to support recovery following a stroke or brain injury.

Cleft Lip CEN

On 5 April, the cleft lip and palate CEN will meet at AMBA Hotel, Marble Arch, London. To register online go to craniofacialconference19.co.uk

📍 For more information and to see the agenda, visit www.cleftsig.co.uk



@HelenPaterson3

Great article by @MCAsupporttool in January @rcslt_bulletin about his experience at the @cplol_eu congress - looks really interesting - would love to go sometime! #SLPeeps

@SLT_Rachel

A patient beaming and telling you that you've 'made my day' when recommending that they can commence a purée diet after 4 days of NBM #MySLTDay

RCSLT membership renewals

Look out for the 2019/20 RCSLT membership renewal information email arriving in your inbox, with information on membership fees for your member category and an overview of RCSLT services, resources and networks.

If you pay your fees by direct debit, your membership will be renewed automatically. More than 16,000 members now pay by direct debit and benefit from a £13.25 discount on their fees. If you have a UK bank account and don't pay by direct debit, consider switching to save yourself time and money.

Insurance cover

The RCSLT provides professional indemnity insurance for Certified, Newly Qualified – Practising, Overseas Qualified Practitioner – UK Practising, Student and Assistant members based in the UK, as well as for Non-Practising, Returners and Retired members in respect of past practice. An overview of your insurance cover can be found on the RCSLT website and you may also be interested in listening to the webinar on insurance (see bit.ly/2RvU18X).

It is a legal requirement of the Health and Care Professions Council (HCPC) registration to hold professional indemnity insurance. Please ensure you are in the correct category when renewing your membership, as this cover cannot be backdated. If you need to change your membership category, your personal details or the way in which you pay your fees, please contact the membership team by emailing membership@rcslt.org.

Our insurance covers fully paid-up members only. The RCSLT also provides legal fees insurance for UK-based members in respect of referrals to the HCPC.

Members paying by cheque or credit card will be covered from 1 April if we have received your payment before this date (our insurance policies will not cover those who pay by cheque or credit card after 1 April. Cover will resume from the date you make your payment).

SLTs who are resident in the Republic of Ireland and are HCPC registered are eligible to join the Certified members category. However, due to changes in insurance law arising from Brexit, the cover provided in respect of professional indemnity and legal fees insurance after 28 March 2019 will

change. We will write separately to these members explaining the position.

Late renewals and fees

If you choose to renew your membership outside the usual renewals period, you will still be liable for your fees on the full-year basis. However, as noted above, we will not be able

to backdate your insurance cover and you will not have access to member-only areas of the RCSLT website if your membership lapses.

If you have not heard from us about renewing your membership by 1 March 2019, please get in touch by emailing membership@rcslt.org or calling **020 7378 3010/3011**.

RCSLT fees 2019/20

Membership Category	Designatory letters	Direct debit ¹ 2019/20 (£)	Cheque or card payment 2019/20 (£)
UK RESIDENT			
Certified ²	CertMRCSLT	251.00	264.25
Non Practising	MRCSLT	157.00	170.25
Newly Qualified – Practising	MRCSLT	157.00	170.25
Newly Qualified – Non-practising	MRCSLT	41.00	54.25
Returner	MRCSLT	157.00	170.25
Retired ³	MRCSLT	64.00	77.25
Student	MRCSLT	41.00	54.25
Assistant	–	91.00	104.25
Overseas Qualified Practitioner – UK Practising	MRCSLT	251.00	264.25
Overseas Qualified Practitioner – UK Non-practising	MRCSLT	157.00	170.25
OVERSEAS RESIDENT			
International Affiliate ²	MRCSLT	203.00	216.25

Approved by the Board of Trustees and announced at the AGM 2018

1. Reflects £13.25 discount for payment by direct debit.
2. HCPC-registered SLTs resident in the Republic of Ireland may wish to join the Certified members category.
3. Retired members who are not resident in the UK and wish to receive hard copies of *Bulletin* and the IJLCD will be charged a supplementary postage charge, depending on where they live.

Statutory notifications

Occasionally, the RCSLT has to formally notify members of corporate business, most notably at the annual general meeting. We would like to take this opportunity to remind you that to save on postage and printing costs, as well as doing our bit to protect the environment, formal notices will by default appear in *Bulletin*, which is received by all members, with links to the RCSLT website, on which will be posted formal documents. Any member has the right to request that formal notices are sent to them in hard copy. Requests should be sent to the Company Secretary at the RCSLT offices (see address on page 3).

@UCLGivingVoice

It's such a privilege to be able to enjoy student membership with the @RCSLT. It's incredible to read about current issues within the field. I've found especially interesting the #DevelopmentalLanguageDisorder factsheet in this month's bulletin! #sltzb

@feeney_dayna

Last ever shift as a delivery driver tonight, this time next year I'll have been an #NQT for 9 months...such a pity being an SLT doesn't include free pizza during every shift!



DELLA MONEY & KAMINI GADHOK

RCSLT Student Day report



The RCSLT Student Day, which took place in London towards the end of last year, was attended by more than 130 SLT students from around the UK.

The event was opened by Dr Della Money, chair of the Board of Trustees, who discussed the support and opportunities available via the RCSLT, and emphasised the role that everyone can play in the organisation's influencing and campaigning work.

Workshops throughout the day focussed on the different aspects of gaining a job as a newly qualified SLT with topics such as preparing for the application process and the type of supervision available in a first job.

The policy context for campaigning, resources for evidence-based practice and research, professional networks and the relevance of social media, and the NQP framework were all the subject of presentations. A key message was delivered by Kaleigh Maietta, RCSLT events and member engagement officer, who said that "being motivated and enthusiastic can be so much easier when you have support around you".

Four SLTs then reflected on their journeys from being final year students through to NQPs.

Advice included:

- "Be honest with your supervisors about what you know and what you don't know" - **Eve Groake**;
- "Take chances and don't limit yourself" - **Iona Sinclair**;
- "Always get feedback from your interviews" - **Harriet Batambuze**; and
- "Think about whether you can imagine yourself working with the team; you have to be right for them but equally they have to be right for you" - **Rebecca Simmons**.

A panel of managers gave their perspectives on finding first jobs, with Dr Della Money concluding the segment by saying, "we can teach skills, we can teach knowledge, but it's the underpinning values that are paramount".

The last part of the day focused on interview questions, as well as a Q&A panel with all the presenters.

.....
Rebecca Simmons, community paediatric SLT, London North West University Healthcare Trust.
Wrood Almutawa, final year student, City, University of London

NEW CONCEPTS

In September's issue of *Bulletin*, we highlighted the concept of 'new power'—a participatory, peer-driven approach that focusses on involving as many people as possible.

At the Board of Trustees and Senior Management Team meeting in December, we discussed how 'new power' differs from 'old power', which is leader-driven and held only by a few, and if there are times when both approaches can be used.

To inform our discussions, we watched a TED Talk from Jeremy Heimans, co-author of the book *New Power - How it's changing the 21st Century and why you need to know*.

The concept of new power is already in evidence in NHS England, where chief transformation officer Helen Bevan leads a team that uses a variety of different tools and approaches, including social movement principles, community organising, improvement science, accelerated design and digital connectivity. It's an approach that also champions the role of emerging leaders, students and trainees at the forefront of radical change (see bit.ly/2SmlZ3c).

With more than 17,000 members across the UK, working in a range of roles and within different employment contexts, the RCSLT is keen to see how we can harness digital and social media platforms to support the concepts of new power with more effective and real-time engagement between members, Hubs, RCSLT staff and board members.

'The strength of new power was highlighted by students'

The strength of new power was highlighted by students at the RCSLT Study Day in December, where the energy and passion of our next generation of SLTs to actively engage, contribute to and shape the profession was very much in evidence both at the event itself and, afterwards, on Twitter.

As the RCSLT progresses along its journey of digital transformation, it's envisaged that the new website will provide us with an opportunity to engage members in more innovative ways, such as the creation of new networks, a greater enabling of peer support, and mobilising members on areas of joint interest to improve and transform SLT services.

If you have any suggestions you'd like to share with us, get in touch! It's your RCSLT, after all. ■

.....
Dr Della Money, RCSLT chair, and Kamini Gadhok MBE, RCSLT chief executive. Email: kamini.gadhok@rcslt.org

RCSLT evidence cited in Autism report



In December's *Bulletin*, we highlighted concerns about the proposed Autism (Wales) Bill and the influencing work that was being undertaken with other royal colleges and the Welsh NHS Confederation.

The Health, Social Care and Sport Committee has now published its stage one scrutiny report on the bill and the RCSLT was pleased to see a number of references to both our written and oral evidence (provided by member Julie Mullis) within the committee report.

The report makes several recommendations for the Welsh Government to improve provision of services for people with autism spectrum

disorder, but was unable to agree whether the legislation, proposed by Paul Davies AM, is the most appropriate way of achieving this. It will now be for the Welsh Assembly to decide whether the bill should proceed to the next stage.

The Welsh Government is not supporting the proposed bill, arguing that improvements to autism services can be delivered through existing legislation.

On 30 November, it issued a consultation on a code of practice on the delivery of autism services under the Social Services and Wellbeing Act 2014. The draft code sets out the requirements placed on local health boards and local authorities in the following areas:

- arrangements for assessment and diagnosis;
- arrangements for accessing care and support;
- arrangements for awareness raising and training; and
- arrangements for planning, monitoring and stakeholder involvement.

The RCSLT will be working closely with members over the next few months to develop our response to this key consultation and we are very keen to hear from those with expertise in this area to ensure our response is as robust as possible.

To get involved in our autism influencing work in Wales, contact Caroline at caroline.walters@rcslt.org / 029 2039 7729 or Naila at naila.noori@rcslt.org / 029 2039 7729



Student challenge

Students from Newcastle University's speech and language therapy society held a 24-hour modified diet challenge at the end of last year where only pureed food (IDDSI level 4) and thickened drinks (levels 1 and 2) were consumed. The 15 trainee SLTs undertook the challenge to raise awareness of swallowing difficulties and to learn about putting the new IDDSI framework into practice, promoting their activities widely across social media.

The students also held a 'dysphagia awareness social', inviting members of the public to join them in trying pureed food and learning about dysphagia, with combined activities raising £334 for the disability equality charity SCOPE.

ALNET update

Earlier this year, the Additional Learning Needs and Education Tribunal (Wales) Bill (ALNET) gained royal assent and became law. The new act replaces the current special educational needs (SEN) framework with a reformed system based on additional learning needs (ALN). The new legislation means that all learners with ALN will have a statutory plan, rather than the small proportion that are currently put forward for statutory assessment.

The Welsh Government has published the

code of practice for the act (bit.ly/2R5vSqu) for consultation. The purpose of the code is to set out the new statutory duties on relevant bodies, including local authorities and local health boards, under the new ALN system, and provide guidance on how the new system will work in practice. There will also be a series of events across Wales coinciding with the consultation and the Welsh Government has produced a frequently asked questions document in relation to the ALNET Act (bit.ly/2C93eM3).

The RCSLT plans to produce a robust response and we are keen to hear from as many members as possible on their thoughts about the code before the 22 March deadline. A draft response for members' comment will be circulated widely by the Wales Hub and networks.

To get involved in our influencing work around the act email caroline.walters@rcslt.org or call 029 2039 772.

Caroline Walters, RCSLT policy adviser (Wales)

802

issues of *Bulletin* published to date

1.5

million people in the UK have a learning disability



Derek Munn

COLUMN

Northern Ireland Hub Forum success



L-R: Alison McCullough, Professor Victoria Joffe and Cathy Jordan

More than 160 delegates attended the RCSLT Northern Ireland (NI) Hub Forum bi-annual conference in November last year. Themed ‘how speech and language therapy delivers transformation’, the full-day conference delivered a packed programme with speakers from across the UK and Ireland contributing in workshops and on the main programme, alongside more than 30 poster presentations.

The keynote speech was delivered by Professor Victoria Joffe of City, University of London, who spoke of the evidence base that demonstrates how speech and language therapy is delivering transformation for the benefit of service users and their families. Mark Taylor, consultant surgeon at Belfast Health and Social Care Trust, shared his insights into the need for collaboration, highlighting how allied health professionals are leading the way in adopting meaningful co-production with patients and service users. Dr Clare Mangan from the Education Authority addressed the need for greater collaboration in order to deliver the best outcomes for children.

In the afternoon, Cathy Jordan, head of speech and language therapy at Belfast Health and Social Care Trust, briefed the audience on the progress of the regional strategic review of dysphagia, while service user John Toal and his SLT Angela Crocker gave delegates a unique

insight into living with a swallowing difficulty. David Wylie, head of podiatry at NHS Greater Glasgow and Clyde, provided an inspiring and challenging final key note presentation on how leadership is vital to impact individual and organisational culture.

