

bulletin

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

Maintaining
standards in the
wake of the Mid
Staffordshire Inquiry

January 2013 | www.rcslt.org

Commentary on
the ACT NoW study

What makes a
successful SIG?



The 2012 Giving Voice Awards: celebrating
creativity, commitment and achievement



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- ▶ Transfer
- ▶ Disclosure

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

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So2Speak™ apps conceived by Claire Mitchell (MRCSLT) of The University of Manchester

Giving Voice | Speech and Language Therapy transforms lives

Giving Voice needs YOU (and your clients)

The **RCSLT** is looking for inspirational media case studies to demonstrate the power of speech and language therapy.

We are looking for media case studies from all parts of the UK to show just how important speech and language therapy is, not just to those with communication and swallowing needs, but to society as a whole. If you have clients and families who have benefited from speech and language therapy and are willing to take part in Giving Voice media activity please get in touch.

For more information on what makes a great case study or to discuss any ideas, contact RCSLT PR Manager Robin Matheou.
Email: robin.matheou@rcslt.org

Steven Harulow

EDITORIAL



Something new for you for 2013

Before you pack away your tinsel and baubles I would like to take this opportunity to wish you all the very best for the New Year. It's certainly going to be an interesting, if somewhat unnerving, 12 months given the landscape of economic and structural reform ahead.

For now, we are looking back at 2012 and celebrating the RCSLT's Giving Voice Awards. The ceremony in London on 27 November was a real commemoration of creativity, commitment and achievement, and as you will see on pages 12 to 14, the award winners are truly inspirational.

Building on the success of our regular Research and Development Forum, I am very pleased to announce the launch of a new Bulletin section bringing you the

latest in published research (see page 24). RCSLT Research Manager Emma Pagnamenta has trawled studiously through the latest peer-reviewed journals and highlighted ones that you may find interesting. As we note on the page, their inclusion does not reflect strength of evidence or offer a critical appraisal. Of course, if you would like to comment on the research Emma has identified please feel free to do so and we will share your observations. Similarly, if you come across any articles or publications that you think we could include in future issues, send in your suggestions by email to: emma.pagnamenta@rcslt.org

Steven Harulow
Bulletin editor
 bulletin@rcslt.org

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"I'm very pleased to announce the launch of a new section bringing you the latest in published research"

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bulletin

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Your VIEW

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



Tweet Talk

Bryony Rust
@saltbythesea

"Universal and targeted provision should be part of a core offer and kept outside of personal budgets".

Hear hear @
RCSLT!#SENreform

LeedsSLT
@HelloLeeds

Felt inexperienced and experienced all at one time
@#RCSLTawards
Experienced people along side up and coming therapist.
Thank you@RCSLT

Julie Anne Carr
@pinkjules_16

@RCSLT#bigSLTtalk
I don't think it's acceptable to use social media to complain about work related issues when in a professional role

Mike Richards
@speechtoolkit

@RCSLT Recent news has highlighted risks of forgetting that social media exists in a public domain. Ppl need common sense + be more savvy

Well done Daisy

I am writing to let you know about a special little girl's fundraising efforts. Daisy Rainbow, aged six from Bournemouth, adores her little brother Oscar who has severe oral and verbal dyspraxia. Daisy decided not to eat chocolate, sweets, biscuits, ice cream or cakes for four weeks to raise money for the Dyspraxia Foundation.

She has so far raised £1,000, as well as giving talks to her school and church to raise awareness about the condition. Our team feels Daisy deserves recognition for what she has achieved. Her mum also told me that while Daisy has always wanted to be a surgeon, she now wants to do that during the week and be an SLT at weekends to help other children.

Joanne Evans, SLT
Dorset Healthcare University NHS Foundation Trust

Investing time in placements will pay dividends in the future

We know from our placement experiences with brilliant and inspiring clinical educators that as a profession you're under pressure from many directions. We desperately want to join you and while the shape of speech and language therapy services is changing, the enormous benefit of clinical placement should never be underestimated.

Like you, we are driven, hard working and intelligent, under pressure to juggle personal commitments while meeting academic requirements. In the spirit of Bryony Simpson's inaugural speech (Bulletin, November 2012, p5), we urge you to strengthen your partnerships with students, universities and model clinical educators to address the issues that led to half the respondents to November's RCSLT poll saying they are 'Under too much pressure to provide high-quality student placements'.

While ours is a short-term need, graduates providing the high-quality services of the future rely on that pressure being alleviated now.

Sarah Purdy On behalf of Level 5b part-time SLT students,
BCU (names supplied)

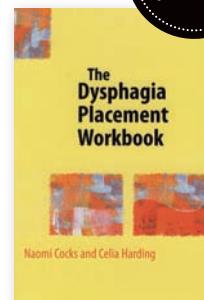
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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

The RCSLT prize draw

**PRIZE
DRAW**



Bulletin readers can win a copy of 'The dysphagia placement workbook'. Email your name, address and membership number to prizedraw@rslt.org and put 'January draw' in the subject line. Entries close 14 January.

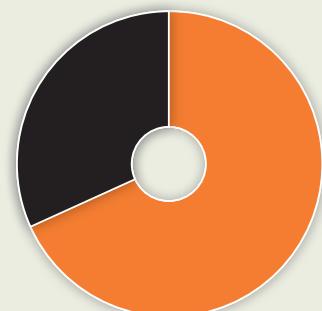
November's winner was Zoe Law from Ettington, Warwickshire.

RCSLT Web Poll
Have your say...



Should seasonal flu vaccination for SLTs be mandatory?

68 % say no



VISIT: WWW.RCSLT.ORG



Left: "The best art class I have ever had"
Below: Children from Moor House School open the awards ceremony



IMAGES Geoff Wilson

RCSLT celebrates creativity, commitment and achievement

Laura Preston reports on the 2012 Giving Voice and RCSLT Honours ceremony

Neither fire nor flood could dampen the spirit of inspiration at the RCSLT Giving Voice Awards in London, on 27 November 2012. Although rail problems meant some winners were unable to attend and a fire alarm interrupted proceedings, the much-anticipated annual event was successful in celebrating both the RCSLT Honours and Giving Voice awards. The lunchtime ceremony brought together health professionals, service users and politicians to highlight the importance of speech and language therapy, and celebrate its champions.

A choir of children from Moor House School opened the ceremony with a fabulous Makaton-supported rendition of

environmental ditty 'Be Cool'. The enthusiasm was audible as the choir set the tone for a celebration of creativity, commitment and achievement. Brighton-based urban art specialists CanControl ran a behind-the-scenes graffiti workshop for the Moor House students. Colourful canvases embodied communication through art and allowed the students, all of whom have speech and language impairments, to express themselves with confidence. A live video link brought the art session to the ceremony attendees in the main hall and leant tangible relevance to the occasion. One of the students raised a collective smile from the audience when he said the workshop was, "the best

art class I have ever had". Anticipation built as host RCSLT CEO Kamini Gadhok introduced the first formal element of the day, the RCSLT Honours. These acknowledge the achievements of RCSLT members and those who have contributed outstanding services to speech and language therapy. RCSLT Chair Bryony Simpson and Deputy Chair Maria Luscombe read out the citations and RCSLT President Sir George Cox presented the fellowships, honorary fellowships, assistant of the year and Sternberg awards for clinical innovation. After lunch, Bryony took over as master of ceremonies and RCSLT Patron Her Royal Highness the Countess of Wessex presented the 14 Giving Voice Awards to the delighted winners.

Professional singer and speech therapy advocate Sophie Garner provided the lunchtime entertainment. Northwick Park SLT Claire Wells supported Sophie when she experienced vocal problems, and the singer has since set up 'VoxOp', a support group for professional singers with vocal difficulties.

The Giving Voice Innovation

Award winners – former speech and language therapy students from Queen Margaret University, Edinburgh – brought the event to a climactic finale with their cleverly adapted rendition of Carly Rae Jepsen's 'Call Me Maybe'. They translated the song's lyrics using augmentative and alternative communication to create a fun and humorous music video parody. The inspiring, forward-thinking video captured the very essence of the Giving Voice campaign and was the perfect way to close the awards. Kamini acknowledged the strength of the video when she said, "The important thing about what you have done is that you have mainstreamed the use of AAC in a fun and very engaging way."

For more information on the Giving Voice Award recipients, see pages 12-14. The RCSLT Honours will feature in next month's Bulletin.

Find out more about:

- ◎ The 2012 Giving Voice Awards: www.givingvoiceuk.org/giving-voice-awards-2012-2
- ◎ CanControl: www.cancontrolteam.co.uk
- ◎ VoxOp: www.voxop.co.uk/wp

Calling all committed campaigners

Take part in a brand new RCSLT campaign working group. We are recruiting enthusiastic and committed members who will help set the direction of future RCSLT campaigning and boost the great work already done by Giving Voice champions across the UK. In return you will receive advanced campaigner training and be involved at a national level in your professional body. The group will launch in late February with a weekend residential meeting and meet up to three times virtually in 2013. To find how to get involved, contact Giving Voice Coordinator Emma Barnes. Email: emma.barnes@rcslt.org



Award winners have their moment to shine

The Communication Trust (TCT) hosted its annual 'Shine a Light' awards on 21 November 2012 in London. The awards, now in their second year, honour individuals, teams, projects and communities who demonstrate excellence in supporting the communication needs of children and young people.

Among the many winners, teenager Jack Fradgley picked up two awards: for Young Person of the Year and Outstanding Achievement. Jack, now 18, has learned to manage his stammer – and has gone on to mentor others through the

Fluency Trust. Rhiannan Walton and Jonathan Kahn scooped the Innovation Award for their 'Therapy Ideas Live' events.

TCT Director Anne Fox said, "Congratulations to all the winners and those highly commended at the Shine a Light Awards 2012. The judges had tough decisions to make because there were so many excellent examples of people showing immense dedication to supporting children and young people in developing good communication skills."

For more information, visit: <http://tinyurl.com/ctlf259>

The Shine a Light Award winners 2012

- **Early Years Setting of the Year:** The Haven 2000 Nursery Ltd
- **Primary School of the Year:** Wallands Community Primary School
- **Secondary School of the Year:** Peacehaven Community School
- **Team of the Year and Communication Strategy Awards:** Every Sheffield Child Articulate and Literate
- **Innovation Award:** Therapy Ideas Live
- **Youth Justice Award:** North Lincolnshire RESPECT Programme
- **Commissioning Award:** Children's Commissioning Team, Reading Borough Council
- **Young Person of the Year and Outstanding Achievement Award:** Jack Fradgley
- **Communication Champion Award:** Debra McNeill
- **Outstanding Achievement Award:** Justin Fletcher (aka Mr Tumble, from CBeebies 'Something Special')
- **Outstanding Achievement Award:** Jean Gross, former communication champion for children

NEWS IN BRIEF

Compiled by Laura Preston

Resource pack provides interview preparation

SLTs from St Catherine's speech and language school on the Isle of Wight have published a resource pack to prepare young people with speech, language and communication needs for interviews. Using research conducted in collaboration with Royal Holloway University, 'Interview skills training – for young people with speech, language and communication need' aims to improve training for those who have difficulty accessing employment or further education after leaving school. The pack contains information on evidence based-practice, session plans and a CD of printable resources.

Visit: www.stasspublications.co.uk

Preparations underway for REF peer review

Academic colleagues are preparing for the forthcoming Research Excellence Framework (REF) assessment of research quality. In late 2013 they will submit research papers, evidence of the research environment and research impact case studies for expert panel peer review during 2014. Speech and language therapists have been involved in these panels and the University of Surrey's Professor Karen Bryan is confirmed as a member of sub-panel 3: Allied Health Professions, Dentistry, Nursing and Pharmacy.

Visit: www.ref.ac.uk

Enter the 2013 Patient Safety Awards

Applications for the Patient Safety Awards are now open. The awards identify the best patient safety initiatives within individual organisations to be shared across the health service. Categories include clinical leadership and patient safety in paediatrics and the care of older people. Winners will have the opportunity to share their project and outcomes at the Patient Safety Congress in May 2013. The closing date for entries is 1 February.

Visit: [www.patientsafetyawards.com/patientsafetyhome](http://patientsafetyawards.com/patientsafetyhome)

New guidance supports vulnerable children

October 2012 saw the issue of new public health guidance by the National Institute for Health and Clinical Excellence (NICE), outlining support for vulnerable children under five years of age. The NICE recommendations range from home visits and childcare through to early education. They include a focus on social and emotional wellbeing as the foundation of development, as well as the provision of universal and targeted support.

