

bulletin

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

July 2016 | www.rcslt.org

Promoting inclusion for children with communication difficulties in Rwanda

Giving voice to our transgender clients

The RCSLT stroke study day in May



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Let's talk about capacity: SLT roles in the assessment and management of mental capacity





This autumn, take part in the national voice box joke competition for schools

Are you a parent and/or SLT working in a school?

If the answer is 'yes', then why not bring laughter and fun into the classroom by encouraging teachers you know to hold a Voice Box joke competition for pupils in the autumn term?

The RCSLT and The Communication Trust are once again inviting mainstream and specialist schools across England, Scotland and Wales to hold their joke competitions in October and November to find their pupil's funniest joke.

Schools should then submit the joke to the RCSLT by 1 December 2016 for the chance to go through to a grand final at Mr Speaker's House in Westminster, London, in 2017.

The pupil with the ultimate winning joke will receive an iPad mini, while two runners-up will each receive national book tokens worth £50.

Communication is a fundamental skill and has the most profound and positive impact on our lives – our social and emotional development, behaviour, learning and educational attainment. It also impacts on how we interact with other people, how we understand them and, in turn, how we are understood.

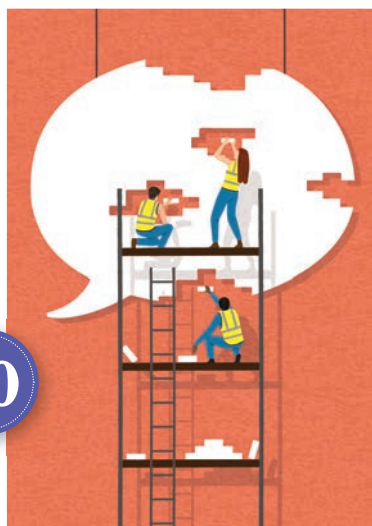
All children need support to build their communication skills and confidence and some need additional specialist help to speak and understand what is being said to them. So go on, get involved with Voice Box and help make a difference to children's lives.

For more information, including ideas on how to run a joke competition and a submission form, visit: www.givingvoiceuk.org



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Steven Harulow

EDITORIAL



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



Decision time

The fact that people with communication difficulties can find themselves at the wrong end of the decision-making process was brought home to me the other day when I heard about a man with multiple sclerosis. While in hospital he overheard staff say that a ‘do not attempt resuscitation’ decision had been made without consulting him. This is shocking in itself, but even more so when you find out that this was the third time it had happened to him.

On pages 12-14, members of the Southern Psychiatry of Old Age CEN discuss the issue of mental capacity and the potential roles SLTs play in relation to people with communication difficulties – assessor, decision maker, advocate, educator, trainer and facilitator. Hopefully, speech and language therapy intervention will help put individuals at the centre of the decision-making process, whatever their ability to communicate.

Eagle-eyed readers will have noticed that our ‘Any Question’ feature has been missing over the past few months. With the rise of social media we have seen a huge reduction in the number of submissions for this section and the current version on page 20 is the culmination of three months of contributions. For this reason, we have taken the decision to retire the section and this month’s will be the final one. Join the throngs of members conversing on Twitter (<https://twitter.com/RCSLT>) and Facebook (<https://www.facebook.com/RCSLT>) to ask your clinical questions.

Steven Harulow

Bulletin editor

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My RCSLT

Eulyth McMorrow



I have maintained my RCSLT membership for 38 years because the RCSLT has provided me appropriate professional support, resource information and networks. I continue to work in the NHS and independently, specialising with adults with acquired neurological impairments, learning disabilities and

dysphagia. Throughout my career, I have either worked as a specialist clinician or a manager of speech and language therapy services. I've greatly enjoyed the challenge of effective leadership and developing and maintaining my specialisms. To this end, research and audit have been initiatives that I have and do pursue to this day.

Proactive CEN work

The Tracheostomy Clinical Excellence Network (CEN) has just had an article published in the correspondence section of the Journal of the Intensive Care Society (Vol 17; issue 2, May 2016). This journal has very wide readership among critical care medics, intensivists and anaesthetists, as well as allied health professionals, and hence has a far-reaching influence.

It is a response to an opinion piece published in the same journal last year by medics from one intensive care unit concerning oral feeding, which promoted a very liberal approach to feeding. As a committee, we felt very strongly after reading the article that the SLT perspective was needed in order to counter some of the outdated approaches presented.

We facilitated a discussion session at our study day in order to give the membership an opportunity to debate the issues and for us to formulate ideas for a response. The committee put together a formal piece representing the members’ views and the current evidence base, which was ultimately accepted for publication.

Thanks to all who contributed and credit should also go to the journal editors for promoting SLT input and enabling us to highlight the value of our role and the multidisciplinary management of swallowing issues in critical care patients. Visit: <http://tinyurl.com/jjtrcfa> to read the piece.

Sarah Wallace, Chair, RCSLT Tracheostomy CEN

Informative metaphors

I really value the illustrations that are part of the RCSLT Bulletin.

They are original and high quality as art works but also informative metaphors for the content of the magazine and its articles. Excellent visual communication. Thank you.

Hilary Dumbrell, SLT and Play Therapist, Hamilton Lodge School and College, Brighton

Giving Voice in NHS Dumfries and Galloway

As part of the contribution to the Giving Voice campaign, the Children and Young People’s SLT Department in Dumfries and Galloway has recently sent out the RCSLT’s ‘Seven Signs of SLCN’ posters to all GP surgeries and health visiting teams throughout the region.

As a result, we received feedback stating that the posters have been displayed in staff rooms, waiting areas and on electronic screens. Due to this success, we then also shared it with the paediatric ward in the local hospital and the dental centre. We are currently exploring other ways of sharing the messages further through social media and in other locations.

Christine Hickey and Hazel Irving, SLTs, NHS Dumfries and Galloway

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

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





nominations close for the 2016 Giving Voice Awards



30th World IALP Congress begins in Dublin



RCSLT Study Day and AGM, London

RCSLT seeks assurances on education legislation

What will the creation of more academies mean for the commissioning of speech and language therapy?

In March 2016, the Department for Education in England published a white paper setting out its vision for schools in England. 'Educational Excellence Everywhere', outlines the Government's plans for all schools to either become academies, or be in the process of converting to academy status by the end of 2020, with the intention that this process would be complete by the end of 2022.

Following concerns from some Conservative MPs, the Government has abandoned plans to introduce legislation forcing all schools to convert into an academy. However, Education Minister Nicky Morgan has confirmed that

she plans to pursue her goal of all schools becoming



academies via "a different path" and introduce new powers that will enable the Department for Education to intervene where schools are underperforming and convert to academy status.

The RCSLT is following developments on this issue very closely due to our concerns that the creation of more academies and greater autonomy for schools may risk greater system fragmentation in relation to the commissioning of speech and

language therapy. As part of lobbying on the Education and Adoption Act 2016 – legislation which will introduce up to 1,000 new academies – the RCSLT sought reassurances from the minister that children with special educational needs and disabilities (SEND) who have education, health and care plans will receive appropriate support to meet their learning needs, including speech and language therapy.

In addition to pledges regarding academisation, the Education Excellence Everywhere white paper outlines the Government's plans to improve support for children and young people with SEND and their families. In response to a parliamentary question inspired by the RCSLT, the Department for Education has confirmed that it intends to conduct an internal review of implementation of the SEND reforms and explore what more can be done to improve the educational attainment of children with SEND.

The white paper also references plans to promote understanding of special educational needs as part of initial teacher training and introduce a new national funding formula for schools, and for allocating high needs' funding to local authorities for special educational needs and alternative provision.

The Queen's Speech in May introduced the Education for All Bill, which will help to bring into place new legislation relating to the white paper and further move towards a system where all schools are academies and funded fairly.

Rebecca Veazey, RCSLT Policy Officer



There's still time to enter the RCSLT's 2016 Giving Voice Awards. If you know someone who has made a significant or innovative difference to someone's life through speech and language therapy campaigning then make sure they get the recognition they deserve. Entries close at midday on 29 July 2016.

Visit: <http://tinyurl.com/zfg28y7>

NHS England and the Local Government Association have published a framework on integrated personal commissioning (IPC) and personalised health budgets. 'Emerging framework: Integrated personal commissioning' looks at the development of IPC and outlines its fundamental components, the delivery timeline and the IPC demonstrator sites.

Visit: <http://tinyurl.com/z92wdg9>

AHPs4PH is a new Facebook group for allied health professionals (AHPs) with an interest in public health. The aim is to create a community of interest around public health and provide a space for AHPs to keep up to date, share ideas, showcase good practice, develop their networks and get peer support.

Visit: <https://www.facebook.com/groups/AHPs4PH>

Sign up to receive email alerts so that you will never miss new International Journal of Language and Communication Disorders (IJLCD) content. Visit the IJLCD website via the link below and look at the 'Journal tools' section (in the top left hand corner on a desktop computer). Click on the 'Get new content alerts' link and follow the instructions.

Visit: <http://tinyurl.com/rcslt-pubs>



Emma Pagnamenta
@EmmaPagnamenta
Please take a look at the #ResNetSLT transcript here 'So good to be involved: PPI in research' @RPalmerSLT <http://tinyurl.com/hsaucq8>

RCSLT policy @RCSLTpolicy
Excited to launch the 1st #RCSLT blog showing how #SLTs support people with #dementia <http://tinyurl.com/hyce3h3> @volkmer_anna @WeAHPs @RCSLT

Swallowing Awareness Day 2016

The first UK Swallowing Awareness Day took place on 11 May 2016. Conceived by Anita Smith, Consultant SLT at East Sussex Healthcare NHS Trust, the initial aim was to run a day locally to raise awareness within East Sussex. However, after discussions with other SLTs, the consensus was to share Anita's ideas and resources with other services interested in raising awareness of dysphagia.

After discovering there was no existing national day for dysphagia in the UK, Anita contacted Speech-Language and Audiology Canada in March. They have run similar events over the past five years and put her in touch with Speech Pathology Australia who were also running their inaugural awareness day.

Over the following months Anita and her team designed and



ENT Consultant Mr Paul Kirkland and Consultant SLT Anita Smith, launch the new FEES service at East Sussex Healthcare NHS Trust

developed logos and resources, including a comprehensive campaign kit to use on the day. This was uploaded on to Base Camp and made accessible for all SLTs over the UK.

Activities on the day included

a 24-hour thickened fluid challenge, which raised more than £1,000 for Macmillan Cancer Support; stands with promotional material, information sheets; samples of thickened fluids and modified



diets and interactive apps; a dysphagia quiz; and demonstrations of recorded instrumental assessments, videofluoroscopy and fiberoptic endoscopic evaluation of swallowing.

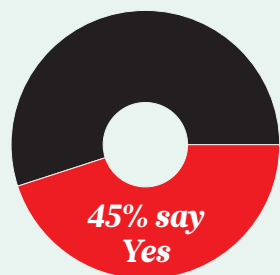
Social media featured heavily from the UK and Australia – around 5,000 people viewed the tweets sent from RCSLT alone (#swallowaware2016) and many more SLT members engaged in the conversation around the UK. The event was published in the local press and a Brighton SLT is set to feature on local TV.

Anita commented, "I was so impressed by the support and commitment I received from SLTs around the UK to turn my little idea into the hugely successful event it became within such a tight timeframe. If we can raise the level of awareness as we did this year I am hugely excited to see what we can achieve next year with a bigger, broader more inclusive event."

RCSLT Web Poll
Have your say...



Could SLTs take on some of the functions of doctors to improve efficiency?



VISIT: WWW.RCSLT.ORG

SEND pupils need more support

More than two-thirds of schools in England are calling for a greater focus on children with special educational needs and disabilities (SEND) in 'mainstream' education policy making, according to findings released on 2 June by The Key – an organisation providing leadership and management support to schools.

Based on the views of more than 1,100 school leaders, the findings reveal systemic issues in the support available to children with SEND. Eighty-two percent of schools say they have insufficient funding and budget to adequately provide for their pupils with SEND, and 89% of school leaders have seen the support they receive for these children affected detrimentally by cuts to local authority services.



Adding to this pressure, three-quarters of schools have pupils who have been waiting longer than the expected maximum timeframe of six weeks for an assessment of SEN or education, health and care plan.

