

# bulletin

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

January 2016 | [www.rcslt.org](http://www.rcslt.org)



**My Journey My Voice:** Challenging the stigma of  
communication disability, if only we have time to listen

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ISSUE 765



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# Steven Harulow

EDITORIAL



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



## Better lives

If I was to mention the phrases ‘Never knowingly undersold’ and ‘Every little helps’ most of you would recognise these as belonging to the retailers John Lewis and Tesco respectively.

What about ‘Better lives for people with communication and swallowing needs’? This is the new mission statement for the RCSLT – as agreed by the board of trustees in 2015. It accompanies the RCSLT’s vision ‘To be the professional body that promotes excellence and supports speech and language therapy’.

These two simple statements exemplify why we are here as an organisation. They also provide the basis on which the RCSLT has built its strategic plan up until 2018.

We will feature much more about the strategic plan in the Bulletin in the coming months, but for now here’s a hint at the focus areas the plan addresses – development of quality services; leadership and resilience; workforce; people and communities; the wider policy context; and to be an organisation that members are proud of.

Just a quick note regarding the piece by Jodi Allen in the December 2015 Bulletin (‘Outcome measures in acute dysphagia’, pages 16–17). Professor Pam Enderby would like to advise readers that before you abandon Therapy Outcome Measures as a tool in this clinical area, she would like to make some comments on the article. Unfortunately, there is no space in this Bulletin, but more will be forthcoming in the February issue.

### Steven Harulow

Bulletin editor

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### My RCSLT

Kay Gillett



I work for the local youth offending service (YOS) and in special needs schools, with pupils with learning difficulties and social, emotional and mental health needs. The evidence and resources collated and developed from the RCSLT campaign in the youth justice sector were essential in guiding my colleagues and me to set up a new service within the YOS. The RCSLT provides

essential CPD opportunities, such as the International Journal Winter Lecture series and invitations to attend the All Party Parliamentary Group on Speech and Language Difficulties. Networking opportunities are provided through clinical excellence networks. The weekly monitoring email ensures we are kept up to date with policy-related information.

## Conflating issues of gender

I read Pam Enderby’s letter (Bulletin, October 2015, page 4) with interest and share her concern about the loss of Band 8 posts.

However, I think she conflates two issues. Economic pressures have resulted in the shocking downgrading of SLTs and we must fight this, but the comparison of our salary structure with clinical psychology and pharmacy is not helpful. Much has happened since Professor Enderby’s very successful equal pay claim. Clinical psychology training is now a three-year taught doctorate with trainees paid at Band 6.

Trainees have a good undergraduate psychology degree and then spend three to four years competing for scarce voluntary, internship or research assistant posts (paid at Band 5/6). They must demonstrate competencies in academic, research and clinical areas and many have a research PhD before applying. The process can take 10 years, and the starting salary is Band 7. Currently, psychology posts higher than 8b are rare. Pharmacy training is a four-year undergraduate degree, plus one-year postgraduate training with a starting salary of Band 6. Our salary range is Band 5–8; for psychology it is 7–8, with very few reaching 9.

Would we want to increase the qualification requirements for our profession? The extended training period and necessity of insecure short-term posts has resulted in a skewed demographic in the clinical psychology workforce. Would the RCSLT be willing to push for this? If not, I don’t think we can argue for parity with these professions.

**Dr Vicky Slonims, Senior Consultant SLT, by email**

## Keep in touch

The Tavistock Trust for Aphasia would like to keep in touch with all the recipients of The Tavistock Trust for Aphasia student prize winners. We would like to invite all student prize winners to send us an up to date email address for our records. Please send an email to Sylvia Hemming, administrator at [tavistocktrust@btconnect.com](mailto:tavistocktrust@btconnect.com)

The Trust would like to send the prize winners information from time to time and we would also welcome updates about your career and achievements. We look forward to hearing from you soon.

**Sylvia Hemming, Administrator, The Tavistock Trust for Aphasia**

## Class of 1986 UCL/NHCSS

Time to catch up and share some memories. ‘Do you really want to hurt me?’ was number one when we started and Wham’s ‘Edge of Heaven’ was top of the charts when we finished our final exams. If you would like to catch up with fellow students from UCL/NHCSS at a reunion I am organising for June 2016, please email: [nick\\_lisa@harding3.freemove.co.uk](mailto:nick_lisa@harding3.freemove.co.uk)

**Lisa Harding (née Saunders)**

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

VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS



## Speech on the brain at IJLCD winter lecture

*Neuroscience of vocal communication is topic for discussion in December*

The 2015 International Journal of Language and Communication Disorders (IJLCD) Winter Lecture took place on 2 December at City University London.

'Speech on the brain: The neuroscience of vocal communication' featured the Institute of Cognitive Neuroscience's deputy director, Professor Sophie Scott.

The lecture touched on Professor Scott's research and interests – the neurobiology of speech perception, including the functional sub systems in human auditory cortex, the evolution of speech and profiles of recovery in aphasia. You can

read some of  
the lively  
Twitter

correspondence from the evening at #ijlcdwl

**Meanwhile**, Allegra Cattani, Kirsten Abbot-Smith, Rafalla Farag, Andrea Krott, Frédérique

Arreckx, Ian Dennis and Caroline Floccia were the IJLCD 'best article' prize winners for their article, "How much exposure to English is necessary for a bilingual toddler to perform like a monolingual peer in language tests?" (IJLCD 2014; 49:6, 649–671). Allegra and Kirsten received the award at the event.

Delegates also took the opportunity to thank departing IJLCD Editor Professor Nicola Botting for her dedicated work on the journal over the past decade. Dr Cristina McKean will succeed Nicola (see page nine for more details).

**Issue 51:1.** There is an interesting mix of articles in the first IJLCD of 2016. The issue includes the second part of 'The state of the art in non-pharmacological interventions for developmental stuttering', involving qualitative evidence synthesis of views and experiences; an examination of gesture development in toddlers with an older sibling with autism; and a study of young offenders' perspectives on their literacy and communication skills.

It also features the assessment of attentional biases with stuttering; prosodic skills in children with Down syndrome and typically developing children; the preliminary results of team-based learning in a communication disorders graduate course; the marking of verb tense in the English of preschool English-Mandarin bilingual children; and the relationship between phonological short-term memory, receptive vocabulary and fast mapping in children with specific language impairment.

📍 **Visit:** <http://tinyurl.com/rcslt-pubs> to access the current issue and the entire IJLCD back catalogue from the RCSLT website



Dr Allegra Cattani (right) and Dr Kirsten Abbot-Smith receive the IJLCD 'best article' prize at the IJLCD annual winter lecture

NEWS  
IN BRIEF

### Research newsletter:

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

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

### The team

at the University of Manchester would like your views on working with bilingual children. Researchers are interested in the views of all SLTs, not just specialists in the area. The aim is to improve knowledge of how therapists work with bilingual children and what training and resources are still needed to provide best practice.

📍 **Visit:** <http://tinyurl.com/nklpj5k>

### Stroke survivors

should not have to wait more than 24 hours after discharge before they are seen by early supported discharge teams. All other services should aim to carry out patient reviews within 14 days and begin treatment within 90 days of referral. These are two recommendations of the Sentinel Stroke National Audit Programme report on the organisation of care for stroke survivors once they leave hospital.

📍 **Visit:** <http://tinyurl.com/nqp7zbn>

### Abstract submission:

The British Society of Audiology Annual Conference 2016 is calling for basic science abstracts. Why not showcase your audiology work and consider submitting an abstract for either a poster or a talk? Contribute to the success of the conference, develop your professional skills and share best practice and knowledge. Submission deadline: 13 February.

📍 **Visit:** [www.eventsforce.net/bsa2016](http://www.eventsforce.net/bsa2016)



Charlotte @lotty\_t\_95

Day of silence raising awareness  
people who have communication  
difficulties #silence4speech  
#dmu #givingvoice  
@RCSLT

Hayley Groves @HayleyGroves2

Developing a poster project  
on thickened fluids, evidence  
base and current guidance -  
v. interesting! Thanks to  
Tom @RCSLT for your help!

## Public health: future roles for AHPs

### *Developing the capacity, impact and profile of AHPs in public health, 2015-2018*

The Allied Health Professions Federation (AHPF) has set out its vision for the role of AHPs in public health.

Produced with the support of Public Health England (PHE), 'A strategy to develop the capacity, impact and profile of AHPs in public health 2015-2018' aims to help AHPs, as well as their professional bodies and partner organisations, to further develop their leadership in public health, share best practice and ultimately embed preventative healthcare across all their work. Public health is the science and art of promoting and protecting

health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.

Allied health professionals contribute to this through their work on physical, mental and social health with individuals, communities and populations across the four domains of public health:

- Health protection, eg the appropriate use of antibiotics.
- Healthcare public health, eg rehabilitation and enablement.
- Health improvement, eg making every contact count.
- Wider determinants, eg promoting healthy



environments.

The vision is for AHPs to be recognised as an integral part of the public health workforce, with responsibility for designing and delivering improvements to health and wellbeing, and reducing health inequalities.

The goals are to equip the future AHP workforce with the skills, knowledge and attributes to promote health and wellbeing; enable AHPs to demonstrate their impact on population-level outcomes through robust evaluation and research methods; establish AHPs as a 'go-to' public health provider of choice; utilise the excellent relationships that exist between AHPs and strategic public health leaders at every level; and provide effective leadership to support AHPs to be an integral part of the public health workforce.

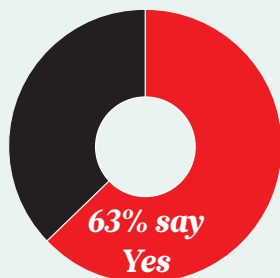
According to the AHPF, "We encourage individual AHPs to develop the public health component of their role and share this with colleagues and partners.

"We call on partner organisations that have supported the public health journey of AHPs so far to continue to support AHPs to embed prevention within their practice and research."

Visit: [www.tinyurl.com/zmsunrh](http://www.tinyurl.com/zmsunrh)

RCSLT Web Poll  
Have your say...

Would replacing bursaries with loans have put you off your SLT training?



VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG)

## Apply now for an RCSLT minor grant

The next RCSLT minor grants deadline is fast approaching on 10 February, so why not apply for money to boost your continuing professional development activities?

Three times a year, the RCSLT awards grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences; conference fees; specialised training, particularly

short courses; academic publications, such as publishing of research; research into speech and language therapy; and the purchase of specified equipment and/or books (normally to a maximum of £100). We will consider other purposes on their merits.

Over the past years, grant recipients have used their money to help attend conferences as far away as San Jose and Pittsburgh in

America, and Pune in India. Nearer to home, members have used the financial assistance to attend RCSLT and other national conferences. Grants have also contributed towards master level modules, post-registration dysphagia courses and specialist short courses, such as Hanen, Elklan and Picture Exchange Communication Systems.

Visit: <http://tinyurl.com/nn488gu> to find out more about the application process



**Caroline Murphy @carmurp**

@RCSLT @mndassoc

Wonderful article in #bulletin on  
#voice banking for people  
with #MND. Absolutely vital for  
preserving dignity.

**Danny Baker @prodnose**

I had cancer of the head and neck.  
The NHS team said "We can get  
you through this." And they did.  
Today we said goodbye. What do  
you say?



**MARIA LUSCOMBE & KAMINI GADHOK**

## NPDW engages pupils and teachers

In October 2015, staff and students of Two Mile Ash School, Milton Keynes, put down their pens and picked up their language for 'No Pens Day Wednesday' (NPDW).

Organised by The Communication Trust, NPDW is now in its sixth year and going stronger than ever, with more and more schools pledging to put down their pens and focus on speaking and listening activities for a whole day.

As a school-based SLT, I am always trying to think of new ways to encourage teaching staff to consider speech, language and communication needs (SLCN) in their classroom environment. Staff training is not always possible, or even the most inspiring way to raise awareness of SLCN, so NPDW provides an exciting, practical opportunity to create a talking point among staff and pupils.

Feedback from staff and pupils was overwhelmingly positive, with some teachers commenting that they have changed their teaching style as a result: "I came across a



**No Pens Day Wednesday provides an exciting, practical opportunity to create a talking point among staff and pupils**

resource which I now use regularly in my maths lessons. It is a great way of assessing the children without them having to use a pen" (class teacher); "I now place more of an emphasis on trying to use a lot more talk for writing to help children establish their ideas before we write" (class teacher); "I got to talk to new children in my class" (pupil with SLCN); "It will help make us more confident" (pupil with SLCN).

.....  
**Laura Black, SLT**

## DNR order breached human rights

East Kent Hospitals NHS Trust has apologised for placing a 'do not resuscitate' order on a man with Down syndrome – and listing his learning difficulties among the reasons for doing so.

The trust admitted breaching the human rights of Andrew Waters after deciding he should not be resuscitated if he developed heart or breathing problems. According to media reports, the staff concerned did not consult or inform his family and they found out only after he was discharged from hospital in Margate in 2011.

Andrew's brother, Michael Waters, said, "For someone to make that decision, without consulting a member of the family or any one of his carers, was just totally unacceptable."

In a statement, East Kent Hospitals University NHS Foundation Trust said, "The trust accepts that it breached its duty owed to the patient. We apologise unreservedly for this and the distress caused.

"Actions have been taken to ensure this does not happen again and the trust has now reached a resolution with the family."

## RESPONDING TO THE SPENDING REVIEW

As the end of 2015 approached, a key focus for the RCSLT Board of Trustees and staff was to support the profession in light of the November Spending Review – which set out how the government will allocate £4 trillion over the next five years.

One element of this work is in response to the change announced by Chancellor George Osborne to the funding system for health students in England – replacing grants with student loans and abolishing the cap on the number of student places for nursing, midwifery and allied health disciplines.

Changes to student funding for allied health courses will have a direct impact on speech and language therapy courses in the future. The RCSLT is working closely with the

Council of Deans of Health, the relevant higher education institutions and other significant stakeholders to understand what the government proposals will mean for students and seek to inform a government consultation on this topic in 2016.

We have prepared a briefing ([www.rcslt.org/governments/england\\_student\\_funding\\_changes](http://www.rcslt.org/governments/england_student_funding_changes)) for speech and language therapy students, summarising what we know currently about the government's plans, and we will continue to update RCSLT members about the policy proposals when they become clear.

Our priority is to ensure high-quality speech and language therapy courses remain sustainable and that access to the speech and language therapy profession is not hindered. Over the upcoming months we plan to engage decision makers to influence and inform the proposals on this issue and ensure that considerations, such as diversity within the speech and language therapy profession, financial hardship and access to postgraduate loans are considered.

At the time of writing we are working with the Allied Health Professions Federation to brief MPs ahead of parliamentary debates on the subject. ■

.....  
**Maria Luscombe, RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive.**  
**Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**

*"Changes to student funding will have a direct impact on speech and language therapy courses in the future"*

## New tools to enable person-centred care

The Health Foundation has launched three new resources to help practitioners and academics by informing approaches to implementing person-centred care.

### 'A practical guide to self-management support:

Key components for successful implementation' provides useful ideas for what practitioners and commissioners should consider when starting to support patients to self-manage their care. It explains what self-management support is, why it is important and how to ensure it is grounded in everyday practice.

Visit: <http://tinyurl.com/jmregob> to download or order your copy

### 'Building the House of Care:

How health economies in Leeds and Somerset are implementing a coordinated approach for people with long-term conditions' details a number of interesting case studies. These illustrate the evolving practice in Leeds and Somerset and seek to understand how two whole health economies – individuals, communities, health and social care services and others – are working to manage the rise in the number of people with multiple long-term conditions and enhance their care experiences.

Visit: <http://tinyurl.com/hcxcy8j>

'Person-centred care around the world tool' is a useful directory that highlights the leading international centres working on similar aspects of person-centred care to the Health Foundation. Produced as part of an international environment scan of the field of person-centred care, the tool can help to identify person-centred care research, measurement and implementation 'hot spots' in different settings globally, enabling collaboration.

