

June 2006 • Issue 650

bulletin

The official magazine of the Royal College of Speech & Language Therapists



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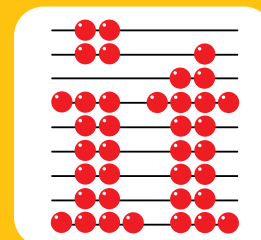
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COVER STORY:

Box Clever: improving children's talking through play

See page 18 for details

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The best RCSLT conference yet

I've just got back from the RCSLT's Belfast conference and can safely report that the event was huge success.

From the slick organisation of the opening day, to the launch of *Communicating Quality 3*, via the splendid gala dinner in the sumptuous surrounds of Belfast City Hall, the entire three-days went extremely well and the level of presentations and poster displays met with roars of satisfaction from everyone I spoke to.

Congratulations to Rosalind Gray Rogers and her organising team for their tireless efforts in producing what is being described as the best RCSLT conference yet.

Bulletin had its team of reporters covering the event and we will present highlights from the conference in the July issue.

It was interesting to talk to RCSLT members about a variety of subjects while I was at the conference. The RCSLT's online continuing professional development diary was a particularly hot topic and I'm pleased to say that it has proved to be a bit of a hit.

At the time of writing nearly 2,000 of you have taken the plunge and registered online. That is a staggering 20% of the UK practising workforce and goes to show how keen SLTs are to lead the way among allied healthcare professionals.

If you haven't registered yet, go to page 7 of this month's *Bulletin* and we will show you how. If you have, tell your colleagues what a difference it will make to their professional lives and help them to register.

We sometimes forget the huge amount of backroom work that inevitably goes into these marvels of modern technology, so I'd like to take this opportunity to applaud everyone at the RCSLT and Premier IT for getting the project off the ground.

Steven Harulow

Bulletin Editor

email: bulletin@rcslt.org

Make a date in your diary

The RCSLT Conference and AGM

The date: 28 September 2006

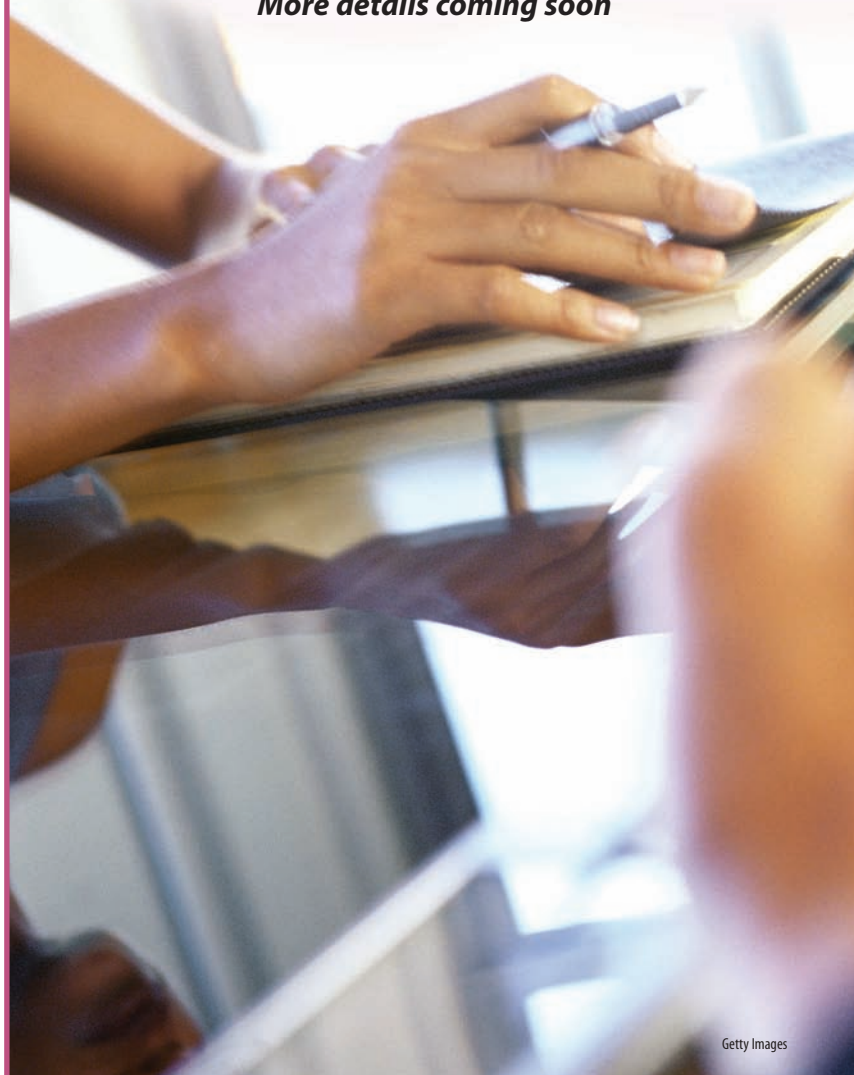
The theme:

**Plugging the evidence base gap:
important research in speech and language therapy**

The venue:

**The Symposium Hall at the Royal College of Surgeons
in Edinburgh**

More details coming soon



Getty Images

SLTs in the media

Speech and language therapy has again found its way into the media spotlight over the last couple of months

Wendy Daly, an SLT from Halton PCT in Cheshire, featured in the *Runcorn and Widnes World* on 1 February in an article on speech and language therapy and the treatment of stammering.