Commenting on findings, Octavia Holland, director of The Communication Trust, said, "It is deeply worrying what this report shows, that too often children are arriving at school lacking

the basic skills they need to thrive. When asked the reasons for this lack of school readiness, 78% of primary head teachers responded that one of the most common reasons is due to delayed speech."

● Visit: <http://tinyurl.com/zpgcot7> for more information

North West RCSLT Hub
@NWestRCSLTHub

Have you spotted us in this month's @RCSLT Bulletin? Fab article about #SLTValueNW & #ResNetSLT by @ JacquelineGaile.

Louise Smith @
LouiseTSmith14

@RCSLT just reading the article based on multisensory impairment funded by @sensesweets and I love how it shows joint attention perfectly!



MARIA LUSCOMBE & KAMINI GADHOK

Invictus Games medal haul for Mark

Mark Bowra MBE, a keen paddle boarder and outdoors enthusiast, won gold, silver and bronze swimming medals at the Invictus Games in Orlando in May 2016.

A lieutenant colonel in the military with 18 years' service, Mark was 40 when he suffered a left anterior and middle cerebral artery infarct. His stroke left him with left side hemi-paresis, moderate expressive and mild receptive aphasia. Mark spent a year completing intense rehabilitation at Headley Court - Defence Medical Rehabilitation Centre. Since July 2015, he has been reintegrating to life at home in Poole, Dorset

Mark was selected to represent Team UK in swimming and indoor rowing. His success came with gold in freestyle, but he also took home two silver medals (freestyle and backstroke) and one bronze medal (breastroke).

With my input, Mark has become a great 'Total Communicator'. He uses single words, short phrases, gesturing, sound effects, his



Mark celebrates his Invictus success with his family

iPad and drawing to effectively communicate with his family. Slowly but surely, he has adapted to life as a stroke survivor and puts 100% into every challenge he faces. A true hero!

Clodagh Daly, SLT Dorset Healthcare University Foundation Trust

New online home for the What Works training database

The What Works training database has moved to its own microsite. The database brings together evaluated speech language and communication training programmes to enable professionals to find out more about their evidence. The first batch of programmes that have met the criteria include programmes from Hanen, I CAN, Elklan and NCFP SLT service.

Further details on programmes and information on 'how to submit' are available on the website: <http://tinyurl.com/gvoln2e>

Although the What Works training database was developed

from the What Works intervention database, the level of evidence and evaluation required is different. The moderating process also differs as submissions will only be reviewed by one member of the What Works Moderating Group and will not be taken to group meetings so there will be no deadline for submitting programmes.

If you have any queries about a submission, please do contact enquiries@thecommunicationtrust.org.uk.

Aafreen Kutub, Programme Manager, The Communication Trust

ENGAGING WITH SERVICE USERS

In line with our strategic objective to build and lead positive partnerships with patient and service user organisations, the RCSLT hosted a service user engagement event in London on 25 May. The aim of the day was to build on the work from our first event in February 2015 and co-produce a plan for joint working.

Along with RCSLT senior staff and RCSLT Deputy Chair Morag Dorward, we were very pleased to have representation from a range of organisations from across the UK, including Sense, The Stroke Association, Chest, Heart and Stroke Scotland, The British Stammering Association, Afasic, Communication Matters, The Communication Trust and Parkinson's UK.

Having held the event last year, we were keen to use this opportunity to feedback on the issues and ideas previously raised and discuss how these had been implemented. We were also eager to explore current plans and new opportunities for how the RCSLT and user organisations can work together for the benefit of children, young people and adults with a range of communication, eating and drinking difficulties.

"We were eager to explore current plans & new opportunities"

RCSLT Director of Policy and Public Affairs Derek Munn outlined our inclusive communication strategy, while our Head of the RCSLT Scotland Office, Kim Hartley Kean, presented some of the accessible communication work taking place in Scotland. The Communication Trust Director Octavia Holland also highlighted the effect of speech, language and communication needs on the educational achievements of children and issues stemming from the implementation of the Children and Families Act 2014 in England.

Workshop sessions enabled participants to discuss the key areas of joint working across the sector and delegates identified some key priorities going forward. These included areas that offered an opportunity for joint working - for example, the development of a communication-friendly environment and a greater focus on the principles of good communication; increased promotion of the evidence and use of best practice; and greater use of service users to tell their stories to decision makers.

The Bulletin will report more fully on the output from the day once we have analysed the workshop comments and incorporated these into our strategic plan. ■

Maria Luscombe, RCSLT Chair and Kamini Gadhok MBE, RCSLT Chief Executive. Email: kamini.gadhok@rcslt.org

Study shows impact of language impairment

Approximately two children in every Year 1 class will experience a clinically significant language disorder that impacts learning, according to a University College London-led study on language impairment at school entry age.

Published in the *Journal of Child Psychology and Psychiatry*, the study involved a sample of 7,267 state school children from more than 170 primary schools in Surrey. Researchers found children with 'unexplained' language disorders have higher social, emotional and behavioural problems, with 88% failing to achieve early curriculum targets. They also found that non-verbal IQ (NVIQ), a commonly used exclusion criterion for language disorders, was not associated with more severe symptoms of language impairment or



more extensive behavioural and learning problems, unless associated with another developmental condition.

According to the authors, this raises questions about the use of NVIQ in diagnosis and treatment decisions.

"There has been considerable debate over the inclusion of NVIQ in the diagnosis and treatment of language disorders, and a below average score is

currently the most common exclusion criteria used for access to specialist help," lead researcher Professor Courtenay Norbury said.

"However, this definition is creating a group of children with considerable language needs who fall between diagnostic categories. As their non-verbal skills are lower than average, they aren't eligible for specialist language intervention

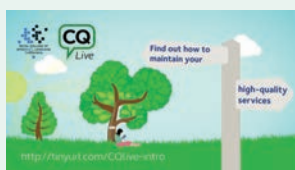
services, but crucially, they may not qualify for services for children with learning disabilities as their NVIQ is not impaired enough. The current system therefore leaves children who have verbal and non-verbal difficulties at a double disadvantage, with limited specialist support."

When NVIQ is omitted from diagnosis, the study shows that prevalence estimates of language disorders increase by about 50% (from 4.8% to 7.58%). The new figures suggest that language disorders are seven times more prevalent than other developmental conditions, such as autism, which previous studies have estimated to occur in approximately 1% of children.

Professor Norbury said, "We found that across the NVIQ range, children with language disorder were struggling to achieve at school and had increased social, emotional and behavioural problems. Specialist support should be available according to language needs."

Visit: <http://tinyurl.com/jd9ml4b>

RCSLT web resource of the month



Communicating Quality Live

Watch the new Communicating Quality Live animated video. This outlines how CQ Live – the set of RCSLT guidance and resources to support all RCSLT members – can help you to deliver high-quality services.

Visit: https://www.rcslt.org/cq_live/introduction

IJLCD: there's an app for that

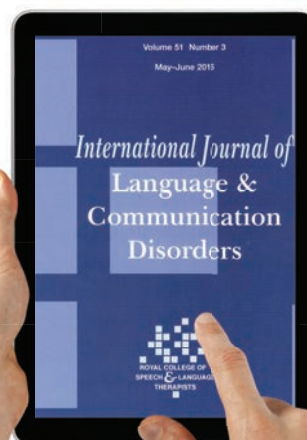
Did you know that you can now access the latest issues of the *International Journal of Language and Communication Disorders Journal* (IJLCD) via an app?

To make the most of this leap of technology, go to the App Store, search for 'IJLCD' and download the app to your iPad or iPhone. Once installed, follow the prompts. First, click on the button marked 'I already have access' and then select 'Through my society affiliation'. Log in using the username and password that you use to access the RCSLT website and you will gain access to IJLCD

issues going back to July 2015. Once you have access you can download pdfs of an entire issue or read individual articles. According to IJLCD publishers, Wiley, an Android app is in the process of development.

You can also sign up to receive email alerts so you will never miss new IJLCD content. Visit the IJLCD website via the link below and look at the 'Journal tools' section (in the top left hand corner on a desktop computer). Click on the 'Get new content alerts' link and follow the instructions.

Visit: <http://tinyurl.com/rcslt-pubs>



1,000

new academies to be introduced by the Education and Adoption Act 2016

7,267

School children who took part in the UCL-led language impairment study



Derek Munn

COLUMN

Clinic facelift has all-round benefits

The redevelopment of Cardiff Metropolitan University’s speech and language therapy clinic facilities for adults with acquired communication difficulties will promote closer working with the local NHS SLT service, provide additional clinical provision for the local community, increase the provision of student placements and improve the learning opportunities for SLT students.

Run by clinically-qualified lecturing staff, the clinic operates as a university teaching resource in close collaboration with the local Cardiff and Vale UHB speech and language therapy adult service, which provides the clinic’s referrals. The facilities include a clinic room and an observation room, designed for flexible use. It is well resourced with a wide range of published assessments, as well as ‘high-tech’ resources. The clinic area is communication friendly, with soundproofing, accessible signage and wheelchair access.

We have recruited an additional part-time staff member to increase the clinical sessions available. In addition to the existing paediatric



Cardiff students use the new clinic’s observation room

clinics, the service now provides therapy for people with aphasia and SLT students have developed aphasia-friendly information leaflets to support this process. We hope the clinic will further expand for people with other conditions, such as Parkinson’s disease and dementia. There is also the potential for research projects to run from the clinic.

Kate Tucker, Lecturer (Adult Neurology), School for Health Sciences, Cardiff Metropolitan University.

Let’s Sign goes digital

To cater for the growing numbers of young children who are more at home using tablets and touch screen technology than reading books, independent publisher Deafbooks is developing the ‘Let’s Sign BSL’ series of sign language vocabulary in electronic formats to provide low cast, bite-sized chunks for quick and easy reference.

The format provides a mobile reference for Kindles, tablets, smartphones, Macs



and PCs, using the free Kindle reader apps. According to Deafbooks, users can make notes, highlight a word on the screen to pull up windows for a dictionary, Wikipedia and translation, in addition to a pinch and zoom facility. There are also various screen view options, such as full-page flashcard or thumbnails of the signs, which allow the user to point to the signs needed.

Visit: www.Deafbooks.co.uk

SHINING A LIGHT

As the weather warms up and the sunshine returns, the RCSLT Policy and Public Affairs Team has been shining a light on some of those policy areas where the role of SLTs is less well known.

The Queen’s Speech in May announced a Children and Social Work Bill, which has implications for looked after children. This coincided with a report from the Prison Reform Trust that highlighted the risk to looked after children with unrecognised language and communication needs. Although under-researched, the risks are real and we are briefing our friends in the House of Lords to influence the legislation.

We welcome the Bill’s aim of improving decision making and support for looked after and previously looked after children, but argue that to ensure children and young people with communication needs are able to benefit fully from the changes the Bill seeks to introduce it is necessary that:

- On entry to the care system children should be screened for speech, language and communication needs.
- All those working with, supporting and caring for looked after children should be trained in awareness of communication needs, including knowing when to refer them to speech and language therapy.
- Those with communication needs should have ongoing access to speech and language therapy.

“We welcome the Bill’s aim of improving decision making and support for looked after children”

There’s also been a highlight on transgender voice services. Like many areas that are specialist commissioned by NHS England, this field is seeing much change and a blog from one of our advisers Matthew Mills on the NHS England website (www.england.nhs.uk/2016/05/matthew-mills) highlights the essential role of speech and language therapy. Matthew has also co-authored an article along with Gillie Stoneham on pages 16-17 in this month’s Bulletin. This looks at developing competency and co-working with transgender clients.

Finally, we are continuing a focus on the role of speech and language therapy in mental health and in dementia – check out the first of a series of blogs online: www.rcslt.org/governments/dementia_blog

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



The Ambitious about Autism AHP Team receive their Special Group Award

Award recognises Ambitious about Autism AHPs

The Allied Health Professional (AHP) Team at Ambitious about Autism won the Special Group Award in the London Children of Courage Awards on 14 April.

Organised by the St James Place Foundation, the awards recognise children, young people and care teams who deserve recognition for their bravery and courage, as well as their dedication to their work. The AHP Team received a nomination for the outstanding care and support shown by the SLTs and occupational therapists to the children and young people with complex autism at TreeHouse School and Ambitious College.

Tom Bailey, lead of the AHP

Team at Ambitious about Autism said, "Working with children and young people aged 4-25 with severe and complex special needs is a huge challenge, but comes with many rewards. We were delighted to have won the award - huge congratulations to the team."