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



Back Row (L-R): Colm McKenna Chairman SE HSC Trust; Heather Crawford MBE, Lead Professional for Speech and Language Therapy; Richard Pengelly, Permanent Secretary for the Department Health; Anne McKeever, SLT Downpatrick Schools; Lorraine Coulter, Speech and Language Therapy Clinical Coordinator for Education; Jane McConn Speech and Language Therapy Clinical Coordinator for Community Services. Front row: Katie Rocke, SLT and Sarah Majury-Harris, SLTA, both Colin Schools

## Trust awards recognise outstanding contribution in health and social care

Congratulations go to the Colin and Downpatrick Mainstream Schools Team – winners of the South Eastern Health and Social Care Trust 'Chairman's Recognition Award' in October 2015. The award recognises outstanding contribution in health and social care across the trust. The team was also successful in the 'Access' category.

The speech and language therapy service is delivered by a team of SLTs and SLTAs based across 11 mainstream primary schools (including Irish medium) in partnership with education, parents and the local community. The team secured additional funding from the Departments of Education and Social Development in 2012 to reshape the service in two areas of high socio-economic deprivation in Belfast and Downpatrick.

According to Lorraine Coulter, speech and language therapy clinical coordinator for education at Stewartstown Road Health Centre, these communities have poor uptake of local clinic-based services,

yet have high levels of need. Prevalence studies highlight that 41–46% of four to five year olds enter school in these areas with significantly delayed speech, language and communication skills.

Evaluation has been ongoing since the start of the project using an outcomes-based accountability framework. There is now 100% access to the service, waiting times of two weeks for assessment – compared to nine to 13 weeks in clinic – and significantly improved outcomes for children and increased parental engagement.

The speech and language therapy team members were delighted to receive this recognition from the trust chairman Colm McKenna. Lorraine says he highlighted that the team was clearly the outright winners on the night and identified the following reasons for the team's success – the focus on tackling inequalities, early intervention, clearly identifiable and measurable outcomes, and partnership working with other agencies and local communities.

75%

of primary school teachers say children in reception struggle to speak in full sentences

8%

of stroke unit teams in England, Wales and Northern Ireland have an SLT available 6 or 7 days a week



Derek Munn

COLUMN

## Cristina joins the IJLCD team

The RCSLT is pleased to announce the appointment of Dr Cristina McKean to the post of editor of the International Journal of Language and Communication Disorders (IJLCD). She succeeds Professor Nicky Botting and will work with Editor-in-Chief Steven Bloch.



Cristina (pictured) has been a lecturer at Newcastle University since 2009, after completing her PhD studies exploring the nature of lexical and phonological development in children with language impairment. Prior to this, she worked as an SLT for 16 years specialising in childhood language disorders particularly in the pre-school and early primary years. She is currently a research fellow in the Centre of Research Excellence in Child Language, based

at Melbourne's Murdoch Research Institute.

Cristina says, "I am delighted to take on the role of editor of the IJLCD. The journal has been an important part of my life since I qualified in 1989 and has influenced

my practice as an SLT, a researcher and lecturer.

"I believe passionately that through the completion, dissemination and application to practice of high-quality research we can improve the lives of people with communication disorders. It is therefore very exciting for me to play a part in steering the direction of this essential resource, which supports SLTs to apply high-quality research to their practice.

"It is also wonderful to be involved at such an exciting time in child speech and language research."

## #ResNetSLT: a new SLT Twitter journal club

At 7.30pm on 27 January, a new Twitter journal club will launch its first tweetchat for SLTs. The initiative is a collaboration between Dr Hazel Roddam, Dr Joanne Fillingham (clinical fellow to the chief allied health professions officer and chair of the West Midlands Hub) and the RCSLT.

On the last Wednesday of each month, a guest host will launch a discussion of a key journal article of relevance. This will provide an opportunity for SLTs to harness the power of social media to facilitate discussion of current topics,

explore collaboration, support and mentorship, and to promote evidence-based practice.

Initially, Hazel will discuss the journal article by Greenhalgh et al (2014) 'Evidence-based practice a movement in crisis' ([www.bmj.com/content/348/bmj.g3725](http://www.bmj.com/content/348/bmj.g3725)).

🔗 **Find out more about the journal club:** <http://tinyurl.com/g55en78> and by using the hashtag #ResNetSLT. If you would like to guest host a journal discussion please contact us via the blogspot ([url above](http://url.above)) or email: [HRoddam@uclan.ac.uk](mailto:HRoddam@uclan.ac.uk)

## FIVE THINGS YOU SHOULD KNOW

There are five things for SLTs to be aware of from the Chancellor's Comprehensive Spending Review in November.

■ **University and student funding in England is changing.** Kamini and Maria's column in this Bulletin (page seven) addresses the changes – a switch from NHS grants to student loans and a move away from commissions determined by local education and training boards. They also cover how the RCSLT is responding to this.

■ **The increase in NHS England funding promised by the Conservatives at the election is being frontloaded.** This means it will happen early in the parliamentary term rather than later, with £6 billion a year to be made available by the first year of the Spending Review as part of an overall £120 billion by 2020. The decision to protect NHS England's budget, rather than the overall Department of Health budget, means other aspects of health spending will not be similarly protected.

■ **The Government is sticking with the Better Care Fund.**

There will be an additional £1.5bn to support integration between health and social care services, notwithstanding that the fund has had mixed reports.

■ **A local government fund that supports speech and language therapy is being slashed.** The Education Services Grant, which is paid to local authorities and to academies to fund education support services, including speech and language therapy, will be cut by £600 million – almost 75%. Local authorities are already experiencing cuts to public health budgets. We are assessing the potential impact.

■ **The devolved nations are not exempt.** The famed Barnett Formula means corresponding reductions in the block grant available for devolved services in Scotland, Wales and Northern Ireland. Ministers in the devolved administrations have indicated that reductions in budget allocations will negatively impact on public services. Interestingly, in Scotland this has coincided with an increase in funding for major capital projects, which will be used towards health and education projects.

The RCSLT is on the case with all of these issues and we will keep you in the loop. ■

Derek Munn, RCSLT Director of Policy and Public Affairs  
Email: [derek.munn@rslt.org](mailto:derek.munn@rslt.org)

*"The Education Services Grant will be cut by £600 million – almost 75%"*

## Pureed food for thought from UEA

University of East Anglia (UEA) SLT students have been busy Giving Voice again. From pureed diets to signed Christmas carols, the group raised awareness of the activities and value of speech and language therapy, and raised money for good causes at the end of 2015.

First, we undertook a sponsored pureed diet challenge to raise money for The Stroke Association and increase awareness about dysphagia. We updated Facebook and Twitter daily to show what the meals we were having looked like before and after being pureed. We also set up a tombola in the university coffee shop to encourage fellow students to try thickened drinks and gave out leaflets around campus about dysphagia. We smashed our target and raised £1,643.

We launched the '#VforVoice' campaign across social media to raise awareness for all those who can't use their voice. This involved writing on two fingers the two things you would miss most if you



were not able to use your voice, posting a selfie of it and nominating others to do the same. Even 'Lost Voice Guy' Lee Ridley, got involved.

In collaboration with the British Sign Language Society, we landed a slot at the Norwich Cathedral Carols and signed 'silent night' alongside the service. Finally, we got together with fellow physiotherapy and occupational therapy students by wearing Christmas jumpers to raise funds for 'Opening Doors', the local charity for adults with learning disabilities.

**Felicity Stephenson**

## Take part in the South West and Wales Dementia CEN

The RCSLT recognised dementia as its top priority for 2014 and 2015, launching a national dementia campaign to raise awareness of the role of speech and language therapy, and publishing the dementia position paper.

In March 2015, SLTs working in the South West of England and Wales attended a dementia study day, supported by the RCSLT Hub activity fund.

This helped to bring together all the talent in the profession at a regional level. Therapists working within dementia care developed networks and collaborations, and a clinical excellence network (CEN)

has now formed. This CEN will use Basecamp to communicate about events, share files and post messages.

We are planning our next Dementia CEN event for April 2016, in a central location for both South West England and Wales.

The programme will feature feedback received from the last study day, with topics covering assessment and management of communication disorders and dementia.

☎ **Contact:** Chair [sue.jones78@nhs.net](mailto:sue.jones78@nhs.net); Secretary [samuelrowe@nhs.net](mailto:samuelrowe@nhs.net); Treasurer [Natalie.Elliott@wales.nhs.uk](mailto:Natalie.Elliott@wales.nhs.uk)

### Seeking CQ live reviewers

As part of the ongoing development of Communicating Quality Live, we are developing online content for the following topic areas: supervision; information governance, including record keeping, information governance and data protection; inclusive communication; communications technology and issues surrounding the use of social media, email, telephone, texting etc; and technology for therapy, telehealth and apps. We are looking for peer reviewers to review the draft content to ensure it is relevant for all members irrespective of their setting, client group, geographical location, employment situation and level of experience.

☎ **If you are interested in taking on this role for any of the topics listed above, email:** [gemma.lotha@rcslt.org](mailto:gemma.lotha@rcslt.org) by 30 January 2016

### Octavia is new director at The Communication Trust

The Communication Trust has appointed Octavia Holland as its new director. She makes the transition from her role as director of policy, advice and communication at Gingerbread – the charity that campaigns for and provides advice to single parents. Octavia's career covers policy roles for the Department for Education and as chief executive of Coram's Fields – a London-based children and young people's charity.

☎ **Visit:** <http://tinyurl.com/pe53t3a>

### Children struggle to speak, say teachers

Three quarters of UK primary school teachers say children are arriving in reception classes struggling to speak in full sentences. This is one of the findings of a study of 504 teachers surveyed by Save the Children – a member of the 'Read On. Get On.' campaign. Eight of 10 respondents reported seeing children start school struggling to read words or sentences and 65% witnessed children experiencing difficulties following simple instructions. The findings back the campaign group's call for extra government investment in nurseries, so all settings can employ a qualified early years teacher by 2020.

☎ **Visit:** <http://tinyurl.com/jr3xsrt>

### Weekend SLT stroke services?

Only 8% of stroke unit teams in England, Wales and Northern Ireland have an SLT available six or seven days of the week, according to the 2014 Sentinel Stroke National Audit Programme (SSNAP) Acute Organisational Audit. This compares to 44% of teams having a physiotherapist available and 35% an occupational therapist. Other SSNAP findings include the fact that 83% of people are now receiving a formal swallow assessment within 72 hours of admission, an improvement on 2013, and 68% had a swallow screen within four hours if they needed one.

☎ **Visit:** <https://www.strokeaudit.org>

**Closer collaboration between statutory and third sector providers will benefit people with aphasia, and health and social care budgets. Rosemary Townsend and colleagues explain**

## A long-term vision for people with aphasia



ILLUSTRATION Trina Dalziel

**D**yscover, a specialist SLT-led aphasia support service in Surrey, is just one of many third sector organisations offering long-term support to people with aphasia across the UK.

The National Stroke Strategy (2007) makes recommendations for appropriate long-term support for people with aphasia and other chronic sequelae of stroke. It acknowledges that peer support after stroke can enable and empower individuals, especially in relation to rebuilding confidence.

Despite an improving picture of stroke care in hospital and from supported discharge teams, many people report, “feeling abandoned by the health and social care system within a short time of returning home” (Life After Stroke, 2014).

Dyscover’s model of service differentiates conversation groups according to need and stage of recovery. It supplements these with additional courses, volunteer opportunities, activities and support for carers all overseen by specialist SLTs. We subscribe to the Life

Participation Approach to Aphasia management, which emphasises competence and inclusion in daily life.

Adrian’s relief in joining Dyscover is obvious, “Being in this group is great because it means I am not sitting on the margins anymore. People don’t understand what I am feeling because I still look the same. Here I am listened to. It is structured and there are plans – that’s what I need”.

Dyscover has developed increased opportunities for team-based projects and volunteering, including aphasia awareness presentations by aphasia ambassadors to community groups. Bryan, one such ambassador, says, “It’s been a relief to get my ideas across. It brings me self-gratification and helps to raise awareness.” Ambassadors with less language also show similar gains in confidence and self esteem, using total communication strategies to tell their stories.

We know people with aphasia engage less in social activities than those without aphasia after stroke, increasing the risk of social isolation and exclusion. Participation in meaningful activities can therefore be expected to improve quality of life (Hilari, 2011). Dyscover actively supports and encourages its members to reengage with life with programmes of accessible leisure activities.

We recognise the significant impact a ‘good conversation

partner’ makes to the quality of conversation for people with aphasia and endorse this in a six-week ‘Conversation Partners’ course, delivered by SLTs to a group of people with aphasia and their carers. Together with support sessions and counsellor-led courses for carers, this provides much-needed social support and outlets for carers to explore and manage their emotional wellbeing.

Like other members of the Aphasia Alliance (a national coalition of organisations sharing good practice), Dyscover works closely with NHS SLT colleagues, who make about 60% of referrals to our service. In our experience it is clear the journey to adjustment and re-engagement in society is long and slow for people with aphasia, and is rarely completed within the parameters set by NHS services. We are optimistic that through the work of the Alliance, increased awareness of long-term support organisations like Dyscover will enable closer collaboration between statutory and third sector providers. This must ultimately benefit people with aphasia as well as health and social care budgets. ■

**Rosemary Townsend; Alena Jobson; Marilyn George; Anna Abrahams, Dyscover SLTs**  
**Visit: [www.dyscover.org.uk](http://www.dyscover.org.uk) and [www.aphasiaalliance.org](http://www.aphasiaalliance.org)**



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**“Dyscover’s model of service differentiates conversation groups according to need and stage of recovery”**

**R**CSLT NI made a notable impression at the Parliament Buildings in Stormont and beyond on 2 November, when it launched 'My Journey My Voice', its powerful multimedia portrait and stories exhibition to highlight the issue of communication disability.

Commissioned by the RCSLT as part of our Giving Voice campaign – and supported by Disability Action and the Northern Ireland Health and Social Care Board – My Journey My Voice features nine intimate portraits of individuals with communication disability, captured by photographer Laurence Gibson.

Living with communication disabilities – including those associated with stroke, learning disability, cerebral palsy, profound deafness, multiple sclerosis and dysfluency – means the participants' worlds have become or are very different to the one in which most of us live. For us, we often take the ability to communicate for granted. For them making an appointment, ordering a meal or chatting with a friend is something that happens with effort or cannot happen at all.

Their stunning portraits show them as they are; individuals with a story to tell, if only we have the time to listen. They want their voices to be heard so that all of us can better understand the diversity of communication difficulties.

### Launch event

The launch event was hugely successful and attracted the attention of 23 MLAs, five ministers and one lord. Online, print and TV media coverage also meant the message went far and wide across Northern Ireland.

In addition to viewing the poignant portraits, visitors were able to listen to the nine participants' voices as they each

# My Journey My Voice

**Challenging the stigma of communication disability: if only we have the time to listen**

PHOTOGRAPHY BY Laurence Gibson

ILLUSTRATION BY Alex Williamson

recounted a memorable journey they have taken.

Many of those participating have voices and speech that will sound different to listeners. Some use vocalisations that may be unintelligible to anyone other than close family; others use high- and low-tech alternative or augmentative forms of communication.

### Better understanding

According to RCSLT Head of Northern Ireland Office Alison McCullough MBE, "It is important that society develops a better understanding of communication difficulties and recognises the individual and not just the disability.

"Through education and empowerment initiatives such as this, the RCSLT is working alongside people with communication disabilities to challenge stigma and enable society to become better equipped to understand their communication support needs.

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

RCSLT Trustee for Northern Ireland Anne Gamble added, "Sadly, people with communication difficulties are still more at risk of abuse than the general population. It is heartening that governments across the UK are taking heed of the findings of the recent Francis Report, 'Patients first and foremost', which made a commitment to 'listen most carefully to those whose voices are weakest and find it hardest to speak for themselves'".

The exhibition is touring around Northern Ireland and the RCSLT is considering how we can replicate this creative work in other parts of the UK. ■

Visit: [www.myjourneymyvoice.org](http://www.myjourneymyvoice.org) to find out more about My Journey My Voice, experience the sights and sounds of the exhibition online and download the exhibition booklet

*"Listen most carefully to those whose voices are weakest and find it hardest to speak for themselves"*



# Hearing impairment in cleft palate

**Lucy McAndrew** considers the link between cleft palate and hearing impairment, and asks whether parents are noticing their children's mild hearing loss

Otitis media with effusion (OME), commonly referred to as 'glue ear', is a frequent presentation in infants with cleft palate and often results in a degree of hearing loss (Szabo et al, 2010). This can impact on speech and language outcomes (Lohmander et al, 2011). Otitis media with effusion in the presence of cleft palate has also been shown to negatively affect psychological wellbeing, educational experiences and social interactions (Tierney et al, 2013). These potential consequences mean early identification and appropriate management are important.