Visit: <http://guidance.nice.org.uk/PH40>

Self-management campaign targets long-term conditions

Health and Social Care Alliance Scotland has launched a self-management campaign that aims to improve public understanding of what self-management means for people living with long-term conditions. 'My Condition, My Terms, My Life' encourages individuals to adopt a self-management approach. The alliance has developed a range of resources, including short films by people talking about what self-management means to them, health professional case studies and self-management top tips.

Visit: <http://tinyurl.com/d8gcv7c>

Take part in January's webinar on professionalism

The RCSLT will hold a series of webinars in 2013 on a range of topics that are affecting the speech and language therapy profession. The first will centre on issues around professionalism in light of the findings of the Francis Inquiry Report into the poor standards of care found at the Mid Staffordshire NHS Foundation Trust.

For the uninitiated, webinars are interactive web-based presentations, lectures or seminars. They can include video, audio, photos, and presentations and allow an audience to attend from remote location.



GETTY IMAGES

Register for the 29 January webinar on professionalism

Webinars are interactive and allow users to submit questions and comments before or during

the presentation.

Hosted by the RCSLT, the professionalism webinar will

feature top names from the allied health professions world, including England's Chief Health Professions Officer Karen Middleton, Health and Care Professions Council Chair Anna van der Gaag and senior representatives from allied health profession bodies.

The webinar will take place on 29 January 2013 between 4 and 4.45pm. Numbers are limited, so register your place and submit a question. Visit: www.rcslt.org and follow the webinar links. Unfortunately, you will not be able to view webinar content on mobile devices at this time.

◎ If you can't join us live, a recording of the webinar will be available on the RCSLT website after 29 January. To see the first RCSLT webinar, on reforms and cuts, visit: www.rcslt.org/news/webinar_22_nov



As reforms and restructuring continue to gather pace across the UK they provide us with a range of challenges and opportunities. The challenges stem from the fact that we may not know any of the new people involved or their new roles and responsibilities. The opportunities arise because change provides a rationale for us to contact decision-makers and position ourselves as key stakeholders.

While the RCSLT supports members to be proactive and constructive at a local level, we are aware that there are times

Making friends and influencing people

when RCSLT staff and trustees can add value by brokering key relationships. For example, when a university contacted me in late 2012 with concerns about commissioning decisions taken by the local education and training board (LETB), we identified that the scenario presented a set of challenges and opportunities.

The challenge was to constructively challenge the decisions proposed. The

opportunity was in building an important relationship. The initial phone call to discuss the issue went better than planned and I secured a meeting with representatives from the LETB, the university and local managers. The aim of the meeting was to share information, identify opportunities for joint working and continue to build relationships in order to influence the decisions taken.

"Change provides a rationale for us to contact decision-makers and position ourselves as key stakeholders"

As a result of the meeting we identified action points, including better data collection and the importance of ongoing work to influence service commissioning through the Giving Voice campaign. We identified areas of partnership working, including the development of clinical academic careers and work on the development of regional hubs, with universities playing a key role.

Chairing the meeting, the head of education and commissioning opened up the discussions by saying he had agreed to meet with us as he was excited by our plans as a professional body. We plan to hold a further meeting in 2013 to discuss the action points in more detail. We hope we can use the learning from this one contact and work programme to develop relationships with other LETBs. ■

Kamini Gadhop MBE, RCSLT CEO
Email: kamini.gadhok@rcslt.org



Far left: Assembly Speaker William Hay with Alison McCullough and one of the young joke tellers
Below: Overall winner Conor Heavron with host Eamonn Mallie



Seven-year-old Conor's winning routine: a future star in the making?

Comedy and communication take centre stage at Stormont

The Northern Ireland Assembly was in stitches on 15 November courtesy of the RCSLT's Voice Box Awards – a fun joke-telling competition with a serious message to highlight the importance of communication.

Hosted by Assembly Speaker William Hay MLA for the second year running, the awards brought together children, parents, teachers, MLAs and

SLTs. The event was open to all pupils in Northern Ireland and included finalists who have benefited from speech and language therapy. Woodlands Language Unit pupil Conor Heavron, aged seven, wowed the Voice Box judges with a whole stand-up routine and was named overall winner. Basil McCrea won the much sought-after 'funniest MLA' award.

Minister for Education John O'Dowd MLA, Minister of Health in waiting Jim Wells MLA, Ulster Unionist Party leader Mike Nesbitt MLA and politicians from across NI joined in the fun.

John O'Dowd commented, "The Voice Box Awards initiative encourages children and young people to overcome any obstacles they might experience when communicating verbally and instils a confidence in them that stays. I congratulate the organisers on delivering what is an excellent and fulfilling event and hope all the young people who took part have enjoyed positive benefits to their communication going forward."

The event went down well across Northern Ireland, reflected by the amazing amount of related media activity. This included coverage on UTV online and its evening news bulletin; the U105 Frank Mitchell Radio Show; and



The joke-telling competition had a serious message to highlight the importance and fun of communication

Do you know, I had a really strange day yesterday, I walked into my brother's room, he had a golf club up his nose. I said: 'What are you doing with that up your nose?' and he said: 'Trying to get a bogey'.

I went into my sister's room and you wouldn't believe who was there: Lady Gaga. I tried to wake her by poking her face.

Next I went downstairs and there was all these biscuits flying about. Mum said they were little plane ones! That's a cracker, that's the way I tell them!

interviews with the finalists and RCSLT NI Policy Officer Alison McCullough MBE across the Q Radio Network. Press coverage included the Belfast Telegraph, Irish News, Derry Journal, Derry News, Londonderry Sentinel, Ulster Star and Co Down Spectator.

Read and watch the Voice Box media coverage. Visit: <http://givingvoiceuk.org/giving-voice-news-from-northern-ireland>

Look at a gallery of photos from the event. Visit: <http://givingvoiceuk.org/giving-voice-speech-bubble-gallery>

Bridget bids farewell to the RCSLT



Bridget (left) says goodbye at the December 2012 Council meeting

Bridget Ramsay has retired after 20 years of dedicated service to the RCSLT. Bridget began working at the then CSLT in 1992 as personal assistant to Professional Director Shirley Davis and subsequently held a variety of roles at the organisation. She retired as office manager, a role that coordinated the secretariat for the RCSLT Council and its

boards, support for the RCSLT chairs, and the day-to-day running of the office premises.

Acknowledging her contribution at the December 2012 Council meeting, RCSLT Chair Bryony Simpson said Bridget had played an important role over many years and would be greatly missed by staff, trustees and members alike.

Bridget said "I've met some good people and made friends with many SLTs and there have been some memorable moments, such as the Golden Jubilee Conference in York in 1995. I'll miss my colleagues but will be pleased to be spending more time with my family."

NEWS IN BRIEF

Nutrition digest: The British Dietetic Association has produced a new document advocating good nutritional practice in care settings. The 'Nutrition and Hydration Digest' provides an insight into the role of dieticians, highlights the importance of multidisciplinary collaboration, and includes sections on food texture, therapeutic diets and dietary coding.
© Visit: www.bda.uk.com

Seven signs success: The council of the Royal College of GPs Northern Ireland has approved the distribution of the RCSLT's 'Seven signs of speech, language and communication needs (SLCN) and swallowing difficulties' in GP practices. The booklet aims to help GPs to identify a variety of communication and swallowing difficulties.

© Visit: <http://tinyurl.com/co5f96m>

Double award success for speech and language therapy app

Congratulations go to SLT Mike Richards, director of Speech and Language Solutions (SLS), for his double app award success. The company is celebrating after its 'Speech Pathology Toolkit' app was named 'Most Innovative' at the 2012 Appster Awards and 'Best Mobile Application 2012' at the Media Innovation Awards.

The Speech Pathology Toolkit combines six applications for SLTs, including one that provides delayed auditory feedback, a sound level meter



and a swallow prompt.

Mike (pictured with the awards) says, "It was fascinating to get a bit more of an insight into the world of app developers and to start to understand more about where this industry sees itself going. Software developers are interested in pursuing these health-related projects.

"This puts SLTs, and other health professionals for that matter, in a really exciting position. If you are able to conceive ideas of what you want the smartphones and tablets to do there are people who will want to work with you to turn it into a reality."

This is the first year of the Appster awards, which recognise excellence across the app industry. There were 250 entries to the awards overall, with high-profile organisations such as the BBC receiving awards – making the SLS app win all the more remarkable.

© Visit: www.speechlanguagesolutions.co.uk

Mental health: The organisers of the 10th National Conference on Research in Forensic Mental Health Services is looking for abstract submissions for oral and poster presentations that detail the results of descriptive and analytic research. The conference takes place on 14 March. The closing date for abstract submissions is 11 January.

© Visit: <http://tinyurl.com/agyq9p6>

RCSLT HQ move: The RCSLT offices will be moving back to White Hart Yard after the completion of a major refurbishment and refit. The move will take place at the end of January. For contact details during this transition period please refer to the RCSLT website.

© Visit: www.rcslt.org/about/contact/contact

Health improvement: remember the importance of specialist skills

The Department of Health, under the auspices of its health improvement programmes, has been developing a strategy for improving the outcomes of cardiovascular disease. To this end, there have been several events considering prevention and acute, continuing, long-term and end of life care.

Discussions have taken place in the context of the NHS Outcomes Framework which incorporates five domains:

- Preventing people from dying prematurely.
- Enhancing quality-of-life for people with long-term conditions.
- Helping people to recover from episodes of ill-health following injury.
- Ensuring people have a positive experience of care.



Alamy

- Treating and caring for people in a safe environment and avoiding harm.

I attended several of the workshops, the third being on 21 November 2012. The discussions were broad ranging but there was general consensus that there are similarities in the areas of prevention, non-acute rehabilitation and long-term care that are generic and could benefit from joining up. For

example, the promotion of exercise, healthy diet and weight management are important in the prevention of all cardiovascular diseases, and there are opportunities for all healthcare professionals to play a role in encouraging and supporting lifestyle changes.

Additionally, facilitating exercise, confidence and emotional support is needed for all patients with cardiovascular disease, and it may be appropriate for some of the services dedicated to particular client groups to be made more broadly available. However, workshop participants recognised that the focused and expert skills of some healthcare professionals are necessary at certain points in a patient's journey. While breaking down

silos of care may have advantages it is important to remember the importance of specialist skills when required.

Considering the whole patient journey and our responsibility in playing a part in the broad agenda of the NHS Outcomes Framework will be the responsibility of all healthcare professionals when discussing their services with commissioners.

**Professor Pam Enderby,
Professor of Community
Rehabilitation, University of
Sheffield**



References

NHS Outcomes Framework: <http://tinyurl.com/c5wra34>
Cardiovascular Disease Outcomes Strategy: <http://tinyurl.com/8oav5j4>

Plus ça change



If you are reading this as the New Year begins, my apologies for starting 2013 off on a downbeat note, but as I write we have just received the raw data from the RCSLT's 2012 cuts survey and it makes for grim reading.

We will be analysing the information in greater detail and giving you the full picture

next month – and we hope you will see some of the headlines in other news outlets in the meanwhile – but certain things are apparent at first glance.

Firstly, many of you are reporting direct losses of posts and reductions in services provided. To speak of efficiency savings rather than cuts is euphemistic at best. If it walks like a duck and quacks like a duck, as they say ... Secondly, the vast majority of you report

that budget measures are affecting your service users, despite the best efforts on your part to protect them. Thirdly, your inability to intervene early enough means that you are seeing more complex challenges and behaviours later on – so it is unlikely that money will be saved in the long run.

There are some other trends to note. For example, services for children without special educational needs statements are being particularly hit, with provision determined by what a school or local authority will

pay for. Waiting lists and waiting times are creeping up and you are having to juggle staff time, posts and budgets to keep the show on the road.

There are some bright spots, and we'll report on those too. Some other information suggests the job picture is not all bleak, which may confirm that particular SLT bands and roles are bearing the brunt.

We'd like to thank you for taking the time and being so frank to let us build a picture of the reality on the ground – we will use the information to lobby for the best possible deal for speech and language therapy, and those with speech, language and communication needs.