Ambitious about Autism is the national charity for children and young people with autism. It provides services, raises awareness and understanding, and campaigns for change. Through TreeHouse School and Ambitious College, the charity offers specialist education and support.

📺 **Watch a short film about the AHP Team's work:** <http://tinyurl.com/z8xt9ap>

Giving Voice heroes

There's still time to enter the RCSLT's 2016 Giving Voice Awards.

Giving Voice aims to highlight the cost-saving, life-transforming work of SLTs and the impact speech and language therapy has on the lives of thousands of people in the UK. Our annual Giving Voice Awards are for anyone who has made a significant or innovative contribution to the Giving Voice campaign during the past year.

If you know someone who has made

a significant or innovative difference to someone's life through speech and language therapy campaigning - be it as a speech and language therapy team; an individual SLT, assistant or student; a service user; a parent or carer; a politician, journalist or a celebrity - then make sure they get the recognition they deserve. Entries close at midday on 29 July 2016.

📺 **Visit:** www.rcslt.org/giving_voice/awards_2016

More online success for #ResNetSLT

The RCSLT's Research Support Network (#ResNetSLT) held another successful tweet chat on 25 May. Hosted by Dr Emma Pagnamenta and Dr Rebecca Palmer, 'So good to be involved: PPI in research' looked at involving patients and the public as collaborators in research. They used the journal article, 'To what extent can people with communication difficulties contribute to health research?' as the basis for a lively online discussion. The article describes techniques used to help people with aphasia to collaborate in all stages of research, including contributing to recruitment, refinement of protocols, new research methods and dissemination of project outcomes. The 37 participants sent 482 tweets that were delivered to a further 768,787 linked accounts.

📺 **Visit:** <http://resnetslt.blogspot.co.uk/p/events.html> to find out more. Read the transcript at: <http://tinyurl.com/hsaucq8>

Palin PCI opportunities

For the fifth year running, Action for Stammering Children and the Emily Hughes-Hallett fund (EHH) are supporting Palin Parent-Child Interaction (PCI) training courses around the UK. If your team is interested in hosting a two-day Palin PCI course in 2016 or early 2017, email: elaine.kelman@nhs.net before 31 July. Course participants will be required to contribute £50 each. Individual charitably-funded bursaries are also available to develop skills in working with children under seven years of age who stammer. If you are interested in applying for an individual EHH bursary 2016-2017 please complete an application form available on: www.stammeringcentre.org and email it to: marthagotts@nhs.net by 31 July.

Easy read communication standards

The RCSLT's 'Five Good Communication Standards' are now available in an easy read format. Published by the RCSLT, the standards outline the reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings. They aim to help people to know what good communication looks like, whether good communication is happening and what resources are out there to help facilitate this. Both the original and easy read versions of the standards are available online at: <http://tinyurl.com/jkxj6ob>



Maxwell Barnish and Simon Horton discuss the roles of cognitive status and intelligibility in everyday communication in people with Parkinson's disease

Cognitive impairment and communication



ILLUSTRATION Trina Dalziel

It is important to ensure that research and clinical priorities are well aligned with the requirements and preferences of service users. There is evidence that changes in everyday communication at the International Classification of Functioning, Disability and Health (ICF) participation level are considerably more troublesome for people with Parkinson's disease (PD) than physically-driven changes at the ICF impairment level, including

speech impairments. However, there is also evidence that speech and language therapy provision for PD, in many cases, focuses on motoric speech impairment at the expense of psychosocial aspects of everyday communication.

We conducted a systematic review of the literature up to May 2015 (published online and citable/traceable in the *Journal of Parkinson's Disease* 2016; doi: 10.3233/JPD-150757 – Barnish et al, 2016 'Roles of cognitive

status and intelligibility in everyday communication in people with Parkinson's disease: a systematic review') to assess how closely related intelligibility and everyday communication difficulties are in PD, and to what extent cognitive impairment contributes to reduced activity and participation in everyday communication.

We assessed literature archived on seven major research databases and conducted supplementary manual searches to ensure we, as far as possible, retrieved all relevant literature. Two team members independently screened records for potential inclusion, extracted relevant information and evaluated risk of bias. In order to be included, studies had to i) be reported as full-text original peer-reviewed research articles, book chapters or doctoral theses, ii) be published in English, iii) report an empirical investigation of people with PD and iv) report the linkage between at least one of intelligibility and cognitive status with everyday communication outcomes.

Twelve studies were included in our review. These reported on 364 people with PD across the US, UK, Canada and New Zealand. Ten studies assessed the contribution of cognitive impairment to everyday communication difficulties in PD. Nine of these found that people with PD with more severe cognitive impairment had greater difficulties with everyday communication. Four studies assessed the contribution of intelligibility deficits to everyday communication difficulties in PD and found people with PD who had greater intelligibility deficits had greater difficulties with everyday communication. However, this link was weak and not consistent between intelligibility tasks, demonstrating that communication difficulties in PD go beyond motoric intelligibility deficits.

This systematic review suggests it is important for speech and language therapy assessment and treatment practices for people with PD to go beyond intelligibility-based speech deficits at the ICF impairment level. Until recently, a barrier to this was the lack of assessment tools specific to the ICF participation level. However, the Communicative Participation Item Bank has recently addressed this gap. The 10-item short form of this instrument may be a useful way of rapidly assessing the everyday communication needs of patients with PD as well as evaluating the benefit of a therapeutic intervention. There is as yet limited evidence to say which forms of SLT intervention for people with PD may be most effective. In light of social isolation and participation difficulties associated with PD, there may be a therapeutic role for group-based or other approaches to participation-level therapies.

This is the first systematic review of research evidence regarding the roles of intelligibility deficits and cognitive impairment with regard to everyday communication difficulties in PD. Key findings are first that people with worse cognitive status had greater difficulties with everyday communication. Second, we found people with greater intelligibility difficulties also had greater difficulties with everyday communication. However, the weak nature of this relationship emphasises the importance of cognitive and psychosocial factors, which may often be overlooked in speech and language therapy practice. ■

Maxwell Barnish (University of Aberdeen) and Simon Horton (University of East Anglia) on behalf of the Factors Affecting the Speech of People with Parkinson's Disease study team.
Email: maxwell.barnish@abd.ac.uk



Let's talk about capacity

Southern Psychiatry of Old Age CEN committee members look at SLT roles in the assessment and management of mental capacity issues

The Mental Capacity Act (MCA) (2005) defines a person who lacks capacity when, "...a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or the brain" (Section 2, 1).

The MCA was specifically designed for vulnerable adults, including those who have had a stroke, brain injury or dementia, as well as individuals with schizophrenia, delirium, concussion or suffering the consequence of drug or alcohol use. Traditionally, SLTs provide assessment, management and intervention for adults with communication difficulties arising due to stroke, brain injury,



ILLUSTRATIONS BY Eleanor Shakespeare

progressive neurological conditions, such as Parkinson’s disease, multiple sclerosis, motor neurone disease and dementia. There are also speech and language services in adult mental health that provide services to people with, for example, dementia or schizophrenia.

Many organisations state SLTs should be involved in the process of assessing decision-making capacity for people with communication difficulties (ASHA, 2007; Speech Pathology Australia, 2003; RCSLT, 2014). Yet, SLTs are often concerned about assessing the decision-making capacity of their clients. This may be for a variety of reasons, including a lack of confidence in carrying out the assessment, concerns about the conflict in role or a lack of time and resources (Volkmer, 2016).

The members of the Southern Psychiatry of Old Age Clinical Excellence Network (CEN) agree that as SLTs we should be involved in the process of mental capacity

assessments. We have started to come to a consensus on the breadth of our potential role. As a CEN we have identified the roles for SLTs in the process of assessment of mental capacity – assessor, decision maker, advocate, educator, trainer and facilitator –

and the issues surrounding these. We have also started to describe these roles in more detail.

SLTs as assessors

As an assessor, an SLT may work with a client over a number of sessions in order to assess their decision making abilities in relation to understanding, retention, weighing up the issue and expressing themselves. This assessment may often be conducted alongside other professionals. Assessment will likely include an assessment of the individual’s preferences, regardless of whether they are deemed to lack capacity. Assessing capacity can include checking on previous advance care plans and any power of attorney that may have been donated. The assessor must understand the decision in question and the options.

Meeting the client informally and conducting formal assessments to establish communication needs and supports prior to the formal capacity assessment can be useful. This can ensure that the SLT uses the appropriate measures during the assessment to support the client. On completing the assessment, the SLT should document the outcome, alongside the measures used and the evidence for the outcome for the assessment. This should be clearly communicated to both the team and the client being assessed.

SLTs as decision makers

As a decision maker an SLT is the person who takes action if the client does not have capacity. This will be relevant to decisions around diet modification (risk feeding) »

“The MCA can be viewed as a ‘bill of rights’ for people with communication difficulties”

» and augmentative and alternative communication choices. These sessions will require the SLT to provide relevant information in an accessible way to ensure the client is able to engage in expressing their preferences even if they lack capacity.

As with the role of assessor, the SLT needs to demonstrate having sought evidence, provided appropriate information, clear documentation and communication throughout. An SLT may act as an assessor on issues other than those described, alongside another clinician even when they are not the decision maker.

SLTs as advocates

An SLT may act as an advocate for existing clients where the SLT already has a relationship in order to help them express their views or provide evidence of their views and wishes. This may involve explaining communication difficulties or needs to the assessor and decision maker in order to optimise the assessment process. Advocating may also involve communicating preferences someone has communicated at another time, for example during a therapy session. We may be most likely to act as an advocate in a best interest decision meeting.

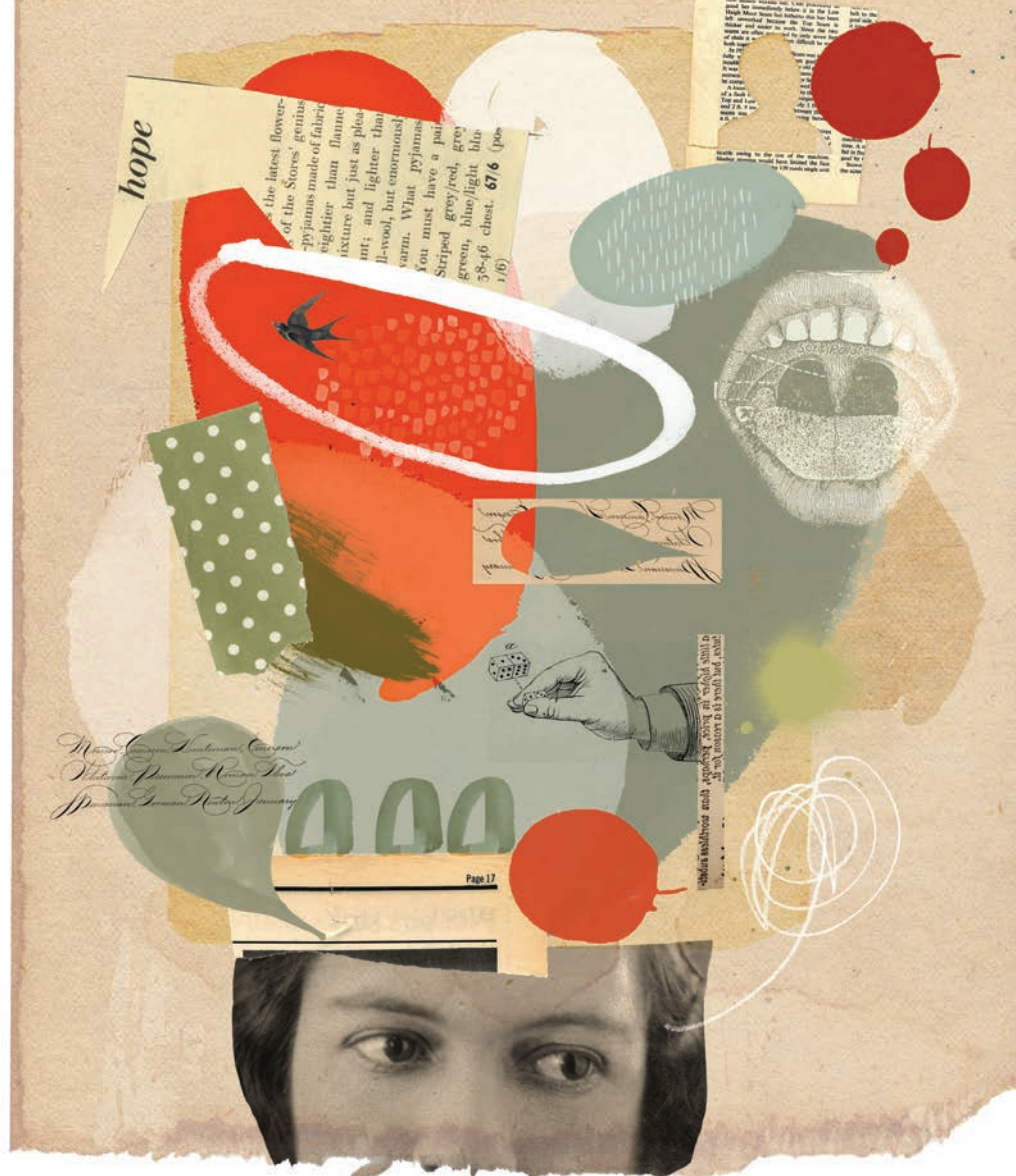
SLTs as educators or trainers

An educator or trainer may act to support clients in preparing them for the assessment and decision to be made or may act to support other professionals through training or provision of aids to enable communication during an assessment. This role may overlap with the role of a facilitator, where an SLT directly supports the client being assessed in, for example, accessing information in order to make a choice or in communicating a decision or preference.