Cleft palate is one of the most common congenital anomalies and presents with complex anatomical variations. These are categorised using subgroups, such as 'soft palate cleft', 'unilateral cleft lip and palate' (UCLP), 'bilateral cleft lip and palate' (BCLP) and 'sub-mucous cleft' (SMCP). The strong correlation between a cleft palate, OME and hearing loss is well known (eg, Narayanan et al, 2013). Whether the 'type' of cleft is related to the presence of OME and hearing loss is less clearly understood. It could be hypothesised that the more extensive the cleft, the greater the middle ear dysfunction and consequential hearing loss.

As a specialist SLT working at the Spire Cleft Centre in Oxford, I found myself asking this question at ENT cleft clinics run jointly between ENT, audiology and speech

and language therapy. I also questioned whether parents of young babies with cleft palate notice mild loss that is later identified by hearing assessment. The evidence base is sparse and suggests parents are not accurate in detecting hearing loss (Luthra et al, 2009). I examined these questions as part of a dissertation for my Master's degree.

## Investigative study

I aimed to identify whether cleft type is related to middle ear findings (the presence of OME and tympanometry findings) and degree of hearing loss at palate repair. I also explored whether parental concern about their infants' hearing at (or just prior to) palate repair is supported by hearing test findings. With ethical approval and permissions, I conducted a retrospective review of case notes. I examined consecutive cases of children born with a cleft palate (with or without cleft lip) who underwent surgical repair at the centre from January 2009 to December 2013. Following exclusions (those with a known syndrome/unavailable records), a total of 80 boys and 75 girls were included for analysis, divided by cleft type – SMCP (8), soft palate cleft (36), soft +hard palate cleft (42), UCLP (51) and BCLP (18). No infant had previously had grommets or a perforated eardrum.

## Cleft type and middle ear findings

At the centre, palate repair occurs between five and 12 months of age, the exact

timing depending on cleft severity, developmental and practical factors. Examining documentation from the ENT/audiology assessment routinely offered a week prior to planned surgery provided an insight into cleft type and middle ear findings. For each infant, I noted otoscopic (visualisation of the middle ear) findings and categorised these into: no OME (ie, normally-ventilated ears), unilateral OME, bilateral OME, obscured view or not seen/non-compliant.

I found an overall incidence of OME in 81.9% of cases, consistent with current literature (eg, Kwan et al, 2011). The SMCP group aside, I found similar frequencies of OME across all cleft types (83.3–86.3%) suggesting no relationship between OME and cleft type. A comparatively lower incidence rate of 37.5% in the SMCP group supports the hypothesis that the least severe cleft is associated with a lower frequency of symptoms. However, due to cohort size and comparatively higher mean age of this group, it is difficult to draw robust conclusions.

Although differences were not substantial, there was a tendency towards more bilateral OME in the soft +hard and BCLP groups, compared to the soft and UCLP groups respectively. This supports the hypothesis that severity of cleft correlates with frequency of middle ear symptoms.

Tympanometry measures eardrum movement or rigidity. Responses





(tympanograms) suggest different conditions of the middle ear – bilaterally normal or abnormal (the latter comprising both flat and negative pressure responses) or unilaterally abnormal.

Tympanometry findings revealed similar results to the otoscopic findings. Overall, abnormal tympanograms were present in 84.5% of the infants. Slightly more infants presented with abnormal tympanograms in the soft +hard group compared to the soft group. Again, this particular finding supports the view that the more severe the cleft, the more frequent the middle ear dysfunction.

Visual reinforcement audiometry or distraction methods of hearing assessment resulted in an audiogram indicating minimal threshold levels. Soundfield thresholds of 30 decibels (dBs) across the frequency range tested were accepted as hearing within normal limits (WNL).

Responses at 31–40dBs were interpreted as a mild loss, 41–70dBs a moderate loss and 71–95dBs a severe loss.

Where possible, each infant was categorised as having either hearing WNL or a mild, moderate or severe hearing loss. No infants had a known sensorineural hearing loss.

The 155 infants were similarly divided between those with hearing WNL (36.8%) and those with a mild loss (34.2%). Fewer infants had a moderate loss (24.5%). This study did not reveal that a particular type of cleft is more prone to mild or moderate hearing loss than another.

Nonetheless, there was a slightly higher frequency of infants with hearing WNL in the less-severe soft cleft group in comparison to the more severe soft +hard group. There was also a slightly lower frequency of infants with a mild loss in the less severe groups (soft and UCLP) compared with the more severe cleft groups (soft +hard and BCLP groups respectively). These observations show a tendency towards a relationship between cleft type and hearing findings in these four cleft groups; the more extensive the cleft, the greater likelihood of a mild loss and the less extensive the cleft, the better the chance of normal hearing status.

### Parental concern versus hearing tests

Typically, the ENT consultant enquires if parents have any concerns over their child's hearing. I categorised the documented responses into 'no concern', 'concern' or 'unsure'. The SLT also meets with the family for a separate pre-surgery speech advice session, at which he/she offers advice regarding the potential hearing loss on speech development and documents concerns. I examined SLT notes and categorised the level of concern as above.

The findings from ENT notes showed that when parents reported concern, assessment

findings reflected this accurately. Few parents (1.3%) reported concern when hearing was WNL.

However, of the infants whose parents reported no concern, 34.3% were found to be mildly impaired and 14.9% were found to be moderately impaired. I identified similar findings in the speech notes. When no parental/carer concern was reported, almost a third of infants presented with a mild loss and almost a quarter of infants presented with a moderate loss.

### In summary

This study did not identify a clear relationship between cleft type and middle ear/hearing status, so it is not possible to confidently adapt SLT advice offered to families on the basis of cleft type. Some findings indicate a tendency towards increased frequency of symptoms in more severe cleft types in comparison to less severe types. A larger participant size would be needed to investigate this further.

My findings support the view that parents are not always accurate in their perception of their child's hearing when compared to assessment findings. Clinicians should therefore be mindful that parents, while often accurate particularly when reporting concern, are often unaware of their infant's hearing loss. ■

**Lucy McAndrew, specialist SLT, Spires Cleft Centre. Email: [lucy.mcandrew@ouh.nhs.uk](mailto:lucy.mcandrew@ouh.nhs.uk)**



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I thank Penny Lennox, ENT consultant, and my supervisor, Professor Joy Stackhouse, for guidance.

**“My findings support the view that parents are not always accurate in their perception of their child's hearing”**

**G**eneralisation is the extent to which a specified, targeted area addressed in therapy results in change beyond that area. In clinical practice, decisions are often dependent on whether across-item generalisation and generalisation of targeted segments across all speaking tasks has occurred. Assessing across-item generalisation is straightforward, through the use of control and treatment word lists. Assessing whether a child can generalise from a structured environment to spontaneous conversation is more difficult. Parental report and observation between tasks are useful, but a reliable and accurate measure of intelligibility is necessary to judge the effectiveness of therapy and inform clinical decisions. In this case study, I report on one method of assessing the generalisation of targeted speech sounds from structured clinic sessions to spontaneous speech by using referential communication tasks (barrier tasks) and calculating percentage consonants correct (PCC) and percentage vowels correct (PVC).

Ben’s story

Ben was aged seven at the start of treatment and had a history of speech difficulties since being a late talker at age three. Previous therapy focused on consonantal production. His unusual vowels were assumed to be due to having an English father and an American mother. When he was re-referred at age seven he presented with a disordered vowel system and production of /θ/ and /ð/ as /f/ and /v/. Ben received 10 sessions of 45 minutes over seven months. Table one shows the vowels targeted.

These vowels were produced as sounds not present in English or American systems. Assessment revealed that Ben had difficulties with motor execution, according to the Stackhouse and Wells model of speech processing (Stackhouse and Wells, 1997), and had to be taught the new vowel shapes using articulograms, a mirror and explicit instruction on lip shaping and jaw position.

Once he was able to produce the vowels in isolation, Ben practised them in real words, which increased in phonetic complexity over the sessions, and then put words into sentences that he generated himself. Auditory discrimination tasks were initially used to support his listening and monitoring skills.

Ben received a further four 45-minute sessions over two months, targeting the sounds in the same manner (table two).



The girl with a ball and an apple

Rebecca Thornton on using referential communication tasks to assess the generalisation of speech sounds in children with persistent speech disorders

| Table one: Vowels targeted in Ben’s initial sessions |         |
|------------------------------------------------------|---------|
| Vowel                                                | Example |
| ɒ                                                    | Cot     |
| ɔ :                                                  | Oar     |
| əʊ                                                   | Boat    |
| ɜ :                                                  | Bird    |
| ɔɪ                                                   | Toy     |

| Table two: Sounds targeted in Ben’s second set of sessions |         |
|------------------------------------------------------------|---------|
| Vowel                                                      | Example |
| ɪ                                                          | purple  |
| ɔ :l                                                       | ball    |
| ɜ :l                                                       | girl    |
| əl                                                         | pool    |
| Consonant                                                  |         |
| θ                                                          | think   |
| ð                                                          | the     |

By the end of session 14, Ben was able to produce all target words at sentence level within the therapy activities, but his mother felt he had not fully generalised across all speaking situations. I needed a way of eliciting natural conversational speech that contained enough of his targeted sounds to produce an accurate picture of his intelligibility outside the clinic.

I felt that if Ben engaged his mother in a referential communication task, in which he had to describe a picture containing treated and untreated words, he would produce natural spontaneous speech and I could measure the amount and type of conversational repair between the dyad; and the percentage vowels and percentage consonants correct.

The amount and type of conversational repair would indicate levels of intelligibility in a qualitative way, giving an impression of the ease in which Ben is able to convey his message, albeit to a familiar tuned-in listener. The PVC would give quantitative information which can be related to severity

of impairment. Kwiatkowski (1982) (in Pascoe, Stackhouse and Wells, 2006) linked PCC measures with listener ratings of severity and found that judgements of a mild difficulty corresponded to 85% PCC. Ben would have to score more than 85% on PVC to be discharged from the service. The PVC measure would also allow for comparison of success on individual vowels to inform further intervention if required.

Picture exercise

I gave Ben a hand-drawn picture comprising images containing his target sounds (eg, ‘a girl with a ball and an apple’). It was anticipated that he would use ‘th’ incidentally in his description, in words such as ‘think’, ‘the’ and ‘there’. I asked him to describe this picture to his mother so she could replicate it without seeing it, and a barrier was constructed between them. I videotaped the session and then transcribed this along with a student SLT.

As anticipated, Ben immediately became absorbed in the task and did not appear to be giving any thought to his speech. He completed the task and his mother was able to draw a picture with astonishing likeness to the original. The only conversational repair requested of Ben by his mother was with regards to the picture, such as the location of items relative to each other. There were no instances of misunderstandings attributable to Ben’s speech production. This suggests that his mother is so ‘tuned in’ to his speech that he is completely intelligible to her, even in the absence of a shared context. The results for PVC and PCC were more varied (table three).

The results reveal a limitation of the task: the number of instances of each item cannot be controlled, with some vowels occurring 18 times and others only once or twice, which does not give a sufficient sample size.

Ben achieved more than 85% accuracy on the ‘cot’, ‘oar’, ‘toy’ and vocalised /l/, which indicates they have been generalised from structured activity to his spontaneous speech. He did not reach 85% accuracy in the ‘boat’, ‘bird’, ‘ball’, ‘girl’ and ‘pool’ vowels, and there were no instances of ‘th’. His overall PVC score was 75% (50/67). I discussed the results with Ben who said he felt he hadn’t quite ‘sorted out’ some of his sounds. We arranged to continue for a further four sessions after a three-week holiday.

Ben attended the final sessions over an eight-week period. Therapy focused on the ‘boat’, ‘bird’, ‘ball’, ‘girl’ and ‘pool’ vowels, and on voiced and voiceless ‘th’.

| Table three: Results for PVC and PCC |                 |        |                    |
|--------------------------------------|-----------------|--------|--------------------|
| Example                              | Vowel/consonant | Number | Percentage correct |
| cot                                  | ɒ               | 17/18  | 94                 |
| oar                                  | ɔ :             | 13/13  | 100                |
| boat                                 | əʊ              | 5/7    | 71                 |
| bird                                 | ɜ :             | 1/2    | 50                 |
| toy                                  | ɔɪ              | 1/1    | 100                |
| Purple                               | ɪ               | 8/8    | 100                |
| ball                                 | ɔ :l            | 5/15   | 33                 |
| girl                                 | ɜ :l            | 0/1    | 0                  |
| pool                                 | əʊl             | 0/2    | 0                  |
| think                                | θ               | 0      | 0                  |
| the                                  | ð               | 0      | 0                  |

| Table four: Results of Ben’s fourth session |       |                    |        |                    |
|---------------------------------------------|-------|--------------------|--------|--------------------|
| Example                                     | Vowel | Previous % correct | Number | Percentage correct |
| bird                                        | ɜ :   | 50                 | 43/45  | 96                 |
| purple                                      | ɪ     | 100                | 48/48  | 100                |
| ball                                        | ɔ :l  | 33                 | 5/8    | 63                 |
| girl                                        | ɜ :l  | 0                  | 7/7    | 100                |
| pool                                        | əʊl   | 0                  | 6/8    | 75                 |
| think                                       | θ     | 0                  | 14/17  | 82                 |
| the                                         | ð     | 0                  | 58/61  | 95                 |

All vowels were addressed in real words at sentence level. On the fourth session we repeated the referential communication task using a new picture. Again, I video recorded the session and transcribed this with the same SLT student. This time there was no conversational repair. The requests for clarification enabled Ben to use untreated vocabulary containing his target sounds, such as /l/ in ‘horizontal’ and ‘actual’. This time he used many instances of ‘the’, ‘there’, ‘this’ and ‘that’, giving a large sample size for /ð/.

Two vowels remained below the 85% mark, and /ð/ was 82% correct (table four). Ben’s average score was 93%. I discussed the results with Ben and his mother, and we decided that he was ready to be discharged, but they would continue to monitor /u:l/ /ɔ:l/ and /ð/ at home in daily, focused speaking/listening sessions.

Conclusion

Referential communication tasks provide a way of capturing speech that is spontaneous, yet contains treated sounds. There are limitations – small

sample sizes of phonemes; unsuitability for children with language disorders as part of their communication difficulty; and they may not provide information on intelligibility as measured by the listener’s experience. However, the method uses minimal resources and could also provide information on the carry-over of sounds to untreated words by having two word lists at the start of therapy: one set of target vocabulary, and one matched control list. This would clarify whether generalisation had occurred across-item and across-task, providing invaluable information for therapy planning and evaluation. ■

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**T**he White City locale in west London is an area of high social deprivation. More than a third of children under 16 years of age in the borough of Hammersmith and Fulham live in poverty (Child and Maternal Health Observatory, 2011).

‘Tackling Talking Together’ (TTT) is a multi-professional intervention that began in 2011 and has run for four years in the White City Estate during the summer school holidays. The intervention aims to reach vulnerable and hard to reach families.

The project received £50,000 in 2011 from the Transforming Community Services Multi-Professional Leadership Challenge run by the Department of Health.

The core team comprises an SLT and a speech and language therapy assistant (representing Central London Community Healthcare), an early years practitioner (from Randolph Beresford Early Years Centre) and a family support worker (representing London Borough of Hammersmith and Fulham). Other professions are involved from health, education and the local authority – for example, health visitors, specialist therapists from the child development service, dietitians, social workers and a gardener.

This article looks at the impact of TTT, based on data from the project run in July 2013.

### TTT participants

We selected the children from the early years speech and language therapy caseload at White City Health Centre. The children needed to meet at least three of the following criteria:

- Having a diagnosis of language delay (no social communication concerns).
- Living in the White City area or attending Randolph Beresford Early Years Centre.
- Having additional behaviour difficulties.
- Other agencies involved, eg social services, localities services.
- The family had previously found it difficult to attend or access clinic-based appointments.