“Many of you are reporting direct losses of posts and reductions in service provided”

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

Sally-Ann Garrett says SLTs need to be open to the potential of eye gaze and eye-tracking technology in Rett syndrome

The eyes have it: unlocking potential in Rett syndrome



Rett syndrome (RTT) is a rare genetic neurological disorder affecting approximately one in 12,000 females (NHS, 2012). However, with only 850 individuals with RTT known to the Rett Association in the UK, you may never come across a case. The presentation is variable. Some girls have early onset seizures, while others may develop 'normally' until they are around 18 months or two years of age, after which they lose functions like walking, talking and eating. Speech and language therapists have a vital role in supporting

individuals' communication skills. Initial difficulties with language and/or dysphagia should result in a referral to paediatric speech and language therapy services. Older girls and women should be able to access their local learning disability team.

People with RTT have specific preference orientation towards people and a keen interest in establishing interaction (Djukic and McDermott, 2012). Their nonverbal communication, particularly using eye gaze, is effective and purposeful, but is dependent on carer interpretation and response.

Apraxia, one of the most disabling aspects of the disorder, interferes with the individual's ability to carry out purposeful actions and demonstrate understanding. This can result in erroneous findings in language and psychometric testing, leading to the assumption that they are severely cognitively impaired (Baptista PM et al, 2006; Berger-Sweeney 2011).

Offering simple augmentative and alternative communication (AAC) is successful because access through eye gaze seems to bypass the apraxia (Djukic and McDermott, 2012). Although people with RTT are usually unable to use switches or keyboards a few children in the UK can now access eye-tracking technology. Companies such as Tobii, LC Technologies and Dynavox have developed eye control units, either built in to communication devices or linked to a personal computer. The most widely used designs are video-based eye trackers, which calculate the position of the pupil and the corneal reflection to identify where on a screen a person is looking.

Research carried out at the Rett Syndrome Centre in New York revealed the hidden, inner world of children who have RTT (Djukic and McDermott, 2012). This confirms observations that girls understand more than they can demonstrate. Centre Director Aleksandra Djukic says, "The eye-gaze technology is helping us to unlock the girls' minds. It brings smiles to us and to their parents, because for the first time we have proof of their mental activities. But it also imposes a huge obligation to properly advocate for these children."

In the UK, we are lagging behind in this kind of research, because the technology is expensive and information limited. Eye-gaze technology is suitable for people with RTT, and SLTs need to be open to the

possibilities of what it can offer. Funding may be problematic, but the benefits of independent communication demonstrate clear personal preferences and interests. From my personal experience from UK Rett clinics there are positive results for even very young children and non-verbal adults. Many have demonstrated cause and effect, played music, and 'painted' on screen. One 42-year-old woman, who had never had access to any kind of AAC support, selected symbols to make a request for a drink for the first time in her life.

Further clinical research is needed to evaluate the suitability of eye-gaze control for children and adults with RTT so we can inform commissioners in health and education about the suitability of such equipment. We may then have a better understanding of cognitive and linguistic development in people with RTT, which will help us see their potential to communicate more fully than anyone has yet thought possible. ■

Sally-Ann Garrett, Highly Specialist Independent SLT.
Email: sallyann.garrett2@btinternet.com



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Rett Syndrome Center: Visit: www.monitekids.org/services/leadership/neurology/rett-syndrome



Ele Buckley

Ele Buckley celebrates the achievements of Giving Voice campaigners at the GV awards

The Giving Voice Awards 2012

The RCSLT launched the Giving Voice campaign in 2010 to show the positive impact speech and language therapy has on thousands of individuals with speech, language and communication needs. The campaign also aimed to show how speech and language therapy can release value to society and the economy.

On 27 November, we hosted the second Giving Voice awards ceremony to celebrate your campaign achievements in 2012 (see page 5 for coverage of the event).

We are pleased that many of you entered the awards using video submissions this year, and have embraced new technology and social media in your campaigning – with blogs, YouTube and patient story videos all featuring heavily.

We are also very pleased that RCSLT Patron HRH The Countess of Wessex was able to attend the ceremony, present the awards and stay on to talk to the winners.

Giving Voice will continue into 2013, and we hope that more and more speech and language therapy colleagues will become involved in the campaign, inspired by this year's amazing award winners.

"We hope more and more colleagues will become involved in the campaign"

Giving Voice Award Winners

UK-wide Team Derbyshire Community Health Services



Derbyshire Community Health Services Giving Voice Team impressed the judges with the sheer reach and variety of their campaign. This ranged from the production of Giving Voice postcards containing key facts from the RCSLT Matrix Report to victory at the Advancing Healthcare Awards, where the team's efforts were rewarded with the 'Into the Limelight' Award – as well as being named overall winner.

UK-wide Team Runner Up NHS Borders Speech and Language

The judges felt the NHS Borders Speech and Language Therapy Giving Voice Team deserved a special mention in the UK-wide category, due to its political focus, campaign delivery and excellent follow through. The team's campaign has resulted in several visits to speech and language therapy services by politicians, including MSPs Chic Brodie (who went on to ask a question about the Giving Voice campaign in parliament) and Paul Wheelhouse.

Student/NQP Awards

The judges were so impressed by the high quality of the entries in this category that they decided to present three awards this year.

Student Campaign Leeds Metropolitan University Speech and Language Therapy Student Group



This award went to the Leeds Metropolitan University Speech and Language Therapy Student Group. The group unites SLT students from all year groups and meets each month to plan its campaign. During the year it organised a university open day balloon launch, ensuring future SLT students had the chance to meet inspirational and proactive role models. The group has big plans for the future, including linking with other universities and developing a national student Giving Voice campaign.

Newly-qualified Practitioner Award Julie Anne Carr



This is a second win at the Giving Voice awards for Julie Anne Carr. She received an 'Outstanding contribution' Award in 2011 and this year the judges recognised her ongoing commitment to the campaign and the wide variety of methods used to engage with her local politician and the general public. During 2012, Julie Anne has continued to meet with her MP to ensure speech and language

therapy remains on his agenda. She also helped organise a communication chain event on the Gateshead Millennium Bridge, and made sure volunteers were on hand to discuss speech and language therapy at the Theatre Royal Newcastle performances of 'The King's Speech'. Julie also writes a popular blog: <http://juliegivingvoice.blogspot.co.uk>

Social Media Campaigner Charis Bond and Jenny Hirst



The blog written by Charis Bond and Jenny Hirst caught the judges' attention this year. The two final-year Newcastle University speech and language science students set themselves a 'Chewless Challenge', eating pureed food for a week to raise awareness of the role of SLTs in the management of eating, drinking and swallowing difficulties. They kept a blog throughout the week and catalogued their trials, tribulations and successes.

Innovation Award Queen Margaret University Edinburgh



The judges elected to present an additional Giving Voice award in the student/newly-qualified practitioner category to recognise

the tremendous creativity shown this year. The speech and language therapy students of Queen Margaret University Edinburgh created an amazing version of Carly Rae Jepsen's song, 'Call me Maybe' using communication techniques – including signing, Talking Mats, alphabet boards and many more. So far, over 8,000 people have viewed the YouTube video, and it has attracted comments from as far afield as America and Australia.

Visit: www.youtube.com/watch?v=QMvvkEwdX_Y

Outstanding Contribution Jane Norton



The winner for the outstanding contribution to speech and language therapy is Bradford SLT Jane Norton. Jane coordinated the production of 15 short films, each illustrating a particular specialism across paediatric and adult services – from communication in mental health to children's swallowing. She undertook much of the work in her own time, working on a shoestring budget. The films are a powerful tool for SLTs across the UK and are now available to everyone online.

Visit: www.bdct.nhs.uk/speechtherapy

Partner Organisation

This year we presented three awards to organisations who have worked in partnership with the RCSLT on the Giving Voice campaign.

Giving Voice Awards

Partner Organisation

North East Trust for Aphasia

The first award goes to the North East Trust for Aphasia, a local charity that supports people who have aphasia. The Trust has been extremely supportive of Giving Voice activities organised in the region, often volunteering support to help out at events. These have included a communication chain across Gateshead Millennium Bridge, an abseil down Souter Lighthouse and helping out at a street fair to raise awareness of Giving Voice.

Partner Organisation

Her Majesty's Young Offender's Institution Polmont

The second partnership award goes to Her Majesty's Young Offender's Institution Polmont, which, in partnership with the NHS, has pioneered speech and language therapy in the criminal justice system. This institution has contracted speech and language therapy for more than 40 years and, recognising the value of speech and language therapy to young offenders, the management and staff have made a sustained effort to support the Giving Voice campaign.

Partner Organisation

Youth Justice Agency of Northern Ireland



Our third partnership award goes to the Youth Justice Agency of Northern Ireland, which has been instrumental in supporting the RCSLT criminal justice and Giving Voice agenda in Northern Ireland since 2008. With the agency's support, the RCSLT has been able to host high-profile events that have raised awareness of the communication

needs of the young offender population. In April 2013, Northern Ireland will pilot a registered intermediary scheme to provide communication support for vulnerable witnesses and defendants. This is the first time in the UK that defendants will be included and our winning partner has staunchly supported the RCSLT in calling for this project to be implemented.

Journalist of the Year

Jeremy Laurance

In May 2012, Jeremy Laurance, health editor at the Independent, wrote a piece about the Sun newspaper's coverage of the appointment of Roy Hodgson as England's football manager. The Sun's story ran a headline focusing on Mr Hodgson's variant pronunciation, rather than his ability to do the job. In his article, Jeremy underlined the point that, while Roy is probably confident enough to deal with the headlines, children who speak differently could be adversely affected – especially if such coverage gives the message that it is 'okay' to mock them.

Service User Champions

Communication Rocks Choir at Vista Healthcare Independent Hospital



This award goes to the members of the Communication Rocks Choir at Vista Healthcare Independent Hospital. A group of five patients volunteered to form a signing choir to spread the word about the importance of communication. The choir chose to use their first concert, 'Communication Rocks', to launch the Giving Voice campaign across the hospital. Staff and management have also been

inspired by their achievement, with many signing up for Makaton training and volunteering their services to the choir.

Politician of the Year

John McCallister

John McCallister MLA has been extremely active in supporting the RCSLT Giving Voice agenda in Northern Ireland. During the past 12 months he has given his valuable time to attend many of our events. These have included two Voice Box Awards (which celebrate the importance of communication in the form of a children's joke-telling competition) and the launch of our 'Seven Signs of Speech and Language Therapy' resource for GPs. Through his involvement in our campaign we have been able to energise our Northern Ireland members and develop their political awareness and lobbying skills.

Celebrity of the Year

Lee Ridley



Our Celebrity Ambassador this year is comedian Lee Ridley, also known as Lost Voice Guy. Lee's star is rising on the stand up circuit, but despite a busy schedule and much media attention, he has still found time to support the Giving Voice grassroots campaign. In August 2012, he headlined an entertainment evening at Ashington Football Club, which aimed to raise awareness of Giving Voice and raise money for the North East Trust for Aphasia. ■

• Visit: www.givingvoiceuk.org and follow the links to media coverage of the awards, more photos and a special video of the award winners

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

Reviews

Birmingham Cognitive Screen (BCoS)

AUTHORS: Glyn Humphreys, Wai-Ling Bickerton, Dana Samson, Jane Riddoch

PUBLISHER: Psychology Press

PRICE: £237.50

REVIEWER: Jen Johnson, Advanced Specialist SLT, The Royal Hospital for Neuro-Disability, Putney

RATING OVERALL

The BCoS aims to assess a wide range of cognitive skills to provide a clinically-relevant profile used by allied health professions working with adults with acquired brain injuries. Based on current models of information processing, it looks at controlled attention, spatial attention, spoken language, written language, orientation, episodic memory, number processing and praxis. The assessment is standardised against the adult population aged 50–90 and controlled for gender and level of education. Cut offs are given for the 5th/95th percentile score.

Although easy to administer, I found it took a little longer on average than the prescribed hour to complete the screen. Assessment forms are free to print; however, a subscription is required to access online training and use software to produce a 'visual snapshot' and report. This battery is a screen, so the language assessment is not detailed enough to give specific guidance or to be used as an outcome measure. It would be a useful tool for SLTs working in isolation to gain an understanding of a client's cognitive skills and how this affects communication.