The workshop sessions were all themed around how speech and language therapy is transforming lives, both young and old, with Toby Hewson, vice-chair of the charity Communication Matters, providing a service user perspective on inclusivity.

The Hub Forum also hosted a pre-conference gala dinner to launch the Neill Birnie Lecture, dedicated to people who have overcome communication challenges. The lecture, created in memory of a participant in the 2015 My Journey My Voice photographs and stories exhibition, was given by Dr David McCann, deputy editor of current affairs website *Sluggor O’Toole* and a part time lecturer at Ulster University. David, who has a stammer and received speech and language therapy as a child, said, “I am the beneficiary of early intervention. It is no exaggeration to say that without [SLT] support I couldn’t do what I do today.”

Presentations and posters from the conference will be made available on the RCSLT website.

Alison McCullough MBE, former RCSLT Head of Northern Ireland Office

SEEKING CONSISTENCY

The RCSLT has as a core area of work raising the profile and awareness of speech, language and communication needs, whether with decision-makers or with society at large. Allied to this of course is raising awareness of the role of SLTs. We know, for example, that when people hear about the work of SLTs they still think about elocution; that they are aware only of stammer and not the wider range of conditions SLTs help with; and that they presume we work with children and do not know our level of training and expertise.

From the early days of Giving Voice, it has been apparent that if there is a lack of awareness of communication needs and the SLT role, then this is even more the case when it comes to dysphagia and swallowing. This is true of those thinking of entering the profession, of decision-makers and the public, and even of other health professionals.

This matters for its own sake, but all the more given the patient safety dimension. That’s why we’re working at system level to tackle preventable deaths, including (for those readers not involved in this area) through IDDSI (the International Dysphagia Diet Standardisation Initiative) dealing with consistent terminology and through updating the Interprofessional Dysphagia Framework.

“A twin approach of promoting the profession’s role”

But our work on dysphagia is wider than just clinical. We include swallowing in our Parliamentary briefings, our factsheets and PR initiatives, and next month will see the third Swallowing Awareness Day devoted to raising the profile of dysphagia.

A twin approach of promoting the profession’s role in eating, drinking and swallowing alongside speech, language and communication needs now runs through every aspect of our work, lending it consistency.

This Swallowing Awareness Day takes place on 13 March, when we look forward to seeing all our members’ campaign activities using the #swallowaware2019 hashtag. ■

Derek Munn, RCSLT director of policy and public affairs. Email derek.munn@rcslt.org

eHealth learning feedback

The RCSLT's eHealth learning journey, designed to introduce members to the four main strands of eHealth (apps, telehealth, social media and information governance, and their application and relevance to speech and language therapy) was launched just over a year ago.

Member feedback shows the elearning has been positively received. Prior to completion, 67% of participants rated their knowledge of eHealth and health technology as 'average', with 83% rating it 'good' and 8% as 'excellent' afterwards. Additionally, 67% said they would feel 'confident' introducing technology as part of their interventions, and 17% were 'very confident'.

To capture a more rounded picture, we want to know your thoughts about the learning journey.

■ If you have used it, what did you



think? What worked well and what didn't? Has it impacted on your practice?

■ If you haven't used it yet, are there issues which are blocking you? Is there anything we can do to the elearning that will help you to access it?

Email elarning@rcslt.org by

1 March so we can take your comments on board.

To access the eHealth learning journey and find out about learning journeys in general, visit bit.ly/2Aaotg

.....
Victoria Harris,
RCSLT learning manager

CARE Award win for Cornish SLTAs

The Cornwall Partnership NHS Foundation Trust's annual 'CARE' awards, which took place at the Eden Project towards the end of last year, was an exciting night for speech and language therapy.

More than 600 nominations across the trust were received for the various categories and shortlisted by the trust's executive board.

In the 'Going Above and Beyond' category for outstanding individuals, each of the three shortlisted nominees was a speech and language therapy support worker: Leanne Harris and Nicolle Mitchell, both from the community adult SLT service, were runners-up in the category, with the award being won by Sharon Hambley,

support worker in the adults with learning disability SLT team.

The occasion was a real showcase for the profession and showed that speech and language therapy services go 'above and beyond' as part of our core practice. By nature, the services we provide to individuals are fundamentally focussed around enablement, involvement, quality of life and wellbeing.

Thank you to all members of the SLT teams in Cornwall for the fantastic work you do. We are already planning the nominations for next year!

.....
Jennifer Lloyd, professional lead for speech and language therapy, Cornwall Partnership NHS Foundation Trust

Swallowing priorities

On Swallowing Awareness Day last year, the RCSLT launched the top 10 research priorities for adult, paediatric and general non-age group specific dysphagia, in collaboration with the National Institute of Health Research. We have been encouraged to hear about the work SLTs have been doing to address these priorities, whether through large-scale research projects, quality improvement projects, PhDs or student dissertations. We will be sharing highlights from the @RCSLTResearch Twitter handle to mark this year's Swallowing Awareness Day on 13 March.

🕒 **For more information about RCSLT research priorities, contact lauren.longhurst@rcslt.org. A Swallowing Awareness Day campaign toolkit can also be found at bit.ly/2Vr1CVv and you can use the #swallowaware2019 hashtag to post your campaign news and events on social media, tagging @RCSLT**

New Northern Ireland head

Ceara Gallagher has been appointed as the new head of the RCSLT Northern Ireland office, replacing Alison McCullough MBE, who retired at the end of 2018. Ceara, who begins in post on 18 March, is currently the clinical and service lead for developmental language disorder in the Northern Ireland South Eastern Trust, as well as the chair of the RCSLT Northern Ireland Hub Forum.

RCSLT webinar series

Join us for the final part of the *Putting children, young people and their parents/carers at the centre of decision-making* webinar series at 1-1.45pm on **20 March**. Speakers Mrunal Sisodia, chair, National Network of Parent Carer Forums; and Glenn Carter, head of speech and language therapy, NHS Forth Valley, will be discussing the importance of child-centred decision-making.

🕒 **To register and ask a question, visit: bit.ly/RCSLTwebinars**

2019 conference

The RCSLT Conference will be held on 25-26 September 2019 at the De Vere East Midlands Conference Centre in Nottingham. Mark the dates in your diary! More information coming soon.



Alexandra Sturrock

Opinion

Alexandra Sturrock explains how she used an art workshop to feedback results to study participants

differences existed in pragmatic skills, with girls performing better than boys in all measures.

Volunteers in the project and the clinicians involved in recruitment had suggested that direct communication of results to the most impacted groups would be extremely helpful. An art project and feedback session seemed like an effective way to present outcomes directly to the participants of the study in a truly accessible format.

over two evenings with about 25 participants, family members and professionals attending or taking part remotely. Children and parents were set up at art stations to develop their ideas while study feedback was given through a presentation. The SLT students were on hand to give one-to-one support to the children with their art activity and to provide direct feedback to any parents with questions about the study.

A guest speaker, Etienne Goldsack, an SLT herself, also gave a talk about her personal experience of being a woman with autism. The event gave everyone a chance to network, share ideas and learn from each other. It was valuable for all, but maybe especially so for the women and girls with autism, who have so few dedicated groups and services.

“An art project... seemed like an effective way to present outcomes”

The idea for it came after attending an NHS research and development training day on making research accessible to the public through textiles. We came up with the idea of a collaborative banner with a rainbow in the middle representing the spectrum of autism. The children worked on individual cloud shapes depicting their special interests using a mixture of paints, pens, fabric, objects or collage. The clouds were then sewn around the rainbow and linked together to illustrate both uniqueness and connectedness. We gave some thought to the materials the children might like (or not like) to use (perhaps for sensory reasons). We also considered strategies to encourage creativity and avoid rigid thinking in the children’s cloud design. The main aim of the art work was to engage the children with the themes of gender difference in autism and to facilitate a space for discussing the study results in more detail.

The artwork was also a success. All the children and some adults with autism got involved. The special interests depicted by the girls included Harry Potter, sign language, gardening, animals and science. Boys’ special interests included Star Wars, dinosaurs and video games.

All the boys chose to draw their interests, while the girls got involved with collage and mixed media. All of them were very creative contributions. The children placed their pictures on the banner and the team later stitched them into position, linking them with rainbow wool.

The final banner is a beautiful depiction of differences while also demonstrating a sense of unity within the community. The plan is to use it wherever possible to visually introduce the subject matter to the public.

For more information visit: communicationautism.wordpress.com ■

Alexandra Sturrock, clinical lecturer and researcher, The University of Manchester.
Email alexandra.sturrock@manchester.ac.uk

Our team was made up of very keen and able SLT students who helped with the planning and execution of the sessions. This ran

Art works



Following a recent research project into females with autism, our team from the speech and language therapy department at The University of Manchester ran an art workshop to feedback results to the study participants. It was a motivating session for all who attended and resulted in a collaborative art piece (pictured), which we can

now use to visually represent the main theme that emerged from the project: the similarities and differences between females and males with autism.

Our research aimed to evidence differences in the language and communication profiles of girls and boys with autism (aged nine to 11 years old) and typical range IQ (Asperger’s type). Initial findings suggested that the main

A novel approach

Alison Cox shares an initiative that encourages reading for pleasure in people with aphasia, while supporting student learning

ILLUSTRATION BY Ben O'Brien

Clinical staff at the University of Reading provide a range of placements for student SLTs in a purpose-built clinic suite located on site, but every year the pressure increases to provide even more high-quality student placements.

In a drive to use the on-site clinic facilities to their full extent, and to offer more opportunities with different models of service delivery, one of the university's recent innovations was to introduce a book club for people with aphasia, run by students on peer placement with remote supervision from a clinical tutor.

The idea for the book club was based on Bernstein-Ellis and Elman's 'Book Connection programme', which originated in the US (Elman, 2007), although the outcomes for the university's book group are focused on the activities and participation element of the International Classification of Functioning, Disability and Health Framework (ICF) within the World Health Organisation model for health, disability and functioning (WHO, 2001).

This model specifies 'reading for enjoyment' as an element of recreation and leisure. Thus the book club takes a social model approach to therapy by highlighting the positive

outcomes of a reading group for individuals with aphasia. Its aims are to:

- support reading comprehension in people with aphasia;
- support the rediscovery of reading for pleasure; and
- support access to books through 'reading ramps' (Elman, 2007). (Ramps being strategies to support understanding, such as audio books and summaries of chapters and main characters.)

Research suggests that using such strategies aids reading comprehension (Meteyard et al., 2015), can improve reading rate, accuracy and confidence (Cocks et al., 2013), and can help participants regain reading proficiency (Lynch et al., 2013).

At the university book club, students provide the following reading ramps to help participants access books:

- Each week they set reading—the group agrees how much people can get through in that time and sets a number of chapters or pages accordingly, which ensures everyone keeps up.
- They provide chapter summaries—these can be at paragraph- or phrase-level, depending on the participant's reading ability.
- They also provide character summaries to help participants keep track of who people are.
- They ask questions about the set text—this

helps to ensure that participants have understood what they are reading (and questions can be offered in a multiple choice format).

- They provide participants with 'things to think about', reflecting the main themes in each chapter.

In addition, the group encourages participants to share their experiences of overcoming barriers to reading and this has led to interesting discussions about the use of e-readers and audio books.

So far, the group has read a range of books including: Bill Bryson's *Notes from a Small Island*; Sir Arthur Conan Doyle's *Short Stories of Sherlock Holmes*; Deborah Moggach's *These Foolish Things* and *The Best Exotic Marigold Hotel*; George Orwell's *Animal Farm*; Ian Rankin's *The Beat Goes On*; and Mark Haddon's *The Curious Incident of the Dog in the Night-time*.

When it comes to selecting books, the only criteria are that we can break the reading down into manageable chunks to fit in with a university term, and that the book is available in print, e-book and audiobook format.

Student outcomes

Placements are structured so that students work in pairs and assign the workload between themselves. All their activities support their development of RCSLT competencies* for newly qualified practitioners. For example:

Developing professionalism and skills as an autonomous practitioner:

- Encouraging all participants to contribute to discussions.
- Managing 'difficult' conversation topics.
- Setting up the clinic space with consideration for physical difficulties.
- Supervising students from lower year groups who help with refreshments.

Devising and carrying out relevant activities:

- Preparing chapter and character summaries, along with other reading ramps.
- Preparing questions regarding the set texts.
- Preparing discussion topics relevant to the reading.
- Discussing suitable ramps and adjustments where difficulties are identified.

Relating theory to clinical practice:

- Students are asked to research the



evidence base for group interventions and reading therapies.

- They are also asked to consider the role of SLTs in social group-working.

Developing skills as a reflective practitioner:

- Reflection with peers.
- Discussions with a supervisor at the end of the day.
- Collection and collation of feedback from participants at the end of each group.