Fourteen families (16 children, age range 2.4 years to 3.8 years) with identified speech, language and communication needs (SLCN) attended TTT. We also invited 15 siblings to attend the project. Nine of these were under five years of age and were invited to take part in the intervention; the other



## Tackling Talking Together

**Stephanie Lynham and Tashia Pillay** report on their family-centred approach to supporting children's language skills and behaviour

six attended the play scheme. Having the former involved in the project delivered a preventative element to the programme, by providing children ‘at risk’ of SLCN with early intensive intervention.

### Daily workshops

The project followed a similar structure each day, typically:

- Breakfast/lunch (30 minutes)
- Language group (30 minutes)
- Parent workshop (30 minutes)
- Free play session (30 minutes)
- Snack (10 minutes)
- Song time session (20 minutes)

Daily workshops covered strategies to support children's language, communication and behaviour. This involved a parent-child interaction strategy,

eg ‘following your child's lead’ and a parenting strategy, eg ‘praise’ each day. We also organised a weekly trip to the park, supermarket and local vegetable farm. The TTT project aimed to help parents apply the recommended strategies in more functional ‘real life’ situations in order to better increase the chances of generalisation.

### Improved attendance

Historically, families' attendance for speech and language therapy appointments at White City Health Centre has been erratic, with many factors contributing to their inability to engage. Families said that difficulties managing their children's behaviour significantly impacted on their ability to bring their children to appointments and to follow any recommended strategies at home. They



**Left: the Tackling Talking Together team won £50 000 in 2011 to run the project**



also reported child care problems (finding alternative care for siblings) and 'forgetting appointments' as additional barriers to regular attendance. In 2013, attendance rates for language groups were 76% and did not attend (DNA) rates for groups was 13%. During TTT in 2013, the attendance rate was 96%. This was due in part to the provision of food for families, following a daily intensive format, sending text reminders and calling families one or two hours before sessions began, and planning activities that families found fun.

## Children's improvements

**Attention and listening levels:** Therapists recorded children's attention spans during a language group and a song time session on the first and last day of TTT. Data was available on 13 children. By the end of the project:

- Each child had, on average, increased their attention span during song time by six-and-a-half minutes, and by five minutes during the language groups.
- Ten of the children could attend to a 10-minute language group with minimal adult support (at the start of the project only five could manage this).
- All 13 children could attend to a song time session for five minutes or more (at the start of project only seven were able to).

**Social interaction and play:** We screened a pilot group of five children who attended the same nursery using the Luton Borough Council 'Under-fives developmental profile' in order to capture change in their social interaction and play. Developed by the Luton Special Educational Needs

Support Team, this is a non-standardised assessment, based on developmental norms that link directly to areas of the Early Years Foundation Stage Curriculum.

An SLT completed the screen during interviews with each of the children's key workers at both the pre-assessment (in July 2013) and post-assessment phases (October 2013). The results showed each child made developments in their social behaviour and play during the course of the project. The children learnt between four and 15 new skills during the project, for example:

- Contributing to extended sequences of domestic play, such as washing/feeding a doll.
- Listening to and responding to others with talk during play.
- Attending to peer group conversations and responding appropriately.
- Showing an understanding of feelings by verbalising love, anger and sadness.

## Parental changes

During the parent workshops the SLT gave advice to 14 parents on how they could support their child's language development at home through play and in everyday activities and routines. Strategies targeted were:

### **Increasing the use of helpful language stimulation strategies:**

- Following the child's lead.
- Waiting for the child to start interacting with their parent/carer.
- Commenting on the child's play.
- Repeating what the child says.
- Praising the child.

### **Increasing awareness and decreasing the**

### **use of unhelpful strategies:**

- Asking the child questions.
- Directing the child's play.

The SLT observed parents interacting through play with their children for a five-minute period on the first and last day of the project and recorded two aspects of their interactions (commenting on the child's play and repeating what the child says). The results showed that by the end of the project, parents were commenting on their child's play 73% more frequently and repeating what their children said 15% more in play. This data seems to indicate that TTT had an effect in modifying parents' interaction styles.

## A helpful intervention?

Tackling Talking Together enabled vulnerable families to access therapy and engage with the speech and language therapy service. Attendance rates increased and we observed positive changes in children's attention, social interaction and play skills, and behaviour.

Parents reported increased confidence and the ability to understand their children's needs and support their children's language skills and behaviour. These changes enable children to access further therapy as appropriate.

The resourcing to offer this intervention was time intensive, both in terms of commitments needed in staff time, a full-time SLT and SLTA for the duration of the project, and in the planning and preparation of administration, materials and liaison. Despite these challenges, TTT is a hugely-worthwhile project in engaging previously hard to reach vulnerable families and supporting lasting change in children's communication development. ■

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**Find out more about Tackling Talking Together. Watch Stephanie's Therapy Ideas Live presentation online: <http://tinyurl.com/oz3kxyn>**



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Child and maternal Health Observatory. Child health profile. 2011 Crown Copyright [www.chimat.org.uk](http://www.chimat.org.uk)  
Luton Borough Council. *Under fives developmental profile*.  
Youthinmind Ltd. *The strengths and difficulties questionnaire*. [www.sdqinfo.com](http://www.sdqinfo.com)

**A**cquired aphasia often has a negative impact on psychosocial adjustment, leading to reduced social contacts and abandonment of leisure activities (Parr, 2007; Code, 2003). Public engagement programmes developed by museums may offer one way of supporting people with aphasia by encouraging them to visit places outside the home, interact with others and learn about artefacts on display. The British Museum, for example, offers sessions in which the public are able to handle objects from their teaching collections.

Evidence, largely from one-to-one handling sessions with a facilitator, suggests that object handling can have positive effects on patient wellbeing, with self-reported measures of life satisfaction and health status improving. Participants value the opportunity to link objects to past events and experiences (Chatterjee et al, 2009). However, the research findings are difficult to interpret as the outcome measures were usually collected by the facilitator, which may have influenced participants' responses. In the group studies (eg Ander et al, 2012), participants did not know one another prior to the sessions, so the opportunity for social interaction could have been a key factor.

## Methodology

In our study, British Museum staff collaborated with researchers at University College London's (UCL) Communication Clinic to evaluate the effectiveness of object handling sessions for people with aphasia.

In order to investigate whether handling and discussing objects affected spoken word retrieval and memory encoding, we adapted the standard handling programme. For example, the study involved two sessions rather than one with more objects handled per session. These included both unusual objects from the museum teaching collection and old versions of familiar everyday objects (for example, a camera).

The handling sessions took place at the British Museum and were run by two museum facilitators, supported by volunteers. UCL students and staff carried out all data collection. In total, 14 people (eight men and six women) with aphasia completed the study (mean age: 63 years, range 39–81; mean time post-stroke: seven years, range 1–21). On the Western Aphasia Battery (Kertesz, 1982), they varied in type and severity of aphasia (aphasia quotients:

range = 46.6 – 98). Participants were familiar with each other and were used to working in groups.

## Handling sessions

For the handling sessions, we split the participants into three sub-groups according to their availability. Each participant attended two 90-minute object handling sessions on consecutive weeks, with 24 objects handled in each session.

In one session, all 24 items were old familiar everyday objects ('familiar set') while in the other, they handled 12 old familiar objects and 12 unusual objects ('mixed set'). The order of presentation of the 'familiar' and 'mixed' sets varied across the sub-groups. This design enabled us to investigate whether combining unusual with familiar objects might facilitate memory encoding (Bunzek and Duzel, 2006).

On three occasions prior to attending the museum sessions, participants named photographs of modern-day versions of the handled familiar objects and a matched set of control objects. We assessed participants' naming and recognition memory immediately after each handling session. Two weeks later, we repeated the assessments and participants completed a questionnaire about their experience of the programme.

# Please do touch the exhibits

**Carolyn Bruce and colleagues evaluate object handling sessions with people with acquired aphasia at the British Museum**

## Recognition and word retrieval

Immediately after each session, recognition accuracy was similar for both sets of handled objects, averaging 95% correct. Two weeks later, responses were numerically, but not significantly, slower. Now, accuracy was significantly better for the mixed than the familiar set (figure one).

This suggests that mixing unusual with familiar stimuli facilitated memory encoding. However, our results should be interpreted with caution as the visual similarity between handled and distractor items was not specifically controlled.

Findings relating to spoken word retrieval were inconclusive. Overall, picture naming accuracy did not improve, possibly because some participants showed variable performance across the naming baselines while others were at ceiling. Naming response times were collected, but this data proved unreliable. Closer inspection of the accuracy data revealed that two people did make significant gains in naming immediately after the handling sessions. These participants had the poorest naming scores on the baseline measures. One showed a generalised improvement in picture naming, the other a selective improvement for naming the modern-day versions of the handled objects. These gains were not maintained two weeks later.

*“Evidence suggests that object handling can have positive effects on patient wellbeing”*

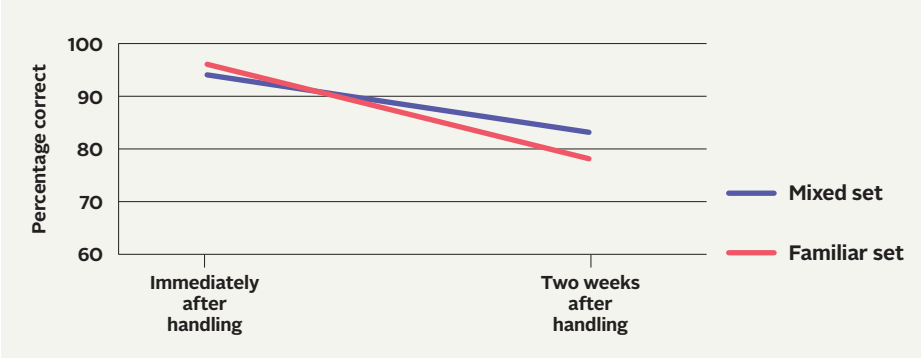
### Examples of recognition memory assessment items

| Unusual – handled                                                                 | Unusual – distractor                                                              | Old – handled                                                                     | Old – distractor                                                                  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Naming tests

| New versions of handled items                                                       | Control items                                                                       |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |
|  |  |
|  |  |

Figure one: Recognition memory accuracy for handling session objects



The questionnaire responses were positive. Participants enjoyed handling both sets of objects. However, as a group they significantly preferred their second session. This may have been because they were now familiar with the museum setting and the format of the handling sessions.

### Qualitative analysis

Qualitative analysis of responses revealed four themes: holding and experiencing objects, learning, memories and language. Some participants identified that the privilege of handling the museum objects added to the experience: “Being able to touch objects and look at them closely – normally on display.” (Participant 8)

Participants varied in the items they enjoyed handling most. Some of them enjoyed learning about the unusual objects: “So many different things – Japanese shoes. Finding out about new objects and how they’re used.” (Participant 12)

Others gained more from handling familiar objects: Teapot – “It brought back memories of when I was younger.” (Participant 8)

Some respondents made a link between the handling sessions and communication: “I hadn’t experienced touching objects before. Good for memories. Encouraged me to speak.” (Participant 3)

### A valued experience

Our findings suggest participants valued being in the museum environment and handling both old familiar and unusual objects. While testing found limited gains for spoken word retrieval, observations revealed participants engaged in enthusiastic exchanges about the objects and related experiences, often using a combination of gesture, drawing, writing and speaking.

Some modifications to the Museum’s existing programme would appear to be advantageous for people with aphasia. Offering more than one session might allow participants to gain maximum benefit. Including a mixture of old familiar and unusual objects seems to facilitate memory encoding for the objects handled in the session. Future research could usefully focus on unpicking the nature of the interactions

within the group and obtaining richer qualitative information about the experiences of those who attend the sessions.

What is clear is that most participants would recommend British Museum handling sessions to others: “You should go because it is very good.” (Participant 5)

Some participants now attend regular community previews of British Museum exhibitions, as well as visiting museums and art galleries independently. ■

**Dr Carolyn Bruce, Director of UCL Communication Clinic; Anne Edmundson, Honorary Lecturer, Division of Psychology and Language Sciences, University College London; Waiza Kadri, Specialist SLT Community Neuro Service, East London NHS Foundation Trust; Rebecca Potter, Specialist SLT, Northwick Park Hospital, North West London Hospitals NHS Trust; Laura Phillips, Head of Community Partnerships, Harvinder Bahra, Catherine Nolan, Community Partnerships Coordinators, The British Museum.**

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# Ask the experts

## Social (pragmatic) communication disorder

Professor Courtenay Frazier Norbury

Psychology and Language Sciences, University College London

Successful communication requires us to often go beyond what is explicitly stated and draw on our social knowledge and experiences to construct mutual understanding. This requires the use of both social understanding of other minds and how to read non-verbal cues and linguistic context to make inferences and resolve ambiguities.

The fact that many children have difficulties with social communication and pragmatic language skills is indisputable. However, the diagnostic status of such children has long been controversial. Social (Pragmatic) Communication Disorder (SPCD) is a new clinical diagnosis introduced in the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). SPCD shares overlapping features with previous clinical terms such as 'pragmatic language impairment' and 'semantic-pragmatic disorder', which were frequently used in clinical practice, but never formally recognised in standard diagnostic frameworks.

### Assessment

Assessment of social communication and pragmatic language is notoriously difficult, in large part because it requires at least dyadic social exchanges. The nature of social discourse is that it is dynamic and the rules of engagement are subtle

and often learned implicitly. Imposing the structure required by standardised assessment diminishes the social demands many children may find challenging.

Analysis of spontaneous communication can be revealing; non-autistic children with pragmatic language deficits are distinguished from language-impaired peers in that they violate turn-taking expectations, provide no response or pragmatically inappropriate responses to conversational overtures, and make little use of nonverbal communicative cues (see Norbury, 2014 for review). However, analysis of naturalistic conversation is extremely time-consuming and not feasible for the practising clinician. Instead, parent or teacher report of communicative competence in everyday situations may identify children with significant social communication deficits. The Children's Communication Checklist-2 (Bishop, 2003) is the most widely used instrument and can identify children for whom social communication or pragmatic language impairments are more pronounced than expected given the child's structural language skills (Norbury et al, 2004).

### Diagnostic criteria

According to DSM-5, diagnosis of SPCD requires the presence of four key symptoms: (1) difficulties using language for social purposes, such as greeting and sharing information; (2) difficulties changing language and/or communication according to the social context or the needs of the listener; (3) difficulties following rules of discourse

and narrative, for example, turn taking, topic maintenance, and using non-verbal communication cues to regulate conversation; (4) difficulties going beyond what is explicitly stated to make inferences or understand figurative language forms.

Children meeting criteria for SPCD should not meet criteria for autism spectrum disorder (ASD). In particular, children with SPCD should not have a current or a reported history of restricted and repetitive interests, behaviours, or activities (RRIBs). Bishop and Norbury (2002) investigated the extent to which children with 'pragmatic language impairment' displayed RRIBs, using a standard checklist for ASD symptoms. While these children did not, as a group, show evidence of RRIBs, the majority were rated as having stereotyped utterances and a significant minority were reported to have unusual sensory interests. Current DSM-5 criteria for ASD include sensory interests and stereotyped language as evidence of RRIBs. Thus, many of the children with pragmatic language impairment included in Bishop and Norbury (2002) may now meet DSM-5 criteria for ASD.

At present, it is unclear how far the social communication symptoms of SPCD overlap with those seen in ASD. Both groups will experience deficits in using verbal and non-verbal communication for social purpose. While deficits in pragmatic language are essential in SPCD, there is mounting evidence that within ASD, social communication deficits and pragmatic language impairments may be dissociated, and can arise from different underlying vulnerabilities. In particular, deficits in pragmatic language (inferencing, ambiguity and figurative language comprehension)

**“Assessment of social communication and pragmatic language is notoriously difficult”**



ILLUSTRATION BY Aleksandar Savić

appear to align with impairments in vocabulary and grammar. For instance, children with ASD who score within the normal range on standardised tests of language are indistinguishable from typically-developing peers on measures of pragmatic language. On the other hand, those children with ASD who have concomitant language impairments tend to have pronounced pragmatic language difficulties (see Norbury, 2014 for review). Thus, the extent to which children meet all four criteria for SPCD is currently uncertain, and may depend in part on other language attainments.