Making Collaborative Practice Work: A model for teachers and SLTs

EDITOR: Claire Hatcher

PUBLISHER: J&R Press

PRICE: £24.99

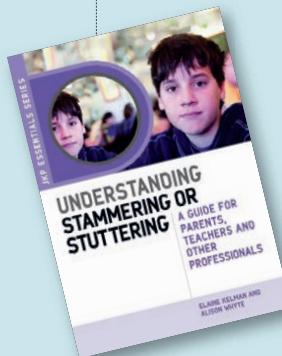
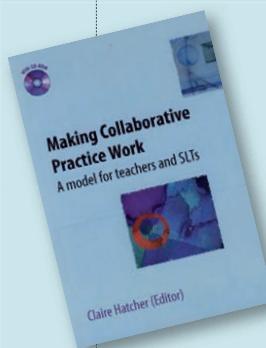
REVIEWER: Anna Heydon, SLT for Deaf Children, East Coast Community Healthcare CIC

RATING OVERALL

In this book an SLT and two teachers bring together the evidence for collaborative working with practical ideas, based on their experience of working together in a special school. Although the authors identify that the biggest barriers to collaborative working occur in mainstream settings, this book focuses mainly on ways of overcoming those barriers in special schools.

What they suggest is interesting and challenging for mainstream speech and language therapy. Having the evidence for the benefits and barriers around collaborative working in the first part of the book is useful. However, only some of the practical ideas introduced in part two are applicable in a mainstream setting; the majority could only be implemented in a reasonably well-staffed special school.

This book would be ideal for a multidisciplinary group of special school staff as they think about how to make collaborative working a fundamental part of the ethos and practice of their setting.



Understanding stammering or stuttering: A guide for parents, teachers and other professionals

AUTHORS: Elaine Kelman and Alison Whyte

PUBLISHER: Jessica Kingsley

PRICE: £12.99

REVIEWERS: Kate Williams and Isabel O'Leary, Specialist SLTs in disorders of fluency, Sheffield Children's NHS Foundation Trust

RATING OVERALL

This book is clearly written by Michael Palin Centre for Stammering Children specialist SLT Elaine Kelman and Alison Whyte, a parent of a child who stammers. A central theme is the request that we listen to the voices of children who stammer and their parents in order to truly understand the impact stammering can have on their lives.

The many first-hand accounts at the beginning of each of the six sections provide powerful insights. The final section describes information and resources, including clear ideas on how to access speech and language therapy services and what to expect. Parents picking up the book are likely to already be worried, so maybe the authors could have acknowledged more clearly that stammering does not always have to be a problem.

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Drawing new lines in the sand

Anna van der Gaag looks at the issue of maintaining standards in the impending wake of the Mid Staffordshire Inquiry

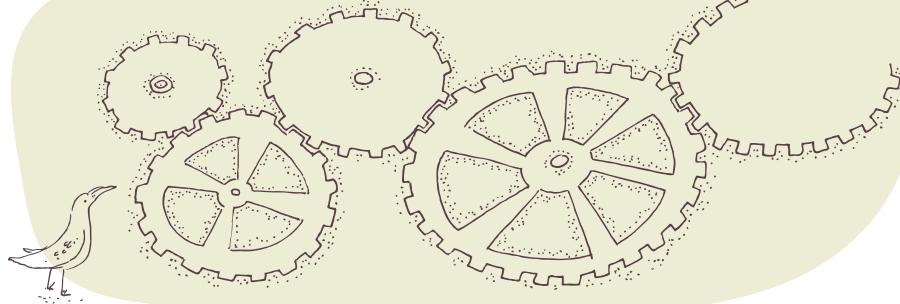


ILLUSTRATION Trina Dalziel

The long awaited report of the Mid Staffordshire Inquiry is due to be published early this year. Although the Inquiry team did not ask the Health and Care Professions Council

(HCPC) to give evidence we have been watching with interest and have engaged in the debates about many of the issues highlighted during the Inquiry.

One of the questions we regularly ask ourselves is this: What more can we do as your statutory regulator to empower you to play a stronger role in maintaining standards, even where the culture of health and care organisations may appear to mitigate against this?

One initiative we are supporting is the 'Big Conversation'. This has been instigated by Karen Middleton, chief health professions officer at the Department of Health in

England, to encourage staff to comment on unprofessional behaviour whenever it surfaces. Another initiative is the research we are undertaking into dispute resolution, for example between managers and staff, who may complain about each other's conduct. We need to know more about the reasons for such disputes as well as the ways in which they can be resolved.

We are already aware of the importance of supporting staff and embedding the right values into working practices. The HCPC Standards on Conduct, Performance and Ethics (SCPE) require those on our register to 'effectively supervise tasks that you have asked other people to carry out'. But this may not be enough. Supervision provides the opportunity for a professional to voice concerns about standards of care or difficulties in doing the job. There might be questions about the need for more training, the safety of equipment, size of caseload, staffing levels and procedures. Or

there might be an issue with the conduct of a colleague. The Standards are currently undergoing a thorough review with input from service users and professionals. We welcome your views on whether or not they need to be strengthened. Email: policy@hcpc-uk.org

Another area of concern for the HCPC is the adult social care workforce. The skills mix in health and social care is changing rapidly as more health and care organisations delegate work to support workers who are not on a professional register. Support staff require appropriate education, training and supervision but they may need to be made personally accountable too.

We are currently contributing to the debate by looking at models of regulating individuals who work in adult social care. Various options are being examined, including statutory and voluntary registers and an Australian model that uses a statutory code of conduct and a 'negative licensing' scheme – effectively a register of individuals who are judged not fit to practise against the code of conduct rather than a register of those who are. Any care worker who is found to fall below statutory national standards of behaviour and conduct could be placed on a 'negative' register. The system could also impose a range of sanctions, for example, require specific training or supervision to be put in place. The evidence from other countries who have a similar model shows that relatively few people are stopped from working in the sector permanently. However, the statutory nature of the negative registration scheme means there is a clear deterrent, an enforceable means of holding care workers to account. This is what is missing at the moment.

Robert Francis' report into Mid Staffordshire is likely to be challenging to all of us who work in health and social care, and rightly so. I would urge you to stimulate debate and discussion among your colleagues on these important issues and engage with us to ensure that we continue to be a robust and responsive regulator in times of rapid change. ■

Anna van der Gaag, HCPC Chair



References & resources

Read Karen Middleton's piece "Have you had the 'conversation' yet?" online at <http://tinyurl.com/bwj57pq>
Health and Care Professions Council. *Standards of conduct, performance and ethics*. Available online: <http://tinyurl.com/cye7blr>

Informatics

SLTs have an important role to play in the development of remote working using telehealth and telecare practices. Claire Moser reports

To infinity and beyond



ILLUSTRATION Duncan Beedie

Across the UK, all governments are pushing the importance of telehealth and telecare as a way of giving people with long-term conditions control over their own care and it is key that SLTs are part of this exciting agenda. This was the key message from Minister of State for Care and Support Norman Lamb MP and England's chief allied health profession officer, Karen Middleton, at the '3millionlives' event in November 2012.

It is very easy to get bogged down in definitions when we are talking about telehealth, telecare, telemedicine and telerehabilitation. What exactly

do these all mean? Telepractice refers to a system that uses telecommunications technology for diagnosis, consultation, monitoring or treatment.

Speech and language therapists already use telephones for monitoring processes and to liaise with other professionals, SMS/texting to set up appointments and send reminders, videoconferencing to deliver therapy to people in their homes, and an array of assistive technologies. Telepractice is a natural progression for the profession and we cannot assume that all therapy in the future will be face to face.

In England, the Department of Health (DH) has established

the Whole System Demonstrator (WSD) Programme to evaluate how telehealth and telecare services can support people with long-term conditions to live independently. This is the world's largest randomised controlled trial of telehealth and telecare services. Its headline findings, published in December 2011, show that telehealth and telecare can reduce mortality, lessen the need for hospital admissions, lower the number of bed days spent in hospital and reduce the time patients spend in accident and emergency. Building on these findings, the DH and the telehealth/telecare industry established a partnership approach to deliver the benefits at scale. This is the '3millionlives' initiative.

SLTs working remotely

In Devon, SLTs are running a project delivering therapy across a large rural area to children and adolescents with dysfluency and their parents, and adults who stammer via the voice over internet protocol service, Skype. For more details email: jane.baker@nhs.net

Hampshire/Berkshire SLT Rebecca Matthews has established desktop conferencing to deliver therapy to a general caseload of children aged six to 16, including to those resident abroad. For details, email [Rebecca Matthews: speechsort@btinternet.com](mailto:speechsort@btinternet.com)

SLTs in Lothian are piloting React2 software, an online interactive speech and language therapy tool for adults and children, to use in their own homes. For more information, email: Catherine Gorry: gorrycatherine@yahoo.co.uk

Buckinghamshire SLTs are using computer-delivered therapy to adults with aphasia in the comfort of their own homes. StepbyStep gives intensive repetition therapy, which can be modified and tailored remotely. For details, email: Debbie.

Begent@buckshealthcare.nhs.uk

SLTs are also developing therapy apps. For example, Manchester University's Claire Mitchell has returned from the 2012 American Speech Hearing Association's convention in Atlanta, where she promoted an app developed to deliver tailored oro-motor exercises for people with neurological conditions.

UK developments

There are a number of interesting telepractice developments around the UK. For example, in Northern Ireland funding is being directed to increase uptake and use of telehealth and telemonitoring systems through its 'Transforming Your Care' review of health and social care.

In England, the Government has confirmed its commitment to the use of technology and has announced seven 'pathfinders' to roll out telehealth and telecare to 100,000 people in 2013 as the first step towards achieving the 3millionlives ambition.

Scotland has established the UK-wide Delivering Assisted Living Lifestyles at Scale (Dallas) project to demonstrate how assisted living technologies can support people to live independently which will operate across five health boards. Scotland's Allied Health Professions National Delivery Plan also promotes the use of telehealth.

Over to you

- Visit the '3millionlives' website: <http://3millionlives.co.uk>
- Look up information on the Dallas project at: <http://tinyurl.com/c37r65y>
- Find out more about the AHP National Delivery Plan at: www.scotland.gov.uk/Publications/2012/06/9095/0
- Please let the RCSLT know what telehealth projects exist in your area. ■

Claire Moser, RCSLT Policy Officer
Email: Claire.moser@rslt.org

Aphasia therapy works¹: why isn't the message getting out?

Christos Sallis, on behalf of the British Aphasiology Society, provides a commentary on the ACT NoW study

Undoubtedly, the Assessing Communication Therapy in the North West (ACT Now) study (Bowen et al, 2012) has stirred controversy² and cast doubt on the effectiveness of speech and language therapy in post-stroke aphasia. For this reason, British Aphasiology Society (BAS) members present at the September 2012 Therapy Symposium in London were keen for the BAS to respond to this study. The BAS committee³ has, therefore, prepared these comments.

As a committee, we welcome clinical trials that evaluate defined interventions aiming to reduce the impact of aphasia and related conditions. Such trials should develop through the incremental levels of the Medical Research Council clinical framework for complex interventions (in other words, from single-case or case-series level, through phase II work – including inclusion criteria, feasibility, acceptability – towards phase III initial trial). The ACT Now study presents data from a phase III trial and raises several concerns.

Extrapolation of findings

The ACT Now study should not be viewed in isolation but in the wider (past and present) context of the effectiveness of aphasia therapy. It should only be regarded as a small, albeit important, piece of evidence that evaluated

a particular model of service delivery for people with non-chronic aphasia and dysarthria in the North West of England, the location of recruitment sites.

This model was found to be no more effective than social contact of equal frequency. The study has little to say about aphasia therapy for people in the chronic stage. Therefore, it must only be used as evidence for service delivery for communication therapy in the non-chronic stage of post-stroke recovery. It is regrettable that there is a lack of specificity (and possibly representativeness) of the intervention under scrutiny. This makes it difficult to replicate the intervention reported with any confidence.

Although the authors state caution about over-extrapolation of the evidence in terms of future service provision, they argue that one-to-one impairment-based therapy should be replaced. However, as we outline below, the study did not actually evaluate this. It is perhaps more pertinent to establish which particular components of treatment are beneficial for which individuals and why (Best and Nickels, 2000). The study did not evaluate a well-defined intervention targeted at a specific level of disability (for example, spoken-word retrieval and sentence production) or other levels of functioning (for example, participation in real-life situations and counselling). Furthermore, it is not appropriate to leap from a relatively small-scale trial to the conclusion that, “early communication services should be



reorganised” or “there were no added benefits of contact with a qualified therapist in the first four months after stroke compared with a non-therapist” (Bowen et al, 2012: p8).