Multiplicity of roles

As a CEN we acknowledge that SLTs may take on different roles within the mental capacity assessment process at different times. We feel we may therefore need to take on several of the above roles with any one client during the course of their care. We are of the opinion that assessments may be done with another professional from our or another discipline, or with family members present.

We also acknowledge that taking on these roles needs to be carefully considered, because conflict could arise in these difficult situations. For example, taking on the role



of assessor can jeopardise a therapeutic relationship with the client that may be essential to their rehabilitation (Volkmer, 2016). Speech and language therapists also report anxiety in taking on a new role that could lead to a flood of referrals to small and already overburdened NHS services.

The future

We are clear there is no doubt that SLTs do have a role to play in the assessment of mental capacity and can support people with communication difficulties, such as those with dementia, to demonstrate their competence and ability to engage in decision making.

The MCA can be viewed as a 'bill of rights' for people with communication difficulties. Where previously they may have been 'assumed' to lack capacity, they are now able to demonstrate they do have capacity.

We have discussed this issue many times, have shared examples from our practice and have collaborated to produce this consensus document to support us in developing our services. We have invited speakers such as Talking Mats to share their most recent research in this area and Mark Jayes, an SLT who is developing a communication screen and toolkit to support capacity assessment as part of his PhD research. We will continue to address the diversity

of our role in decision making through workshops, resource development and by inviting relevant guest speakers. Our aim is to continue to focus on how we can best support our clients in advance care planning later this year, so watch this space. ■

Southern Psychiatry of Old Age CEN Committee: Claire Devereux, Judith Jackson, Julia Marjoribanks, Charly Harris and Anna Volkmer.
Visit: www.psychiatryoldagecen.co.uk



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Any questions?

Calling class of 1967-1970

Kim and Jennifer are hosting a reunion on Saturday 24 September 2016 in Kilmarnock, Ayrshire. Please get in touch and alert other classmates.


Jennifer Cowling

 Jennifer.cowling@sky.com

Pharyngeal manometry

Do you use or have access to a pharyngeal manometry service in the UK?


Jodi Allen

 jodi.allen@uclh.nhs.uk

Progressive primary aphasia

Do you run primary progressive aphasia groups (not CST) as part of your service? If so, how is this carried out and what outcome measures are used? Does the group involve just clients or clients and carers?

Sara Roberts

 Sara.roberts@berkshire.nhs.uk

Aerophagia

Do you have advice for working with/management of someone with a diagnosis of aerophagia?


Nikki Clark

 nikki.clark@srft.nhs.uk

Cough reflex testing

Do you use cough reflex testing as an assessment tool? Where do you source the citric acid? Our pharmacy has suggested they could produce it, but only in very large quantities.


Katherine short

 Katherine.Short@ipswichhospital.nhs.uk

Pre-loved assessments

Do you have any second-hand formal assessments you could share, including BPVS, TROG, ACE, Comprehensive Aphasia Test, Boston Diagnostic Aphasia Examination, RAPT, RWFT, CELF and STAP.

Elaine Devereux

 merseysidepeechtherapy@gmail.com

Oral care protocol

Could you share your NHS trust oral care protocol?

Hannah Gould

 hannahgould@nhs.net

Auditory processing disorder

Do you work with adults who have auditory processing disorder? If so, could we share knowledge and management ideas?


Trudi Mayers

 Trudi.Mayers@sth.nhs.uk

Auditing services

Do you use one questionnaire to audit service users' experience of intervention for voice disorders, chronic cough, VCD and transgender services?

Shelley Bolton

 shelly.bolton@belfasttrust.hscni.net

Want some answers, why not ask your colleagues?

LEA takeover

Do you/your service have experience of being taken over by a Local Education Authority?


Pippa Courtneage

 p.courtneage@nhs.net

EMG

Do you use EMG biofeedback for dysphagia therapy?

Fiona Marshall

 Fiona.marshall@nuth.nhs.uk

Saliva control

Do you have experience of a child who eats orally but struggles with saliva control who has had Botox or saliva glands removed?


Clare Attrill

 clare.attrill@nhs.net

Music and SLT workshop

Would a workshop on 'How to use music within speech and language therapy' in London be of interest to others?

Claire Bolton

 info@apexability.com

Transgender voice group

Do you run transgender voice groups as part of your service and, if so, what does this involve and how are outcomes measured?

Sara Roberts

 Sara.roberts@berkshire.nhs.uk

Giving voice to our transgender clients

Matthew Mills and Gillie Stoneham
on developing competency and
co-working with extraordinary and,
ultimately, ordinary clients

ILLUSTRATION BY Andrew Nye/Folio art

Last year was a significant year in bringing gender identity and gender variance firmly into the spotlight. The media featured personal narratives: Caitlin Jenner's public transition, Louis

Theroux's thought-provoking 'Transgender Kids' and the death of Vikki Thompson, who committed suicide after being sent to a male prison.

As academics and professionals working in the field of gender dysphoria (GD), 2015 was also a key year for us too. The first conference of the European Professional Association for Transgender Health (EPATH) took place in Ghent in March. Although the group of international SLTs attending the conference was relatively small, the passion for developing an evidence base for transgender voice and communication was palpable. Presentations included post-surgical pitch change, motor learning theory and the essential role of speech and language therapy within multidisciplinary team working. However, our highlight was discovering the commonality in our group therapy and its outcomes, and the particular skill mix we share across speech pathology, vocal pedagogy and psychological approaches.

So began a real commitment to dialogue and co-working to discover how we could share these ideas with specialist colleagues around the UK. Actions have already resulted in the launch of a new clinical excellence network (CEN) and the ongoing process of developing a RCSLT competency framework.

Challenges ahead

Service provision is patchy geographically and there is a need for coordinating the training and clinical experience of SLTs across the UK to work effectively with trans and non-binary clients. The 'Interim NHS England Gender Dysphoria Protocol and Guidelines 2013-2014' tried to address the inequality of patient access and promote nationally-consistent commissioning of specialist services across the UK. 'Speech therapy' is listed as a 'core procedure' and the specification states that everyone diagnosed with GD who requests it should receive it either at their gender identity clinic (GIC) or within a local network speech and language therapy service.

The uneven provision of therapy provision is partly due to the location of GICs and because there are relatively few clinically skilled and experienced therapists. There are local services with senior voice therapists who have developed a great deal of clinical

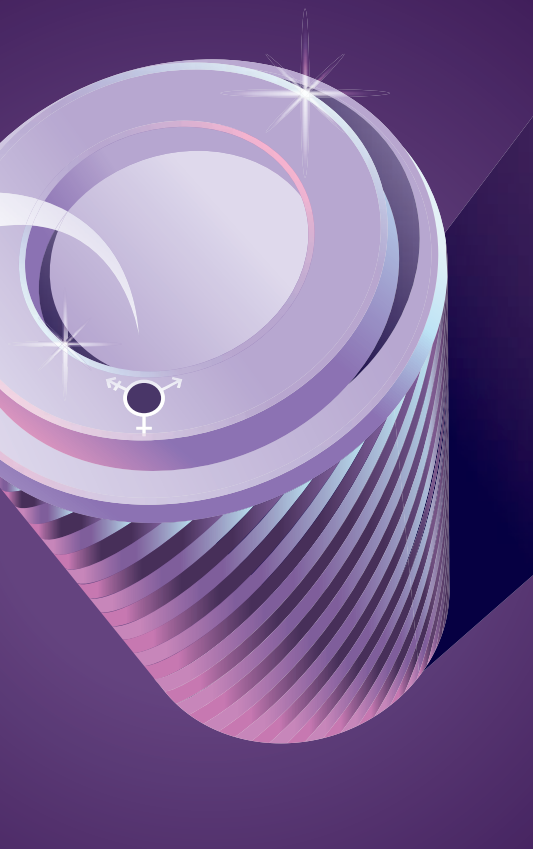
experience working with trans clients. These SLTs may not have regular access or input into a GIC, yet SLTs working with trans clients are recommended to be part of such a specialist multidisciplinary team (Wylie et al, 2014).

Charting new ground

In June 2014, the RCSLT facilitated a working party from which the 'Gender Dysphoria Action Plan' emerged. In December 2015, the British Association of Gender Identity Specialists (BAGIS) celebrated its first birthday. This unique organisation was formed in recognition that multidisciplinary gender specialist clinicians share a cross-fertilisation of knowledge and can unite to define competency, shape care pathways, contribute to the evidence base and be at the forefront of current debate. At its first scientific meeting in September 2015, our 'Voice and Communication' presentation was at the heart of the conference and delivered to an international audience of multi-specialists.

Theory of change modelling with RCSLT colleagues focused us to form the new National Transgender Voice and Communication Therapy CEN in October 2015 and 50 UK-wide SLTs attended its inaugural meeting in February 2016 - 'Sharing skills and developing as a gender





GIC in England. With CEN members we workshopped a competency framework and the RCSLT currently has a draft version which describes three levels (developing, established and highly competent). This will proceed to profession-wide formal consultation. At the March 2016 Gender Symposium in London, commissioners described this growing body of work done by the RCSLT as ‘trail blazing’.

The nature of change

Our aim is to facilitate gender expression through vocal and communicative style changes for trans men, trans women and non-binary clients, since the significant distress related to GD causes psychosocial withdrawal and a lack of participation in communication at all levels. Studies indicate speech and language therapy is effective for trans clients (Gelfer and Tice, 2013). ‘Voice and communication therapy’, our preferred nomenclature, is partly underpinned by the vocal pathology evidence base, but trans people do not have ‘disordered’ voices in and of themselves; they may present with hyperfunction, which needs to be treated before modification (Taylor-Goh, 2005).

Voice change is not an easy process, and not about adopting stereotypes, but as experienced SLTs we see, hear and witness that change is possible. Clients tell us how distressing it is to be mis-gendered on the telephone, to receive the ‘double-takes’ when ordering a coffee or buying a train ticket. Clients often need to work systematically for about a year on aspects of pitch, resonance, intonation and voice quality, and therapy may also focus on voice projection, public speaking, social communication, non-verbal communication, gender linguistics and singing. The starting point is always with the therapeutic questions ‘does change need to happen and, if so, how much?’ The motivation emanates from the client. Therapy works best when individual sessions move to a group and social communication context, focusing on client-led learning, witnessing and support (Mills, 2015; Stoneham, 2015). Trans women are able to raise their speaking fundamental frequencies at the end of group therapy, but more importantly they tell what Michael White and narrative therapy practitioners call ‘thickened’ or self-affirming narratives of self-confidence, advocacy and value (Mills, 2015).

We teach our clients to become mindful, competent and playful with their voices, building in layers of psychological

ownership of the sound they are making and their sense of personal communicative presence, so that voice and communication feels authentic. Importantly, in the process we learn from our clients about their gender comfort and what is appropriate for them individually.