SLT Maggie Johnson made two media appearances in April. She first appeared in the *Saturday Guardian* on 1 April, in an article on her work with children with selective mutism.

Her second spell in the media spotlight was in the second of a two-part series, *Help Me To Speak*, on Channel 4 on April 10. This programme accompanied the *Guardian* article and featured the therapy given to two

children with selective mutism.

The week before, the first part of the series featured the work of SLTs and their clients at the Michael Palin Centre for Stammering Children in London.

Stammering also featured on the BBC GMR breakfast show on 1 April, when the RCSLT Diamond Jubilee SLT of the year, Daniel Hunter, featured in a live radio interview.

Sarah Lewis, an SLT from St Woolos Hospital in Newport, continued the stammering theme when she spoke to the *Western Mail* in an article on speech and

language therapy, the British Stammering Association and the Maguire Programme on 17 April.

Meanwhile, the fight to save the Nuffield Speech and Language unit from closure (as described in the mid-May *Supplement*, p1) made its way onto the online pages of *The Sun* on 2 May.

If you appear, or see speech and language therapy issues raised in the national or local media, write to the *Bulletin* and let us know. Email: bulletin@rcslt.org or write to: The Editor, 2 White Hart Yard, London SE1 1NX.

Enter the debate

Write a letter to the *Bulletin*, email: bulletin@rcslt.org

OBITUARY

Eira Leighton Davies - 1933-2006

As I sat listening to the eulogy to Eira, delivered by the headteacher of the school where she had been chair of governors for many years, I reflected on the life of a colleague who had dedicated her life to her clients and her community.

The tribute was one of many paid for Eira's contribution to her adoptive family and friends in North Cornelly, a village adjoining the seaside town of Porthcawl on the South Wales coast, where Eira lived for most of her life.

I owed a particular debt of gratitude to Eira, as she was instrumental in my choice of career. As a student at school, I observed Eira working in a local hospital with a young girl who had sustained a severe head injury after being hit by a car.

Eira was one of the very few 'speech' therapists who pioneered the service in South Wales. Her caseload was heavy and varied and she continued to provide a service in and around the Bridgend area, working predominantly with adults before eventually becoming chief speech and language therapist for the newly-established trust.

Our paths crossed at various meetings and conferences and

Eira could always be relied upon to have an apt comment reflecting her dry sense of humour and 'down to earth' approach to life.

She kept her private and professional lives apart and few of us were aware of her life beyond speech and language therapy and the enormous contribution she made to her community.

She was a big lady with a big heart, evidenced by the fact that she was mayor of the community council, the Luncheon Club treasurer, pensioners' secretary as well as Treasurer of the Public Hall, in addition to her duties as chair of school of governors.

She was a valued member of her local church and the respect in which she was held was made obvious by the number of people who attended her funeral. A male voice choir swelled the singing in the church and crematorium – a fitting farewell to someone who will be sorely missed.

Ena Davies

Wales representative on the RCSLT Retirement Network

Coast walk raises funds for aphasia project

David Robins has raised over £26,000 for a 320-mile walk from Minehead to Falmouth in aid of Connect – the Communication Disability Network that will soon launch *Access to Life*, a Cornwall-based project aimed at improving services for stroke patients with aphasia.

David's friend, Robert Thorling, suffered a stroke while on a skiing holiday eight years ago and David decided to help raise funds for the charity that has helped Robert deal with his aphasia.

At Connect, Robert participated in activities with other people with aphasia. He found the courage to go out on his own and explore new interests, and learned to live with his aphasia. Robert now attends computer classes, concerts and exhibitions, and works as a volunteer with young people training to become SLTs.

David said, "Robert was just 48 years old and at the peak of his career when he suffered a massive stroke. He had been a wonderful raconteur, but suddenly he had difficulty speaking, and could no longer read or write.

"Robert had not lost his intellectual capacity – just the ability to communicate. Connect helped Robert discover new ways to communicate and to regain his confidence."

Kate Mitchell, specialist SLT at the Royal Cornwall Hospital, Truro, said, "The idea of the project is to encourage greater independence and autonomy for people with aphasia, significantly improving their quality of life.

"We hope the project will put Cornwall on

David Robins (left) and Robert Thorling celebrate David's successful charity walk



the map as an example of how stroke care should be developing, so that we can ultimately provide sustainable services for people with long-term conditions."

Connect are looking for women to fundraise by running the Hydro Active Women's Challenge on Sunday 3 September in London.

For more information contact Lygia Fontanella at Connect, tel: 020 7367 0851, email: lygiafontanella@ukconnect.org

More school communication disability training needed

Lack of training to help identify and support communication disabilities in the classroom is letting down teachers and the children they teach, according to a new I CAN/Protocol Teachers survey.