**Nb The approach pre-dates the RCSLT 2018 curriculum guidance, but still maps to elements of the five core capabilities in the new guidance: communication, partnerships, leadership and lifelong learning, research and evidence-based practice, and professional autonomy and accountability (see bit.ly/2D1GJsW).*

Participant outcomes

A baseline questionnaire, the ‘Reading Comprehension and Emotions Questionnaire’ (Cocks et al, 2013), was sent to six participants prior to their first session at the book club, and again at the end of their first book.

Participants were typically very happy with the book group, which has now been running for three years, with the number of members growing from four to 10. Example feedback includes:

- ‘It was good to mix with other people and learn from their experiences’; and
- ‘Love love love my book club’.

Students enjoyed the opportunity to work independently, too. Their feedback included:

Positives: ‘I really enjoyed leading it and being left to do so...as we were given the chance to run the book group independently; this allowed us as students to become more confident in managing groups.’

Challenges: ‘Trying to get the balance right in allowing everyone to have their say’; and, ‘Knowing what to put in the questions as talking points was difficult.’

Conclusion

Since the original book club launched, we have expanded the initiative: the club also runs at the local library, which has opened it up to people who were not able to travel as far as the university. The library provides a meeting room for the club and copies of the books for everyone (audio books too, if required).

The evaluation and feedback suggests that students and participants can benefit from group therapy without direct supervision or input from a fully qualified SLT. Comparable settings are:

- education groups for individuals living with a chronic condition;
- communication strategy training for clients and their carers; and
- any peer support group setting.

These kinds of settings have the potential to open up scope for clinicians, especially when taking students on placement alongside a heavy workload, where communication therapy is often restricted and ongoing input for individuals within the community is needed. With remote supervision from a qualified SLT, students are capable of providing structured input and working independently, especially when on peer or group placements. ■

Alison Cox Reg HCPC, Cert MRCSLT, FHEA, manager of adult clinic (SLT), University of Reading, clinical tutor and highly specialist SLT. Email: a.cox@reading.ac.uk



References & resources

Cocks, N., Pritchard, M., Cornish, H., Johnson, N., & Cruice, M. (2013). A “novel” reading therapy programme for reading difficulties after subarachnoid haemorrhage. *Aphasiology*, 27, 501-535.

Elman, R. (ed) (2007) *Group treatment of neurogenic communication disorders : the expert clinician’s approach* 2nd ed. Oxford: Plural

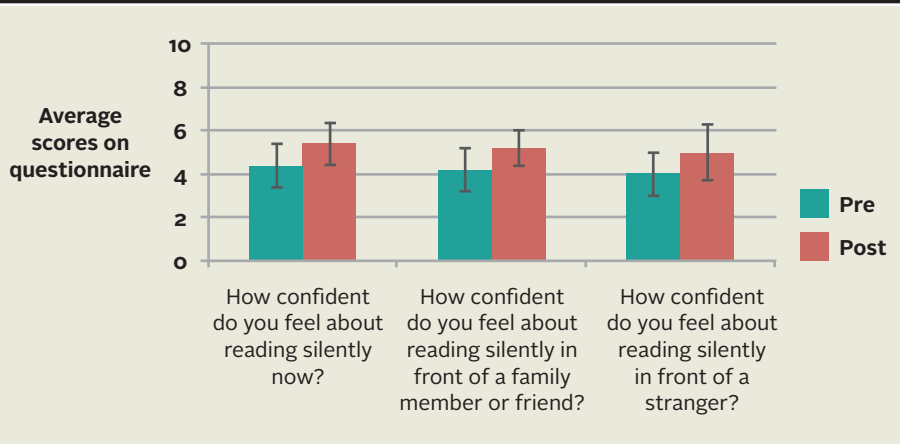
Lynch K.E., Daimco, J., Abendroth, K.J., & Nelson, R.L. (2013). Reading performance subsequent to aphasia: Strategies applied during authentic reading. *Aphasiology*, 27, 723-729.

Meteyard, L., Bruce, C., Edmundson, A., & Oakhill, J. (2015). Profiling text comprehension impairments in aphasia. *Aphasiology*, 29, 1-28.

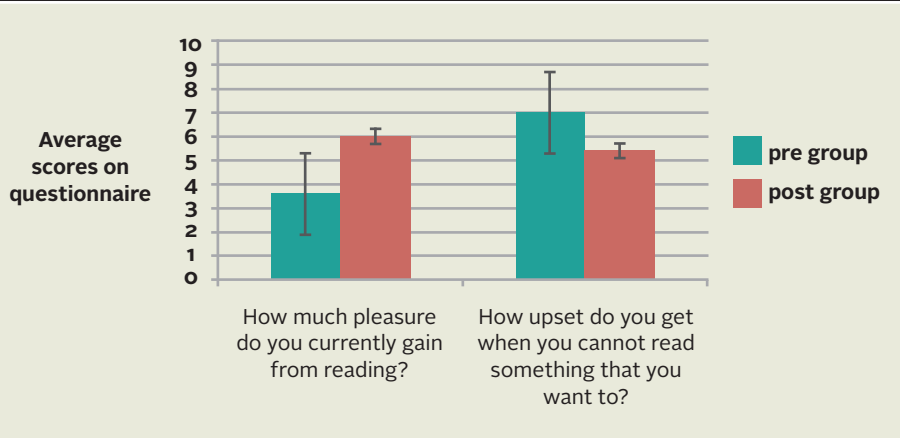
World Health Organisation. (2001). *International Statistical Classification of Diseases and Related Health Problems*, 10th Revision (ICD-10). Geneva: WHO.

aphasiacenter.net/the-book-connection/

Graph to show change in scores on Reading Confidence Questionnaire: N = 6



Graph to show change in scores on Reading Emotions Questionnaire: N = 6



FROM HOSPITAL TO HOME

Proud
suppliers to
the NHS

apetito

Wiltshire Farm Foods is part of the
apetito family, providers of award winning
meals to hospitals. apetito.co.uk

Pictured: Puree Petite Lamb & Gravy

Because our expertly prepared Softer Foods range of texture modified meals is available in hospital and at home, patients who have difficulty swallowing can always rely on the same safe, nutritious meals.

For more information or to book a free tasting session, visit specialistnutrition.com or call 0800 066 3702



THE QUEEN'S AWARDS
FOR ENTERPRISE:
INNOVATION
2016

OVER 80 DELICIOUS DISHES IN TEXTURES C,D & E

NUTRITIONAL EXPERTISE

FREE FRIENDLY DELIVERY

WILTSHIRE

EST. **FARM** 1991

FOODS

The inside story

Madeline Cruice and Lucy Dipper introduce the new LUNA research project, aimed at providing a new treatment for discourse in aphasia rehabilitation by drawing on personal narratives

ILLUSTRATION BY Luca Romeo

LUNA (Language Underpins Narrative in Aphasia) is a research project that takes an innovative, creative and empowering approach to supporting people with aphasia to tell personal narratives. This is a new research project, at an early stage, and we want as many clinicians as possible to engage with us from all sectors: NHS, independent practice, voluntary services and universities.

The importance of discourse

Aphasia is a chronic communication disability and individuals, many years post-onset, still want aphasia rehabilitation. Working on discourse is crucial because discourse is central to everyday communication, and improving everyday communication is the primary aim of aphasia treatment and a priority for people with chronic aphasia (Wallace et al, 2017).

Achieving improved discourse is a challenge with respect to two of the three pillars of evidence-based practice: scientific research and the clinical expertise of SLTs (the third pillar being patient preferences). The scientific research in aphasia is largely derived from studies in chronic aphasia and shows that word and sentence level treatments are effective at these targeted

levels (Brady et al, 2016), but have minimal to no benefit at the discourse level (Webster et al, 2015). This tells us that treatments need to be delivered differently in order to achieve discourse benefits. Effective treatments for discourse are few, and there are concerns about the choice of treatment targets, which are frequently derived from experimental stimuli rather than from everyday talk. In addition to these issues, outcomes are difficult to demonstrate given the complexity of discourse assessment. Recent surveys of the evidence base reveal inconsistent practices and multiple measures, and there is a lack of agreement about which aspects of discourse production to assess, providing no guidance for SLTs for the 'what' or 'how' in conducting analysis (Bryant et al, 2016; Pritchard et al, 2017).

When it comes to clinical expertise and practice, there are several equally important concerns. In 2017, Bryant and colleagues published the results of an international survey of SLT practice relating to discourse assessment (Bryant et al, 2017). Although the results are not representative of the UK (only seven UK SLTs participated), they are indicative and show that SLTs use observation and clinical judgment to assess discourse, typically transcribing without recording, and relying mostly on discourse from picture descriptions in language



tests. More formal practices are needed for accurate diagnoses of strength and deficit in discourse production. Other surveys investigating aphasia scope of practice more widely also indicate that SLTs find working with discourse difficult (Rose et al, 2014). They report a range of barriers including a lack of clinical time (for analysis), resources, knowledge and skills, and confidence. The surveyed SLTs identified training as a way of addressing these barriers, and indicated that the development of new discourse treatments was a research priority.

A new treatment in aphasia

For all these reasons we developed LUNA, a novel treatment for discourse production in aphasia that addresses word, sentence and discourse levels, using a personal narrative told by the individual both as the discourse for analysis and the stimulus for selecting treatment targets. Multi-level treatments are a very recent development in aphasia (Carragher et al., 2015; Whitworth



et al., 2015) and LUNA builds on these to create a new discourse intervention that integrates existing treatments (semantic feature analysis and mapping therapy) with discourse level treatment (story grammar). A key feature of LUNA is the use of personal narratives to generate all treatment targets and, simultaneously, to address salience, motivation, and identity re-negotiation for individuals with disrupted lives (Shadden

and Hagstrom, 2007). Personal narratives are central to everyday communication, and are multi-functional (referential, evaluative, intra- and inter-personal). LUNA takes a meta-linguistic approach to the treatment of personal narratives, in which participants are taught about their language and given strategies for increased control over their storytelling.

In 2017, pilot work successfully supported a grant application to The Stroke Association Rehabilitation and Long Term Care Project Grants Panel (see bit.ly/2LxzM16). As a project, LUNA is almost three years in length: it started in May 2018, has two stages, with end-users (NHS SLTs and people with aphasia) involved from the outset to address future implementation.

The project's first stage has four aims:

1. A theoretical review of language and discourse models, and systematic review of the relevant treatment literature.
2. A UK-wide survey of SLTs' discourse practice.
3. The co-design (with NHS SLTs and people with aphasia as co-designers) of LUNA materials.
4. Delivery of a LUNA training programme to SLTs, to ensure clinically feasible methods are taken through into the next stage of the grant.

The second stage involves testing the effectiveness of the LUNA therapy experimentally with two groups of 12 people with aphasia (one group receiving LUNA plus their usual SLT care, the other receiving their usual care only). After the therapy, we will conduct participant interviews and also compare outcomes on quantitative discourse measures and psychosocial state. The research is developmental, and if we demonstrate that LUNA is feasible, acceptable and shows promise, it will be scaled-up into a larger randomised controlled trial delivered in the NHS.

“Personal narratives are central to everyday communication”

How to get involved

We encourage as many clinicians as possible to help shape the direction of LUNA, and help us understand and plan how LUNA can be implemented in the NHS in the future. You can do this by visiting blogs.city.ac.uk/luna (where you can also find out about the international researchers and local co-design team who are working with us to design and evaluate LUNA), by following @LUNA_Aphasia on Twitter, or emailing luna@city.ac.uk

This work is supported by the Stroke Association TSA 2017/01.d. ■

.....
Associate Professor Madeline Cruice (reader) and Dr Lucy Dipper (senior lecturer), division of language and communication science, City, University of London. Email: m.cruice@city.ac.uk and l.t.dipper@city.ac.uk



References

- Brady et al. 2016. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews, Issue 6. Art. No.: CD000425 www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000425.pub4/full.
- Bryant et al. 2016. Linguistic analysis of discourse in aphasia: A review of the literature. *Clinical Linguistics & Phonetics*, 30(7), 489-518.
- Bryant et al. 2017. Clinical use of linguistic discourse analysis for the assessment of language in aphasia. *Aphasiology*, 31(10), 1105-1026.
- Carragher et al. 2015. Preliminary analysis from a novel treatment targeting the exchange of new information within storytelling for people with nonfluent aphasia and their partners. *Aphasiology*, 29(11), 1383-1408 eprints.uwe.ac.uk/26101/.
- Pritchard et al. 2017. Reviewing the quality of discourse information measures in aphasia. *International Journal of Language and Communication Disorders*, 52(6), 689-732 openaccess.city.ac.uk/17105/.
- Rose et al. 2014. Aphasia rehabilitation in Australia: Current practices, challenge and future directions. *International Journal of Speech Language Pathology*, 16(2), 169-180.
- Shadden & Hagstrom. 2007. The role of narrative in the life participation approach to aphasia. *Topics in Language Disorders*, 27(4), 324-388.
- Wallace et al. 2017. Which outcomes are most important to people with aphasia and their families? An international nominal group technique study framed within the ICF. *Disability & Rehabilitation*, 39(14), 1364-1379 openaccess.city.ac.uk/15003/.
- Webster et al. 2015. Is it time to stop “fishing”? A review of generalization following aphasia intervention. *Aphasiology*, 29(11), 1240-1264 eprints.ncl.ac.uk/211253.
- Whitworth et al. 2015. NARNIA: a new twist to an old tale. A pilot RCT to evaluate a multilevel approach to improving discourse in aphasia. *Aphasiology*, 29(11), 1345-1382.