The time is now

We know that to be effective, specialist SLTs require more than their knowledge and skills in voice therapy – we need additional vocal pedagogy and a developed experiential relationship with our own vocal mechanism. We need to be psychologically minded and supervised, and employ a number of psychological and third-wave approaches to facilitate identity exploration. Crucially, we need to sit with gender variance non-judgmentally and in a matter-of-fact way. Referral rates are doubling, and we need a robust workforce supported through the CEN and BAGIS to support our extraordinary and, ultimately, ordinary clients. ■

Matthew Mills, RCSLT National Advisor on Transgender Voice, Lead Specialist SLT and Head of Speech Therapy, Gender Identity Clinic, London. Email: Matthew.Mills@wlmht.nhs.uk; Gillie Stoneham, Senior Lecturer, University of St Mark and St. John, Specialist SLT input West of England Gender Identity Clinic. Email: gstoneham@marjon.ac.uk



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specialist’. We have contributed to the Transgender Equality Enquiry 2015-2016, and have speech and language therapy representation on the clinical reference group (CRG) of the NHS Gender Identity Services.

On the strength of our report on improving national service delivery to commissioners, the CRG voted to recommend a ‘hub and spokes’ model to commissioners where the GIC-based SLT may be a supervisory and multidisciplinary ‘hub’ to local ‘spoke’ SLT colleagues. By the end of 2016, we are on track to have a specialist SLT embedded within every



Matthew and Gillie at the British Association of Gender Identity Specialists Inaugural Scientific Meeting

Strategic thinking achieves change

Helen Barrett, Felicien Turatsinze and Julie Marshall report on work to promote inclusion for children with communication difficulties in Rwanda

Communication difficulties (CDs) are chronically under-recognised and little understood in Rwanda. Children with communication difficulties (CWCD) are subject to

endemic stigmatisation caused by a deep misunderstanding of the causes of CD and a chronic lack of services. There are currently only five SLTs in the country (only one of whom is a national) serving a population of over 11 million (World Bank, 2014).

Including children with disabilities (CWDs) in mainstream education systems has become a huge focus of international and national policy development, owing to the publication of guidelines, including the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006), the Millennium Development Goals (UN, 2012) and the World Report on Disability (WHO and The World Bank, 2011). These exhort the right to an education for all children within their local mainstream services and with appropriate support as necessary. However, progress in including CWDs in education has been slow (Barrett, 2013) and a renewed effort is now being made under the Sustainable Development Goals (UN, 2015).

Increasing capacity to deliver services for CWCDs needs to be addressed using culturally-appropriate, accessible and innovative methods (Barrett and Marshall, 2013). With a current lack of SLTs in-country, it is important for other frontline professionals to be trained to recognise and offer basic advice for the prevention and management of CD (Wylie et al, 2013; Barrett and Marshall, 2013).

Tackling barriers

Children with communication difficulties often fail to access education in Rwanda. For those who manage to attend school, they are often excluded from accessing a meaningful education within the classroom – not only due to lack of understanding of how to support them to learn, but due to teacher and peer discrimination.

Chance for Childhood (CfC) is a British non-governmental organisation working to improve the lives of disadvantaged children across Africa. Its 'Education, Equity and Empowerment' (EEE) project in Rwanda started in 2013, with the aim to provide support for children with hearing impairment and/or CD to access a mainstream education in three districts. The project tackles issues at system, school and community levels (WHO and the World Bank, 2011) to achieve inclusion for CWCD. These include learning support assistant provision and training, teacher training, parent advocacy, peer sensitisation, community sensitisation and partnering with government, to highlight CD as a barrier to accessing a meaningful education.

To enable CfC to realise their aims, we [Helen and Julie] were hired to work with an assistant SLT [Felicien] to build the team capacity to be able to identify and support CWCD in the community and classroom, and to train others in resource-limited settings. A facilitated theory of change workshop helped the team to identify priorities and ways of achieving them. This led to the development of a project strategy with a focus on the training needs of the team, education staff, parents and communities.

The EEE project supports CWCD to access a mainstream education using a multi-faceted approach to training and sensitisation. Chance for Childhood also provides training for families of children with severe CD who are not able to access a mainstream education. This training focuses on turning knowledge about their child's difficulties, play, communication and feeding into practical skills they can use to build a more inclusive environment at home



and in their communities.

Chance for Childhood also recognises the importance of working with government and other key partners to tackle the barriers to accessing education that CWCD face. They have partnered with a consortium of organisations and the Rwanda Education Board to develop CD-specific advice for inclusion in both a 'curriculum for children with intellectual disability' and an 'inclusive education guide'. A national training programme for teachers will follow, thereby increasing awareness of CD and affecting real classroom-level change.

Outputs and outcomes

Outputs so far include the development of a team of 10 trained CfC staff; 24 trained LSAs and 192 teachers; 308 CWCD supported in school; and 84 family members trained to support their children at home. These numbers will increase as the project rolls out to Nyabihu district. The project still



"Children with communication difficulties often fail to access education in Rwanda"



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Websites:

Communicability Global, Rwanda: www.communicabilityglobal.com

Chance for Childhood, Rwanda: www.chanceforchildhood.org

Supporting services for children with communication disability in Northern Rwanda. Working with Chance for Childhood's Education Equality and Empowerment Project: <http://tinyurl.com/zg52bnz>

Table one: Critical things to think about if you are involved in an international development project

- **Get involved from the beginning:** During planning make sure inputs are well-conceptualised, realistic and well-funded, outputs are well-planned and sustainable and outcomes are measurable and high-impact.
- **Be ready to adjust:** Understanding of disability in other countries can be very different from that among UK professionals. Medical models of conceptualising disability often prevail and cultural beliefs can be challenging to address sensitively.
- **Think about the big picture:** What is the best way to increase understanding of CD and change perceptions, practices and behaviour on a wide scale? What can you realistically achieve with the time and resources you have available?
- **Build capacity for sustainability:** Train local staff – they understand the population culturally, behaviourally, linguistically, economically and socially. They are more likely to be able to achieve a shift in understanding and behaviour. Develop resources collaboratively – you will build capacity and leave lasting skills.
- **Seek support:** Communication Therapy International provides access to an invaluable global network of SLTs with a wealth of experience to share.

has a year to run, so a full range of data at the output and outcome levels is not yet available. Measuring outcomes centred around attitudinal and behavioural change among educators and communities will not be easy – measuring behavioural change in the way adults and peers interact with and support children with CD and the long-term benefits of supported access to education for CWCD will require careful data collection and analysis. A robust system for capturing as much monitoring, evaluation and learning data as possible is therefore essential.

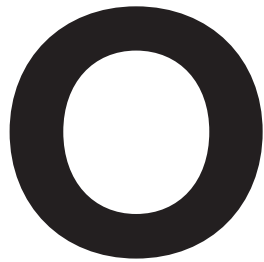
Working with agencies

As SLTs brought into the project part-way through, it has been challenging to make changes to the original project plans. Even when the will to change is there within the organisation, sometimes the budget or resources are not or hands are tied by the donor. If you have the opportunity to be involved in international development

projects, there are a few critical things to think about first (table one).

The landscape is changing in international development. Although disability and inclusion are still not a high priority for many development agencies, some are beginning to think about these issues at a basic level. However, many are ill-equipped to know how to operationalise effective inclusion in their work. Communication difficulties continue to be under-recognised and poorly understood, leading to wide-scale social and economic exclusion for PWCD. How can you change this? Be strategic, think outside the box and be involved from the beginning. ■

.....
Helen Barrett, Communicability Global, Rwanda, email: Helen.Barrett@communicabilityglobal.com; Felicien Turatsinze, Chance for Childhood, Rwanda, email: Felicientu@gmail.com; Dr Julie Marshall, Manchester Metropolitan University, email: j.e.marshall@mmu.ac.uk



On 10 May, speech and language therapy stroke leads from 50 services across England took part in an RCSLT

stroke study day in London to discuss the draft fifth edition of the Royal College of Physicians' (RCP's) draft national clinical guidelines for stroke and issues around the Sentinel Stroke National Audit Programme (SSNAP).

RCP guidelines

The RCSLT had previously responded to the RCP consultation on the draft guidelines and we expressed our concern around the poor evidence presented in the aphasia section. Sue Pownall and Rosemary Cunningham, the RCSLT representatives for the RCP, highlighted that this evidence had been expanded and will include the Brady et al (2016) Cochrane review. Attendees raised concerns about drop-out rates from intensive therapy and the difference between review and reassessment at four months. There were also concerns around the difference between the draft guidelines and SSNAP, in that in some places the language seemed to contradict each other. We agreed to seek clarification from the RCP on this point.

The RCP will publish the final guideline in September. We will highlight its launch in the Bulletin along with profession-specific guidance that will highlight the relevant sections for speech and language therapy.

SSNAP data

The SSNAP is the single source of stroke data in England, Wales and Northern Ireland. A clinical audit collects datasets for stroke patients in every acute hospital along the care pathway through recovery and rehabilitation. Speech and language therapists can use the SSNAP data to benchmark and compare their service to others.

We explored how the 50 services collect and record their data to ensure all members operate from the same level of knowledge and to reach consensus. During presentations from Angela Shimada from Lincolnshire and Jen Thomson from Leeds on how their services record SSNAP data it became apparent that different services collect and record their data in different ways. This resulted in a lively discussion

SSNAP decisions

Claire Moser discusses the lively debate at the RCSLT stroke study day in May

ILLUSTRATION BY Michael Parkin/Folio art



around the different approaches taken.

We were interested to see if staffing levels made a difference to SSNAP scores. The RCSLT recommends one whole time equivalent (WTE) SLT per 10 beds on a stroke unit. The SSNAP data shows that although 40% of A and B categories meet this recommendation; only 21% of category C services and only 12% of category E have one WTE SLT.

Therapy intensity targets

We discussed the therapy intensity targets, which states that stroke patients receive a minimum of 45 minutes of each active therapy required for a minimum of five days a week. Attendees challenged the evidence base for this amount of daily therapy, but Sue and Rosemary commented that more therapy is better than less and it is preferable to be included in SSNAP because it puts speech and language therapy on a level playing field with other allied health professional (AHP) disciplines. They also pointed out that the intensive therapy can be split across a day, for example into three 15-minute slots.

There was uncertainty around what 'therapy' to include in the 45 minutes. Attendees agreed this could include face-to-face therapy; computer-based, communication-specific exercises set up by SLTs; and therapy from trained staff, for example rehabilitative assistants, delivering supported conversations using communication strategies. The group wanted RCP clarification as to whether they could include other therapy options, such as example family meetings and multidisciplinary team meetings.

Who to count?

We also discussed which patients SLTs should include in the SSNAP data, based around the definition of an 'appropriate' patient. For example, should SLTs count medically unwell or palliative patients? The group agreed that if a patient is assessed and requires further therapy then they should of course be counted. There was some confusion around whether to count a patient assessed by an SLT who does not require further therapy. The RCSLT will ask the RCP for clarification.

After a very lively day there were still questions remaining before we could reach agreement on how to collect data. We will discuss the issues raised with the RCP and have already brought up the intensity of therapy with AHP colleagues prior to making a joint approach to the RCP. ■

.....
Claire Moser, RCSLT Policy Lead.

**Email: emma.pagnamenta@rclst.org
for information**



References & resources

Brady MC, et al. *Speech and language therapy for aphasia following stroke*. Cochrane Review 2016. <http://tinyurl.com/h47442t>



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

Tongue training

Tongue strength resistance training can improve tongue strength and reduce thin liquid vallecular residue in individuals with tongue weakness following stroke.

This is the finding of a Toronto-based prospective, randomised trial which compared two protocols – the tongue pressure profile training, where individuals perform tongue training during swallowing, and the tongue strength and accuracy training protocol, where the individual focuses on performing isometric and isolated tongue palate pressures.

The trial involved 14 stroke patients who received up to 24 sessions of one of the treatments (2–3 times/week, over 8–12 weeks). The participants underwent a videofluoroscopy examination with thin and nectar-thick liquids before and after the completion of the treatment course.

Both treatments resulted in significant improvements in tongue strength and post-swallow vallecular residue with thin liquids. No significant differences were found in the stage transition duration of the swallow and the median scores on the penetration–aspiration scale.

The authors conclude that, “improved penetration–aspiration [scores] does not necessarily accompany improvements in tongue strength”.

Reviewed by Dr Emilia Michou, Research Fellow, University of Manchester

Reference

Steele CM, et al. A randomized trial comparing two tongue-pressure resistance training protocols for post-stroke dysphagia. *Dysphagia* 2016; Mar 2. [Epub ahead of print].