However, DSM-5 stipulates that social communication deficits are not caused by impairments in vocabulary or grammar. This is unfortunate, because clearly many children with language impairments will have deficits with aspects of social communication and pragmatic language (Norbury et al, 2004) and, as noted above, language skills may influence pragmatic language competence. Distinguishing children with language impairment from those with SPCD on pragmatic language tasks has met with little success, usually because children with language impairment perform poorly. At a group level, children with SPCD are reported to have less severe expressive language deficits, relative to peers with specific language impairment (Gibson et al, 2013). Nevertheless, it is likely that many individuals meeting inclusion criteria for SPCD may fail to meet these exclusion criteria, and thus may not be prioritised for intervention.

### Functional impact

Studies have consistently demonstrated that children with pragmatic deficits are at increased risk for developing behaviour problems (Mok et al, 2014). Similarly, assessment of children referred to tertiary child and adolescent mental health services has revealed increased rates (~30%) of previously undiagnosed social communication/pragmatic language deficit (Im-Bolter and Cohen, 2007). Children with pragmatic language deficits may also have academic challenges, particularly with regard to reading comprehension, where the ability to make inferences and resolve ambiguities is critical to understanding text (Freed, Adams and Lockton, 2015). Finally, pragmatic language deficits are associated with adverse outcomes in adulthood (Whitehouse et al, 2009).

### Intervention

The majority of intervention programmes targeting social communication skills have been developed for ASD. To date, there has been only one high-quality intervention trial specifically designed for children with SPCD. The Social Communication Intervention Project (Adams et al, 2012) is an individualised intervention approach that targets development in social understanding and social interaction; verbal and nonverbal pragmatic skills, including conversation; and language processing. In the study, 88 children with social communication deficits were randomly assigned to the intervention or treatment as usual. After 20 sessions

of intensive intervention by a highly-specialist SLT, significant treatment effects were reported for practitioner ratings of conversational competence, parent ratings of pragmatic skill and social communication and teacher ratings of classroom learning.

Unfortunately, no significant treatment effects were seen on the primary outcome measure, the Clinical Evaluation of Language Fundamentals-4 UK. This highlights once again the limitations of standardised assessment for capturing social communication behaviours. In addition, study participants were extremely heterogeneous, varying from the 3rd to the 95th percentile on all measures of structural language, nonverbal reasoning, and ASD symptomatology. Such extreme within-group differences make it difficult to discern meaningful treatment effects. At present we do not know how intervention needs to change according to the child's age or other presenting concerns. More information is needed to establish how therapeutic gains in social communication translate into improved academic performance, social relationships or mental health. These are important avenues for further investigation.

### Implications

While it is perhaps too early to accept SPCD as a distinct diagnostic entity, the focus on social communication and pragmatic language abilities should be welcomed. The need to rule out ASD (particularly presence of RRIBs) and the significant overlap between SPCD and social, emotional and behavioural difficulties indicates that diagnosis and treatment is perhaps best considered within a multidisciplinary team of which the SLT will play a key role. There is an urgent need to develop more reliable assessment tools, not only for diagnosis, but also to demonstrate reliable change in social communication behaviour over time, or in response to targeted intervention. Intervention will need to be multifaceted, incorporating social understanding and social interaction, language processing and pragmatic skills. Thus, intervention should take account of an individual child's profile of strength and need, rather than the diagnostic label. ■

For references see page 33



# Victoria & Emma Joffe & Pagnamenta

**Emma Pagnamenta and Vicky Joffe look at the future direction of research in speech and language therapy**

## What are your research priorities?

**N**ow that 2016 is upon us, it seems like the ideal time to turn our attention to the future and specifically the future of research in our field. Over recent days many of us will have taken time to reflect on how things went in 2015 and our aspirations and priorities for the year ahead. We have been doing this in terms of the research and development work of the RCSLT. We have also been taking stock of our evidence base; where the gaps are and where we need more research to support how we deliver services.

### Questionnaire responses

Over the past few months hundreds of you have contributed to our evidence-based practice 'health check' of the speech and language therapy profession by completing our online questionnaire. In doing so you were able to tell us about the gaps in evidence that impact on the service and care you are able to provide. You also told us about your ideas for future research. We will share the full results from our questionnaire in due course.

At the time of writing, very preliminary analysis of your responses indicates that most of the evidence gaps you have highlighted are around service delivery issues, with amount and intensity of therapy being common themes across a range of clinical areas. You have mentioned so many different clinical areas, reflecting the breadth of our profession and the diverse range of clinicians who have completed the survey. Interestingly, at this very early stage in our data collection, dysphagia is the most common condition you refer to.

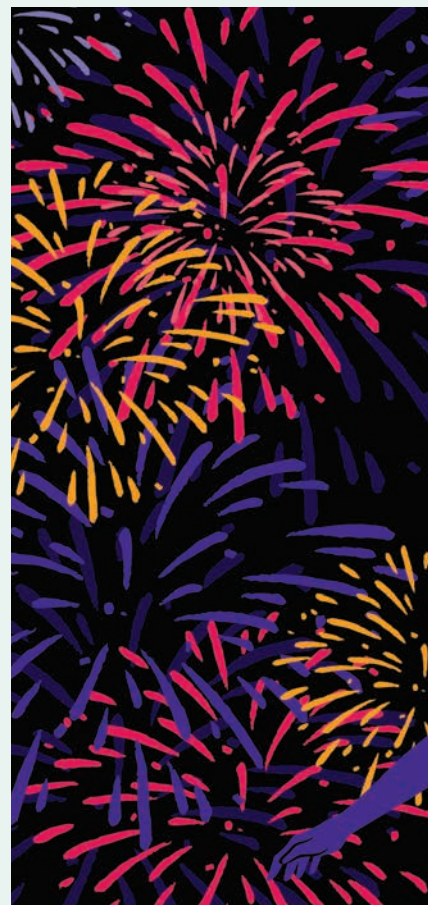
The information we have

gathered from you is absolutely critical. This year will see us working in partnership with the National Institute of Health Research (NIHR) to move on to the next stage of priority setting for new research. The survey was only the first phase of our drive to setting our research priorities. We will use these to help shape the funding agenda of research councils and other key funding agencies.

Using focus groups, we will provide more opportunities for you to engage in discussions around the evidence base in your areas of clinical practice. The engagement of service users in this prioritisation project is essential and we will also seek the involvement of patient/user organisations in this process. This will ultimately put the RCSLT at the forefront in influencing key stakeholders to commission research that you and the profession needs.

### Developing priorities

There are different approaches to developing priorities for research. All aim to use robust methods to determine clear questions that can translate easily into a research project that will set out to find an answer. For example, the Chartered Society of Physiotherapists carried out a research priority-setting exercise in 2012 (Rankin et al,



2012). This was a delphi study involving four expert panels. The outcome was a list of 57 priorities in four themes – musculoskeletal, neurology, cardiorespiratory and wellbeing. To date, the NIHR and charities have funded 25, with others leading to PhD projects.

On a smaller scale and closer to speech and language therapy was the recent research priority-setting project carried out by the Specialists in Specific Speech Impairment Network. This began with a workshop at the RCSLT 'Mind the Gap' conference in 2014 and resulted in the identification of 10 research themes, as outlined in the November 2015 Bulletin (Wren et al, 2015).

Funding bodies are increasingly looking for priorities for research developed in partnership with

*“There is a need for a coordinated approach to finding out the most important areas for future research in speech and language therapy”*

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

practitioners and patients/service users. It is widely recognised that in doing so the research of the future will have a much greater chance of making a difference to people's lives. One organisation that has been involved in setting priorities across a number of clinical areas is the James Lind Alliance (JLA). The JLA facilitates workshops to ensure patients', carers' and clinicians' voices are heard.

The RCSLT was a partner organisation in a recent JLA partnership on childhood disability (Morris et al, 2014). This gave us the opportunity to engage SLTs in suggesting research questions and choosing their top 10. Some of you reading this will remember your involvement. Suzanne Fox, head of speech and language therapy (Special Needs Service), City Hospitals Sunderland,

represented our profession on the strategic group for the project. Several questions in the final top 10, and many more in the longer list of priorities, are relevant to speech and language therapy. For example, 'To improve communication

for children and young people with neurodisability: (a) what is the best way to select the most appropriate communication strategies? And (b) how to encourage staff/carers to use these strategies to enable communication?'

Another JLA priority-setting partnership focused on dementia, with many of the questions coming out of this being applicable to our profession. For example, 'What are the most effective components of care that keep a person with dementia as independent as they can be at all stages of the disease in all care settings?' and 'What are the most effective ways to encourage people with dementia to eat, drink and maintain nutritional intake?'

## What's next?

There are clearly gaps in what has been done already and we know there is a need for a coordinated approach to finding out the most important areas for future research in speech and language therapy. You can get involved right away by:

■ Submitting your ideas for research around evaluating interventions to the NIHR online ([www.nets.nihr.ac.uk/identifying-research/make-a-suggestion](http://www.nets.nihr.ac.uk/identifying-research/make-a-suggestion)). These funding streams are available to support

research in all four UK nations.

■ Use existing research priorities to support your research proposals, applications for funding or further study.

■ Express an interest in being involved in a priority setting focus group in your clinical area of interest. Email: [research\\_centre@rcslt.org](mailto:research_centre@rcslt.org)

We have already had our first meeting with the NIHR about our research prioritisation project and are really excited about their eagerness to have us communicate the results to them and to then translate this into specific and targeted calls for funding. What a great way to start the new year. ■

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and Development. Email:  
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@emmapagnamenta;  
#rcsltresearch

You can find out more about research priorities and download a list of existing priorities relevant to speech and language therapy in our Research Centre (<http://tinyurl.com/nhgf52>)



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## Existing priority setting relevant to SLTs

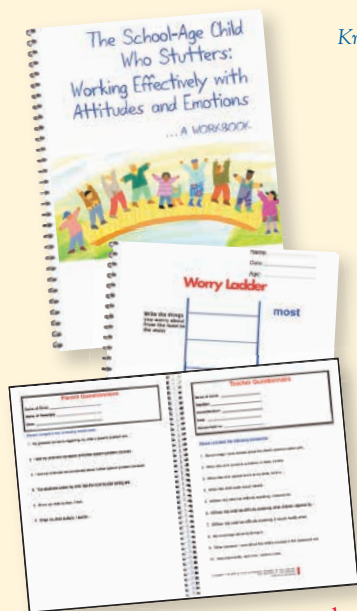
- Therapy professions in Ireland (2010)
- Therapy professions in Northern Ireland (2011)
- Autism (Pellicano et al, 2014)

## James Lind Priority-setting Partnerships (<http://www.jla.nihr.ac.uk/priority-setting-partnerships>):

- Autism (underway)
- Childhood disability (2014)
- Cleft lip and palate (2012)
- Dementia (2013)
- Mild to moderate hearing loss (2015)
- Palliative and end of life care (2014)
- Parkinson's disease (2014)
- Preterm birth (2014)
- Stroke in Scotland (2011)

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

Kristin Chmela, M.A.,  
Nina Reardon, M.S.,  
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## Applied Research in Human Communication Disorders Postgraduate Certificate / Masters Degree

This programme is designed for speech and language therapists working in child or adult services who have an interest in developing research expertise and a motivation to carry out research in their workplace. The modular programme offers full-time, part-time or flexible study building towards a Postgraduate Certificate (PGCert) or a full Masters in Research (MRes) over 1 to 5 years.

With a strong emphasis on supported distance learning as well as classroom study, the programme is designed specifically for busy professionals who wish to combine clinical work with professional development in applied research. The deadline for applications is 29th July 2016. For full details see: <http://tinyurl.com/UCL-ARHCD>.

## PhD in Language and Cognition with specialisation in Clinical Communication Science

This newly launched PhD provides an excellent opportunity for professionals working within the field of communication impairment and intervention to further develop their career. Students will join existing Doctoral students and will become part of a friendly and supportive group of professionals and researchers. Given that the majority of students on this PhD will be professionals studying part time, the programme can be arranged to fit in with working clinicians' busy schedules.

Typical students may include, but are not limited to, Speech and Language Therapists, Audiologists, Specialist Teachers, Psychologists and Occupational Therapists. To gain entry, your research topic needs to fall in the field of communication difficulty/need. For potential supervisors please see: <http://tinyurl.com/UCL-LangCog>. To be eligible for the programme applicants must normally have a Masters degree. For full details see: <http://tinyurl.com/UCL-PhDCCS>.

Current doctoral projects can be found on the website for the Centre for Speech and Language Intervention Research (CSLIR): <http://tinyurl.com/UCL-CCSprojects> (scroll down to the 'Doctoral Projects' section)

The deadline for applications is 15th March 2016.



## Our monthly look at the latest in published research

# In the journals

Send articles or publications to consider for future issues. Email: [emma.pagnamenta@rcslt.org](mailto:emma.pagnamenta@rcslt.org)

### Be aware of maternal depression

Maternal depression negatively impacts children's bilingual language development in low-income households, according to a longitudinal study.

American researchers recruited 83 English- and Spanish-speaking mothers and their children through the Head Start programme as part of a wider study on language development. Baseline measures of maternal depressive symptomatology and social support were administered, while children were assessed for receptive vocabulary and oral comprehension in both languages. Follow-up measurements and assessments were administered across a two-year period.

Findings indicated maternal depression did not significantly affect children's assessment scores at the start of the Head Start programme, but did significantly impact the growth of scores on the TVIP (Spanish measure of receptive vocabulary). Contrary to the study's hypothesis, maternal social support had no significant impact on the growth in assessment raw scores, and did not moderate the relationship between maternal depression and language growth.

The authors suggest SLTs working with bilingual and low-income families should be more aware of maternal depression and be prepared to make onward referrals.

**Reviewed by Cara Drury, SLT, East Kent Hospitals University Foundation NHS Trust**



#### Reference

Cyck L, Bitetti D, Scheffner Hammer C. Maternal depressive symptomatology, social support, and language development of bilingual preschoolers from low-income households. *American Journal of Speech-Language Pathology* 2015; 24: 3, 411-425. <http://tinyurl.com/ow5ah8p>

### Swallowing therapy

This paper evaluates individually tailored swallowing therapy combined with dietary advice in head and neck cancer patients, during and following (chemo) radiotherapy, either as a primary or adjuvant treatment.

Researchers randomised patients with controls receiving standard care, ie dietary advice alone. The experimental group included 'stretching' exercises for the jaw, tongue and larynx practised three times a day; education about swallowing; and compensatory dysphagia strategies.

The total sample was 114, with 48% of eligible patients refusing to participate. The primary outcome measure was a diet texture restriction scale. Other measures included a swallowing questionnaire and nutritional status, collected at one, three and six months post radiotherapy. On average, patients attended nine therapy sessions.

The difference between the groups was non-significant, but with a trend for less diet restrictions in the experimental group. The authors point out that in comparison to other similar studies, their sample had a higher proportion of patients having just radiotherapy alone, which may account for less dysphagia in both groups.

**Reviewed by Dr Jo Patterson, NIHR Clinical Lecturer, Macmillan SLT, Sunderland Royal Hospital**



#### Reference

Van den Berg M, et al. Normalcy of food intake in patients with head and neck cancer supported by combined dietary counselling and swallowing therapy: A randomized clinical trial. *Head and Neck* 2014 Dec. DOI: 10.1002/hed.23970. [Epub ahead of print]

### Constraint-induced aphasia therapy

Unmodified constraint-induced aphasia therapy (CIAT) can be used in subacute neuro-rehabilitation, a Danish study suggests.

Researchers aimed to investigate the effectiveness of unmodified CIAT in improving language function and communication in patients with aphasia following stroke; and its applicability in a multidisciplinary hospital setting.

They used a prospective multiple case study (A-B) design with a follow-up assessment three months after the intervention was completed. In the A-phase, standard non-intensive speech and language therapy was delivered (Standard). The B-phase incorporated Standard + CIAT but CIAT was the only speech and language therapy conducted.

Twelve participants were recruited and 11 completed the study. All participants spoke Danish and had aphasia following a stroke six months or less prior to inclusion in the study. They received CIAT in its unmodified form as group therapy for three hours a day, for 10 days.