Timing of intervention

The intervention seems to have begun relatively late post-onset. Speech and language therapy for communication disorder following stroke usually starts earlier – Robey (1994) concluded that the effect of treatment in the acute stage is nearly twice as large as the effect of spontaneous recovery; and treatment initiated after the acute stage achieves a considerably smaller but appreciable effect.

Amount of contact

The amount of contact received by participants was on average 1.4 hours per week. While this may reflect clinical practice where the recruitment of participants took place, it is not the optimum amount of contact



ILLUSTRATION Maggie Li

that should be provided. In the treatment arm of the study, direct therapy constituted only one of six core components of the intervention, whereas in the social contact arm, contact time consisted solely of verbal interactions with a visitor.

It is not surprising that an extremely small dose of direct face-to-face therapy had no added benefit beyond a much larger dose of social contact. Furthermore, there appeared to be a high degree of variability in the therapy given in terms of duration and frequency between participants. Considering the wider context, Bhogal, Teasell and Speechley (2003) found that, on average, studies reporting positive outcomes for aphasia therapy provided a total of 98.4 hours of therapy, whereas negative studies provided 43.6 hours. Robey (1998) also reported that the acute-stage outcome for low-intensity treatment is only slightly greater than no treatment. So, it is clear that the ACT NoW study did

not evaluate an optimal speech and language therapy service. Greater resources must be put in place to increase the amount of treatment provided.

Sensitivity of measurements

One of the main outcome measures (Enderby and John, 1997) was at the level of function only (conversation). While this is a good focus for outcome measures, we still need to know whether speech and language therapy is effective at other levels (impairment, participation and wellbeing). Furthermore, the measure itself may not have been sensitive enough in capturing change.

Complexity after stroke

The study did not evaluate treatment for reading or writing deficits – disabilities that are responsive to treatment (for example, Beeson et al, 2010). Randomisation was not stratified by diagnosis, for example aphasia

versus dysarthria versus both, although this had been the intention. It is also unclear if people with speech apraxia were excluded from the study, how speech apraxia had been diagnosed or whether people with a combination of apraxia and aphasia were included.

Selective literature

The literature discussed by the authors did not include seminal reviews (notably, Robey, 1994, 1998; Bhogal et al, 2003) that provide positive evidence for aphasia therapy from diverse methodological paradigms beyond the randomised controlled trial design.

To conclude, the ACT NoW study is one piece of evidence of a particular model of service delivery, in the non-chronic stage of stroke recovery, in a specified geographical location and which, while valuable, should be considered in the broader context. ■

Dr Christos Salis, Chair of BAS



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Notes

- 1 Albert ML. Aphasia therapy works! *Stroke* 2003; 34, 992-993.
- 2 Rudd and Wolfe's editorial in the *British Medical Journal*: <http://tinyurl.com/c82es9k> Responses to the article from the ACT NoW authors: <http://tinyurl.com/a2l6rvr>
- 3 Leff and Howard's response in *Nature Neuroscience*: <http://tinyurl.com/be59ckm>
- Enderby's response in the *British Medical Journal*: <http://tinyurl.com/cq325tg>
- 3 BAS committee (in alphabetical order): T. Ackerman, S. Beeke, P. Conroy, M. Derbyshire, H. Kelly, L. Meteyard, R. Patterson, C. Salis, F. Stewart, A. Stirling, C. Telford, J. Vigouroux, H. Waldron, D. Webster

At the March 2012 RCSLT specific interest group (SIG) study day in Manchester, RCSLT CEO Kamini Gadhok asked delegates to identify the aims of SIGs, how SIGs can support evidence-based practice (EBP) and how the RCSLT can support EPB and SIGs. This generated some great ideas, but it was difficult to gauge their relative importance. The Disorders of Fluency SIG Committee decided to use a Delphi approach to find out what our members feel are the most important areas to focus on and how the RCSLT can support SIGs.

SIG member survey

A Delphi approach seeks to obtain consensus from a group of experts and has been employed by researchers in the field of stammering (Berquez et al, 2011; Millard, 2003). A Delphi study takes place in a series of rounds and, while not experimental, is structured and defined (Goodman, 1987; Mead and Mosley, 2001).

We sent a questionnaire to the 150 SIG members and asked them to generate a series of statements in response to the following questions: what do you find most useful about SIGs; have you any suggestions about how SIGs could work better; and what could the SIG and the RCSLT do to support EBP better? We then reduced these statements by amalgamating duplicate replies and eliminating those that could not be rated and those that referred to study day administration. We categorised the statements and then asked each SIG member to rate each statement on a scale of one to five (1 = not important; 5 = extremely important/a priority).

We collated and analysed the statements and eliminated those with a median of three or less, so that we retained only those that the majority felt were 'very important' or 'extremely important/a priority'. From those, we removed statements with a standard deviation of greater or less than one, leaving those with the greatest clustering around the mean – those with the greatest consensus and considered to be of greatest importance.

Twelve members returned statements in response to the first questionnaire and 27 responded to our second request to rate the 44 statements remaining after the initial screening. With the exception of 'SIGs should provide clinical supervision',



ILLUSTRATION Adam Howling

What makes a successful SIG?

Sharon Millard examines the views of members of the SIG in Disorders of Fluency

the majority of respondents rated all of the statements as important. This left 17 statements rated most highly (4 or 5) by the majority (tables one and two).

SIG improvements

The Delphi study helped to identify what SIG members felt were important areas for the SIG to concentrate on and supported the need to have a national SIG and local groups. Reassuringly, they support the current main duties of the SIG committee: the organisation of three UK-wide study days a year, and publication of a biannual newsletter and website (www.fluencysig.org.uk). These activities feed into the important role SIGs have in helping therapists to access up-to-date and affordable continuing professional development (CPD) activities, and to facilitate liaison with others with a specific interest. Our SIG will, therefore, continue to prioritise these activities and ensure there is opportunity within study days for discussion and networking.

The study has encouraged us to think of ways to enhance what we do to advance these core aims. We have introduced an additional edition of our newsletter and are looking at improving the website. We will also set up an online group, have a regular question/answer discussion forum for specific topics, provide access to recordings of study day speakers, hold support materials for loan and host CPD events.

The RCSLT's role

Our members also see a very positive and dynamic role for the RCSLT in promoting and supporting the value of SIGs. The RCSLT is holding discussions and workshops with

Table two: 'How can RCSLT support SIGs?' Statements rated most highly (4 or 5) by the majority

- Seek input from SIGs to develop/update policy/guidelines for profession.
- RCSLT speakers to present outside London.
- Strive to emphasise the importance of SIGs to SLT managers and commissioners.
- Lobby for more intervention research funding.
- 'Relaunch' SIGs with information for managers and therapists about the benefits of membership and to clarify the relationship between the RCSLT and SIGs.

Table one: 'What are the priorities for SIGs?' Statements rated most highly (4 or 5) by the majority

The SIG should provide:

- Study days presenting up-to-date clinical evidence.
- Opportunities to discuss, share and develop clinical practice.
- Opportunities to network and liaise with colleagues nationally.
- The chance to discuss clinical and service management issues.
- Updates on latest research.
- Suggestions how to present outcome measures to commissioners.
- A newsletter (SIGNAL).

The SIG should be actively involved in:

- Helping members to keep up to date with evidence-based practice/therapy approaches.
- Collecting information/data from members about the techniques that are used and their effectiveness.
- Collating various outcome measures currently being used clinically.

Local and national SIGs

- There is a need for a national SIG in addition to local SIGs.
- The national SIG should have a role that is distinct from that of the local SIGs.

SIG representatives to consider ways that they can improve their profile, encourage managerial support for attendance and increase their membership. It has also acquired Basecamp as an online method for SIGs to improve internal communications and is providing training in its use.

An interesting outcome of the Delphi study related to the importance of the RCSLT to maintain the quality of student training. At least half of our respondents rated this as extremely important or a priority, indicating that they see this as a critical role for the RCSLT.

Study critique

A criticism of this study could be the numbers of SLTs involved. The original 12 who provided statements may not have generated all of the possible responses and the 27 who responded with ratings are not necessarily representative of all our members. However, within a Delphi approach it is not necessary to establish whether participants are representative or that ideas are comprehensive (Mead and Mosley, 2001). With 27 respondents, we have a reasonable confidence that we have captured the views of our membership, or at least of those who hold an opinion. Of course, we might have got different results if it had been possible to target those who have left the SIG or those who have never become members.

Other issues relate to interpretation of some of the statements. For instance, the 'National SIG having a distinct role to the local SIGs' was rated highly, but we do not have information about the way in which they

need to be different. We could interpret 'Study days being held in different geographical regions' as holding different study days around the country (which we do) or holding the same study day in different locations.

The process has reinforced the aims and work of the committee. We feel confident our members consider that what the SIG provides is largely very important. It has also helped us to consider other ways to address and facilitate our core aims, develop areas most valued and allocate limited resources appropriately. It would seem obvious to suggest that by working together with the RCSLT to share resources, experiences and skills, SIGs will be more able to respond to the needs of our members, the demands of a changing political and working environment, and better secure our long-term future. ■

**Dr Sharon Millard, Research and Clinical Specialist SLT, the Michael Palin Centre
Email: sharonmillard@nhs.net**



References & resources

- Berquez A, et al. The Stammering Information Programme. A Delphi study. *Journal of Fluency Disorders* 2011; 36; 3, 206-221.
- Goodman CM. The Delphi technique: A critique. *Journal of Advanced Nursing* 1987; 12, 729-734.
- Mead D, Mosley L. The use of the Delphi as a research approach. *Nurse Researcher* 2001; 8:4, 4-23.
- Millard S. Therapy outcome: Parents' perspectives. In *Proceedings of the sixth Oxford Dysfluency Conference*. York: York Publishing Press, 2003.



Victoria Joffe & Emma Pagnamenta

Victoria Joffe and Emma Pagnamenta consider the next steps on the research journey

Looking and moving forward

As we write this and consider the impending cold nights and the new year ahead, we find it hard to believe that the 2012 RCSLT conference in Manchester has been and gone. The event presented a wonderful opportunity for us to meet with you and find out more about your work, the challenges you face and the strategies you have implemented to overcome them.

It was the perfect opportunity to introduce the RCSLT's new research officer, Emma Pagnamenta, and both of us were very busy hearing about what delegates are doing in their everyday practice to build

evidence of their effectiveness. There was a real energy and excitement throughout the two days, and the appetite for incorporating research into practice was palpable.

We are all at different stages in the journey to become more research aware and research active, and the conference sessions aimed to meet differing needs – from the basic, yet essential understanding of the need to know and build an evidence-base, to a greater awareness of the initial steps to becoming an evidence-based practitioner, to workshops on the different research methodologies available to answer research questions and routes to research funding.

We hope there was something for everyone, no matter what stage or level of experience. Conference feedback reinforced the need to provide different types of information and support to meet the needs of all RCSLT members.

“Feedback reinforced the need to provide information and support to meet the needs of all RCSLT members”

Get on board

We want to make sure those of you who were not able to attend the conference are on board with us for the exciting journey ahead. Many of you who



Figure one: Five steps to evidence-based practice

STEP 1: Formulate a clear, specific, measurable and well-built question.

STEP 2: Identify articles and other evidence-based resources that you think may answer the question.

STEP 3: Read, review and critically appraise this evidence to assess its validity.

STEP 4: Apply the evidence and/or collect additional evidence.

STEP 5: Re-evaluate the application of evidence and identify areas for improvement.

From 'Turning routine clinical work into evidence-based practice' available online: visit: <http://tinyurl.com/9x8boa7>

write tell us how difficult it is, not only because of your busy caseloads, but also because of the negative experiences you may have had with statistics and poor research method teaching. Please do not be put off; there is help and support at whatever stage you are at. The presentation we gave on 'Turning routine clinical work into evidence-based practice' is available online: visit: <http://tinyurl.com/9x8boa7>. In this we discuss the five steps to evidence-based practice (figure one) and how you can apply this to any client or setting. We also discuss the need to draw upon the wealth of expertise around you: from colleagues in your service; in your specific interest groups or clinical excellence networks; in your regional hubs, in the Allied Health Professions

Research and Development Forum

A fabulous opportunity

Lorna Smart shares her (NIHR) Masters in Clinical Research experience

The National Institute for Health Research (NIHR) Masters in Clinical Research caters for nurses, midwives and AHPs who have worked in the NHS for a minimum of one year and who are interested in developing research in practice and a clinical academic career. The NIHR funds salaries and tuition fees and 12 universities currently receive funding to provide the Masters programme (table one).