Supported conversation

Patient factors, institutional routines and environmental factors consistently produce constraints on effective supported conversation (SC) implementation, according to a study investigating the transfer of SC training into day-to-day practice.

Researchers trained 28 non-medical staff (eg, therapists, nurses and healthcare assistants) working in a ‘post-acute’ stroke rehabilitation ward in SC. Training included an education workshop and face-to-face sessions by people with aphasia for each staff member. The researchers collected data (after training and during the course of the SC implementation period) from focus groups, individual interviews, learning logs and video-recordings of clinical practice.

Although the authors found various constraints on implementing SC training, they also discovered that some of these obstacles were overcome by the problem-solving strategies and approaches of both individuals and the multidisciplinary team. Staff reported increased confidence in using SC and they claimed to have gained new awareness and skills as a result of training.

The authors state the model of SC training used had clear benefits for staff communication practices and has the potential to create a culture of access, inclusion and active participation of all stroke patients.

Reviewed by Jen Thomson, Senior Stroke SLT, Leeds General Infirmary

Reference

Horton S, Lane K, Shiggins C. Supporting communication for people with aphasia in stroke rehabilitation: Transfer of training in a multidisciplinary stroke team. *Aphasiology* 2016; 30:5, 629–656. <http://tinyurl.com/jx75903>

Groups for articulation disorders

Concurrent treatment (when complexity of therapy tasks is randomly intermixed) delivered in a group setting is as effective for the treatment of articulation disorders as when delivered as individual therapy.

In a randomised pretest–posttest control group study, 28 children aged six to nine years were assigned to treatment or delayed treatment group. Children were seen in school in small groups (one to four children) for 30 minutes twice a week for 20 weeks with a minimum of 100–150 productions per session.

Treatment was in two phases: an establishment phase (using blocked, constant and part practice to establish 80% accuracy for four single syllables) and then a randomised–variable phase (when therapy tasks were presented in random order of complexity; word, sentence, story-telling). Success criterion was 80% at all levels across two sessions. Intermittent reinforcement, feedback and requests for self-assessment were used as well as graded prompts for errors.

All participants in the treatment group achieved the success criteria and achieved statistically significant gains compared to the control group, with a large effect size ($d=1.31$). The authors comment, “These results suggest a statistically significant treatment effect that can be reasonably attributed to the experimental intervention”.

Reviewed by Niall Watt, Specialist SLT, NHS Grampian

Reference

Skelton S, Richard J. Application of a motor learning treatment for speech sound disorders in small groups. *Perceptual and Motor Skills* 2016; epub ahead of print.

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



Victoria Joffe

Victoria Joffe explores evidence-based practice through the lens of Ian Bell, a fellow RCSLT member

Valuing knowledge alongside evidence

As someone living in the UK in Spring 2016, it is difficult, arguably impossible, to avoid discussion around the EU Referendum. Terms like ‘Brexit’, ‘Leave’ and ‘Remain’ get thrown around seemingly wherever you turn. Trends and movements come and go, ebb and flow, and as healthcare professionals, the term evidence-based practice (EBP) has become ubiquitous. We have emphasised the importance of EBP and have attempted in different ways to support clinicians at all stages in their journey to developing a greater understanding of what EBP looks like for them and their clients. This journey is not an easy one, and a full understanding of and engagement with EBP is complicated and complex. As many of you will attest to, it is not something one can just easily take off the shelf and

adopt for all service users, and it is not the panacea for everything.

Reflections on EBP

This reflection on EBP in its broadest sense was precipitated by a letter we received from a fellow SLT, Ian Bell. Ian has recently retired after many years of practice and is a specialist SLT in the areas of autism, visual impairment and complex needs. Before becoming an SLT, he worked as a teacher of children with severe learning difficulties (SLD). He wrote to us in response to the increasing attention we have given to EBP in the Bulletin, and argued in his letter that while EBP is the ideal, we should also value the knowledge that SLTs have, because EBP cannot be implemented in all areas and the focus on it can unintentionally make clinicians feel undervalued.

On receiving this feedback, we spoke to Ian and found out more about where his frustrations with EBP originated. The chances are that if Ian was feeling this way, many other therapists were too, and it is essential that we address all views and concerns, support all RCSLT members and bring everyone on our journey to deliver best practice. This is what Ian had to say.

“I do not recall the term ‘evidence-based practice’ being used until the past few years. However, whilst a teacher, I came to understand the need for a sound theoretical base for my practice. Being aware of the value of research, I undertook an investigation of the use of Language Assessment, Remediation and Screening Procedure with SLD children. This led to my MPhil degree. When I began working with visually impaired (VI) children, I set about acquiring the knowledge and skills I needed. I read the literature, attended courses and had discussions with other practitioners. Working in a trans-disciplinary team meant I learned a great deal from colleagues. All this built the foundation for my work.”

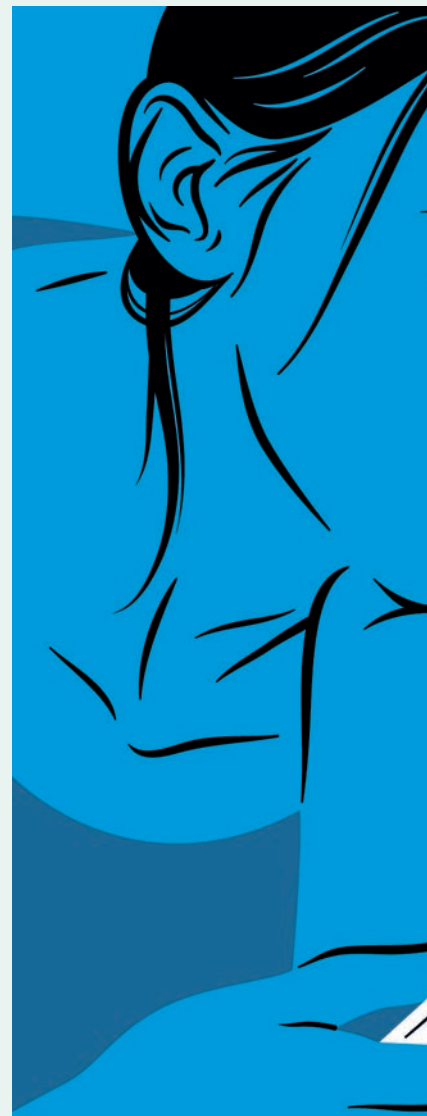
Ian talks about his reservations concerning EBP and his understanding of the value of integrating 1) research evidence with 2) the service user’s perspective and 3) clinical experience. However, while Ian believes all three types of evidence may be available in some areas of speech and language therapy, they are not in his area, and he believes this is also probably the case for other SLTs.

Limitations of EBP

With regards to the research evidence, Ian adds, “I have studied the relevant literature comprehensively. Yet, to my knowledge, there is no research

evidence to guide my clinical practice... no findings that show approach A is more effective than approach B. To aspire to such evidence is unrealistic: the population is very diverse and the outcome for an individual is dependent on many variables. Conducting research into the efficacy of therapeutic strategies is almost certainly impossible. But even if a randomised controlled trial did show that a certain strategy was effective for 90% of children with VI and complex needs that would not help unless we could determine whether the child for whom we are currently planning therapy falls within the 90%. But we can’t.”

Evidence from clinical practice is also limited and, according to Ian, far from robust. “There is some evidence of this kind with the target population (visual impairment). However, most



Research and Development Forum



ILLUSTRATION BY Ben Mounsey

of this is from teaching rather than speech and language therapy and is basically only in the form of 'we have adopted this approach and believe it's useful'. Although it is comforting to know that what one is doing is what one's respected colleagues are doing, it is not robust evidence.

"Working with children who have VI and complex needs rules out the use of patient preferences, where the cognitive and communication skills of these children are such that they cannot be

fully informed or clearly communicate their preferences. An alternative might be to take into account the views of parents and carers."

This too, according to Ian, is problematic, with some parents having, "deeply-held views which are at odds with those of SLTs".

Ian acknowledged that this view of EBP will vary according to the individual therapist's specialism. He identified other barriers to engaging in EBP which include, "lack of time to access published evidence,

the difficulty of interpreting research findings, and the difficulties of obtaining... patient preferences".

Supporting delivery of the best possible EBP

Ian believes more should be done to support SLTs in delivering the best EBP that is possible in their specific fields.

"Many clinicians need more time, encouragement and financial support to study the literature, to consult with colleagues and to be active in relevant clinical excellence networks. Journal groups can be useful, but in my experience there are too few. Trans-disciplinary team working needs to be encouraged: practitioners learn so much from working alongside colleagues and discussing issues with them. Clinicians should be supported to critically review their work and develop their practice accordingly. Those who are sufficiently confident to share this process with a colleague will gain even more. For clinicians whose evidence-base is inevitably very weak, there is a risk that the current emphasis on EBP makes them feel rather undervalued. This could become a barrier in itself."

Knowledge-based practice

And what about the way forward? What can SLTs do to proactively deliver best practice and meet the needs of our clients?

Ian says "What I, and I imagine many others, have done is adopt knowledge-based practice. SLTs have a wealth of knowledge. The precise nature of this obviously varies according to specialism. We should value this knowledge and the role it plays in developing a sound, rational foundation for our therapy."

Ian ends with a plea to us all:

"Let's value knowledge-based practice just as much as EBP. By doing so, we would also value the SLTs who cannot adopt EBP (in its strictest sense), but who, nevertheless base their practice on a firm foundation of knowledge."

I am very grateful to Ian for taking the time to write to us and open up an important debate regarding how we all deliver EBP across our diverse clients, what EBP means to us and how we can use the expertise and knowledge that we have to progressively build a more solid foundation of evidence across all clinical areas.

Please write in with your own views and experiences in embedding EBP in your own work. Tell us whether you share Ian's concerns; let us know your own challenges and innovative ways of overcoming them.

In the next forum, we are going to discuss an article written by Trisha Greenhalgh and colleagues in the British Medical Journal, entitled 'Evidence based medicine: a movement in crisis?' which interestingly reflects many of the concerns Ian has raised (<http://tinyurl.com/jcg5bbp>). Have a look at it if you identified with anything written in this forum.

For some serious reflections on why we are talking about evidence-based medicine at all, and delivered in a fun way, have a listen to the wonderful Tim Minchin singing about this very topic in his beat poem 'Storm': <http://tinyurl.com/7ea555u>

I look forward to touching base with you all again next month and continuing this discussion. ■

**Professor Victoria Joffe, RCSLT
Trustee for Research and
Development. Email: vjoffe@city.ac.uk; [@vjoffe](https://twitter.com/vjoffe)**

"Let's value knowledge-based practice just as much as evidence-based practice"



I CAN CENTRE WITH MEATH SCHOOL

Outcome Measurement: Using the Evidence-Base in Clinical Practice

Vicky Joffe

Monday 31st October 2016

9.00am – 5.00pm

Course objectives:

- Explore what it means to be an Evidence-Based Practitioner
- Identify key opportunities and barriers
- Share innovative strategies and streamlined approaches in the real world clinical context
- Review your own understanding of evidence-based practice
- Critically evaluate the existing outcome measures

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Tel: 01932 872302

www.meathschool.org.uk

Location:

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Surrey, KT16 0LF



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www.manchester.ac.uk/evidencebasedpractice-slt

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- Pullouts
- Cancellations
- Making change durable
- Transfer
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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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JULY CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 8 July for August, by 5 August for September, and by 9 September for October. To find out more about RCSLT CENs, 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

London Speech Disorders CEN

6 July, 2pm – 5pm (1.30 for networking)

Suzanne Churcher: current research into early intervention and the intervention pathways for young children. Dr Yvonne Wren: the Avon longitudinal study of parents and children 'Understanding the causal pathway for persistent speech disorder'. RCSLT London. Members free; non-members £10.

Email: mfortunato-carpio@nhs.net

Practical approaches to working with children who have social, emotional and mental health needs CEN

6 July, 9.15am for 10am – 4pm

Richard Maguire (Autism Oxford) will provide an insight into his life living and growing up with dyslexia and Asperger syndrome. PM: opportunity to discuss RCSLT matters, including use of Basecamp and the Social, Emotional and Mental Health Needs position paper. All Souls Clubhouse, 141 Cleveland Street, London W1T 6QG. Annual membership £25 (two meetings); non-members £25. Tea and coffee for the day: £2.