Switching gears

Anne Murdock discusses how switch-based interventions can support the development of basic communication skills in adults with profound and multiple learning disabilities

ILLUSTRATION **Harry Woodgate**

“**L**earned helplessness occurs when it is unclear to the learner that he or she is able to exert control over the environment” (Reichle, 1991). “The development of contingency awareness can be seen as a step on the way to making things happen by communicating with other people. Cause and effect activities can help people with profound intellectual impairment understand that their actions have consequences” (Goldbart and Caton, 2010). “However, previous research suggests switch-based interventions, which can help people to develop knowledge of cause and effect, are not widely used by practitioners in the UK” (Mansell 2010).

Two more recent pieces of research (Court and Dembo 2015; Goldbart, Chadwick, and Buell 2014) suggest that this is still the case.

Assessment

As part of the East Belfast ALD Community Team, an SLT worked alongside day care staff and family members to explore the effectiveness of using switching technology to develop cause and effect skills in a group of seven individuals with profound and multiple learning disabilities (PMLD) in a day centre setting.

To begin with, the team assessed clients’ communication skills (pre-intervention) using online assessment tool The

Table 1: Communication Matrix Levels 1 - 4

<p>Level 1: Pre-intentional behaviour Behaviour not under the individual's control but reflects their general state. Caregivers interpret the individual's state from behaviours such as body movement, facial expression and sounds.</p>
<p>Level 2: Intentional behaviour Behaviour under the individual's control but not yet used to communicate intentionally. Caregivers interpret the individual's needs from behaviours.</p>
<p>Level 3: Unconventional communication Unconventional pre-symbolic behaviours are used intentionally to communicate.</p>
<p>Level 4: Conventional communication Conventional (socially acceptable) pre-symbolic behaviours are used intentionally to communicate.</p>

Communication Matrix (Rowland, 2004).

There are seven levels within the Communication Matrix. Our clients all fell within the four levels detailed above in Table 1. Individuals were then grouped for specific communication support.

Intervention

For those at the earliest stage of having some pre-intentional behaviours or emerging intentional behaviours, the focus was on training the carers to respond and interpret, and to encourage the

individual to become more aware of their behaviour’s communicative purpose. We further developed person-to-person engagement using tactile signing (Woodall and Charnock, 2012), and through cause and effect group work, with switch-accessible action toys (using ‘press and hold’, hand over hand), encouraging and interpreting non-verbal behaviours as a request for ‘more’. The aim with these clients was to create and maximise a ‘responsive environment’ (Ware, 2003).

For those with emerging unconventional communication skills, individualised programmes were developed to shape their behaviours into more conventional communicative acts and, ultimately, choice making. We were guided by reference to the Switch Roadmap (Bean, 2011), moving from single switch activation to two or more switches for choice selection.

The case study opposite details an example of the work undertaken with one individual with PMLD.

Results and conclusions

The Communication Matrix questionnaire was repeated after a 12-month period of intervention.

Results were encouraging, with all seven individuals developing more emerging intentional communicative behaviours, and, using switch-based activities, carers were observed to be engaging in more nurturing communicative relationships with clients in their care.

Research is required to identify whether these improvements resulted directly from the intervention, but these interim results have given us the confidence to continue promoting switch technologies to promote cause and effect awareness among service users with PMLD. A further development will be to promote awareness and the sharing of these resources across a variety of local day care, community and residential services.

While the success of this project suggests we should continue to use switch-based technology in our interventions, it can often be difficult and costly to access this equipment and the technical support required to use it reliably. However, this investment is surely worthwhile if it allows us to develop crucial skills in this complex group of service users. ■

Anne Murdock, SLT, East Belfast ALD Community Team. Email: anne.murdock@belfasttrust.hscni.net



CASE STUDY: Cathy

Cathy is a 26-year-old woman with severe autism who is nonverbal and communicates visually. It was identified from her questionnaire that work was needed on the expansion of Cathy's emerging conventional communication skills (reaching, pointing), as well as developing choice-making and teaching one-to-one correspondence between symbol and referent.

Cathy had a particular song—the theme tune from *The Addams Family*—which she responded to positively and with an observed increase in nonverbal communication when she heard it, smiling and reaching towards her communication partner who was in charge of the 'play' button.

Initially, carers interpreted her reaching as her request for 'more'. Cathy was then presented with a switch that activated a cassette player, and encouraged to press the switch and hold it down while the music was playing. When she lifted her hand, the music stopped, and she quickly became aware of how to reactivate it.

The switch was then attached to a latch timer and the music stopped after about 10 seconds. Cathy progressed to independently reactivating the music 100% of the time.

A single message communication aid (the

BIGmack) was introduced with the message 'more music please'. This was initially attached to the cassette player via the latch timer, but in order to re-establish person-to-person engagement, the communication aid was disengaged from the player and Cathy was encouraged to press it, to 'ask' her communication partner for 'more music', using eye contact, looking and smiling.

We then trialed the attachment of a picture of the cassette player onto the switch: Cathy, with initial physical prompting, was able to lift the picture and exchange it with her communication partner.

Advancing to two BIGmack switches with pictures attached, Cathy started making a choice between the 'music on' (the original cassette player picture) and a 'piano toy' (favourite action toy), exchanging pictures every time. Cathy was choosing, then looking towards, the appropriate item. It was apparent that Cathy could visually discriminate between photographs of objects and knew that they held meaning for her.

UPDATE

Cathy has advanced her choice to four small switches attached to a voice output

communication aid. She still likes the auditory feedback of the switch press, and also benefits visually from the colour range of the switches.

A further development was to set up PowerPoint presentations on a PC with a touchscreen, using favourite music choices. A switch-operated communication passport has also been developed with choice options for favoured music/video commentary.

Choices at snack time and choices of activities within the day centre and at home are now becoming more meaningful for Cathy.

"Since beginning the programme, Cathy's ability to effectively communicate has increased," said her day care worker. "Cathy is now communicating her preferences intentionally and more consistently. She requires less staff support to make her needs known."

Cathy's parents have noticed an increase in her communicative intent and have expressed delight that she is indicating choices more clearly and with purposeful person-to-person engagement. She is also demonstrating more affectionate behaviours.



References

Court F, Dembo P. Addressing the communication needs of people of profound and complex disabilities. *Bulletin* 2015; 756.

Goldbart J, Caton S. *Communication and people with the most complex needs: What works and why this is essential*. Research Institute for Health and Social Change, Manchester Metropolitan University (MMU), July 2010.

Goldbart J, Chadwick D, Buell S. Speech and language therapists' approaches to communication intervention

with children and adults with profound and multiple learning disability. *IJLCD* November 2014; 49(6), 687-701.

Jones T, Maltby M. Switching to Communication. *Communication Matters Journal* April 2003; 17(1).

Mansell, J. *Raising our sights: services for adults with profound intellectual and multiple disabilities*. London: Department of Health, 2010.

Bean, I. *Switch Progression Roadmap*. Oldham, UK: Inclusive Technology, 2011.

Reichle, J. *Developing communicative exchanges. Implementing Augmentative and Alternative*

Communication: Strategies for Learners with Severe Disabilities. Ed. J Reichle, J York and J Sigafoos. Paul H Brookes Publishing, 1991. 133-56.

Rowland, C. *Communication Matrix*. Portland, OR: Oregon Health & Science University, 1990, 1996, 2004. Unpublished manuscript.

Ware, J. *Creating a Responsive Environment for People with Profound and Multiple Learning Difficulties*. London: David Fulton Publishers, 1996, 2003.

Woodall J, Charnock D. *Tassels: Tactile signing for sensory learners*. Hove: Pavilion Publishing and Media, 2012.

Leadership mentors: looking back and to the future

Victoria Harris and Julia Manning report on the RCSLT's leadership mentor programme and outline the advantages of signing up



A little over a year ago, the RCSLT launched its new 'leadership mentor' category of advisers. Created in response to member demand for support in non-clinical areas, our leadership mentors comprise those members who have leadership experience in the profession and are happy to support others with issues such as influencing, dealing with change, building business cases, the workforce and skills mix, cuts to services and service transformation, as well as patient safety.

We now have 10 leadership mentors across the UK who have supported members with a wide variety of issues over the past year. The case studies opposite are examples of the type of issues that leadership mentors advise on.

Growing the network

The RCSLT is continuing to recruit leadership mentors so that we have the numbers to support all members who need help. We're also looking to get a good spread of mentors across paediatric, adult and community settings.

To become a leadership mentor, please visit the leadership mentors page on the website (see bit.ly/2CcuHgh) and fill in the application form, providing your personal and professional details. The form also includes a space for you to give a statement in support of your application – this is where you can tell us about your relevant leadership knowledge base and experience.

The RCSLT's Leadership Mentor Review Panel will assess each completed application form and decide if an applicant is a suitable candidate. Remember that you will need the support of your line manager to apply (if appropriate). →

Case 1: Managing dysphagia referrals

A member contacted the RCSLT enquiries team seeking advice on how to manage infrequent dysphagia referrals in a neonatal acute setting.

A leadership mentor provided the following advice:

- The SLT should formally raise their concern about managing referrals with their line manager.
- They should discuss their competency and continuing professional development (CPD) needs in respect of this caseload. In particular they should:
 - Consider using the RCSLT Dysphagia Competency Framework (see bit.ly/2ULirtL) to record, reflect and identify gaps in their competency.
 - Include identified gaps as part of appraisals with their line manager concerning scope of practice and CPD.
 - Consider the RCSLT Competency Framework for Paediatric Videofluoroscopy* for the same reasons (see bit.ly/2GgBFob), although this area seemed to be less of a concern as the member has a clear role definition within the assessments.
 - Secure clinical supervision for both their practice and CPD needs (this could be peer supervision or through a CEN); alternatively establish contact with a specialist SLT.
- There needs to be clear communication with referral agents from the acute trust about response time and expectations so that patients can be managed proactively while waiting for SLT input.
- Approach known centres of excellence (e.g. Great Ormond Street Hospital or Birmingham Children's Hospital) for information on specific training courses about neonatal dysphagia care.

(* The competency framework was released by the Imperial College Healthcare NHS Trust and published on the RCSLT website with permission.)

Outcome

Following this support, the senior management team prioritised training for the dysphagia team, who established a peer support group with a local SLT team and have meetings next year for peer supervision and benchmarking.

Update

Since this discussion took place, the RCSLT has published its clinical guidance on neonatal care (see bit.ly/2SMsgdH), which the leadership mentor provided to the member as a follow-up. It states: "SLTs should ensure that they comply with the Health and Care Professions (HCPC) standards of proficiency for SLTs (2014) and operate only within their scope of practice".



“Becoming a leadership mentor offers an appreciation of your skills and experience”

Case 2: Pay scales for SLTs in schools

A member who is the clinical SLT lead in a school got in touch with an issue around pay scales. Previously, therapists had been paid according to the pay scales set by the NHS Employers' 'Agenda for change' agreement. However, the school had informed staff that it wished to implement its own pay system. The member wanted advice around SLT job descriptions/band profiles so that they could feed the information into a working group at the school.

The leadership mentor referred the member to the national profiles for SLTs (see bit.ly/2LgNARx) and provided the following advice:

- Check whether the school wanted job descriptions to be consistent with teaching staff or consistent within speech and language therapy, as that might make a difference to the approach.

- Look for a common job profile structure and ensure some of the items included go across professions, but to be firm about the value brought from clinical skills such as diagnosing, which education staff do not have.

The Agenda for Change clinical profiles published in 2005 are the most current source of information on the skills required and tasks performed at each level by SLTs working in the UK.