There was a significant improvement in language scores for all stages of the study. The difference between improvement during the Standard and Standard + CIAT phases was not significant. The intensity of the CIAT presented challenges regarding fatigue, prioritisation of rehabilitation needs and logistical considerations. The authors state, "the study supports the notion that unmodified CIAT can be applied in a subacute, inpatient multidisciplinary setting."

**Reviewed by John Lancaster, Senior Lecturer, Manchester Metropolitan University**



#### Reference

Kristensen LF, et al. Constraint-induced aphasia therapy in subacute neurorehabilitation. *Aphasiology* 2015; 29:10, 1152-1163.

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

## Stammering: Basic Clinical Skills

Dynamic 2+ hour DVD demonstration of stammering therapy techniques by experts from around the world to help you work effectively with children and adults who stammer. **DVD No. 9600**



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- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

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

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## BRITISH LARYNGOLOGICAL ASSOCIATION ASSESSMENT AND DIAGNOSIS IN THE VOICE CLINIC

**Wednesday 2nd/ Thursday 3rd March 2016**  
**Queen Elizabeth Hospital, Birmingham**

### Course Organisers:

Declan Costello, Consultant ENT Surgeon, Queen Elizabeth Hospital, Birmingham  
Julian McGlashan, Consultant ENT Surgeon, Queen's Medical Centre Campus, Nottingham University Hospitals  
Sue Jones, Consultant Voice Therapist, University Hospital of South Manchester

This two day course will cover the theoretical and practical aspects of working in a multi-disciplinary voice clinic. Led by experienced Voice Clinic Teams from the UK, the content will include:

- Anatomy and Physiology
- Examination protocols and Image interpretation including demonstrations
- Investigations
- Voice measures including perceptual and acoustic
- Management of structural/neuromuscular/inflammatory and muscle tension dysphonia cases
- Botulinum toxin injections and medialisation procedures in the voice clinic
- Specialist assessments of voice including professional voice users and singing

**The course is suitable for Consultant ENT Surgeons, Surgical Trainees, Voice Specialist SLTs and SLTs training in voice.**

Cost: Consultant ENT Surgeons: £245 (BLA members £225)  
Trainees: £215 (BLA members £195)  
SLTs: £180 (BLA members £160)

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For further information please contact Jackie Ellis, Course Administrator at [jackie.ellis4@btpenworld.com](mailto:jackie.ellis4@btpenworld.com)

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

# Reviews

## BOOK

### Teenagers with cochlear implants

**AUTHORS:** Julie Mather, Diana Harbor, Angela Knowles  
**PUBLISHER:** The Ear Foundation  
**PRICE:** £11

**REVIEWER:** Joanna Hoskin, Principal SLT, National Deaf Child and Adolescent Mental Health Service

**RATING** Book ●●●●○

This package consists of a book and disc, which contains downloadable resources: the book (Teenagers with Cochlear Implants), Anger Management Programme (AMP) and Personal Understanding of Deafness (PUoD). The book outlines some issues faced by deaf teenagers. It provides information about current technology and support processes as well as information on literacy and language. It also gives case studies written by deaf young adults and suggestions for resources.

The AMP provides an outline of sessions to support teachers working on this topic with teenagers. The PUoD resource provides a framework for supporting children's understanding of their deafness from the early years through to older teenagers. This package provides lots of information and resources at a reasonable price. The book offers balanced information for teenagers with a range of needs. The AMP offers a useful starting point for anyone new to this work, usefully supplemented by other resources suggested in the book to meet an individual's needs. The PUoD resource helpfully breaks down this topic into manageable areas.

## BOOK

### Playing Games with S

**AUTHOR:** Lucy Sanctuary  
**PUBLISHER:** STASS Publications  
**PRICE:** £25

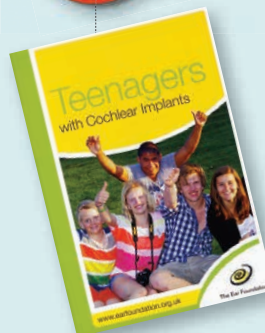
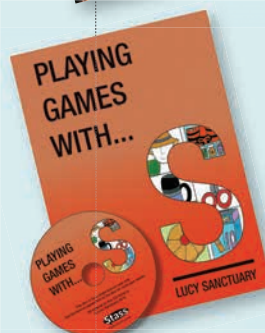
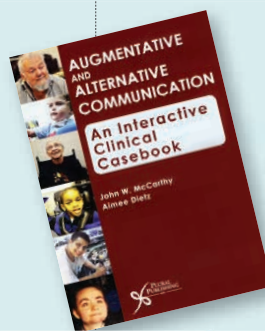
**REVIEWER:** Ellen Saunders, Dudley Speech and Language Therapy Mainstream Primary Team

**RATING** Book ●●●●○

This resource is for children aged five to 10 years old, and can be used by parents/carers, school staff and SLTs. It is a collection of 15 games aimed to help children generalise the correct production of the /s/ sound into everyday speech. Each game has clear instructions, and the accompanying coloured resources can be printed off from the CD-ROM included.

This is a nice colourful resource that is easily accessible for parents and school staff to use, and reduces resource preparation time to a minimum. I feel it is better suited to the older end of the advised age range, because some of the games require the child to have good language and memory skills in order to fully participate. Although the pictures are nice and colourful some are difficult to identify and the style of presentation appears outdated.

Each game targets the /s/ sound in all word positions (initial, medial and final), and therefore limits its target audience to children who are at the generalising level. Overall, although expensive, this is a nice resource for parents and school staff to access.



## BOOK

### Augmentative and alternative communication: An interactive clinical casebook

**EDITORS:** John W McCarthy, Aimee Dietz

**PUBLISHER:** Plural Publishing

**PRICE:** \$99.95

**PUBLISHER:** Jenna Braddick, Specialist SLT and Clinical Learning Environment Coordinator, Health Education East of England

**RATING** Book ●●●●○

This interactive casebook is an easy-to-use computer programme with a wide variety of detailed cases crossing the lifespan. It takes a holistic view of the person with each case separated into short, manageable sections with videos, photos and diagrams to break up the text.

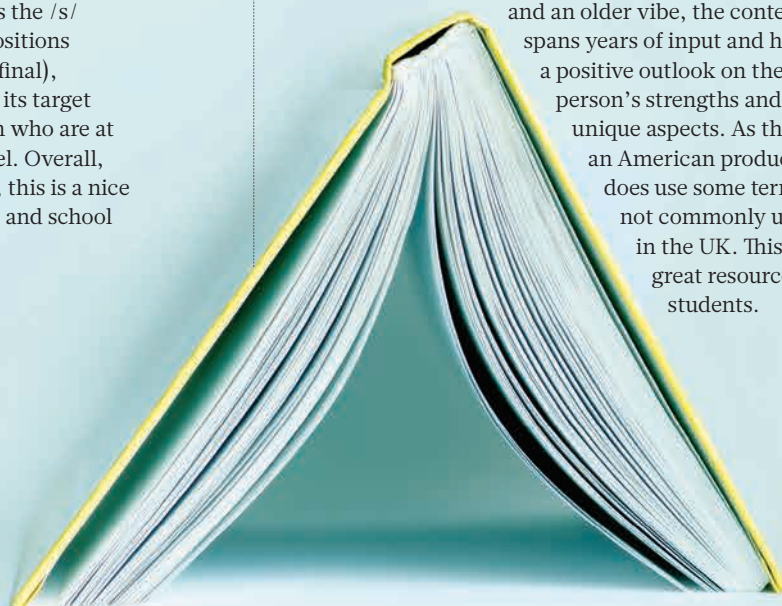
The casebook has sections for assessment, intervention, forward planning and future goals, and includes examples of both low and high tech aids. There are also explanations of disorders and plenty of background information in this detailed resource.

Although the programme itself has a fairly basic layout and an older vibe, the content spans years of input and has a positive outlook on the person's strengths and unique aspects. As this is an American product it does use some terms not commonly used in the UK. This is a great resource for students.

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# RCSLT seeks CPLOL representative

**Are you enthusiastic about engaging with the speech and language therapy profession in Europe?**

**T**he RCSLT is inviting applications for an RCSLT representative to succeed Alison Fuller on the Professional Practice Commission of the Comité Permanent de Liaison des Orthophonistes-Logopèdes de l'Union Européenne (CPLOL), the federation of EU professional associations for speech and language therapy. The successful applicant will work with the RCSLT's second representative, Dr Hazel Roddam.

## Are you:

- Enthusiastic about engaging with the speech and language therapy profession in Europe, and have a willingness to develop a greater understanding of the European issues?
- Self-motivated and have a positive commitment to the profession, to members, to clients and to promoting the work of the RCSLT?
- Experienced in working on projects to embed or improve standards in practice or education?
- Willing to travel to meetings in European cities and to the RCSLT for meetings when required?

- Able to present views, ideas and plans logically and cogently at senior level meetings and in writing?
- Able to communicate clearly and fluently in French (desirable rather than essential)?

## Do you:

- Have an excellent understanding of the evidence supporting the work of the SLT professional practice?
- Have good knowledge of RCSLT policies, strategies and work and/or are enthusiastic about getting to know our work?

## A brief introduction to CPLOL

CPLOL formed in 1988 to provide a forum to discuss collaboration between SLT associations at an international level, including the professional profile, charter of ethical practice and an analysis of professional SLT education across Europe. The RCSLT was one of the founder members and continues to be one of the three largest member organisations. By October 2010, CPLOL had grown to incorporate 32 associations from 29 countries. The aims of the founder members included to

- Harmonise professional statutes.
- Support the evolution of training.
- Encourage reciprocal exchanges of

research and clinical knowledge.

- Harmonise standards for the profession at European level.
- Represent member states professional organisations to the political, parliamentary and administrative authorities at European level.
- Consider and respond to EU directives regulating the movement of professionals within the member states.
- Monitor professional standards.
- Provide assistance to member organisations.
- Organise European scientific congresses.

These original aims have been updated into a new strategic framework.

The benefits from RCSLT's active engagement include:

- Raising the international profile of the RCSLT.
- Improved European integration.
- More collaboration.
- Access to EU grants information.
- Active involvement in European-wide projects.

## About the role

This role and all the associated work, plus attendance at the six-monthly meetings, is unpaid. You will need to supply evidence of support from your employer to undertake this role. Interviews will take place in February.

We will notify the successful candidate by 1 April 2016 at the latest and they will attend next CPLOL Commission meeting in Athens on 26-29 May 2016 for essential induction and handover from the outgoing delegate.

The CPLOL General Assembly (GA) takes place every three years, and each of the RCSLT's two representatives is expected to serve a minimum of one three-year term, to assure continuity in attendance throughout the mandate of each GA. However, it is highly recommended that each representative serves two terms, with only one changing at a time. This is to minimise the risk of having two new representatives starting at the same time and is required to optimise continuity and coherence of the delegate function. ■

.....  
**For more details about this key representative role or to apply, email: [dilnaz.gorwala@rcslt.org](mailto:dilnaz.gorwala@rcslt.org). Closing date for applications: 2 February 2016.**  
 .....

**Travel and out of pocket expenses are reimbursed, but there is no payment for attending the meetings**



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

# Obituary

**Lesley Tierney**

**1960 – 2015**

Following a short battle with cancer, Lesley died in June 2015. Her diagnosis in October 2014 came as a shock to all who knew and loved Lesley. She was a thoughtful and compassionate person who was passionate about her role as an SLT and the difference she could make to the lives of those she worked with.

Lesley graduated from Queen Margaret College in Edinburgh with a BSc in Speech Pathology and Therapeutics in 1981. She began her career in speech and language therapy as a Generalist SLT in Nottingham Health Care Trust. During her career she developed her specialisms within the field of adult learning disability, mental health and dysphagia, and was a co-founder of the Trent Region Learning Disability Specific Interest Group.

Lesley joined the speech and language therapy team at Rampton Hospital in 1998, and in the 17 years she worked within the service she touched the lives of many different patients and staff across the hospital.

She was known for being passionate about her work, particularly within the learning disability services. She advocated for the patients that she worked with and

was committed to helping individuals who often found it difficult to communicate effectively with others.

Lesley was also known across Rampton Hospital for her work in the area of dysphagia. She completed her MSc in dysphagia in 2013 and was extremely proud of this achievement. Lesley worked hard to raise awareness of the difficulties with eating and drinking that some of the patients at Rampton might have, at a time when people's understanding of the issue was limited. Her huge knowledge and skills in working with these patients is a massive loss to the team.

From September 2012, Lesley also began to work within Calverton Hill and Hazelwood House, both run by Partnerships in Care (PiC), as part of a service level agreement. She established a speech and language therapy service within those units and spent time developing the role of SLT assistants.

The impact of Lesley's contribution to the services she worked in was recognised when the speech and language therapy team in Hazelwood House and Calverton Hill won an award for working practices in



the PiC Staff Excellence Awards last summer (2014).

On a personal level, Lesley was supportive, a great listener, and we shared lots of laughs. Every one of us who knew Lesley and worked alongside her will remember her with great affection. However much you like your work, it's the people that you meet in it that really matter. I know I speak for all of us in the speech and language therapy team when I say how very much Lesley is missed and how glad we are that she was part of our team.

**Eve Baird, SLT and Patients Library Manager, Rampton Hospital**

*“Every one of us who knew Lesley and worked alongside her will remember her with great affection”*



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## JANUARY CEN NOTICES CLINICAL EXCELLENCE NETWORKS

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

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

### South East and London CEN

**29 January**

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

### North West Voice CEN

**2 February**

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

### North West Aphasia CEN

**8 February, 10am – 4pm**

'Treatment outcome in aphasia rehabilitation'. Keynote speech: Professor Pam Enderby. Followed by Treatment Outcome Measures practical workshop. Agenda TBC. University of Manchester, Room 2.218, University Place, Oxford Road, Manchester M13 9PL. Members £20; non-members £30; annual membership £15.  
Email: [helen.lawton@postgrad.manchester.ac.uk](mailto:helen.lawton@postgrad.manchester.ac.uk) or book directly: <http://tinyurl.com/pwvckve>

### National Transgender Voice and Communication Therapy CEN

**19 February, 10am – 5pm**

Inaugural meeting and CPD event: Therapy skill sharing and developing as gender specialists. Gender Identity Clinic, London W6 8QZ. £20 only as a first event. Spaces limited to 40. To book, email: [matthew.mills@wlmht.nhs.uk](mailto:matthew.mills@wlmht.nhs.uk)

### North West Special School CEN

**22 February, 9am – 12pm**

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

### National CEN in Disorders of Fluency

**24 February, 10am – 4.30pm**

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

### South West Brain Injury CEN

**14 March, 11am – 4pm**

'Brain injury case studies: the challenges of working with clients with mental health and other presentations' £4. Head Injury Therapy Unit, Frenchay Beckspool House, Bristol. To reserve your place, email: [adenman@natstar.ac.uk](mailto:adenman@natstar.ac.uk)

Continued from page 23...



### References & resources

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# Appointments

## An exciting opportunity to participate in a national parent-child intervention research study



We are recruiting 6 full time posts across 3 sites: Greater Manchester/North East England/London (2 at each site)  
The post, funded by the Department of Health, is at NHS Band 7 (fixed term contract for 33months)

**PACT-G is a large randomised control trial of an intervention programme for preschool and school aged children with autism and their parents and teaching assistants. The treatment will involve fortnightly sessions (at home and at school) over a period of 10 months.**

**Each site will have a senior research clinician who will support and supervise the research speech and language therapists. The treatment is coordinated across the 3 sites and therapists will be required to attend meetings at other treatment locations for training and for meetings.**

Applicants will be trained on the treatment protocol and procedures for maintaining compliance with treatment guidelines. Research therapists will need to make home and school visits and to liaise with local education and NHS staff.

Applicants should have at least 3 years experience in paediatric speech and language therapy, preferably in the field of learning disability and/or autism. This would be an ideal opportunity for a clinician wanting to gain experience of research.