Email: melaniecarte@emslt.co.uk to reserve place

London SLI CEN

11 July, 9.30am – 3pm

Karin Schamroth introducing smile Therapy. For students to learn effective strategies when

communicating in everyday situations. Research updates. AGM. New committee members welcome. £10; members free; to join for a year £25.

Whittington Hospital Education Centre, Highgate Hill N19 5NF. Archway tube. Email: londonslicen@gmail.com or tel Marie 020 8442 6305 to reserve place. Visit: www.londonslicen.org

SIG/CEN Children and Adults with Down Syndrome (in the North)

11 July, 9.30am – 4pm

'Visual supports for expressive syntax with DS: Sharing practice examples'. The Pamela Sunter Centre, 2 Whitley Street, Bingley, West Yorkshire BD16 4JH. £25. Booking essential. Email: barb@flook.org.uk

Central Region Secondary School SIG

20 July, 1.30pm – 3.30pm

Setting up secondary school services and sharing what has worked well. £2. Brierley Hill Health and Social Care, Venture Way, Brierley Hill, DY5 1RU. Email: Farah.Hawa@bcpft.nhs.uk

Adult Neurology CEN (Northern and Yorkshire)

4 October, 9.30am – 4pm

Motor neurone disease: Presentations on saliva management, voice banking, current research, respiratory care as well as an opportunity to discuss complex cases. Speakers include Nina

Squires and Jennifer Benson. Woodside, Moorgate Road, Rotherham S60 2UA. £10 annual fee. To book, email: Rebecca.Humphries@rothgen.nhs.uk

South West Brain Injury CEN

6 October, 11am – 4pm

Brain injury assessment and rehabilitation: Sharing our skills. A wide-ranging day when SLTs will share recent things of interest. Opportunities for sharing knowledge, networking and more. Lunch included. £5. National Star College, Cheltenham GL53 9QU. More details on Basecamp. To reserve a place, email: adenman@natstar.ac.uk

South Wales Paediatric Dysphagia CEN

11 October, 9.30am

Workshop presentations on useful equipment and commercial food products available to support therapy with weaning and development of eating and drinking skills. + presentation from dietetics to update on available specialist/prescribed feeds. Singleton Hospital, Swansea. £10 for day; £15 annual membership (two meetings a year); students £5. To book, visit: www.southwalespaediatricdysphagiasig.webs.com or tel: 01633 748061/748062 for information



Nominations for the 2016 Giving Voice Awards are now open

Giving Voice aims to highlight the cost-saving, life-transforming work of speech and language therapists

The Giving Voice Awards are for anyone who has made a significant or innovative contribution to the Giving Voice campaign since October 2015, when the last awards took place. This could be an SLT, assistant or student, a service user, a parent or carer, a politician, journalist or even a celebrity. The Giving Voice Awards are open to both individuals and teams. Remember, we are also accepting entries in the form of a short video

Visit: www.rcslt.org/giving_voice/awards_2016 to find out more about how to take part. Entries close midday on 29 July 2016



Appointments



Speech & Language Therapist

Band 6 equivalent | Term time only (39 weeks) (Salary to be paid pro rata) | 32.5 hours a week | Required September 2016

Would you like to be part of a dynamic and supportive staff team? Do you have a strong commitment to CPD and evidence based practice? Do you have a passion for working in a Special School with children who have complex needs? If so Fairfields School may just be what you are looking for.

Fairfields School is a primary school catering for pupils with severe or profound learning difficulties. Some children may also have a sensory impairment, or a physical difficulty or complex medical needs. Pupils may also have an ASD diagnosis.

We are looking for a speech and language therapist who can:

- assess, diagnose, plan and deliver appropriate specialist speech and language programmes for pupils at Fairfields School
- work collaboratively with, and provide training, mentoring and coaching for parents, education colleagues and other professionals, ensuring well co-ordinated speech and language plans for pupils at Fairfields School.

We are looking for a speech and language therapist who:

- has a positive attitude, energy and enthusiasm and is self motivated
- has specific experience in the areas of autism and AAC
- is a registered member of RCSLT
- Is registered member of HCPC

In return we offer:

- amazing children and staff
- a dynamic leadership team
- a warm, welcoming school environment
- a school community that constantly seeks opportunities to further improve
- regular supervision and excellent CPD opportunities

The school is committed to safeguarding and the successful applicant will be required to have an enhanced DBS check.

Please contact Fairfields Office Team on 01604 714777 to obtain an application form or to arrange a school visit.

SENAD

WEST MIDLANDS LEARNING CAMPUS AND COMMUNITY HOMES

The West Midland Learning Campus is a residential setting for children and adults with severe learning difficulties and complex challenging behaviours. We currently have a vacancy for:

A Registered Speech and Language Therapist

Salary £30,000 - £40,500 (dependant on qualifications and experience)
37.5 hrs per week, including some evenings and weekends (flexibility of working hours required)

We're currently looking for a motivated, enthusiastic Speech and Language Therapist who, with clinical supervision from the current on site speech and language therapist and direct line-management from the Registered Managers, will support and develop the residents' communication as well as supporting staff in understanding about communication and developing their own communication skills.

The ideal candidate will be a Registered Speech and Language Therapist with experience of working with this client group and preferably in a similar setting. Experience of BSL and staff training is desirable. Experience of Makaton as well as a degree in SaLT is essential.

Other benefits include: Pension Scheme, Childcare Voucher scheme & Employee Assistance Programme

Due to our rural location, it is vital candidates have their own means of transport.

Closing date: 22nd July 2016

For an application pack, please contact reception on 01885 488096 or email Melinda.Lewis@senadgroup.com. You can visit www.senadgroup.com to apply online.

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In February 2014 Ofsted judged Ifield as an Outstanding school. Ifield was designated a National Teaching School in September 2014 and is committed to the development of the Thames Teaching Alliance. Ifield School is one of the founding members of KSENT, a Co-operative Trust for Kent Special Schools. In September 2015, Ifield School federated with Kings Farm Primary School under one Governing Body known as The Cedar Federation.

Ifield School is committed to safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share this commitment. The post is subject to an enhanced Disclosure Application to the Disclosure and Barring Service and check against the ISA Barred List for children.

Speech and Language Therapist

We wish to appoint a highly motivated, flexible and organised Speech and Language Therapist to join our established Therapy Team to play an important role in continuing the School's excellent reputation from September 2016.

The position will offer opportunities to work with our Partner Schools in Gravesend as well as an opportunity for the successful candidate to develop their expertise with AAC, Makaton and ASD. We are seeking a full-time therapist but part-time may be considered for an exceptional candidate.

Do you have:

- A Qualification recognised by RCSLT/HPC
- Experience of working in an education environment
- Excellent interpersonal skills and a good sense of humour

In return we can offer you a package of continuing professional development including supervision, professional support and access to ongoing training.

Pay band will be dependent on experience but is likely to be equivalent to Band 5/6 of the National Scale for Speech and Language Therapists. The post would be for a year in the first instance.

For further information, please contact Mrs Carol Parry, Assistant Director Communication and Interaction on 01474 365485.

Application Close Date: Thursday 14th July 2016, 9am
Interview date: Monday 18th July 2016

Mrs Pam Jones OBE, Headteacher, Ifield School, Cedar Avenue, Gravesend, Kent, DA12 5JT.
Ifield School, Cedar Avenue, Gravesend, Kent, DA12 5JT
Telephone: 01474 365485
Email: ifieldschool@aol.com



Speech and Language Therapist - Christchurch

Band 5 £21,909 - £28,462 - 37.5 hours per week

The role

We have an exciting opportunity for a Speech and Language Therapist to provide high quality, assessment and therapy for children, young people and adults with autism and learning disability.

You will work as part of our Practice and Clinical Support Team, alongside Behaviour Specialists, an Occupational Therapist and link in with our school Nursing Team. This post is based in Christchurch and requires some travel to our services across Dorset. The successful candidate will be working in Portfield School, our adult residential homes and within our community outreach service. You would be working alongside the Lead speech and Language therapist to implement the current model we are working towards. This is the perfect for a newly qualified speech and language therapist.

What we would like from you

- Recognised qualification in Speech and Language Therapy
- Excellent Interpersonal skills
- Experience of working with Autism preferred
- Able to provide training and advice to staff
- Able to travel around sites

What we would give you in return

- Competitive Salary
- Agenda for change terms and conditions
- Ongoing personal development including regular one to ones with your line manager.
- Pension.

Latest Application Date: 17-Jul-2016. To apply please visit: <https://jobs.autismwessex.org.uk/accessselect.recruit/recruitment/VacancyDetails.aspx?VacNo=346>

Autism Wessex is committed to safeguarding the welfare of the people we support. All successful candidates will be subject to an enhanced disclosure from the DBS and 2 satisfactory employment references

Speak-Easy London



Experienced therapist required to join small independent team as principal SLT/team lead. Must have excellent clinical and organisational skills and have a track record of supervising/managing other therapists. Strong interpersonal skills are essential. We offer:

- Fulham Broadway base
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Contact Zoe Urban with CV and covering letter at:
zoe@speakeasylondon.com

www.speakeasylondon.com

Speech & Language Therapist required for Outstanding Special School - Band 6



Contract: 37 hrs/week, Term Time+1 week, Permanent
Location: New Ash Green, Kent | Start: 5th September 2016
Specialist Areas: Education, Special Schools

What are we looking for?

- RCSLT recognised degree/diploma and a registered member of RCSLT
- Membership of the Health Professionals Council
- Experience of assessment and management of complex communication needs
- Experience of alternative and augmentative communication systems
- A commitment to multi-disciplinary/agency working
- Experience of working in a school setting

We can offer:

- Clinical supervision
- Excellent CPD opportunities
- Dysphagia training (if required)
- The chance to join an Outstanding Special School

For further information, please call Olivia Couzins on 01322 620 522 (Recruitment Manager) and consult the job description <http://www.leighacademiestrust.org.uk/careers/>
Closing Date: 15th July 2016

APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215



SPEECH & LANGUAGE THERAPIST

Salary Band: According to experience
Days of work: 3 days per week (flexible)
Part-time: 24 hours per week, term time only plus inset days
Start Date: ASAP

Speech & Language Therapist required to work in an exciting environment with a lively multi-disciplinary team who work with children and young people across 5 – 25 age range. An excellent opportunity to work in a friendly and rewarding environment for a professional who is looking for part-time work and variety. We would welcome applications from therapists with knowledge and skills in at least one of the following areas: AAC, dysphagia, physical disability or autism.

St Rose's is a non-maintained special school for pupils with severe, complex, profound and multiple learning difficulties. We have provision from 2 to 25 years; with our post-19 students attending on-site college St Martin's.

Candidates will require an enhanced DBS check and two satisfactory references prior to employment. Applications should be made by application form only. CV's will not be accepted. For an informal conversation about the position, please contact Katherine Marchant, Lead Therapist. For an application form and job description please email careers@stroses.org.uk or call 01453 763793.

Closing Date for applications: 12 July 2016
Interviews: 18 July 2016 (p.m.)

St Rose's is committed to safeguarding and promoting the welfare of children and young people, and expects all staff, and volunteers, to share the same commitment.



THERAPY NETWORK
SPEECH & LANGUAGE THERAPY

Therapy Network is an independent paediatric speech and language therapy service, working collaboratively with 35 schools across the UK. Our caseloads are diverse with students presenting with a range of SLCN and most pupils have English as an additional language.

The team has a strong research focus led by an SLT scientist involved with research at UCL. Other therapists are investigating evidenced based clinical practices with leading children's hospitals.

We are looking for dynamic SLT's (NQP-Band 7) to join our existing network of SLT's on a full, part time or locum basis.

SLT's will receive regular 1:1 and peer supervision, attendance at team meetings, CPD opportunities, insurances and a complete set of assessment and therapy resources.

Reference: LON01
Location: Central London
Full and Part Time: 37.5 hrs, 22.5hrs or 15hrs per week
Setting: Mainstream primary and secondary schools (mixed posts)

Closing Date: 15th July 2016 for all positions
Interviews: August 2016
Start date: 12th September 2016

For full job descriptions and to submit online applications go to:
www.speechandlanguagetherapy.org.uk/

Reference: BIR01
Location: Birmingham
Part Time: 15 hours
Setting: Mainstream primary schools

Enquiries to Clinical Director, Matthew Lawrence: hello@therapynetwork.org.uk

Reference: MAN01
Location: Central Manchester
Full Time: 37.5 hrs per week
Setting: Mainstream primary schools

Therapists can also sign up for our job alerts on our vacancy page!