Becoming a leadership mentor not only offers an appreciation of your skills and experience, but it also provides:

- a chance to be recognised for your expertise;
- opportunities to learn new perspectives;
- a chance to expand your networks;
- an opportunity to develop your own leadership skills;
- access to staff and resources at the RCSLT;
- a chance to give something back to the profession; and
- it counts towards your CPD. ■

.....
Victoria Harris, RCSLT learning manager,
 email: victoria.harris@rcslt.org; and
Julia Manning, RCSLT enquiries coordinator,
 email julia.manning@rcslt.org



References & resources

British Association Head and Neck Oncologists, *Standards for Head and Neck Cancer Care*. London: BAHNO, 2009.

Data for Head & Neck Oncology, *National Head & Neck Cancer Comparative Audit 9th Annual Report*. Health & Social Care Information Centre, 2013.

Chen, A.Y., et al. The development and validation of a dysphasia-specific quality-of-life questionnaire for patients with head and neck cancer: the M.D. Anderson dysphagia inventory. *Arch Otolaryngol Head Neck Surg*. 2001; 127(7): 870-6.

Hirano, M. *Clinical Examination of Voice*. New York: Springer-Verlag, 1981.

List, M.A., et al. A performance status scale for head and neck cancer patients. *Cancer*. 1990; 66(3): 564-9.

London Cancer Alliance, LCA Head and Neck/ Thyroid Cancer Clinical Guidelines. London: London Cancer Alliance, 2014

National Institute for Clinical Excellence, *Improving Outcomes in Head and Neck Cancer*. London: NICE, 2004.

Frequently asked questions

Q How can I get help from a leadership mentor?

A To access support from a leadership mentor, email us at info@rcslt.org

Q Who can apply to be a leadership mentor?

A We invite applications from members with experience of leading in any area of speech and language therapy. The RCSLT will match those in need of support with a mentor who is best placed to provide it.

Q What is the application process to become a leadership mentor?

A You will need to complete an application form, which includes a personal statement outlining why you would like to become a leadership mentor and giving recent examples of your leadership skills. Your application will then be considered by our leadership mentors steering group (bit.ly/2CcuHgh).

Q How does the relationship between the mentor and mentee work?

A The relationship will be informal. A leadership mentor will act like a sounding board to the mentee, making suggestions and giving advice about how to proceed.

Q Can I be a mentee as well as a mentor?

A Yes. Each member will have their own needs around leadership, but will also have skills and experience that could be useful to others.

Q What is expected of a leadership mentor?

A You would need to be prepared to respond to member requests for advice, twice a month on average. These may be requests from different members in different situations and from different areas.

Q What other support is available from the RCSLT?

A The RCSLT has published information on the website, which may also be of assistance:

- Outcome measurement: influencing and campaigning (bit.ly/2GOirdD).

- Service planning: responding to proposed changes to your service (bit.ly/2Lh4UpA).

- Leadership: dealing with change (bit.ly/2rBLDWP).

ASLTIP Conference 2019

22nd March 2019

Milton Keynes Jury's Inn

Members and Non Members welcome

An exceptional day filled with clinical and business speakers featuring 30+ exhibitors.

Speakers and exhibitors include:

- ICAN
- Shane Booth
- Elklan
- Talking Outcomes
- Federation of Small Businesses
- The OT Practice
- Your World Healthcare

Open to Members and Non Members.

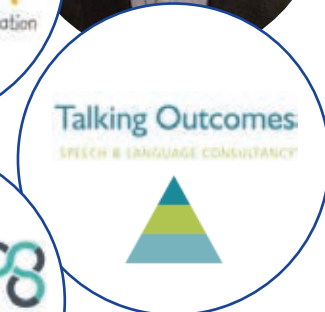
Tickets now available: £150 Members and £165 Non Members

For more information please see:

www.helpwithtalking.com/conference/index.html



Association of Speech and Language Therapists in Independent Practice





Our monthly look at the latest in published research

In the Journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Voice changes after CSCI

This paper explores potential indicators of dysfunctional voice and speech behaviours in individuals with cervical spinal cord injury (CSCI). The authors suggest a number of useful assessments that may aid early identification of voice changes following CSCI and help to reduce ongoing pathological behaviours.

The study employed a matched-pairs design with 19 participants who had a CSCI and a further 19 healthy participants as a control group. A number of variables were assessed, including phonation, respiratory and speech functions of all participants, as well as self-report measures and interviews about voice function.

Some measures demonstrated a statistically significant difference between the experimental and control group, including: lung volume, sound pressure level of voice, and maximum phonation time. Self-report measures of voice function were not statistically significant between the two groups, however many of the CSCI group reported in the interviews that their voice had changed post-injury (17/19) and had changed their way of speaking (14/19).

The clinical implications of this work are that “individuals with CSCI may need increased time and effort for the planning and execution of voice and speech tasks”. The authors advocate “a combination of maximum speech performance tasks, respiratory tasks and self-reported voice problems can help identify individuals with reduced voice function following CSCI”.

Katie Chadd, RCSLT research support officer



Reference

Johansson, K., Seiger, A., Forsen, M., Nilsson, J. H., Hartelius, L. & Schalling, E. (2018). Assessment of voice, speech and communication changes associated with cervical spinal cord injury. *IJLCD*, 53 (4), 761-775.

Biofeedback in dysphagia therapy

Gains in hyoid movement following biofeedback-augmented dysphagia therapy have been demonstrated, but evidence for functional improvements in swallowing remains extremely limited.

This systematic review outlines a comprehensive search process, considering evidence from various sources. Eligible studies explored the use of biofeedback in therapy for adults with acquired dysphagia, resulting from a variety of conditions. Studies were required to be English language (a limitation acknowledged by the authors), with 669 records identified, 468 articles screened, and 23 that were suitable for qualitative synthesis—five of which contributed to quantitative, meta-analysis, combining study data where outcome measures were comparable.

Heterogeneity in study populations, dosing, frequency and outcome measures made direct comparisons difficult, whilst limited data meant that sub-group analysis was not possible. Although a number of studies appeared to report improvements in swallow function, these were often confounded by poor study design and lack of control group. Overall, evidence demonstrated a positive effect of biofeedback on swallow physiology, but no significant change in swallow function and clinical outcomes, highlighting the need for further good quality studies.

The authors comment: “Dysphagia therapy augmented by biofeedback seems to improve physiological outcome, specifically hyoid displacement, but whether this translates to functional improvements is not clear”.

Hazel Warren, SLT, Nottingham CityCare



Reference

Benfield, J. K., Everton, L. F., Bath, P. M. & England, T. J. (2018). Does therapy with biofeedback improve swallowing in adults with dysphagia? A systematic review and meta-analysis. *Archives of Physical Medicine and Rehabilitation* doi.org/10.1016/j.apmr.2018.04.031.

Early Talk Boost study

This article presents an effectiveness study of the Early Talk Boost (ETB) programme used in nurseries, which aims to improve language skills in three-year olds with delayed language development. The researchers suggest ETB may support the development of language skills and school readiness in socially disadvantaged children.

Some 85 nurseries in Northern England were randomly assigned to either control or intervention. In each, nursery staff were asked to select eight children with delayed language. Children’s language abilities were assessed pre- and post-intervention using the Preschool Language Scale 4th Ed. Following training from SLTs, the intervention nurseries delivered ETB, a language stimulation programme developed by I CAN, the children’s communication charity, for use in nurseries. This consisted of three sessions per week for nine weeks.

The authors report all children in the study improved over the three months, however, those in the intervention nurseries showed a significantly higher improvement than those in control. The authors postulate that for language outcomes in preschool children “availability of programmes such as ETB and the training of staff to use them offers one route to enhancing quality”.

Naomi Brown, SLT, Kent Community Health NHS Foundation Trust and NIHR MRes student, St George’s, University of London



Reference

Reeves, L., Hartshorne, M., Black, R., Atkinson, J., Baxter, A. and Pring, T. (2018). Early Talk Boost: A targeted intervention for three year old children with delayed language development. *Child Language and Teaching Therapy*, 34 (1), 53-62. doi:10.1177/0265659018755526.

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.



Dr Hazel Roddam

Dr Hazel Roddam explains how the online learning community ReSNetSLT is helping to support the implementation of research in practice

A virtual community

The Research Support Network for SLTs (ReSNetSLT) is a virtual community of practice. As a fully public and free online resource, it aims to encourage and support individuals to gain the skills and confidence to engage with the research environment in their own field of practice. There is strong evidence that where healthcare staff and organisations are research aware, this is reflected in improved evidence-based processes of care, and in patient-reported experience of care (Boaz et al, 2015). In spite of the universal rhetoric of evidence-based practice (EBP), there continues to be an acknowledged implementation gap between research and practice across all healthcare fields. There are multiple factors that contribute to this, including skills gaps and training needs, personal confidence, autonomy to implement practice change, and ease of access to relevant

evidence sources for many sectors of our professional community (Roddam and Skeat, 2010; Finch et al, 2013). Implementation science provides a more systematic approach to support evidence-based changes in practice, and its adoption across many fields of healthcare (Bauer et al, 2015) is already underway.

What is ReSNetSLT?

ReSNetSLT launched in 2015 as a web-based resource aimed at assisting SLTs across the European mainland to facilitate their access to research information and advice. Expressions of interest from SLTs in 18 countries quickly followed, as the group enabled peer networking for research mentorship and support.

In January 2016, the Twitter journal club #ReSNetSLT launched with the support of Dr Joanne Fillingham, clinical director AHPs at NHS Improvement, and Dr Emma Pagnamenta on behalf of the RCSLT. In the first year alone,



activity data showed active participation, with a reach of more than two million accounts, including many individual practitioners, professional associations, policy makers and influencers, and national and international organisations. Later that same year, our blogsite was awarded 'site of the month' by Professor Caroline Bowen (aka @speechwoman).

From the outset, the ReSNetSLT group established an authentic, welcoming forum where everyone generously shared their advice and experiences of EBP, implementing research in practice and of active involvement in research.

ReSNetSLT continues to promote the message that everyone is welcome to access our resources and to get involved in our online community, where there are no barriers to geography or professional discipline. #ReSNetSLT has provided the opportunity for dialogue on an equal platform, between students and

experienced practitioners, and multidisciplinary conversations that reflect the context of relevant cross-sector work settings.

Since launching, we have noted a steady increase in participation in #ReSNetSLT from SLTs across mainland Europe, which has provided interesting and valuable comparative insights into professional education, work roles and research evidence sources. We have also helped to facilitate the launch of a new German language monthly journal club on Twitter (@Logo_JC) in 2018, with other similar developments now underway in Dutch, Swedish and Italian.

With its focus on promoting awareness and adoption of implementation science models and frameworks, ReSNetSLT aims to signpost and share relevant research information and resources that may be helpful for building research capability in individuals and research capacity across our professional communities.

Research and Development Forum



ILLUSTRATION BY Napal Naps

“ReSNetSLT has become established as a community of practice”

Whilst ReSNetSLT provides a helpful resource for those who are seriously committed to following a research career path, it also aims to foster interest and confidence for those who are new to talking about research, whatever the stage of their clinical career.

In addition to dissemination of research information, ReSNetSLT has become established as a community of practice: a group that shares a strong identity and commitment to a common purpose. The community fosters the sharing of ideas, advice and

peer-support for learning towards our specified goals. Group members also collectively generate informed opinion and a body of expertise to motivate and encourage others.

How does ReSNetSLT work?

ReSNetSLT maintains a blogsite platform where we can post relevant research news; for example free online research training, or research bursary opportunities. We regularly post ‘viewpoint’ pieces too, where we encourage contributors to share

their experiences of research activities, and implementation of published research in their clinical setting, for example. To date there have been over 51,000 page views on the blogsite.

Our monthly Twitter journal club (#ReSNetSLT) was originally based on a model established by medical radiographers and effectively harnesses the power of social media to facilitate greater interactive participation and faster dissemination of research findings (Schnitzler, 2016).

Since January 2018, the ReSNetSLT Action Group has helped to share the calendar of hosted online discussions by @ReSNetSLT. Based on the pre-specified published paper, each monthly one-hour chat comprises a blend of discussion on topical professional issues and guided critical appraisal to highlight relevant considerations about research design and processes. We are particularly pleased when the paper authors have also joined the discussions. The journal club tweetchats are promoted on our blogsite, giving the date, a link to the paper and synopsis of ‘what this paper says’, as well as questions to structure the one hour discussion session. The full transcript of the discussion is posted afterwards on the blogsite together with a brief summary of the chat, and is available to be accessed by everyone, not only those on Twitter. We also post direct links to other related references and resources.

The engagement in our Twitter community of practice has demonstrated national and international reach, with a clear focus on promoting increased implementation of EBP improvement. And for all those who haven’t joined a Tweetchat before, we have advice on the blogsite including links to the #WeCommunities “Twitteriversity”. Tweetchats are a great continuing professional development opportunity, and

there is no pressure for anyone to add comments unless they wish to; there is much to be gained by simply logging in and ‘active watching’.