In 2012, I was selected to do a Masters in Clinical Research through NIHR funding at Manchester University. This has been such a fabulous opportunity and I would like to share my experience and summarise key information about the course. Please speak to your managers as soon as possible if you are considering applying, as you will require their written support.

Getting started

My Masters journey began with the completion of the application form. This required information about my reasons for applying, specifically how the programme would enable me to contribute to research within health services;

Table one: Universities who received MRes NIHR funding

- University of Birmingham
- University of Brighton
- City University London
- University of East Anglia
- King's College London
- University of Leeds
- Newcastle University
- University of Nottingham
- University of Manchester
- University of Sheffield
- University of Southampton
- St George's University of London

previous/current involvement in research; publications (including conference papers and poster presentations); and contributions to improving clinical practice to date. This may sound daunting, but please don't be put off by the nature of the form. It is not expected that applicants will have extensive research experience or publications at this stage due to the aims of the course. I was successful on the basis of a qualitative study conducted at undergraduate level and a poster I co-presented at the 'Lost for Words, Lost for Life' conference in 2011.

After shortlisting, the next stage was an interview. I gave a short presentation of a study I would like to conduct and then took questions from the interview panel. Here, they discussed and critiqued my research methods and rationale. Some of the questions were challenging, but I felt that in some instances it was acceptable to say that I wasn't sure of the answer, as this was why I was applying to do the course.

Application to practice

The course has provided me with a firm grounding in a variety of practical research skills, including study design, ethical research practice, data collection and analysis, and interpretation. I have also gained skills in critical appraisal and evidence synthesis.

I initially thought the most important thing I would learn from this course would be to enable me to be a part of the vision of having research-minded and trained clinicians to work in practice.

Since returning to clinical practice I have realised that my skills relating to critical appraisal may be the most valuable. With these skills, I

aim to promote a culture of evidence-based practice in my department by sharing the knowledge I have gained from the Masters course.

My research interest during the course was the evaluation of therapy outcomes, something I am particularly passionate about. I plan to use the skills and knowledge learnt from my research project, where I developed an outcome measure for the assessment of conversational skills in adolescents with communication difficulties, to work with managers to review the outcome measures currently used within the department.

The application of my knowledge to clinical practice will be challenging, as clinicians and departments are only beginning the process of adapting to a research culture that is no longer optional but essential.

As attitudes continue to change, I feel confident my new found skills will go some way towards making myself and my colleagues more research active in our daily practice. If you would like any further information about my course experiences, please don't hesitate to contact me.

Lorna Smart, SLT, East Cheshire NHS Trust. Email: lornasmart@nhs.net



References & resources

Information on the NIHR funded Masters in Clinical Research, visit: www.nihrtcc.nhs.uk/cat/masters

Information on additional NIHR funding clinical academic training, visit: www.nihrtcc.nhs.uk/cat

NIHR funding opportunities for research and career development: <http://tinyurl.com/cv6fefx>

The Allied Health Professional Research Network website, visit: www.csp.org.uk/ahprn

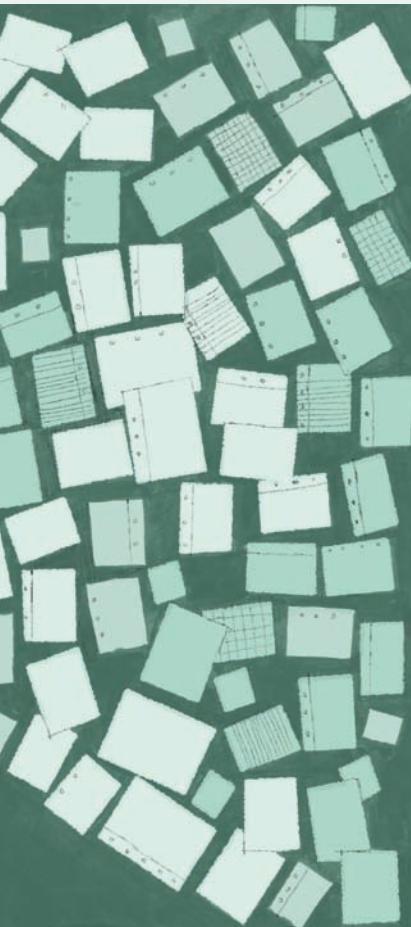


ILLUSTRATION The Tree House Press

Research Network; and in your nearest higher education institutions. And of course, the RCSLT is here to support you all on your research voyage. We have a number of exciting projects in progress, including identifying research champions, building the RCSLT research website, and running regional research roadshows.

Please keep the emails coming. Let us know your questions and how you are moving towards becoming more evidence-based practitioners. It does not matter where on the journey you are, as long as you are looking and moving forward.

Victoria Joffe, Councillor for Research and Development and Emma Pagnamenta, RCSLT Research Manager

Emma Pagnamenta begins a new series bringing you the latest in published research.

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

In the journals

Improving narrative abilities

Treatment that targets oral narrative skills in a group setting can have measurable effects on students' storytelling performance, according to preliminary evidence from research carried out in Texas.

Researchers utilised 'The Expression Connection: A structured approach to teaching storytelling to school-age children' to improve the oral narrative abilities of 24 children, aged nine to 16, with receptive and/or expressive language impairment. The children received 13 weeks of bi-weekly group intervention (eight per group) led by SLT graduate students.

Intervention focused on teaching story grammar components, feelings and setting statements (such as who/when/where), and multiple choice and fill-in-the-blanks activities. Researchers carried out pre- and post-intervention narrative assessment and a control language measure (identifying nouns, verbs, adjectives and prepositions in sentences).

The researchers saw significant improvement in developmental story level and the number of T-units (equivalent to a simple or complex sentence), although there was no change in the number of words or clauses per T-unit, or number of words per clause. They saw no change in the control measure.



References

Green LB, Klecan-Aker JS. Teaching story grammar components to increase oral narrative ability: A group intervention study. *Child Language Teaching and Therapy* 2012; 28:3, 263-276. Available online: <http://clt.sagepub.com/content/28/3/263.short>



Nectar thickening promotes safe swallowing

Liquids thickened to a nectar-like consistency may be as effective at promoting safe swallowing as thicker consistencies for patients with pharyngeal dysphagia, a Yale university study concludes.

The study participants were 84 adults with a range of diagnoses who were consecutively referred for dysphagia assessment. All presented with aspiration of thin liquids but no aspiration of puree. Researchers used the objective measurement of fiberoptic endoscopic evaluation of swallowing and staff-report of overt signs of aspiration over a 24-hour follow up period. All participants demonstrated aspiration with thin liquids but no aspiration with commercially premixed nectar-like and honey-like apple juice and puree. The authors suggest that, "patient preference for the least thick liquid to safely eat will improve patient safety, may enhance compliance, and can contribute to maintenance of adequate hydration requirements".



References

Leder SB, et al. Promoting safe swallowing when puree is swallowed without aspiration but thin liquid is aspirated: nectar is enough. *Dysphagia* 2012 DOI 10.1007/s00455-012-9412-2. Available online: <http://link.springer.com/article/10.1007/s00455-012-9412-2/fulltext.html>

Naming and gesture therapy benefits interactive communication

Adults with aphasia can improve their ability to convey a message and express a narrative seen after one-to-one naming and gesture therapy, and further improvement can follow subsequent training on communication strategies, City University London research suggests.

Fourteen adults with severe aphasia, at least 12-months post-onset, received 15-hours of gesture and naming treatment. Seven went on to receive a further 15-hours of training on communication strategies with a communication partner. The researchers developed new assessments to assess the ability to convey a message in conversation and to communicate a narrative (from a video sequence) pre and post-intervention. Both assessments enabled the comparison between treated words, treated gestures and untreated items.

The results showed a significant improvement in the message assessment, for both treated and untreated items. The group that received the additional strategy training showed a further increase not seen in the other group (although the former had lower scores after the first treatment). The narrative assessment showed improvement after the naming/gesture treatment but researchers saw no effect of the strategy treatment. Some individuals showed an improvement of less than 10% on both assessments. The authors say, "This begs the question of what constitutes a clinically significant change." ■

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



References

Caute A, et al. Enhancing Communication through Gesture and Naming Therapy. *Journal of Speech Language and Hearing Research* (published online August 2012). doi:10.1044/1092-4388(2012/11-0232). Available online: http://jslhr.asha.org/cgi/content/abstract/1092-4388_2012_11-0232v1

Send your SIG notice by email to: sig@rcslt.org by 4 January for February, by 5 February for March and by 4 March for April. Please note: The RCSLT office is closed for refurbishment. The meeting rooms will be unavailable until further notice pending completion of the work.

Central Region Secondary Schools SIG

7 January, 1.30pm – 3.30pm

Working on vocabulary skills (speakers tbc). Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, DY5 1RU (room Soo6). £2 to cover refreshments. Email: farah.hawa@bcpft.nhs.uk or tel: 01384 321 375

Head and Neck SIG North

16 January

Current surgical voice restoration practice; clinical and service issues. Freeman Hospital, Newcastle. Members free; non-members £10. Email: Jo.patterson@chsft.nhs.uk, tel: 0191 5699 009

NEW National SIG: Clinical Education

25 January, 10am – 3.30pm

Agenda tbc. University of Reading. Members: free; non-members £15. For membership details, email: raman.kaur@bhamcommunity.nhs.uk. To book a place, email: a.l.biddle@reading.ac.uk

Kent Assistants Network Group

31 January, 10am – 1pm

A new group for SLT assistants working in Kent. Open to paediatric and adult assistants, community and acute. The Academic Centre, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ. For information please contact Toni Barker, tel: 01622 224 308, email: tonibarker@nhs.net

South Wales Paediatric Dysphagia SIG

6 February 9.30am – 4.30pm

Multidisciplinary paediatric dysphagia study day. Will include speakers, journal review, case study. All enquiries Lindsay Parkes, email: s.walespaediatricdysphagiasig@gmail.com or tel: 01633 2074 8060.

East Midlands SLI SIG

14 February, 10am – 3.30pm

Feedback and discussion following RCSLT research hubs as well as a relevant discussion paper to be announced. Rehabilitation and Dietetics Department, Grantham and District Hospital, 101 Manthorpe Road, Grantham. NG31 8DG. Email: sarah.hassnip@lincs-chs.nhs.uk

London and South East Region Secondary SIG

14 February, 9.15 am – 3.45pm

Agenda: 'ICT in secondary schools – ICT for intervention and screening of language and communication', various presentations, tbc. QE2 School's Access and Inclusion Centre, Kennet Road, London, W9 3LG. £25 to include this year's membership or £15 day fee. To book your place, email: paula.driscoll@newhampct.nhs.uk or tel: 020 7059 6886

North East Newly-qualified Practitioner SIG

20 February, 2pm – 4.30pm

Working with bilingual clients. Committee Dining

Room, St Nicholas Hospital, Gosforth, Newcastle upon Tyne, NE3 3XT. To confirm attendance or for more information, email: jennifer.kirby@ntw.nhs.uk

Storytelling in Speech and Language Therapy SIG

28 February, 10am – 3pm

A fresh look into research and evaluation of storytelling in SLT – Parayhouse School. For SLTs using storytelling and narrative – with Louise Coigley of Lis'n Tell (lisntell.com). Places limited. To reserve your place, email: jillgoulding@linkprim.co.uk

Counselling and Therapeutic Skills in SLT SIG

15 March, 9.30am reg, 10am – 4pm

'Is the use of Solution Focused Brief Therapy valid in speech and language therapy?' Jury's Inn, Nottingham. Will focus on the experiences and recorded outcomes of therapists who have used SFBT in practice. Main presentation: Emma Osei Mensah Further presentations with opportunities for reflection and discussion. PM: workshop focus on aspects of evidence-based practice and ways in which therapists can play their part in driving this process forward. Email: ruth.phillips.sig@hotmail.co.uk

Early Years SIG (Western)

10 May

A phonology study day with Dr Caroline Bowen. For further details email: lucy.bomford@nhs.net

PROVING OUR WORTH:

making the case for evidence-based practice in Wales

Wednesday, 20 February 2013

RCSLT, Transport House, Cardiff CF11 9SB

In the current climate of austerity measures, the focus of this study day will be on reinforcing the importance of outcomes and evidence-based practice to improve levels of service delivery. The day will pay particular attention to this in light of the strategic direction in NHS Wales and the policy document Achieving Excellence.