**The post is available to start in May 2015 for 33 months**

### Informal discussion and applications to:

#### Greater Manchester:

Dr Catherine Aldred, Consultant Speech and Language Therapist, Child and Adolescent Psychiatry, The Tree House, Stepping Hill Hospital, Poplar Grove, Stockport, SK2 7JE. Tel: 0161 419 2053, Catherine.Aldred@nhs.net

#### North East England:

Dr Vicki Grahame, Consultant Clinical Psychologist, Complex Neurodevelopmental Disorders Service (CNDS), Walkergate Park, Benfield Road, Newcastle upon Tyne, NE6 4QD. Tel: 0191 287 5260, victoria.grahame@ntw.nhs.uk,

#### London:

Dr Vicki Slonims Applications to the Vicky Slonims, Senior Consultant Speech and Language Therapist Evelina London Children's Hospital, Children's Neurosciences Centre, Newcomen Centre at St Thomas' Staircase D South Wing, St Thomas Hospital, Westminster Bridge Road, London SE1 7EH.  
Tel: 020 7188 6238, vicky.slonims@gstt.nhs.uk.

To apply, please send a CV, covering letter and completed application form for the relevant department at the contact details above according to the location base.

### Closing date for applications: 25 January 2016.

Interviews will be held in the week starting 1 February 2016 in Manchester and Newcastle and 8 February 2016 in London

Northumberland, Tyne and Wear   
NHS Foundation Trust



Central Manchester University Hospitals   
NHS Foundation Trust

## MOOR HOUSE SCHOOL & COLLEGE

### Speech and Language Therapist

Full Time Permanent | Salary: AFC band 5

**Moor House School & College is an Outstanding specialist school for students with significant speech, language and occupational therapy needs. The School provides a differentiated mainstream curriculum to residential and day students age range 7-19. Less than an hour away from Central London, the School is located in a beautiful setting on the Kent and Surrey borders.**

We are seeking a therapist with demonstrable interest in SLI. The suitable candidate will join a large, established Therapy Team. CPD and research opportunities are considered vital to the provision of a high quality service, and these are actively encouraged.

If you are an NQP therapist you will benefit from weekly supervision sessions and support to complete your NQP framework.

HCPC and RCSLT registration are essential.

To express your interest please contact Nataša Maric, Head of Therapy on 01883 712271

Closing date for applications: Monday 25 January 2016  
Interview date: Week commencing Monday 1 February 2016

Please visit our website to download further information including an application form. <http://www.moorhouseschool.co.uk>

Completed applications should be emailed to:  
[jobs@moorhouseschool.co.uk](mailto:jobs@moorhouseschool.co.uk)

*The School is committed to safeguarding and promoting the welfare of the children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure and Barring Service.*



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For the best SLT jobs visit [mediplacements.com](http://mediplacements.com), call us  
on 0845 230 6666 or email [speech@mediplacements.com](mailto:speech@mediplacements.com)



**Preston School**  
A Business & Enterprise Academy

Required as soon as possible

## SPEECH, LANGUAGE AND COMMUNICATION THERAPIST

**Fixed term contract:** ends 20th July 2016

**Times:** 20 - 37 hours per week

**Salary:** £22,212 pa (comparable to NHS Band 5)

Preston School are looking to recruit a speech and language therapist to provide high quality assessment and therapy for students with SLCN. This post is to supplement the services provided by the NHS. This role will also be key in ensuring all staff have a high level of knowledge and understanding of SLCN and the barriers to learning and progress that these needs can present. This post will be based within Preston Student Support team, working with students with speech, language and communication difficulties. This is an exciting opportunity for a qualified speech, language and communication therapist to join our successful SEN department to ensure that all students with SLCN make progress and achieve their full potential.

Applications are welcome from both newly qualified SALTs and those with experience. Clinical supervision can be provided if appropriate/required.

2 references will be required along with Disclosure from Criminal Record Bureau and medical history check.

**Please apply by downloading the application form from the school's website, [www.prestonschool.co.uk](http://www.prestonschool.co.uk). Return the completed form together with a covering letter addressed to Gregg Morrison, Principal and send to [SThorne@educ.somerset.gov.uk](mailto:SThorne@educ.somerset.gov.uk)**

**Closing date: 9am, Monday 18th January 2016**

**SpeechLink**  
MULTIMEDIA LIMITED

Are you a creative  
Speech and Language Therapist  
who enjoys a challenge?

If you have at least two years' experience working in primary schools and have an interest in creating training courses for teachers and teaching assistants, then we would like to hear from you.

The post is varied and challenging and will involve delivery of training and creation of courses both online and face to face.

We are based in Canterbury, Kent.  
Salary negotiable 0.5 WTE for 1 year.

Full job description at [www.speechlink.info/workforus](http://www.speechlink.info/workforus)

Questions or full CV and covering letter to:  
[judith.mcmillan@speechlink.co.uk](mailto:judith.mcmillan@speechlink.co.uk)

## SPEECH AND LANGUAGE THERAPIST

Required as soon as possible

Full time Band 5 £21,692 – £28,180 + Outer London Weighting Trinity School is a 4-19 year special school for students with MLD, SLD, PMLD and Autism.

We are committed to the development of quality learning and communication opportunities. This is an ideal opportunity for you to develop your skills in working with children with a range of learning disabilities with associated complex needs. You will work alongside experienced therapists with additional specialist support. Our dynamic and enthusiastic communication team works as an integral part of the whole school and is seeking a new team member.

You should be prepared to work as part of the whole school team, be innovative, flexible and passionate about this area of work. You must be registered with the HCPC and RCSLT.

You should have an interest in or some experience of:

- Children with complex communication difficulties
- Learning difficulties
- Profound and Complex Learning Difficulties
- Dysphagia
- The implementation of AAC and PECS

We can offer professional supervision from the Speech and Language Therapy Manager, a highly supportive team of teachers and co-educators, an environment that values language and communication skills and the expertise of our SLTs, support for CPD, training and development opportunities, pension scheme and a health scheme.

Visits to the school are both welcomed and encouraged by appointment. Please contact Erna O'Neil on 020 8270 1601 to arrange an informal visit.

An application pack is available by contacting Whitney Johnson on 020 8724 1703 or emailing [wjohnson@trinity.bardagelea.org.uk](mailto:wjohnson@trinity.bardagelea.org.uk)

Closing date: 3.30pm Monday 18th January 2016  
Additional information about the School can be found at [www.trinityschooldagenham.org.uk](http://www.trinityschooldagenham.org.uk)

*Trinity School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment. A criminal record check via the DBS will be undertaken for the successful candidate. This post is exempt from the Rehabilitation of Offenders Act and a comprehensive screening process, including a disclosure check will be undertaken on all applicants.*



*West Heath School is an Independent SEN residential School with Charity status. We provide a therapeutic learning environment for children aged 10-19 who have suffered some form of trauma and are unable to access main stream education. We believe in "rebuilding lives through education" developing life skills and encouraging students to enjoy social activities. The School is set in 35 acres of park land in Kent.*

## Speech & Language Therapist

**Salary: £21,000 to £25,000 p.a.**  
**Full Time/Part Time - Term Time only**

We are able to offer the opportunity for a newly qualified or an experienced therapist interested in specialising, to work within our multi-disciplinary HEART (Health Education and Revitalising Therapists) team. This active department receives excellent support from school staff and senior management and provides opportunities for working with students who the majority have a statement of special educational needs.

Successful candidate will be subject to an Enhanced DBS check and subscribe to the Updating Service.

If you would like to find out more about our school, plus application form and JDs please visit the website [www.westheathschool.com](http://www.westheathschool.com) or contact [lynne.mcgrath@westheathschool.com](mailto:lynne.mcgrath@westheathschool.com) if you have any questions.

**Closing date for applications is 29 January 2016**

*The School is committed to safeguarding and promoting the welfare of children and young adults*



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

## Speech and Language Therapists



**KAM Children's Speech and Language Therapy is an independent paediatric Speech and Language service working within mainstream schools and the community across Wirral, Liverpool and Chester.**

We are looking to employ two enthusiastic band 5/6 equivalent (dependant upon experience) SLT's to join our growing team. One post is 3 days a week with the other post being full time.

- Car owner and driver essential.
- Regular supervision sessions will be provided.
- Access to regular training opportunities with a CPD budget
- Access to a wide range of resources.
- Permanent contract

**For more information or to apply please e-mail your CV to [info@kamcslt.co.uk](mailto:info@kamcslt.co.uk)**

**The Beckmead Family of Schools is looking for a Speech and Language Therapist for 2 days a week for the Chaffinch Brook site on Morland Road in Croydon, which caters for 36 ASD/SCD KS1-2 pupils who present with challenging behaviour.**

The successful candidates will already be an excellent therapist with a commitment to fulfilling the needs of pupils experiencing behavioural, emotional or learning difficulties, and social communication difficulties including ASD. Excellent teamwork and communication skills are vital. Applications are welcomed from therapists who have an energy and passion for working with children with complex needs.

For an application pack please call Mrs Pam Ram on 02087779311 or email [recruitment@beckmead.croydon.sch.uk](mailto:recruitment@beckmead.croydon.sch.uk)

Short listing - 10th January 2016  
Interviews to be held - 11 & 13 January 2015



BECKMEAD SCHOOL

# WOULD YOU LIKE TO ADVERTISE HERE ?

To place an advertisement please contact  
Philip Owusu-Darkwah:  
**020 7880 6215** or  
[philip.owusu-darkwah@redactive.co.uk](mailto:philip.owusu-darkwah@redactive.co.uk)



**bulletin**



**Band 5 Speech and Language Therapist**  
**Full time** - (Maternity cover) April 2016 start

**Band 5 Speech and Language Therapist**  
**Part time** - (3 days) permanent for immediate start

The school, rated "Outstanding" by Ofsted, caters for boys aged 8-18 who, in spite of their ability, are not achieving as they should because of a specific learning difficulty. More House has a happy and supportive atmosphere which encourages boys to thrive. There are 450 on roll.

We are seeking two enthusiastic and adaptable Speech and Language Therapists for our Learning Development Centre (LDC). The successful candidates must have a degree in Speech and Language Therapy and be HCPC registered.

For an application pack, please contact the Headmaster's PA, Mrs Secker-Barker at [hr@morehouseschool.co.uk](mailto:hr@morehouseschool.co.uk) or T: 01252 792303  
**Closing Date for applications 5pm Monday 25th January 2016**  
With interviews expected to be held Monday 1st February 2015

*More House School is firmly committed to safeguarding children. Applications will be subject to an enhanced DBS check and satisfactory references.*

# SPEECH AND LANGUAGE THERAPIST

**44hrs per week TTO/consolidated**  
Salary: £35,879-£39,401 per annum

**St. Elizabeth's is a specialist Centre in Hertfordshire for adults and children with epilepsy, learning disability and/or complex health needs.** We are seeking a dynamic Speech and Language Therapist to join our established multi-disciplinary team working in our residential special school. We have recently achieved Children's Home status and we are seeking an enthusiastic and innovative SLT. The role requires a flexible, professional approach while maintaining a sense of fun. The SLT will engage with pupils and students, developing and delivering a high quality and effective SLT service across the school, to ensure a Total Communication environment.

The candidate should have at least two years post graduate experience, post graduate training in dysphagia, and a practical knowledge of AAC. The position requires someone passionate about facilitating young people to achieve their full potential and maximum independence. This would need a SLT with experience working with children with autistic spectrum disorders and SLCN. The post holder will link with our friendly multi-disciplinary team which provides therapy across the Centre

The post holder will:

- Provide a clinical service to children in their academic and residential settings.
- Provide a clinical dysphagia service (with supervision if required)
- Carry out assessments and target setting.
- Contribute to annual and transition reviews.
- Be involved in supervising students on clinical placements
- Have experience of supervising therapy assistants.
- Be involved in staff training.

HCPC and RCSLT registration is essential.



**Closing date: 18 January 2016 | Interviews: 27 January 2016**

For further details and to apply on-line [www.stelizabeths.org.uk](http://www.stelizabeths.org.uk)

St Elizabeth's Centre is committed to safeguarding and promoting the welfare of all children and adults who use our services and expects all staff to share this commitment. All posts are subject to enhanced DBS clearance. We are an equal opportunities employer committed to diversity and we welcome applications from all parts of the community. Registered Charity 1068661



INVESTOR IN PEOPLE



## QUICK LOOK DATES

### Various dates

#### Talking Mats training

Explore the potential of this powerful communication framework: Stirling, 28 January and 25 February; Online, 12 January – 5 April; Newcastle, 22 January; London, 12 February; Stirling Seminar, 4 March; Accredited, 10-11 March; Stirling, 15 March and 19 April; North West, 21 April; London, 9 June; London Seminar, 10 June. For more information, visit [www.talkingmats.com](http://www.talkingmats.com), email: [info@talkingmats.com](mailto:info@talkingmats.com), tel: 01786 479 511

#### Picture Exchange Communication System (PECS)

Level 1 workshops – Brighton, Glasgow, Peterborough, Bristol, Manchester, Newcastle, Oxford and Southampton. Transitioning from PECS to Speech Generating Devices – Glasgow and Birmingham. SoSAFE! Social and Sexual Safety Training – Peterborough, Oxford, Belfast and Plymouth. Visit: [www.pecs-unitedkingdom.com](http://www.pecs-unitedkingdom.com), tel: 01276 609 555

#### 1-2 February, RCSLT London; 10-11 March, Ramada Hotel Salford Quays; 26-27 May; 14-15 November, RCSLT London

#### Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 1-4 February, Edinburgh

#### Johansen IAS provider training course

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

#### 4-5 February, RCSLT London; 7-8 March, Salford; 23-24 May, London; 17-18 November, London

#### Elklan total training package (TTP) for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 8 February, London

#### Prioritisation and assertiveness for recently-qualified SLTs

Develop strategies for managing your time, and practise key assertiveness skills highly relevant in range of situations (attending an interview, working with clients, communicating with your manager/supervisor and contributing to an MDT meeting). £60. Email: [cathinka.guldborg@citylit.ac.uk](mailto:cathinka.guldborg@citylit.ac.uk), tel: 020 7492 2569

#### 8-9 February; 17-18 November, RCSLT London

#### Elklan total training package for verbal children with ASD

REVISED course equips SLTs and teaching advisers to provide practical, accredited evidence informed training

to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 11 February and 18 March, RCSLT London

#### smiLE therapy training stage 1 and stage 2

NEW courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Visit: [www.smile-interaction.com](http://www.smile-interaction.com). Stage 1 training: 22 Jan/18 Mar/28 April. Stage 2 (Day1): 11 Feb/ 29 April/20 May. Stage 2 (Day2): 8 July. Email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

#### 24 February, The Ear Foundation

#### Home supporting: Leave the toys in the car

Explore ways parents can be supported to develop techniques and strategies for developing spoken language through listening by 'leaving the toys in the car'. £85. [susanna@earfoundation.org.uk](http://susanna@earfoundation.org.uk)



#### 25 February, RCSLT London

#### The Therapy Outcome Measure (TOM) one-day training workshop

With Professor Pam Enderby. £175 (check event listing in the CTN website for discounts for RCSLT members). For further details and to book visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

#### 25-26 February, The Bobath Centre London

#### Introductory Bobath course for SLTs

Tutor: Yolanda Broek (Senior SLT Tutor). A two-day course for SLTs on the Bobath approach to assessment and treatment of children and babies with cerebral palsy. £380. Full course description and booking, visit: [www.bobath.org.uk](http://www.bobath.org.uk), email: [training@bobath.org.uk](mailto:training@bobath.org.uk) or tel: 020 8444 3355 (contact Abby)

#### 25-26 February

#### Nasendoscopy training for SLTs on speech and velopharyngeal function

This three-day course will provide comprehensive theoretical and practical training for SLTs. Will illustrate how SLT nasendoscopy clinics can be introduced, integrated and established as a service. Contact: ICH Events at [info@ichevents.com](mailto:info@ichevents.com) or [www.ichevents.com](http://www.ichevents.com)

## BOOK YOUR QUICK LOOK DATE TODAY

Contact **Beth Fifield** to book:  
Tel: 020 7324 2735 or email: [beth.fifield@redactive.co.uk](mailto:beth.fifield@redactive.co.uk)