Join in

Keep watching the ReSNetSLT blogsite for our regular posts of news and commentary pieces, and join our Twitter discussions on the last Wednesday of each month at 7.30 – 8.30pm UK time. We are always interested to hear from anyone with suggestions for a paper to discuss, research news to share, questions to ask – and of course offers to join our ReSNetSLT Action Group. ■

Dr Hazel Roddam, reader in Allied Health Practice at University of Central Lancashire (UCLan).

Email: HRoddam@uclan.ac.uk

Twitter: [@HazelRoddam1](https://twitter.com/HazelRoddam1)



References

- ReSNetSLT <https://resnetslt.com/>
 Twitteriversity wecommunities.org/resources/twitteriversity
 Bauer MS, Damschroder L, Hagedorn H, Smith J, Kilbourne AM. (2015) An introduction to implementation science for the non-specialist. *BMC Psychol.* 2015; 3(1): 32. www.ncbi.nlm.nih.gov/pmc/articles/PMC4573926/
 Boaz A, Hanney S, Jones T, Soper B (2015) Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *BMJ Open* doi:10.1136/bmjopen-2015-009415
 Finch, E., Cornwell, P., Ward, E. and McPhail, P. (2013) Factors influencing research engagement: research interest, confidence and experience in an Australian speech-language pathology workforce. *BMC Health Services Research* 2013;13:144 DOI: 10.1186/1472-6963-13-144
 Roddam H, Skeat, J. (Eds) (2010) *Embedding Evidence-Based Practice in Speech and Language Therapy: International examples.* Wiley-Blackwell (ISBN: 978-0-470-74329-4)
 Schnitzler K, Davies N, Ross F, Harris R (2016) Using Twitter™ to drive research impact: A discussion of strategies, opportunities and challenges. *International Journal of Nursing Studies* Volume 59: 15-26 doi. [org/10.1016/j.ijnurstu.2016.02.004](https://doi.org/10.1016/j.ijnurstu.2016.02.004)

ONE



The number of bottles your patient will need per day

NEW **ActaGain 2.4 Complete Maxi** is a single-bottle solution for patients who find two 200ml servings too much - research shows typical ONS compliance is 78% of a standard prescription.*

With **480** calories and **19.2g** of protein, this single-serve 200ml format makes ONS easier for patients to take - helping to increase efficacy, reduce waste and save money.

At just **£1.33** per serving, **ActaGain 2.4 Complete Maxi** is the most cost-effective RTD ONS per calorie and per gram of protein on the market.



- **Natural Flavours** - Strawberry & Vanilla
- **Free of Charge Sample Packs**

nourishment made simple

For more info log on to AYMES.com or call Customer Service on + 44 (0) 845 6805 496



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

Obituary



Julia Peto

1991–2018

Julia, who died suddenly in September 2018, was a promising student on the Speech and Language Therapy MSc course at City, University of London

I had the pleasure of knowing Julia in the capacity of the SLT at Childeric School, where Julia was a teaching assistant, and worked closely with her when she participated in an accredited training course run by the Lewisham Speech and Language Team, which teaches teaching assistants to deliver structured language groups. Julia engaged in the course enthusiastically.

Her language groups were organised and also enjoyable for the children involved. Her portfolio contained extra work that exceeded the course requirements.

I was really pleased when I heard that Julia was applying to be an SLT. Even though the process is highly competitive, I was not surprised when she told me that she had an offer of a coveted place on the City, University of London MSc course.

It is with great sadness that myself and members of the team found out about her sudden departing. Her quiet but confident interaction style, diligence and enthusiasm would have been the foundation for Julia becoming a skilled therapist, with whichever client group she would have chosen to work with.

.....
Esther Parish, SLT

At City, Julia took to her studies with a dedicated and calm approach. She never missed a lecture, cycling across London, come rain or shine. Her consideration and

sensitivity to the subject matter meant she was a great study partner. Kate Maher was on placement with Julia and says that ‘she radiated positivity throughout. She was in her element and a complete natural when working with children. Not only was Julia a great colleague to work alongside, but over the year she became a genuine friend’.

Julia was admired by her friends at City for her warmth, her positive energy and her sense of humour. She was doing so well in all aspects of the course and was sure that this was the right path for her.

.....
Esther Turpin, friend and fellow student

Julia was on placement with us in the Community Early Years service at Guy’s and St Thomas’ Foundation Trust between January and July 2018. During this time, Julia made a real impact on our team and the families she worked with. She was kind and genuine, always quick to join in and help out our team in any way that was needed.

Julia saw children for assessment and therapy in individual sessions, group sessions and at nursery. She had a calm and kind manner with the children, families and staff, who enjoyed working with her. She had a confident and hands-on approach to the placement, so much so that we often forgot she wasn’t yet a qualified therapist! She made a long-term difference to the

children she worked with and we continue to hear of the progress they are making as a result.

.....
Claire Jadeh and Stephanie Pugh, SLTs

We were fortunate to have Julia in our clinical skills support group at City. This is a forum where students share their initial experiences of being in a clinical context as a student SLT.

Julia was always considered in her contributions within the group. She predominantly listened, taking her time to reflect and integrate what was being felt and said. Her comments and insights were supportive and thoughtful whilst being honest, open and direct, displaying her tenacious interest in fairness and equality, and her understanding of people, interaction, power balance, opportunity, class and culture. It was particularly notable that she remembered specific details about problems or issues that other group members would discuss, and would often ask how things were progressing for individual students who had expressed concern. Julia’s strength of character, and her undoubted abilities and skills in dealing with other people are a significant loss to the profession.

.....
Keena Cummins, external clinical tutor, and Dr Celia Harding, senior lecturer, City, University of London

Your essential RCSLT information

London HQ

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

Northern Ireland

Arthur House, 41 Arthur Street, Belfast BT1 4GB
Tel: 02890 446385

Scotland

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

Wales

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

Enquiries (professional)

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

Enquiries (membership)

To change your name, your address, your membership type and anything to do with member payments.
Tel: 020 7378 3008/3011 Email: membership@rcslt.org

Website: www.rcslt.org

RCSLT jobs website:
www.speech-language-therapy-jobs.org
Giving Voice: www.givingvoiceuk.org

RCSLT social media

Twitter: twitter.com/RCSLT
Facebook: www.facebook.com/RCSLTOfficial

RCSLT insurance

Read the policy and download your insurance certificate.
Visit: www.rcslt.org/members/professional_roles/rcslt_insurance/intro

Research Centre

www.rcslt.org/members/research_centre/introduction

Member journal access

RCSLT members can access more than 1,700 journal titles for free in the RCSLT Journals Collection.
www.rcslt.org/members/research_centre/journals_collection

Clinical decision-making

Our interactive online tool provides a step-by-step guide to evidence-based clinical decision-making process.
www.rcslt.org/members/research_centre/e_learning/tools

Creating evidence

Visit the 'Doing research' and 'Clinical academic research careers' webpages to help you in all elements of carrying out research.
www.rcslt.org/members/research_centre/introduction

Get involved in research

Find out more about RCSLT research champions and how to join the network.
www.rcslt.org/members/research_centre/become_a_research_champion

RCSLT research publications

View our 'Research and Development Forums', 'Ask the Experts' series, research newsletters and 'In the Journals' summaries of recent research articles.
www.rcslt.org/members/research_centre/newsletters_articles_and_publications

International Journal of Language and Communication Disorders

Access the current issue and entire back catalogue.
tinyurl.com/rcslt-pubs

RCSLT Bulletin

Online archive (2003 to present day)
www.rcslt.org/members/publications/bulletinonline
Email: bulletin@rcslt.org
Writing for the Bulletin: tinyurl.com/qcggkwdl

Advertise jobs in the Bulletin and online

Tel: 020 7880 7668
Email: christian.plucknett@redactive.co.uk
Advertise courses in the Bulletin
Email: gemma.davies@redactive.co.uk

Advertise clinical excellence network meetings in the Bulletin

Email: bulletin@rcslt.org

Clinical Excellence Networks

www.rcslt.org/members/professional_networks/cen_introduction

RCSLT Hubs

www.rcslt.org/members/professional_networks/rcslt_hubs_introduction
Email: hubs@rcslt.org

Complete Video Library Now online!



StutteringHelp.org/Streaming

- 50+ titles
- Works on smart phones, tablets and computers
- Instant access
- No software to download
- No DVD drive required
- Great for college classrooms and take-home assignments
- Use in workshops
- No expiration



Working in partnership to improve lives
www.therapy-links.co.uk

Therapy
Links
UK



SOFFI MethodSM: Supporting Oral Feeding in Fragile Infants

29th & 30th May 2019, 8am – 5pm

Holiday Inn Regent's Park, LONDON

The SOFFI Method is an integrated approach to supporting oral feeding in preterm and in medically complex infants, both in the NICU and in community settings. This two-day course provides doctors, nurses and therapists with evidence-based information regarding feeding development as well as assessment and intervention strategies.

Registration is £450

Register now to take advantage of the £405 Early Bird rate, available until 28th February 2019.

For more details, please visit www.therapy-links.co.uk/training or email training@therapy-links.co.uk

Royal College of Speech and Language Therapists General Trustee Election

Following the recent advertisement in November's *Bulletin* for nominations for candidates for the vacant post of General Trustee, four applications, supported by nominees, have been received. They are:

Lesley Cavalli
Janet Harrison
Frances Johnstone
Tara Millan-Brophy

The Board has approved all applicants as being eligible for election to the post. There must now be a vote of RCSLT members to decide who will fill the vacant General Trustee role, to take office from the date of election to the AGM in 2021.

As explained in more detail in the insert to this month's *Bulletin*, Full Members, as defined in Article 4 of the RCSLT Memorandum and Articles, are eligible to vote (i.e. Certified, Newly Qualified, Overseas Qualified, Non-Practising, Returners to Practice, Retired and Student members).

The candidates' application statements are available to view here bit.ly/2ReLec1 (NB: please note you must first be logged into the RCSLT website as a member and then type this link into your browser to access the documents) If you wish to vote, please complete the enclosed voting form and return using the provided freepost envelope, to arrive no later than 5pm on Monday 4 March, 2019.

Ballot papers and candidate application papers have been sent separately to those members who have informed us that they wish to receive formal company notices in hard copy.

By order of the Board.



Brian Gopsill ACIS, Company Secretary



Appointments



CCL provides accommodation, care, support and education for c.90 young people with PMLD and other complex needs, including communication difficulties, ASD and behaviours that may challenge – many of the people we support are non-verbal. Our services are delivered in and around Shrewsbury

NEW or RECENTLY QUALIFIED SPEECH AND LANGUAGE THERAPIST AND ASSISTANT

(Salary and hours and negotiable)

We are looking for a therapist to work in a small and supportive team. The role will have a huge amount of “hands on work”. You will administer assessments and develop therapy programmes and deliver training, mentoring and support for staff.

You may be a qualified SLT with (or able to achieve) full RCSLT and HPC registration or you may be an experienced practitioner with a relevant degree/foundation degree or other relevant qualifications.

The post is subject to an enhanced DBS check. We offer excellent conditions of service, career prospects, and comprehensive training and CPD. We also offer the opportunity to work through your Newly Qualified Practitioner competencies.

For an application pack contact:
Condover College Ltd, Longbow House, Harlescott Lane, Shrewsbury, SY1 3GZ
or email recruitment@condovercl.org.uk
For an informal discussion, call Laura Conway on 01743 872250.

Closing date: Wednesday 20th February 2019



We are currently looking for a qualified **Speech & Language Therapist** with a real passion for mental healthcare and learning disabilities to be based at our 55 bed therapeutic campus, Lakeside based in Wyboston Nr Bedford.

To be responsible for the assessment and management of a caseload of service users who have a variety of complex speech, language, and communication needs. The client group includes adults in a locked rehabilitation setting, with a diagnosis of one or more of the following: Autism Spectrum Disorder, Learning Disabilities, Mental health conditions

The successful candidate will:

- Complete comprehensive assessments of individual's communication strengths and needs using relevant standardised and non-standardised assessment tools
- Contribute to service user's formulations and diagnoses and work closely with the service user and their treatment team to devise a care pathway.
- Provide direct individual and group interventions to achieve therapeutic goals.
- Implement augmentative communication strategies as appropriate, e.g. signs, symbols and communication aids.
- Assist in the planning and delivery of training and model recommended strategies to the clinical team.
- Assist in the supervision of Speech & Language Therapy Assistants within the service
- Practice in line with Communicating Quality 2 (RCSLT) Guidelines, HCPC standards and standards set by the team.