With a combination of keynote speakers, presentations and interactive sessions the event will provide an excellent CPD opportunity in addition to sharing best practice and new innovations.

Speakers include:

- NHS Wales Chief Exec David Sissling
- RCSLT Chair of Council Bryony Simpson
- RCSLT CEO Kamini Gadkak, MBE

- RCSLT Councillor for Research and Development Dr Vicky Joffe
- Dr Tony Munton (the Right to Know)

Book your place today

Delegate fees:

RCSLT members £25 inc VAT

Non-members £55 inc VAT

Includes lunch, refreshments and materials.

Places are limited: book early to avoid disappointment. For more details about the event and how to book, visit:

www.rcslt.org/news/events/wales_day_2013



www.rcslt.org

Newham London

London Borough of Newham

Come and join our well established and flourishing Language, Communication and Interaction Service, working for Newham Children and Young People's Service, a forward thinking, dynamic organisation, with a proven commitment to inclusion.

This exciting and innovative team, part of Newham's Inclusion Service, is made up of speech and language therapists, specialist teachers and Special Educational Needs Practitioners. The team works closely together with families, early years and school staff, and a range of other agencies, to support the inclusion of children and young people with specific speech, and language disorder, or Autism Spectrum Disorder, in a range of inclusive early years and school settings.

We are seeking two speech and language therapists with a keen interest in autism and experience of supporting the inclusion of school-age children with autism in mainstream schools, to ensure that we offer the highest quality support to our children, young people, families and schools.

Post 1 will also involve leading on this area of service development and supporting two other SLT colleagues in the team working with children with autism.

Although this is a Local Authority funded and managed service all professional terms and conditions that usually apply to the employment of speech and language therapists have been maintained including:

- Regular support, supervision and appraisal
- An entitlement to appropriate training and development opportunities
- Time and support for administrative duties
- A well-equipped, central base.

Closing date: 18th January 2013.

Interview dates:

28th January 2013 (Post 2). 29th January 2013 (Post 1).

A commitment to Newham's inclusive education policy and furthering equal opportunities for people disadvantaged in terms of race, gender and disability are essential.

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live, work & stay

NEWHAM CHILDREN & YOUNG PEOPLE'S SERVICE Language, Communication and Interaction Service

Lead Speech and Language Therapist (ASD) (post 1)

Salary scale: £38,961 - £41,610 incl. LW

Speech and Language Therapist (ASD) (post 2)

Salary scale: £33,510 - £36,306 pa

Two Full Time Permanent appointments

For further information and/or to arrange an informal visit please contact **Judy Roux 020 3373 3837** or **Pippa Czarnowska 020 3373 2102**.

For more information and to apply go to
www.newham.gov.uk



Speech and Language Therapist

Hours: Full time, Permanent

Salary: Band 6/7 points 21 – 31 (£24,198 - £34,488 p/a)

Job reference: 2012/99-102

Inscape House School is a non-maintained, specialist day school for children and young people between the ages of 5 to 19 years. The school has an established reputation in this field and has achieved NAS Accredited status for many years. This is an exciting time in the development of the school. The provision, which is currently on two sites in Cheadle and Salford will come together over the next year and be based in Cheadle.

Due to relocation we are seeking a therapist to join our team.

Above all you will be:

- An enthusiastic, committed and reflective practitioner
- Able to empathise with young people with ASC and their families
- Experienced and successful in working with children with social communication difficulties and associated challenging behaviour

For further details or to arrange an informal visit to Inscape House please contact the recruitment hotline.

together trust

If you would like further details or would like to arrange an informal visit to Inscape House please contact **Sue Allison** on **0161 283 4750**.

For an application pack please:

Visit www.togethertrust.org.uk

Email jobs@togethertrust.org.uk

Call the recruitment hotline on **0161 283 4828** (leaving your full name, address, post code and contact telephone number)

CLOSING DATE: 12 Noon, 16 January 2013

Please note due to the nature of the role a full enhanced CRB disclosure will be undertaken by the Trust. The Trust is committed to keeping children and young people safe and will stringently follow procedures to endorse this.

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The Trust is committed to equal opportunities and welcomes applications from men and women, regardless of their racial, ethnic or national origin, religion or belief, disability, sexuality, age or responsibilities for dependants.

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PROMOTING QUALITY OF LIFE FOR PEOPLE WITH AUTISM

SUTHERLAND HOUSE SCHOOL SPEECH AND LANGUAGE THERAPY TEAM

SPEECH AND LANGUAGE THERAPIST

Full/Part Time Temporary Post (Maternity)

Band 6/7 Term Time Annualised Hours

Required from March 2013

Sutherland House are looking to appoint a resourceful SLT/s to join our small but innovative SLT Team. We are a non-maintained specialist (NAS Accredited) day school (Nottingham) for pupils aged 4-19yrs, who have an Autism Spectrum Disorder.

Our SLT team provide an integrated service within the school, contributing to whole school and environmental development plans as well as for individual pupils. There are excellent opportunities for training, peer support and CPD and we have a range of professional links/partnerships.

We are an 'outstanding' school 'excellent standards of care and education'...achieved from very high aspirations and very clear direction' (Ofsted Oct 2011).

The role involves working with a small caseload to devise and deliver intervention in collaboration with an experienced multi-disciplinary team, other agencies and families/carers.

SLT's who would like to apply will need experience of supporting young people who have Autism and associated communication difficulties, including a working knowledge of a range of AAC.

For an informal discussion about this post and future possibilities contact Louise Pennington, SLT Team Leader, via Continuing Education Centre, tel: 0115 969 3373 or e-mail louise.pennington@sutherlandhouse.org.uk

For more detailed information about the role and about the school, and/or to download an application see our website www.norsaca.org.uk

For an information pack and postal application form contact Germaine O'Kane, Administrator tel: 0115 969 3373.

Job Ref: SLT/01/13. Closing date for applications: Thursday 31st January 2013

NORSACA is an Equal Opportunities Employer
The School is committed to safeguarding and promoting the welfare of children



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APPOINTMENTS

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ALDERWASLEY HALL SCHOOL

part of the SENAD Group

Alderwasley Hall School provides specialist education for children and young people with Asperger's Syndrome, high functioning autism and speech and communication difficulties.

Head of Speech & Language Therapy

Part time, 0.5 full time equivalent. Band 8a

We are looking for a Head of Speech and Language Therapy to manage a group of around 12 SLTs across two school sites. You will be responsible for supporting the Head of Therapies (SLT) to manage and develop the department, with specific responsibility for appraising and supervising the team, coordinating weekly meetings and with developments linked to outcome measurements.

Speech & Language Therapist

Full time, part time considered. Salary dependent on experience. Temporary 6 month contract (end of July 2013) to cover maternity - possibility of renewal subject to number of students July 2013

We are looking for a qualified SLT to work within the secondary part of the school. You will be responsible for managing a caseload of around 10 students, working closely with parents/carers, teaching and other specialist staff.

Successful candidates will join a large, established Therapies Team, and will be expected to show excellent collaborative practice. You will benefit from regular supervision, ongoing CPD and unique opportunities for developing specialist clinical skills.

For more information about either post, please contact Emma Illingworth on **01629 822586** or email emmai@alderwasleyhall.com. For an application form, please contact Sharon Harrison on **01629 821410** or email sharonh@alderwasleyhall.com

Alderwasley Hall School, Alderwasley, Belper, Derbyshire DE56 2SR.

The SENAD Group is dedicated to equality of opportunity in all areas of work, education and care. We are also committed to safeguarding those in our care – all successful candidates will be required to apply for an enhanced CRB check and will be subject to thorough background checks.

Closing date: 18th January 2013 www.senadgroup.com

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Blossom Tree

Speech & Language Therapy Ltd



PAEDIATRIC SPEECH AND LANGUAGE THERAPIST

FULL OR PART TIME

SALARY EQUIVALENT TO BAND 7

Blossom Tree Speech and Language Therapy Ltd is a new independent company based in East London providing therapy, training and joint working in mainstream primary schools. We work directly with schools who buy in SLT time, providing high quality, evidence based therapy, empowering staff through in house training and increasing impact by providing support over the long term. You will work 45 weeks a year, there is a strong emphasis on skill sharing and training within the SLT team.

We are looking for an experienced committed SLT with mainstream schools experience.

Contact Heather Buxton at blossomtreeslt@gmail.com or on **07843574829**

Closing date: **25th January**. Interviews will be the week of **28th January**.

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To apply for this position please go to <http://www.livability.org.uk/jobs/>

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Treloar's is a leading centre for education, therapy and care of young people with physical disabilities. Treloar School and College are both near Alton, Hampshire.

Highly Specialist Speech and Language Therapist

Alton, Hampshire

Fixed term until July 2013 with the potential to become permanent

Treloar's is one of the largest specialist Schools and Colleges in the UK for young people with disabilities. Our fundamental purpose is simple: to enable disabled young people to fulfil their potential in every aspect of their lives.

As part of the on-site Therapy team, the successful candidate will work within the Speech and Language Therapy department, providing therapy input for a complex caseload of students. Within the role you will work closely with educational, medical and care staff and therefore a commitment to multi-disciplinary working is required in order to provide the best possible SLT provision for individual students.

The successful candidate will have a flexible approach, be registered with RCSLT and be a member of HPC. Experience of working with children / young people with complex needs is essential and post-graduate Dysphagia training is highly desirable.

We offer:

- Excellent training and development opportunities
- Term time only (39 weeks)
- Pension, life insurance, occupational health schemes and childcare voucher schemes

Hours: 42 hours per week (part-time considered)

Salary: Up to £35,184 per annum

Closing Date: 25th January 2013

Interview Date: 7th February 2013

An application pack can be obtained by visiting www.treloar.org.uk, emailing hr@treloar.org.uk, or calling 01420 547400 ext. 3411.

Treloar Trust is committed to safeguarding children, young people and vulnerable adults. All successful candidates will be subject to a CRB check along with other relevant employment checks.

To view all our current vacancies, please visit our website at www.treloar.org.uk

Treloar Trust, responsible for Treloar School and Treloar College, is an equal opportunities employer and operates a no smoking policy.

Registered charity number 1092857.



NSC

National Star College



National Star College is "an outstanding college" (Ofsted 2012), based near Cheltenham it is a leading residential specialist college committed to providing high quality learning and therapeutic support to young adults with physical and associated disabilities.

SPEECH & LANGUAGE THERAPIST

Maternity Leave Cover - commencing March 2013

Salary circa £22,000 p.a.

Term Time only – 44 hours per week

We are seeking a full time therapist to join our existing dynamic team to enhance the lives of learners in respect of communication.

The successful candidate will have a keen interest in AAC with some relevant pre/post registration experience and will manage their own caseload under the direct supervision of a senior specialist therapist.

Closing date: 16th January 2013

Interview date: Friday 25th January 2013

Please see our website for further details and to apply: www.natstar.ac.uk

An enhanced CRB check will be required for the above post.

The College takes seriously its responsibility and is committed to safeguarding and promoting the welfare of young adults and children, and expects all staff to share this. National Star College values a diverse workforce and welcomes applications from all sectors of the community.

Registered charity number 220239



www.natstar.ac.uk



INVESTORS IN PEOPLE

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QUICK LOOK DATES

Picture Exchange Communication System (PECS) Training

PECS basic training: Scunthorpe, Edinburgh, Liverpool, Ipswich, Plymouth, Leeds, Stoke, Carlisle, Maidstone, Peterborough, London, Dundee, Manchester plus more. Language of emotions: London, Birmingham and Edinburgh. For all training dates/information, Pyramid Educational Consultants, visit: www.pecs.com, tel: 01273 609 555

Talking Mats training

25 January, Newcastle; **22 February**, Oxford; **11 January/28 March** online, **24 January/21 February**, Stirling, **5 March**, Leeds.