## 25-26 February, Friends' Meeting House Manchester

### DIR/Floortime two-day introduction course

The developmental, individual-differences, relationship-based model is a comprehensive, family-centred model of intervention for children and adults with disorders in relating and communicating, including autism. Course will explore how tailoring our warm, affective interactions to a child's sensory and communication profile supports children to become more regulated, engaged interactors and more complex thinkers. £195. <https://dir-floortime-manchesterfeb16.eventbrite.co.uk>; [www.connectingthroughplay.org](http://www.connectingthroughplay.org)

## 26 February, University Hospital of South Manchester

### Introduction to CAPE-V Perceptual Analysis Scheme

Workshop-based course will cover the process of using CAPE-V in clinical practice. Further aim of the day is also to develop a robust approach to training and skill maintenance in perceptual analysis in UK SLT practice. £20. Tel: 0161 291 2864, email: [SLTCourses@uhsm.nhs.uk](mailto:SLTCourses@uhsm.nhs.uk)

## 26 February, Gatwick Hilton Hotel

### How to do cognitive rehabilitation workshop

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

## 29 February and 1 March, St George's Hospital Tooting

### The Wolfson Neurorehabilitation Centre approach to working with cognitive communication disorder

Two-day programme of teaching and workshops for SLTs working with adults. A practical and interactive course covering assessment, rehabilitation and management along the patient pathway from acute to community settings. £200. For application forms and details contact Daniela Rianjongdee, tel: 020 8725 4091, email: [Therapies.Courses@stgeorges.nhs.uk](mailto:Therapies.Courses@stgeorges.nhs.uk)

## 1 March, Bromley

### Babies and toddlers with cochlear implants

Exploring the practical issues around the use of cochlear implants and ideas to develop good communication ensuring 'a sound start'. Buy one place for £85; get a second for £10. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

## 4 March, The Ear Foundation

### Early Literacy Development: The pre-school years

NEW COURSE with Professor Connie Mayer. How do we build the foundation skills for long-term literacy success? Strategies and practical ideas for use with under-fives. £85. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

## 7-8 March (with optional day TTP for 0-3s on 9 March), Salford

### Elklan total training package for 3-5s, Salford Quays

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in Early Years settings from 0-5 years. Teacher/therapist teams welcome. £470 pp for under 5s two days; £670 for all three days. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## 7-8 March, Ramada Salford Quays; 23-24 May, Intuition Southwark London; 14-15 November, RCSLT London

### Elklan total training package for 11-16s

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

## 7-11 March, Imperial College London

### Laryngectomy: Surgical voice restoration

Presented by leading experts, this unique advanced level programme for SLTs working with laryngectomy patients (standard and extensive surgical reconstruction) includes communication and swallowing rehabilitation, emphasising surgical voice restoration. Specifically it will focus on problem solving post laryngectomy – videofluoroscopy, air insufflation, Botox and Candida management. Visit: [www.imperial.ac.uk/cpd/svr](http://www.imperial.ac.uk/cpd/svr) or contact Eva Moreno at the Centre for CPD on +44 (0)20 7594 46885, email: [cpd@imperial.ac.uk](mailto:cpd@imperial.ac.uk)

## 9 March, Salford

### Elklan total training package for 0-3s

One-day course for existing Elklan tutors. Equips SLTs and teaching advisers to provide practical, accredited evidence-informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. Only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## 9-10 March, Salford; 26-27 May, RCSLT London

### Elklan total training package for children with complex needs

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

## 11 March, Salford; 1 November, London

### Elklan Let's Talk 5-9s tutor training pack

Designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for 5-11s'. £235 per person. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## 11 March, Salford; 1 November, London

### Elklan Let's Talk Together tutor training pack

Designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of verbal children with autism aged four to 13 years. Participants must have successfully completed the

Elklan Level 3 award, 'Speech and language support for verbal children with ASD'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## 11 March, Salford; 1 November, London

### Elklan Let's Talk with under 5s tutor training pack

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and Language Support for under-fives/0-3s'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## 18 March, Oliver Zangwill Centre Ely Cambridgeshire

### Can you believe your eyes? Understanding visual spatial difficulties after brain injury

Presenters: Professor Barbara Wilson, Dr Andrew Bateman and Dr Tom Manly. Perception is the process of integrating information we receive from our senses, or in other words, making sense of what we see, hear, touch, smell or taste. Adequate sensory functioning is a prerequisite for normal perception but impairment at the sensory level cannot be described as a perceptual problem. £125 pp. Email: [courses@ozc.nhs.uk](mailto:courses@ozc.nhs.uk) or tel: 01353 652 165

## 8-9 April, Gatwick Hilton Hotel

### Insight workshop

Two-day interactive workshop is suitable for professionals working with adults who have insight problems following brain injury. £175. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: [www.braintreetraining.co.uk/i\\_spf.php?id=53](http://www.braintreetraining.co.uk/i_spf.php?id=53)

## 11 April, Birmingham

### Cervical auscultation course

Run by Quest Training. A practical, skills-based course. £138.50. Further information from [www.quest-training.com](http://www.quest-training.com) or contact Jo Frost, tel: 07904 981 462, email: [jofrost29@gmail.com](mailto:jofrost29@gmail.com)

## 12-14 April, London

### Hanen's It Takes Two to Talk certification workshop

Shows 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. 22 CPD hours. Visit: [www.hanen.org/ITTWorkshop](http://www.hanen.org/ITTWorkshop), email: [info@hanen.org](mailto:info@hanen.org)

## 15 April and 24 June, London Southbank University

### Bridges self-management open workshops

Enhance your self-management support using Bridges approach and tools for people post stroke, TBI and with long-term conditions through this two-stage training (attendance at both dates required for certification). £290 pp + VAT. Full flyer and booking at: [info@bridgesselfmanagement.org.uk](mailto:info@bridgesselfmanagement.org.uk)

## 23 April, Aston Business School Birmingham

### NAPLIC conference and AGM

Exploring how spoken language underpins progress in literacy. Keynotes: Professors Maggie

Snowling and Dorothy Bishop. Practitioner presentations and exhibition. Early bird booking rates available. Members from £95. Non-members welcome. Visit: [www.naplic.org.uk](http://www.naplic.org.uk), email: [carol.lingwood@btpenworld.com](mailto:carol.lingwood@btpenworld.com), tel: 01273 381 009

## 6 May, City Lit London

### Stammering pride and prejudice

One-day conference with UK and international speakers exploring stigma and implications of social model of disability for stammering therapy with children and adults. £25 early bird/£35. Email: [speechtherapy@citylit.ac.uk](mailto:speechtherapy@citylit.ac.uk), tel: 020 7492 2578

## 9-10 May, RCSLT London

### Elklan total training package for vulnerable young people

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

## 16-18 May, Wirral (Liverpool)

### Hanen's More Than Words entry-level workshop

Fulfil the key criteria for effective early intervention for children with autism. Learn how you can involve parents to facilitate their child's social and communication skills in everyday contexts. Now open to SLTs with no previous Hanen training. 22.5 CPD hours. Visit: [www.hanen.org/MTWorkshop](http://www.hanen.org/MTWorkshop), email: [info@hanen.org](mailto:info@hanen.org)

## 21-22 June, RCSLT London

### TalkTools Level One

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

## 23-24 June, RCSLT London

### TalkTools Level Two

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

## 24-25 June, National Hospital for Neurology and Neurosurgery, London

### LSVT LOUD training and certification workshop

A two-day programme designed to train SLTs in an evidence-based voice treatment for adults and children with motor speech disorders, with a specialty in Parkinson disease. Professionals £450; students £250. Email: [info@lsvtglobal.com](mailto:info@lsvtglobal.com), visit: [www.lsvtglobal.com](http://www.lsvtglobal.com)

## 2-3 November, RCSLT London

### Elklan total training package (TTP) for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence and informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)



# Mark Jayes

OCCUPATION: SLT, HEE/NIHR CLINICAL DOCTORAL RESEARCH FELLOW

*“Staff need different kinds of support and a range of tools to help them assess capacity”*

Speech and language therapists have a key role to play in mental capacity assessment. Our expertise in communication assessment and facilitation means we are ideally placed to champion and support the needs of people with communication difficulties during the assessment process (Zuscak, Peisah and Ferguson, 2015). This group is particularly vulnerable because capacity assessors without specialist knowledge may make assumptions about decision-making ability based on inaccurate perceptions of communication abilities (Savage, 2006; Stein and Brady Wagner, 2006).

Like many SLTs, I find mental capacity assessment complex and challenging. This led me to apply for funding to carry out research in order to improve practice in this fascinating area. In 2013, I received a Health Education England/National Institute for Health Research Clinical Doctoral Research Fellowship to develop and evaluate a tool to support multidisciplinary hospital staff to assess mental capacity. The fellowship scheme provides funding for allied health professionals to become future clinical research leaders by developing their clinical, research and leadership skills while carrying out a clinically-focused PhD research study.

The development phase for the support tool is almost complete. I have adopted user-centred design methods to ensure the finished product is responsive to users' needs. Focus group interviews with multidisciplinary staff suggest staff need different kinds of support and a range of tools to help them assess capacity. Therefore, the tool has become a toolkit, known as the Mental Capacity Assessment Support Toolkit (MCAST).

The MCAST includes three components. The first is a generic support tool to help staff to plan and carry out high-quality



assessments in line with the Mental Capacity Act (2005). The second is a communication screen to enable non-specialist staff to identify patients with communication needs and decide how to support these needs. Depending on the outcomes from the screen, staff are guided either to refer patients to speech and language therapy for specialist assessment or to use a number of strategies to support patients to understand and express themselves during the capacity assessment.

The third component is a pack of communication resources staff can use to support patients to make decisions related to treatment options or discharge arrangements. These resources include photographs, words and sentences written in simplified language, corresponding to different topics identified by staff (for example, mobility, eating and drinking). The resources have been developed using evidence-based content and design principles and with the generous collaboration of people with communication disorders and their carers.

I plan to evaluate the MCAST next year by recruiting staff to use the toolkit when they carry out assessments for hospital patients with diagnoses of stroke or dementia. Data will be collected to determine if using the MCAST helps staff to be more compliant

with the Mental Capacity Act (2005) and feel more confident about assessing capacity. I will ask staff and patients what they think of the toolkit in order to check that it is easy to use and its contents are helpful and acceptable.

So far, my fellowship has been an exciting mix of steep learning curves, personal and professional discoveries and an ongoing adjustment to several new roles: student, researcher, collaborator and project manager. I have received excellent training in a range of research methods and clinical topics and am developing important new networking, negotiation and leadership skills, all of which will be essential to a future clinical academic career. ■

**You can follow updates about the MCAST on Twitter: @MCAsupporttool**

**Find out more information about the HEE/NIHR Integrated Clinical Academic Programme at <http://tinyurl.com/orv7t9q>**  
**This article presents independent research funded by the NIHR. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.**



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Stein J, Brady Wagner L. Is informed consent a “yes or no” response? Enhancing the shared decision-making process for persons with aphasia. *Topics in Stroke Rehabilitation* 2006; 13: 4, 42-46.

Zuscak S, Peisah C, Ferguson A. A collaborative approach to supporting communication in the assessment of decision making capacity. *Disability and Rehabilitation* 2015 online; DOI:10.3109/09638288.2015.1092176.

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## School Start 2e: Targeted intervention for language and sound awareness in reception class

Catherine de la Bedoyere  
and Catharine Lowry

2015 | ISBN: 9781909301580 | Age 4-6 | **£39.99**

This practical resource is a follow-on from the hugely successful *School Start*. The second edition focuses primarily on a targeted group intervention, to boost the language and sound awareness skills of children entering reception class, who are delayed in these areas of communication. It also addresses aspects of attention, following instructions and social communication. *School Start 2e*, aims to help children catch up so that they may be ready to access the learning environment of Year 1.

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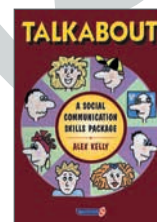


## Talkabout & Talkabout Activities

Alex Kelly **BUNDLE OFFER SAVE 30%**

ISBN: 9781909301894 | Both items: Age 7+ |  
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The hugely popular *Talkabout*, photocopiable manual, provides a framework for the development of social skills. Beginning with a basic assessment to evaluate the client's selfness, as well as the awareness of others. *Talkabout Activities*, is primary aimed for those using *Talkabout*, and gives suggestions for groups' activities at all levels and stages of therapy within *Talkabout*. It can also be used running models of social skills training programmes. This photocopiable resource is packed with 225 group activity ideas for those running social skills training for children and adolescents. The first section covers general group cohesion activities that can be used as starting or finishing activities, while the remainder is divided into six levels: • Self and other awareness • Awareness of communication; body language • The way we talk • Conversational skills • Assertiveness



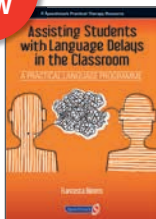
## Assisting Students with Language Delays in the Classroom: A practical language programme

Francesca Bierens

2015 | ISBN: 9781909301573 | Age 7+ | **£39.99**

A structured language programme designed for teachers and SENCOs to use in the classroom with children and adolescents with a range of language abilities. This resource caters to the needs of a broad range of students who require assistance with their language development, from the pre-verbal skills of language, progressing through to the skills required for effective, interactive conversation.

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## The Sky's the Limit

Victoria Honeybourne

2015 | ISBN: 9781909301702 | Age 7+ | **£34.99**

This significant new resource is designed to support young people with special education needs (SEN) to understand what is meant by mental wellbeing and to help them to learn skills and strategies which will support them in maintaining their mental health. The resource is designed to be a clear, accessible and easy-to-use resource that can easily be used by professionals (teachers, teaching assistants, pastoral staff, and social workers) and parents with no prior experience of teaching mental wellbeing.

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## The Blob Visual Emotional Thesaurus

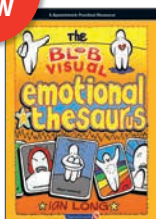
Ian Long

2015 | ISBN: 9781909301733 | Age 7+ | **£29.99**

This unique visual thesaurus is designed to help writers of all ages to develop their emotional literacy.

The book focuses solely upon emotions. Spanning around 140 emotional words, it is divided into three sections: ranges of emotions (offering a visual spectrum to be referred to by writers unsure of the intensity of feelings), synonyms (each image has similar images and words underneath it along with a sentence to help a new writer see how it can be embedded into a story), and antonyms – opposite pairs of feelings that are useful when wishing to create contrast in a storyline. This book will be a vital reference for every classroom and can be used individually or in whole class activities.

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## Can't Talk? Want to Talk!

Jo Levett and Stephen Street

2015 | ISBN: 9781909301313 | Age 5-8 | **£18.99**

When outgoing Lily meets a little girl who is too afraid to talk in school or other places outside of her home, she befriends the silent girl, their friendship grows, and the silent girl feels comfortable enough to talk to her new friend.

This beautifully illustrated story book is for children with severe shyness, social anxiety or selective mutism, to see that they can make a friend like Lily. With accompanying background information, lists of resources and useful notes, the book is a helpful tool for parents, friends and teachers of children with selective mutism to understand why these children are unable to talk in certain settings.

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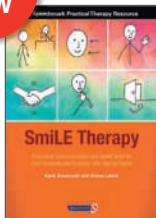
## SmILE Therapy: Functional communication and social skills for deaf students and students with special needs

Karin Schamroth and Emma Lawlor

2015 | ISBN: 9781909301559 | Age 7+ | **£39.99**

This book is a practical step-by-step resource, designed to guide teachers and speech & language therapists on the delivery of smiLE Therapy. smiLE Therapy (strategies and measurable interaction in Live English) is a structured, functional therapy for students who have communication difficulties due to deafness, specific language impairment, learning difficulties, being on the autistic spectrum or due to their physical needs. **Includes access to online resources.**

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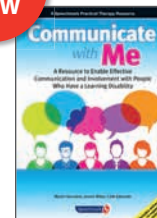
## Communicate with Me

Martin Goodwin, Jennie Miller  
and Cath Edwards

2015 | ISBN: 9781910227688 | All ages | **£34.99**

A practical and thought-provoking guide to communication methods and work practice approaches that can be successfully used to support more effective communication with people with a learning disability. It is a guide that can either be read from cover to cover or dipped into for reference and inspiration. **Includes access to online resources.**

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