RCLST jobs

Manor School



Speech and Language Therapist

Greater London
£23,762 pa

Ambitious about Autism

Speech and Language Therapist

Greater London
£33,690 – £40,689 p.a



Speech and Language Therapist

West Midlands
Competitive salary

Hampshire County Council

Specialist Speech and Language Therapist - Special Schools Service

South East England
£36,921-£41,550 p.a



Speech & Language Therapist

South West England, Yorkshire and Humber
£38,000

**To check the latest jobs, visit:
www.speech-language-therapy-jobs.org**



Speech and Language Therapist (SaLT)

JOB POSITION: Term-time (39 weeks)
SALARY: Hay Grade 7 sp 24 - 31 pro rata (£24,936 - £30,525 FTE) Equivalent to Band 5/6 in London
CONTRACT: Fixed term - September 2016 to July 2017 with review to extend contract

Are you ready to make a difference and inspire both staff and children at Townsend Primary? We are looking for an innovative and passionate SaLT specialist with 12-18 months experience who is looking for an exciting post in a well-established primary school for September 2016.

We are looking for someone who has:

- a degree in Speech and Language Therapy and Human Communication (SaLT Therapy)
- registered with HCPC and RCSLT
- experience of working with pupils of primary age (4-11 years)
- the ability to promote the well-being of children
- the ability to work autonomously and as part of a team
- excellent communication skills

In return we can offer:

- a good school that offers a friendly and caring ethos
- a hard working supportive team
- excellent Supervision
- CPD opportunities
- a caring school community where children are at the heart of everything
- happy, well behaved pupils who enjoy coming to school

Please contact us by either e-mail or telephone to arrange an informal visit.

Please send your completed application to:

Townsend Primary School, Townsend Street, London SE17 1HJ
 TEL: 020 7703 2672 | EMAIL: sbm@townsend.southwark.sch.uk

Closing date: 11th July 2016 - Noon | Interview date: 14th July 2016

We are an equal opportunities employer and committed to safeguarding and promoting the welfare of children and young people. The post is subject to a DBS and qualification check.

Speech and Language Therapist

Salary dependent upon experience



Eg (Training) Ltd is a forward thinking Independent Practice.

We are looking for a confident, highly motivated and enthusiastic therapist to work in the Manchester area. This post would be suitable for an NQP or therapist with one or two years experience.

Experience of, or an interest in working with children and young adults with Autistic Spectrum Conditions and complex needs is desirable.

This is a permanent post with flexible working hours, full or part time. Car driver/owner essential. You will be based in central Manchester, but you must be willing to undertake travel as part of your role. You will have access to a large team for CPD and supervision.

Closing date: Friday 26th August

Please email your CV and covering letter to info@eg-training.co.uk
 Telephone 01530 274747

Speech and Language Therapist

Part-time 3 days per week. Fixed Term Contract until 31.08.2017 and is likely to be extended. Term Time Only. NHS Band 5 (Equivalent to Education Band 4 £23,166 - £26,556 per annum pro rata)

We are looking for a passionate and highly motivated therapist to join our Speech and Language Therapy team. The successful candidate will demonstrate knowledge of appropriate assessments and interventions for use with children with learning difficulties, including ASD. Experience of working with children with ASD and learning difficulties would be advantageous. Experience of working within a school environment is desirable.

We are an LEA maintained Special Needs School, educating pupils aged 5-16 years. There is specialist provision for pupils with autism at each key stage. We are an equal opportunities employer and there are excellent professional development opportunities.

We are committed to the safeguarding, protection and welfare of children and young people and expect staff and volunteers to share this commitment. These appointments are subject to safer recruitment procedures, including satisfactory references, medical and enhanced DBS clearance.

For an informal chat please contact Laura Platt, Speech & Language Therapist Lead on lplatt@marketfield.essex.sch.uk

Closing Date: 15th August 2016

Interviews to be held on: 25th August 2016

Please apply online at: www.essexschoolsjobs.co.uk

Market Field School, School Road, Elmstead Market, CO7 7ET



NEW JOB?



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

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



Jenny Marcall

OCCUPATION: SPECIALIST SLT, CHILDREN'S INTEGRATED SPEECH AND LANGUAGE THERAPY SERVICE FOR HACKNEY AND THE CITY; HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST AND HACKNEY LEARNING TRUST

“Since 2014, we have been running some speech and language therapy drop-in sessions on the Playbus”



As part of my role I organise and deliver drop-in speech and language therapy sessions with the Hackney Playbus, a small charity dedicated to bringing free play opportunities and support for families who need it most. The project has been running since 1972. The Playbus is a converted double decker bus filled with play resources that parks in different community settings, such as parks and estates, and invites families to come along and play. The project runs a variety of services for families with children younger than five across several East London boroughs. All the activities are free for families to attend.

An important part of our role as a service is to endeavour to access the children who need it most. One group of such children is those who experience social disadvantage. The ICAN (2009) report on language and social exclusion states, “The link between social exclusion and SLCN seems to work in both directions; those who experience SLCN are at risk of social exclusion and those who experience social disadvantage are at risk of having impaired communication skills.”

Since 2014, we have been running some speech and language therapy drop-in sessions on the Playbus. Parents have the opportunity to ask any questions about communication and take away information. If they are concerned about their child, a brief case history and assessment can take place during the session. At the end of the free play session, the families all gather together and we run a small language group. We have run some sessions jointly with health visitors.

Using the Playbus sessions we have been able to reach communities who do not tend to access speech and language therapy services. We have been able to let parents and carers know what to expect of their children’s communication at different ages and when they should access support.

We have also been able to talk through



a number of misconceptions that parents had about speech and language therapy. For example, one child had been referred to the service by her health visitor a few months before meeting me on the Playbus. She did not attend the invitation to the initial speech and language therapy assessment because her mother did not want to waste the therapist’s time. Another mother had not raised the concerns she had about her child’s language development because she had read on the internet that SLTs do not work with children who speak more than one language.

During our first six sessions we asked parents to give anonymous written feedback before they left as part of a pilot. This was very positive, and included comments about speech and bilingualism: “Explained some doubts I had about my boy’s English learning”; “Useful info about what sounds (to expect) at what age” and “Reassuring to talk to health professionals about speech/communication”.

The Bercow Report (2008) recommends that when designing a continuum of services around the family, “The requirements of children and young people

with SLCN and their families will be met when, and only when, appropriate services to support them, across the age range and spectrum of need, are designed and delivered in an accessible way. This will require a broad and varied continuum of universal, targeted and specialist services delivered by an appropriately skilled and supported workforce.”

We find that Playbus sessions are beneficial at universal, targeted and specialist levels. Bringing the services to the community and the informal environment helps break down some of the barriers that families may experience in accessing health professionals. ■

Visit: www.hackneyplaybus.org. **Email:** sltinfo@homerton.nhs.uk



Reference

ICAN. Language and social exclusion. I CAN Talk Series: Issue 4, 2009.
Bercow J. *The Bercow Report: A review of services for children and young people with speech, language and communication needs*. Nottingham: DCSF Publications, 2008.

Various dates

Picture Exchange Communication System (PECS)

Level 1 Workshops – Derry, Plymouth, Cambridge, Liverpool, Darlington, London, Glasgow and Maidstone. Transitioning from PECS to Speech Generating Devices – Cardiff, Birmingham and Brighton. SoSAFE! Social and Sexual Safety Training – Plymouth, Liverpool, Northampton and Brighton. PECS in Your Curriculum – Birmingham and London.
Visit: www.pecs-unitedkingdom.com
tel: 01276 609 555

1 September – 6 October Stirling; 29 September, North West; 20 October, London; 10-11 November, Accredited; 18 November, Newcastle; 24 November, Dublin

Talking Mats training

Explore the potential of this powerful communication framework. For more information, visit: www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479 511

Either 12-16 September – UCL London or 10-14 October – Doncaster. Dates tbc

Working with deaf people: Part 1

An introduction to all aspects of assessment and therapy with deaf children and adults. £450. Apply now: atruthmerritt@csdconsultants.com or tel: 01227 262 141

16 September 9.45am – 4.15pm, London

An introduction to working with voice

£110 (Early bird rate: £95 before 19 July) and a further course: 17 September, 'An introduction to working with transgender voice'. A one-day course for SLTs and SLT students. 9.45am – 4.15pm. £110 (early bird rate: £95 before 19 July 2016) Visit: www.christellaantoni.co.uk

19-21 September, London

Working with transgender voice course

1st Floor, 4 Paddington Street, London, W1U 5QE. Course tutor and contact: Christella Antoni, Consultant SLT. £390 Visit: www.christellaantoni.co.uk

22 September, 52 Club, London

Long-term conditions: Supporting mental fitness

'Mental fitness' has been defined as "the modifiable capacity to utilise resources and skills to flexibly adapt to challenges or advantages, enabling thriving". The purpose of this new half-day workshop is to offer healthcare professionals the opportunity to learn more about how they can help people to cope with self-managing the long-term condition they are living with. Visit: www.communitytherapy.org.uk

22-23 September, RCSLT London

smILE Therapy practitioner training package

NEW training package for SLTs and teachers in this innovative therapy that teaches functional communication and social skills for real everyday settings. Suitable for students with deafness, ASD, SLI, learning disability, physical disability, from age 7 through to age 25. Outcome measures integral to each module. Visit www.smiletherapytraining.com for details. Email: info@smiletherapytraining.com

29 September, 10am – 4.30pm Birmingham

Free brain injury conference

'Why brain injury does not mean exclusion from real life' Launch of 'Life after encephalitis' by Dr Ava Easton. At the Offices of Clarke Willmott LLP, 138 Edmund Street, Birmingham. Places limited. Details from Karen Freeman on 0117 305 6064 or online: <http://tinyurl.com/grgjk4t>

30 September, 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, tel: 01276 472 369. Full course details available at: www.braintreetraining.co.uk/howtodocr_spf.php?id=57

13 October, Birmingham Hippodrome

Crossing the work health divide: Engaging with employers

This one-day conference builds on previous CTN conference and is ideal for any health professional involved in either providing a vocational rehabilitation service or planning to develop a new service that supports the needs of people with long-term conditions. For further details and to secure the early bird discounted fee, visit: www.communitytherapy.org.uk

21-22 October, Gatwick Hilton Hotel

Understanding and dealing with behaviour problems following brain injury workshop

This two-day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details available at: http://www.braintreetraining.co.uk/ceb_spf.php?id=58

31 October, 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 5s/0-3s'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

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

2-3 November, RCSLT London

Elklan total training package (TTP) for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence 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, visit: www.elklan.co.uk

4 November, RCSLT London

Elklan specialist training package: Supporting children and adults using AAC

Course equips existing Elklan tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

10-11 November, RCSLT London

smILE Therapy practitioner training package

NEW training package for SLTs and teachers in this innovative therapy that teaches functional communication and social skills for real everyday settings. Suitable for students with deafness, ASD, SLI, learning disability, physical disability, from age 7 through to age 25. Outcome measures integral to each module. Visit www.smiletherapytraining.com for details. Email: info@smiletherapytraining.com

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, visit: www.elklan.co.uk

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, visit: www.elklan.co.uk

15-16 November

International Feeding Conference

Two-day conference on feeding and eating in childhood and related disturbances. Emphasis on research and clinical practice developments relating to developmental, systemic and bio-behavioural aspects. Contact: ICH Events tel: 020 7905 2675; email: ich.events@ucl.ac.uk

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, visit: www.elklan.co.uk

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, visit: www.elklan.co.uk

1-2 December, RCSLT London

smILE Therapy practitioner training package

NEW training package for SLTs and teachers in this innovative therapy that teaches functional communication and social skills for real everyday settings. Suitable for students with deafness, ASD, SLI, learning disability, physical disability, from age 7 through to age 25. Outcome measures integral to each module. Visit www.smiletherapytraining.com for details. Email: info@smiletherapytraining.com



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500+ calories and 15g+ protein
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Perfect for reduced appetites.

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647 - Purée Petite Salmon Supreme

The new Purée Petite range takes a fresh look at Category C meals, for patients with dysphagia. Each energy-dense 275g dish is smaller in size for patients with reduced appetites, but with similar calorie and protein content to the larger meals in our Softer Foods range. Meaning the much needed nutrition goes exactly where it belongs, in your patient.

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