These trainings explore the potential of this communication framework in depth. Contact Talking Mats www.talkingmats.com, info@talkingmats.com, tel: 01786 479 511

7 February, Haydock Park, Merseyside, Afasic - Voice for Life

Major free SLCN event for professionals, parents and

young people. Over 30 workshops presented by national organisations and local agencies, plus an exhibition and schools activities. Visit: www.afasicengland.org.uk or email: carol.lingwood@btopenworld.com

11-13 February, London. Hanen's 'Learning Language and Loving It' certification workshop

Gain a practical and effective framework for empowering Early Years practitioners to create enriched language-learning environments. Now open to SLTs with no previous Hanen training. Visit: www.hanen.org/ITTTworkshop or email: info@hanen.org

20-22 February, Guernsey. Hanen's 'It Takes Two to Talk' Certification Workshop

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

parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. Visit: www.hanen.org/ITTTworkshop or email: info@hanen.org

25 February, Midlands. TalkTools: study day

New to TalkTools? Come along and find out more. Already using TalkTools? Share learning experiences with other therapists. 'Ask the experts', hands-on advice, tools and techniques, bite-size seminars. Visit: www.eg-training.co.uk or tel: 01530 274 747

Elklan total training package for under-fives

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. **4-5 March**, Salford; **5-6 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

Elklan total training package for 5-11s

Equip SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. **4-5 March**, Salford; **3-4 June**, London. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6 March, The Nuffield Dyspraxia Programme for SLTs

Topics include theoretical aspects, assessment, diagnostic approaches, management issues and therapy approaches. Pam Williams and team from the NHSC. £260. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsc/students/professional/class

6 March, Cervical auscultation course run by Quest Training

A practical, skills-based course to be held in Birmingham. £130. Further information from the website: www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: jfrost@ukgateway.net

7-8 March, Salford. Elkhan total training package for verbal children with ASD

Equip SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. Price: £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elkhan.co.uk, visit: www.elkhan.co.uk

Elkhan total training package for 11-16s

Equip SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. **7-8 March**, Salford; **3-4 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elkhan.co.uk, visit: www.elkhan.co.uk

11-14 March, Paediatric/ALD dysphagia course run by Quest Training

This four-day taught course, plus work-based learning, develops skills and competence in dysphagia assessment and management. Birmingham, £535. Visit: www.quest-training.com or contact Jo Frost 07904 981 462. Email: jfrost@ukgateway.net

12 March, Reading adult videofluoroscopies: intermediate

To develop the interpretation skills of those routinely using videofluoroscopy in the management of adults with acquired dysphagia. £130. Tutor: Christina Smith, UCL. Contact CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

12 March, Bristol/2 May, Manchester. 'Attention and listening in the early years'

A group for facilitating the attention skills of young children through adapted songs and games. Ideal for SLTs, SLTAs and for training early years practitioners. Visit: www.attentionandlisteningintheearlyyears.co.uk'

Developing your independent business

Are you already working independently, thinking about developing the business but not sure where to start? £150 per person. **15 March**, London; **30 March**, Manchester; **13 April**, Bristol; **11 May**, Birmingham. For more info and to book your place, visit: <https://bookwhen.com/smalltalk>

16 March, Elstree, Herts. ASLIP annual conference and AGM + Exciting pre-conference workshops.

Keynote speaker: Professor Pam Enderby. Conference workshops include Social Communication Intervention Project and the strands of SLT: neurological

rehabilitation. Members £95; non-members £120; Students £50. **15 March**, pre-conference half day workshops: medico-legal issues; enhancing language and communication in secondary school students with SLCN (Victoria Joffe and Sarah Spencer). Visit: www.helpwithtalking.com

18-20 March, London. NEW: Elkhan total training package for post-16s

Equip SLTs and FE staff with a specific role in supporting SLC skills to provide practical, accredited training to staff working in Post 16's settings. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elkhan.co.uk or visit: www.elkhan.co.uk

19-20 March, London. NEW: Elkhan total training package for 0-3s

Meet the training needs of staff working with 0-3s with this exciting new course from Elkhan. Equip SLTs and specialist early years practitioners to provide practical, accredited training to this sector. Teacher/therapist teams welcome. Therapist £425; EY practitioner £325. Contact: 01208 841 450, email: henrietta@elkhan.co.uk or visit: www.elkhan.co.uk

21 March, London. Elkhan total training package – supporting users of AAC

Equip SLTs to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £220. Contact: 01208 841 450, email: henrietta@elkhan.co.uk or visit: www.elkhan.co.uk

21-22 March, London. NEW: Elkhan total training package for vulnerable young people

Train to deliver this practical, accredited course to staff working with vulnerable young people in a variety of settings, eg PRUs, YOTs. Equip SLTs and specialist advisers to teach others. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elkhan.co.uk or visit: www.elkhan.co.uk

28 March, 'I am special 2' – Peter Vermeulen

Dr Peter Vermeulen presents a one-day course on this new, expanded edition of his workbook about understanding one's autism diagnosis. London. For further details, email Beth at: iamspecial2@london@virginmedia.com. To book, visit: www.amiendo.com/iamspecial2. Book before 31 January for ASD SIG Members 10% discount

15-18 April; 12 June, Extending knowledge and skills in working with adults with acquired dysphagia

A post-registration course for SLTs. Christina Smith, Stefanie

Bucher, and Kirsty Catling. £700. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

22-23 April, Acquired motor speech disorders workshop

Professor Joe Duffy, Mayo Clinic, will present a two-day workshop. Will give you the clinical skills necessary to differentially diagnose and manage acquired dysarthria. £125 two-day course. Newcastle upon Tyne. For more information, email: sheila.wight@nuth.nhs.uk or tel: 0191 2295 848

24 April, Manchester Metropolitan University

Identifying early indicators of language learning difficulties in young children who are hearing aid or cochlear implant users: What to do next and why. Training to be delivered by Suzi Willis and discusses ways in which to identify language learning difficulties in hearing-impaired children who are hearing aid or cochlear implant users. Current evidence and strategies for management discussed through the use of case based videos. Cost: £90.

27 April, Aston University, Birmingham. NAPLIC conference

SLI – What's in a name? Keynotes: Gina Conti-Ramsden, Courtenay Frazier Norbury, Vicky Slonims, BCRP update. Practitioner presentations/exhibition. Member's early booking held at 2010 price - £95. Visit: www.naplic.org.uk or email: carol.lingwood@btopenworld.com

30 April – 1 May, ICH/GOSH London. Paediatric tracheostomy for SLTs

For clinicians working in hospital and community settings. Includes lectures/workshops on communication, voice and feeding, ENT, respiratory and nursing management. £250 (until 15/3/13). Visit: www.ichevents.com or tel: 020 7905 2675

2-3 May, Mindfulness for SLTs

Relevant to therapists working with any adult or paediatric client group. Participate in a range of mindfulness practices, learn about underlying theory, explore the professional and personal relevance including stress management aspects. Central London. £128. Email: carolyn.cheasman@citylit.ac.uk or tel: 020 7492 2578

13-14 May, Kent. Integrated Listening Systems practitioner training

iLS combines auditory, visual and balance training to address language and processing difficulties. Unique auditory/speech feedback device, interactive language programme, now available. Exciting ASD and auditory processing research on efficacy. Tunbridge Wells. See

www.integratedlistening.com/the-slp/. Early booking £250 (by 20 February) standard rate £295. Inc lunch. Book by 13 March. Email: info@starjumpz.com or tel: 01892 510 257

15 May, Manchester Metropolitan University

Two half-day training sessions: AM: Speech perception and speech acoustics: their relevance to therapeutic management and expectations. PM: Developing language in young cochlear implant /hearing aid users. Delivered by Suzi Willis. Candidates can attend one or both sessions, each will provide SLTs with the foundation for management and setting expectations for progress. £45 per session. Bespoke training can be offered locally by arrangement. Email: enterprise.hpsc@mmu.ac.uk

15-16 May, Kent. Sensory processing disorder (SPD) clinical reasoning and intervention

Dr Lucy Miller (founder SPD Foundation, author Sensational Kids) seminar focusing on latest research, identifying SPD subtypes and implementing effective intervention. Early booking £350 (by 20 February) £395 standard. **17 May**, Conference Children with SPD, keynote speaker Dr Miller £35. Pioneering Children's Services Course Options for May: **13-16 May**: Dr Miller & iLS £560 (£660 after 20 February); **13-17 May**: All events £570 (£690 after 20 February). Cost includes lunch. Book before 14 March. Venue: CC University, Tunbridge Wells. Email: info@starjumpz.com or tel: 01892 510 257

5-6 June, London. Elkhan total training package for children with complex needs

Equip SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elkhan.co.uk, visit: www.elkhan.co.uk

11-12 June, Manchester. TalkTools: Feeding therapy a sensory motor approach

Learn sensory techniques to develop tolerance of touch, taste, texture and temperature. Learn oral-motor techniques to develop oral level feeding skills. A dysphagia qualification is not required for this course. Visit: www.eg-training.co.uk or tel: 01530 274 747

Victoria Wadsworth

OCCUPATION: SPECIALIST SLT, I CAN SPECIALIST EARLY YEARS SERVICE, PENNINE CARE NHS FOUNDATION TRUST

"We face the same challenges that other services do in capturing and measuring outcomes effectively"

My working day starts early. My alarm goes off at 5.40am so I can leave an hour later and tackle my 'big commute' from Bradford to Rochdale. I like to be in work by 8am and indulge in the peace and quiet of the office before my colleagues arrive.

I am an NHS-employed SLT and my post is commissioned by education. My day-to-day work involves being part of an integrated health and education team, called the I CAN Specialist Early Years Service. We are an inclusive, peripatetic service which works together with parents and early years practitioners to best meet the needs of young children (aged three to five years) with specific speech and/or language disorders in their local nursery or school setting.

Within our 'mini' team there is also a specialist teacher and a speech and language teaching assistant. We aim to engage in true trans-disciplinary working. Sitting opposite each other in the office means we can discuss and plan things, so we all know what is going on with our caseload all of the time. It also allows us to keep up to date with both health and education initiatives and makes for 'interesting debates', as well as offering support during times of stress.

A typical day would include visiting children in their educational setting and working with practitioners. This often involves demonstrating direct interventions and activities to staff so they can implement recommendations and deliver input regularly, and at the right level for each child. We have called this the 'Demonstrate, Do, Discuss and Review' (3D-R) approach - 'Demonstrate' (for staff members); 'Do' (the staff 'do' what you have demonstrated in between visits); 'Discuss' (talk with setting



Victoria (centre) with Specialist Teacher Fiona Collins (left) and Speech and Language Teaching Assistant Heather Simpson (both from Rochdale Borough Council)

staff at the next visit about how things went); 'Review' (change/adapt targets and activities accordingly).

The joint parent-practitioner training sessions we run throughout the year allow us to build solid professional relationships that have proved long lasting and invaluable to positive perceptions and experiences. Parents will use our Twitter and Facebook feeds to join in and share non-confidential information. Recently, a parent used our Facebook feed to say their son was going to share their 'what I did in the holidays' picture diary sheet at school, and say he had a fabulous time walking with his family in Scotland.

I have had lots of fun in the past videoing practitioners' experiences of working with us. The process was more 'You've Been Framed' than professional 'YouTube' quality, but allowed us to explore and capture perspectives in a different and dynamic way.

Being accredited at specialist level by I CAN helps to keep us on our toes to meet and exceed robust standards to drive positive change. We are involved in projects and initiatives at a local and national level - our current service development plan is extensive.

We face the same challenges that other services do in capturing and measuring outcomes effectively. Specifically, how we can measure change from both an educational perspective (typically measuring change in cohorts of children over a school academic year) and an SLT's perspective (measuring change in a child's speech and language skills linked to episodes of care). Alongside children's outcomes, we also try to capture the skills and thoughts of practitioners and parents. Currently, we are trying to use a solution-focused type approach to tackle some of these issues. ■



RCSLT NATIONAL STUDENT STUDY DAY

Thursday 28 March 2013

De Montfort University, Hugh Aston Building,
Leicester, LE1 9BH

Packed full of interactive sessions, this exciting event will offer students the chance to hear from speech and language therapy managers about what they look for in job applicants, and find out what it's really like to be a newly-qualified practitioner.

The ever-popular RCSLT National Student Study Day will give you the opportunity to meet and network with other SLT students from across the UK, as well as learn more about your professional body and meet staff and trustees from the RCSLT.

Book your place today

The delegate fee is £10, including VAT, for RCSLT members and non-members. This rate includes lunch, refreshments and materials.

Places are limited, therefore priority will be offered to final year students until Friday 1st February 2013. Students from other years of study are invited to book (with payment) prior to this date, however your booking will be confirmed, and payment processed after 1st February 2013 (subject to availability of places).

For more details about the event and instruction on how to book, visit:
www.rcslt.org/news/events/rcls_national_student_study_day_2013