Benefits Include:

- **A competitive salary up to £35,000 depending upon experience**
- Recommend a friend scheme – earn up to £1,000 for recommending a friend to join us
- 33 days annual leave (inclusive of Bank Holidays)
- Cycle to work scheme
- Pension scheme
- Free onsite parking

To apply email hr.recruitment@accomplish-group.co.uk or call 0300 124 0117
Accomplish is an equal opportunities employer



ST JOSEPH'S SPECIALIST TRUST

Amlets Lane, Cranleigh, Surrey GU6 7DH 01483 272449
www.st-josephscanleigh.surrey.sch.uk

SPEECH AND LANGUAGE THERAPIST

Location: Midway between Guildford and Horsham

Actual Salary range: £21,797 - £38,057 for term time only

Part time/flexible working considered

Join our team

We are seeking Speech and Language Therapists who want to implement the therapy that they have developed and devised. You'll need to be compassionate, flexible and motivated and want to make a positive impact on the communication and wellbeing of our 70 students. They are aged between 5 and 19 years with needs including autism, language and communication disorders and moderate to complex learning difficulties. Some of our students are residential.

Our Therapists assess, develop and deliver therapy to students in small groups and on a one to one basis. Our department comprises Dramatherapists, Music Therapists, Art Therapists and Occupational Therapists, all supported by a team of Therapy Assistants. We have an embedded therapies approach in which we work in partnership alongside our education staff. This enables us to plan together and share best practice for the benefit of our students and offers invaluable therapy experience.

You will:

- Devise, develop and implement therapy for individuals and small groups of students
- Manage your own caseload of students (approx. 18), setting targets for them on a termly basis
- Assess students on admission and for annual reviews
- Supervise the work of Therapy Assistants
- Be HCPC registered and belong to the RCSLT
- Be given regular supervision, mentoring and support

Why St Joseph's?

- Regular opportunities for specialist training and up-dating
- 33 days paid holiday including public holidays
- Free lunch during term time
- Comprehensive 5 day induction programme
- Employee assistance service (confidential, professional wellbeing and counselling 24/7 service)
- Local leisure centre discount on gym, swim and classes.
- Based on a beautiful 23 acre site on the edge of the Surrey Hills.

The salary range for this role is based on 37 hours per week, 52 weeks a year. In practice, therapist hours are compressed into term time only working (plus 5 In-service training days each academic year).

How to apply

If you would like an informal discussion about the role, please contact Karen May, Director of Therapies, karenmay@st-josephscanleigh.surrey.sch.uk or telephone 01483 272449.

For an application pack (including form, job profile and person specification), please visit us at www.st-josephscanleigh.surrey.sch.uk/recruitment or email us at recruitment@st-josephscanleigh.surrey.sch.uk.

Deadline for applications is 12 noon on 28th February 2019.

Positions to commence as soon as possible after interview. Own transport desirable.



The school is committed to safeguarding and promoting the welfare of children and young people. This position requires an enhanced DBS disclosure.





Aberdeen City Health and Social Care Partnership Highly Specialist Speech and Language Therapist Salary Band 7 £33,222 - £43,471 per annum, Full-time 37.5 hours per week



NHS Grampian are looking for a Band 7 Speech and Language Therapist specialising in paediatric Alternative and Augmentative Communication (AAC) to join our paediatric team.

The successful applicant will have a specific remit for AAC and Additional Support Needs (Special Educational Needs).

The team works with children and young people across the full spectrum of communication and support needs. This includes those who have speech, language, and communication support needs (SLCN) as a primary need as well as SLCN that are secondary and co-occurring with other developmental diagnoses. The team works to support children and young people in clinics, preschool, primary, and secondary settings as well as special schools in Aberdeen.

Our team has a strong commitment to working collaboratively and in partnership with families, schools, social supports, and other health professionals with a focus on skill sharing and tailoring support according to the needs of individuals and their circumstances. We are a friendly and supportive team who aim to be innovative, resourceful, and reflective.

The successful applicant will be experienced working with children and young people in a variety of settings, and will have developed a highly specialist knowledge base and skill set for working effectively in this area. We are looking for confidence in the use of alternative and augmentative communication approaches including information technology. Understanding and experience of universal and targeted approaches with parents and other professionals is essential.

Car drivers are essential.

Informal enquiries to: Pamela Cornwallis, Lead SLT, Aberdeen Health and Care Village on 01224 655577.

To apply please visit www.nhsgrampian.org/jobs and search for Ref No JM22315. Closing date 27th February 2019.



Join our team... for more information: www.nhsgrampian.org/jobs

Excellent Speech and Language Therapists Required

We have several exciting opportunities to join our friendly, supportive team of therapists. We are well resourced with current assessments and resources including iPads. All therapists are supplied with their own laptop. We provide on-going and frequent supervision from highly experienced therapists. We offer an extensive annual CPD programme featuring high-profile external trainers.

Specialist Speech and Language Therapist – Hearing Impairment

Start Date: April 2019.
Based in Bedfordshire. Fixed-Term
Maternity Cover: 12 months.
3 days per week.
Gross Salary: £29,500 - £34,500 p/a.

Specialist Speech and Language Therapist – Complex Needs

Based in our clinic, mainstream and special schools service in Milton Keynes.
Part time / Full time.
Gross Salary: £29,500 - £34,500 p/a.

High Band 5 / Band 6 Speech and Language Therapist – St Albans

Part time / Full time, Permanent.
Based in our clinic and mainstream schools service in St Albans and surrounding areas.
Gross Salary: £24,000 to £30,00 p/a.

High Band 5 / Band 6 Speech and Language Therapist – West London

Part time / Full time, Permanent.
Based in our clinic, mainstream and special schools service in West London.
Gross Salary: £27,600 to £34,500 p/a.

NQP / Band 5 / Band 6 Speech and Language Therapist – Milton Keynes

Part time / Full time, Permanent.
Saturday and evening shifts are an option but not compulsory.
Based in our clinic and mainstream schools service in Milton Keynes and surrounding areas.
Gross Salary: £23,023 to £30,00 p/a.

To apply, send your CV to enquiries@magicwordstherapy.co.uk



Speech and Language Therapist

Salary Circa £26,900pa:
Permanent post; 35 hours per week; Northern Ireland

This post is ideal for a SLT with a specialist interest in the area of communication disabilities post stroke within the community and social setting. The demand for our services is high and we are keen to recruit an enthusiastic, innovative and committed speech and language therapist to join our SLT team working throughout N.Ireland.

To express an interest please contact Catherine Lowry, Speech & Language Therapy Manager on 07947 273033.

Closing date for applications: 21st February 2019

Interview date: week beginning 4th March 2019

Please visit our website to download further information, including an application form.

www.stroke.org.uk/working-for-us

The Stroke Association is the leading UK stroke charity. We have been leading the fight against stroke for over 20 years. We influence and campaign to improve stroke care and support people to make the best possible recovery. This is a very exciting time for our charity and we hope you will join us on our journey. We believe in a world where there are fewer strokes and all those touched by stroke get the help they need.

APPOINTMENTS

Call 020 7324 2755 or email rcsltjobs@redactive.co.uk

Head of Centre for Speech Therapy

Competitive salary + benefits

35 hours p/w (Part time may be considered dependent on experience)

Based in Covent Garden this is a unique opportunity to lead the City Lit Centre for Speech Therapy. Whilst already leading in this field City Lit's Centre for Speech Therapy has ambitious plans for the future to impact lives across the country. Our aim is to significantly increase the reach we have to engage people who stammer - this will mean extending the reach of the provision to a national scale. This will make us a true leader in the field of adult stammering therapy and so we are seeking a creative and innovative Head of Centre to enable us to fulfil this vision.

You will take overall responsibility for the development and implementation of the strategic direction of the Centre, ensuring that the Centre is cohesive, financially robust and works towards realising its ambition of supporting more people who stammer in London and beyond. Also, improving the lives of those with aphasia as well as developing the professional training provision. You will be responsible for the effective delivery of high quality group therapy and teaching/training and will oversee the management of effective student learning within the programme area. You will teach courses (to be negotiated) and also recruit, train and develop tutors and staff.

If you feel you have the necessary experience and you are a trained, qualified and practising Qualified Speech and Language Therapist who is registered with the Royal College of Speech and Language Therapists and Health and Care Professions Council, we would love to hear from you.

For more information and to apply please visit www.citylit.ac.uk/careers attaching your CV and covering letter, or phone **020 7492 2684**.

Closing date: **Noon, 4th March 2019**.
Interview date: **w/c 11th March 2019**.

City Lit promotes and values equality and diversity.



Senior Speech and Language Therapist

Care for Veterans, Worthing, West Sussex

Salary: Band 7 Equivalent

Hours of Work: 30 or 37.5 per week

Annual Leave: 33 days incl bank holiday entitlement (pro-rata if p/t)

Benefits: Life assurance, pension contribution matching scheme up to 5% of salary, subsidised meals and free car parking

Care for Veterans primarily provides slow stream neurorehabilitation and care for residents who have served in the armed forces or their immediate families.

We are now recruiting for a passionate Senior Speech and Language Therapist to work as part of the multi-disciplinary team. Applicants must hold a degree or equivalent in Speech and Language Therapy, HCPC, RCSLT registration and have post graduate Dysphagia training.

Please apply by visiting our website:

<https://www.careforveterans.org.uk/job-opportunities/> or contacting the H.R. team on: 01903 213458 for an application.

Due to the nature of work a satisfactory enhanced DBS with adult barred list check will be required.

Closing Date: Friday 15th February 2019

Fife Health and Social Care Partnership
Fife Wide Division

Advanced Speech and Language Therapist

Band 7: £32,974 - £43,471 – Hours: 37.5

This is an exciting opportunity to join a forward thinking service as Lead Clinician for the Children & Young People's Speech and Language Therapy team in Kirkcaldy and Cowdenbeath.

In Fife SLTs are based in geographical clusters made up of mixed grade therapists. You will provide leadership and support to the therapists in the cluster. You will carry a caseload which provides an opportunity to maintain your clinical interests. You will support the ongoing implementation of the 'request for assistance' process and personal outcome focused intervention. You will have the opportunity to work with colleagues and our lead therapist for 'universal and targeted' intervention. There are a number of interesting opportunities within the area which will support the development of the tiered model of service delivery.

As one of four Lead Clinician Posts in the Children and Young People's service, you will work closely with your Lead Clinician colleagues and the two Operational Leads.

The service has well developed peer facilitation/supervision system and is committed to staff development.

For informal enquiries, please contact Gemma Wilson, Operational Lead, SLT Service West Fife on 01383 627014.

Click on all our vacancies at www.jobs.scot.nhs.uk



Ref: FW775/09/18LB

A requirement of this post is to become a member of the Protection of Vulnerable Groups (PVG) Scheme Prior to appointment.

NHS Fife is legally obliged to ensure all its employees are legally entitled to work in the United Kingdom. All applicants are required to confirm their right to work in the UK in their application. If you are not a United Kingdom (UK), European Community (EC) or European Economic Area National please state the visa category under which you are legally entitled to work in the UK on your application form and the expiry date of your leave to remain in the UK.

Application forms can be downloaded from www.jobs.scot.nhs.uk, saved to your PC and returned to the recruitment team by email attachment. You can also request an application pack by email quoting the job reference number.

Our email address is fife-uhb.recruitment@nhs.net

We will acknowledge all returned application forms within 24 hours of receipt.

We do not accept CV applications. Applications may be considered on a job share basis.

Closing date: 12 noon on 19th February 2019.

NHS Fife is an equal opportunities employer and operates a no smoking policy.



Joanne Holder

OCCUPATION: SLT AND MENTAL CAPACITY ASSESSOR

“Communication is central to the assessment of mental capacity”



I have spent the last eight years working as an SLT with adults, specialising in acquired and progressive neurological conditions and dementia. From the outset of my career, I have always been interested in mental capacity assessment, as well as law and ethics, and have been keen to develop expertise in the area.

Last year, whilst exploring roles within the field of mental capacity, I applied to a consultancy formed of like-minded health and social care professionals who are dedicated to promoting excellence in the field of mental capacity, and began to work for them in the evenings and at weekends. I was the first SLT they had employed and I quickly highlighted the specialist skills we have in communication assessment and the support we can provide to people with communication disabilities during the assessment process. In May last year, I was offered a full-time role with them, working from home and seeing clients in London and the surrounding area.

The assessments that I carry out are all in relation to legal decisions, including litigation capacity, testamentary capacity and making a lasting power of attorney, to name a few. Referrals come from a range of sources, such as solicitors, relatives and sometimes the individual themselves. The clients who I see present with a broad range of conditions, including head injury, stroke, dementia, progressive neurology, learning disability and mental health conditions.

Communication is central to the assessment of mental capacity, not just with regards to the client’s communication, but



ours too. The decisions at hand are often complex, involving abstract terminology and concepts—some requiring a high level of understanding; for example, ‘litigation capacity’. As part of my training for the role, I have learnt about the range of legal decisions that exist, the relevant case law, and how to assess mental capacity for each. For each decision the threshold of understanding is different.

As SLTs we are the champions of ‘all practical steps’. Our unique skill set enables us to choose appropriate language and alternative communication strategies to support a client’s understanding and choice-making abilities, as well as supporting clients to express their decisions and preferences. I like to see it as a conversation rather than an assessment.

‘Assessment’ conjures feelings of being tested, which can cause anxiety for the client. It is important for the decision at hand, irrespective of capacity, that an individual has been listened to, supported to express themselves, and had their preferences documented.

Practical steps I have taken include: working with the client’s own SLT and counsellor, designing pictures to support understanding of the terminology associated with making a will, identifying whether the time of the assessment was optimal for the client with respect to medication, and also simply recommending more time and discussions about making a lasting power of attorney.

Following an assessment with a client, I either complete a Court of Protection form or a detailed report and analysis of the assessment. We have a great team of quality checkers at the consultancy who are experts in mental capacity and provide feedback on reports, ensuring that the final decision of capacity or lack of it is supported with robust evidence. I assess capacity in relation to the Mental Capacity Act (MCA) 2005, as well as relevant case law, so evidence needs to be linked back to both.

My role is an exciting and varied one and the above description only scratches the surface. With the MCA being a hot topic, I have taken to Twitter to start promoting the role of SLTs in the assessment of capacity, both in and out of the health system, and to encourage engagement of SLTs in the process from the outset. ■

Email: joanne.holder@hotmail.com

Twitter: [@Jothespeechie](https://twitter.com/Jothespeechie)

QUICK LOOK DATES

Various dates

Elklan Total Training Package for 5-11s

4-5 March, Salford; 16-17 May, Edinburgh; 12-13 June, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

6-7 March, Salford; 10-11 June, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Training Pack

8 March, Salford; 15 May, Cornwall. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

14-15 May, Edinburgh; 10-11 June, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs.

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

Various dates

Elklan Total Training Package for Pupils with SLD

14-15 May, Edinburgh; 8-9 October, RCSLT, London. This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

16-17 May, Edinburgh; 12-13 June (3-5s) and 14 June (0-3s), RCSLT, London. Equipping SLTs and EY advisors to provide accredited training to Early Years staff. Cost: £495 for 3-5s, £745 for both, £250 for 0-3s. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

5 February, London

NIHR Pre-Doctoral Level funding at UCL

UCL SLT is running a session about NIHR Pre-Doctoral Level funding. Find out how to get paid for MRes and PhD! 5.30 - 7.30pm in Bloomsbury. For more details and to book a place please visit tinyurl.com/PCAF-Info

1 March, London

How to Do Cognitive Rehabilitation Workshop

This one-day interactive workshop is suitable for professionals working with adults who have cognitive

problems following brain injury. Venue: Gatwick Hilton Hotel. Cost: £90. Email: enquiries@braintreelearning.co.uk; tel: 01276 472 369; visit: www.braintreelearning.co.uk

1 March, Manchester

Bilingual Children with Speech and Language Difficulties

A day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University. Cost: £215 or £190 if two book together. Visit: tinyurl.com/y8m766jn

4-5 March, Salford

Elklan Total Training Package for 0-25s with Complex Needs

This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

4-5 March, Salford

Elklan Supporting Children and Adults using AAC: Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Cost: £340. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

5 March, Portsmouth

Let me tell you! Assess and develop narrative skills 2-8 years

Telling a coherent story requires complex language skills and the ability to perspective take. Development of these skills begins in the first years of

life. We'll look at the foundation skills that underpin narrative and different ways to look at story structure. Cost: £90. Email: susanna@earfoundation.org.uk

6 March, Salford

Elklan Training Package – Supporting Children and Adults Using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. Cost: £235 Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

6-8 March 2019, Salford

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

6-7 March 0-3s, 8 March 3-5s. Equipping SLTs and EY advisors to provide accredited training to early years staff. Cost: £495 (0-3s); £745 (both); £250 (3-5s). Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

8 March, Salford

Elklan Let's Talk With Under 5s Training Pack

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

8 March, Salford

Elklan Let's Talk Together Training Pack

Practitioners will be equipped to provide accredited training to parents



Our therapy materials are developed by world renowned experts:

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

www.StutteringHelp.org/Store

*Helping Children Change Thoughts
& Feelings About Communication*

2 hours, 55 minutes DVD 6335

Avoidance Reduction Therapy in a Group Setting

2 hours DVD 6740

Autism Spectrum Disorders and Stuttering

2 hours DVD 6730

A Fresh Look at Stuttering

24 minutes DVD 4083



THE STUTTERING FOUNDATION® 901-761-0343

A Nonprofit Organization Since 1947 — Helping Those Who Stutter

Keep in touch with the RCSLT on Twitter

Did you know that you can read about the RCSLT's activities via social media?

Find out about:

The RCSLT @RCSLT

The Bulletin magazine @RCSLT_Bulletin

The RCSLT Policy Team and its activities @RCSLTPolicy

Research and development @RCSLTRResearch

CPD @RCSLTLearn

Giving Voice activities @GivingVoiceUK

You can also find out what's happening in:

Northern Ireland @RCSLTni

Scotland @RCSLTScot

Wales @RCSLTWales

Hubs @RCSLTHubs

Follow our feeds for the latest news and information

of pupils with social communication needs including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

12 March, Birmingham

The current evidence base for school-aged children with Developmental Language Disorder

An update on the current evidence base for intervention for school-aged children with language impairments. Led by Dr Susan Ebbels. Cost: £215. Visit: tinyurl.com/y8ys3z3ru; email: info@coursebeetle.co.uk

15 March, RCSLT, London

Introduction to working with children and young people with SEMH needs

Presented by Melanie Cross, lead author of the Royal College of Speech and Language Therapists clinical guidelines on SEMH. Cost: £215. Visit: tinyurl.com/y9jauxql; email: info@coursebeetle.co.uk

16 March, London

Counselling skills for recently-qualified speech and language therapists

Develop and practise a range of essential counselling skills to help you work with emotional issues you're likely to encounter in your role as SLT. Suitable for recently-qualified therapists and those about to qualify. Cost: £79. Venue: City Lit London. Email: speechtherapy@citylit.ac.uk; tel: 020 7492 2578

21-22 March, Durham

LSVT LOUD® Training and Certification Course

Learn the evidence-based voice treatment for Parkinson's disease with application to adults and children with other neurological conditions. Cost: professional £520; student £330. Venue: The Durham Centre, Belmont Industrial Estate Auditorium, Durham, UK DH1 1TN. Visit: www.lsvtglobal.com; email: info@lsvtglobal.com

27-29 March Birmingham

1, 2 or 3 Day Masterclass: Selective Mutism for Professionals and Parents/Carers

With Maggie Johnson. Suitable for teachers, therapists and parents. Cost options: £195 - £499. Visit: tinyurl.com/y7hk58yh; email: info@coursebeetle.co.uk

28 March, Bristol

Smartbox: Getting Started with AAC

Join Smartbox in March for Getting Started with AAC, a hands-on workshop where you will learn all about AAC and how to start using it. Cost: £50. Book now: thinksmartbox.com/gswaac-bristol

1 April

Developing language and literacy

This course gives you the opportunity to examine how the experiences, activities and the use of great children's books lay the foundation for children learning to read and write. Leave with a good understanding of the process as well as lots of practical ideas and resources for using with young children and their caregivers. Cost: £90, bring a friend for £10. Email: Susanna@earfoundation.org.uk

1-4 April, Birmingham

Post Registration Paediatric and ALD Dysphagia Course

This four-day taught course plus work-based learning develops skills and competence in dysphagia assessment and management. Cost: £665. Email Jo Frost: info@thespeechtherapypractice.com;

visit: www.thespeechtherapypractice.com/training

5-6 April, London

Insight Workshop

This two-day interactive workshop is suitable for professionals working with adults who have insight problems following brain injury. Cost: £185. Venue: Gatwick Hilton Hotel. Email: enquiries@braintree-training.co.uk; tel: 01276 472 369; visit: www.braintree-training.co.uk

11 April, Birmingham

The current evidence base for speech interventions: Translating research into practice

Best practice recommendations for transcription and analysis will be included.

Presented by Dr Anne Hesketh of Manchester University. Cost: £215. Visit: tinyurl.com/y7b9bggl; email: info@coursebeetle.co.uk

2 May, Oxford

Speech Acoustics

Join Lyndsey Allen, SLT from The Ear Foundation, for a practical, interactive approach to speech acoustics. From consonants to vowels, formants to frequencies, all will become clear. Cost: £75 (Bring a friend for £25). For more details, contact Sandra Treslove, SLT, The Spires Cleft Centre: sandra.treslove@salisbury.nhs.uk

w/c 13 May, London

Intensive Training Week: Early Intervention

Often, auditory learning is confused with auditory training and the link between cognition and language is missed. This intensive week enables you to plan sessions with greater impact. 30 AG Bell CEUs. Cost: £500. Email: susanna@earfoundation.org.uk

16-17 May, London

Social Thinking Conference

Speakers Michelle Garcia-Winner and Pam Croke. Award-winning programme for children/adults with social communication difficulties. Day 1: Assessment and core treatment strategies. Day 2: Implementing Social Thinking concepts and vocabulary. Visit: www.sltcommunicationcourses.co.uk; email: info@sltcommunicationcourses.co.uk

17 May, RCSLT, London

Word Aware: teaching vocabulary in primary schools

Practical whole school curriculum based approach. Highly rated course. Suitable for teachers and SLTs so bring a colleague. Trainers: Stephen Parsons and Anna Branagan. Cost: from £120. Visit: www.thinkingtalking.co.uk/training/

17 May, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

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

20-21 May

Paediatric Dysphagia Videofluoroscopy Swallow Study Course

This course is aimed at dysphagia trained SLTs who are interested in consolidating skills in analysis

and interpretation of paediatric videofluoroscopy swallow studies. Tel: 020 7905 2699; email: ich.events@ucl.ac.uk

20-21 May, Buckinghamshire

Social Thinking Conference

Speaker: Michelle Garcia-Winner. Award-winning programme for children/adults with social communication difficulties. Day 1 and 2: "Emotions: More than you think and all that you can feel". A new conference for the UK. Visit: www.sltcommunicationcourses.co.uk; email: info@sltcommunicationcourses.co.uk

29-30 May, London

SOFFI Method: Supporting Oral Feeding in Fragile Infants

Therapy Links UK is proud to host The SOFFISM Method training in London in 2019. This is the first time this two-day course will be held in the UK. The course will summarise Dr Erin Ross's integrated approach to supporting oral feeding in preterm and medically complex infants, both in the NICU and in community settings and is relevant for doctors, nurses and therapists working with this vulnerable population. It will provide the practitioner with evidence-based information regarding feeding development as well as assessment and intervention strategies. Cost: £450 (£405 early bird rate). Visit: www.therapy-links.co.uk/training

1-4 June, London

SOS Approach to Feeding – Advanced

This four-day international conference aims to expand on the SOS Approach to Feeding Basic Course. Advanced modules address special populations and/or specific topics in feeding including supporting the 6-16 month, food tolerance, reflux & tube feeding, food science, severe developmental impairment and autism. Cost: £840 (plus VAT). Email: www.therapytrain.co.uk; visit: www.therapytrain.co.uk/sos-approach-to-feeding

5-7 June, London

Effective counselling skills for speech and language therapists

Highly relevant to work with any client group; practical and experiential.

Topics include developing therapeutic relationship, boundaries, hearing the story, confronting, immediacy, self-disclosure and loss. Cost: £369. Venue: City Lit, London.

Email: speechtherapy@citylit.ac.uk; tel: 020 7492 2578

6-7 June, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

10-11 October, RCSLT, London

Elklan Total Training Package for Vulnerable Young People (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14-15 November, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and training for your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com



BOOK YOUR QUICK LOOK DATE TODAY

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.

To book your advert contact:

Tel: 020 7880 7668 or email: bulletin@redactive.co.uk

Terms and conditions

Payment must be received by Redactive Media before we can publish your Quick Look Date advert. Advert text will be edited for consistency. Enhanced coloured boxes: the editor will determine the box colour.

ARE YOU READY FOR IDDSI? WE ARE!

From November 2018 the Nutilis Pre-Thickened Range will be re-labelled in line with IDDSI guidelines.

For more information visit www.nutriciahcp.com



This information is intended for healthcare professionals only.
The Nutilis range are Foods for Special Medical Purposes for the dietary management of disease related malnutrition and/or dysphagia and must be used under medical supervision.

 **NUTRICIA**
Advanced Medical Nutrition