Nearly 700 teachers, SLTs and other language and communications professionals were surveyed at I CAN's annual conference in April.

Almost 70% of teachers polled said they felt there was insufficient in-service training available to help them meet the needs of children with a communication disability at school.

More than 60% of those surveyed believed special educational needs, such as a communication disability, were the cause of behavioural problems at school.

Research presented at the conference supported this finding and showed that between 50-90% of children with behavioural problems have underlying communication difficulties.

Several SLTs commented that if children with communication difficulties

go unsupported, their behaviour would inevitably deteriorate. Delegates also noted that resources to support speech and language therapy were scarce.

"There is a lot of support for speech and language therapy in the primary sector, but resources do not extend to secondary schools" commented one SLT.

Protocol Education CEO Stephen Lawrence said: "The results of the survey paint a worrying picture of Britain's classrooms. It is clear that more specialist trained teachers are required to help to tackle the root causes of behavioural difficulties rather than schools concentrating solely on the sanctions to try and curb bad behaviour."

I CAN is calling for the entire school's workforce to have appropriate skills to support communication development, to identify communication difficulties at the earliest possible stage and to provide appropriate support for children with communication disability.

Visit: www.ican.org.uk

BUPA award recognises multidisciplinary work

The BUPA Foundation is offering a £10,000 award to recognise an exceptional example of work that demonstrates an improved clinical outcome for patients or clients using a multidisciplinary approach.

The *Clinical Excellence Award* is one of six categories within the BUPA Foundation awards scheme. The other five awards recognise excellence in the following areas: health at work; communication; research; care and epidemiology.

BUPA encourages applications from all disciplines.

Entries must demonstrate effective care through multidisciplinary collaboration and show an enhanced mutual understanding between clinicians - both of the different disciplines their roles demand, and the combined contribution they make to achieve better clinical outcomes.

Entries may include clinical governance initiatives.

Applications must be received by 3 July 2006. For further information on the awards and how to enter, visit: www.bupafoundation.com/asp/awards

SLTs rush to register with the RCSLT online CPD diary

More than 2,000 RCSLT members have now signed up to the new online CPD diary at: www.rcslt.org/cpd

The continuing professional development (CPD) diary went live in mid-April and to date almost a fifth of practising SLTs in the UK are now online and recording their CPD activities and reflections on learning on an ongoing basis.

This is an incredible response rate and shows just how keen the profession is to lead the way and embrace the latest technology and ideas.

The diary aims to minimise paperwork and save you time. It aligns your CPD to the Health Professions Council (HPC) and Knowledge and Skills Framework (KSF) processes.

To access the members' CPD area you first need to register on the CPD website (www.rcslt.org/cpd). Simply click on the *Access the online diary* link and then the *Register for the online CPD* link on the members' area page.

To register you will need your RCSLT membership number and an active email address in order to receive a password notification.

The RCSLT will contact

you by email within a few days and confirm your access to the online diary. Once you receive your password, you can change it to something more familiar to make it easier to remember.

We have published useful frequently asked questions, and their answers, about the diary on the CPD web pages to help explain why the new CPD system is online, what the benefits are to you and some more in-depth information on your CPD

requirements for the year.

The RCSLT has also produced a CPD toolkit that includes guidance on the KSF Development Review process, the HPC standards and how they relate to your CPD, work place examples and a set of forms to help you to record these work-based CPD activities. The toolkit is available to download from:

www.rcslt.org/cpd/toolkit

If you have any questions or concerns about using the diary, email: sharon.woolf@rcslt.org



Getty Images

Your comments on the new online diary

"Thanks to you and your team for setting this all up. I certainly appreciate all the hard work you've put in on this project and think it's a real credit to you all that it's so easy to use."

"Congratulations on the launch of the system to the membership. The system is the best compromise for all the diverse CPD functions we have. I am delighted that our profession is leading the way. I am planning training for my department and aim to have most staff registered in the next few months."

"Have successfully logged on, filled out my first set of CPD activity and feel very satisfied and relieved. I must say I found the links to the KSF extremely useful. This is very user friendly, like having an experienced and kindly relative taking you through a procedure which you were dreading but was actually okay, and dare I say it pleasurable!"

Complete the RCSLT CPD questionnaire before 23 June. Your views will influence the next stage of development. Visit: www.rcslt.org/cpd/cpd_questionnaire for details

NEWS IN BRIEF

Short break services

A new good practice guide aims to improve the uptake of short break services by families of black and minority ethnic children with disabilities. *A Process for Change* is the result of an 18-month project carried out by national charity Shared Care Network (SCN), which looked at practical ways short break services can become more accessible and inclusive. The guide recommends ways in which services can increase access to families and recruit more carers from minority ethnic backgrounds. Visit: www.sharedcarenetwork.org.uk

NAS education campaign

The National Autistic Society (NAS) launched its first education campaign on 24 May. *Make school make sense* aims to exert pressure on, and work with, Government and local authorities to deliver improvements to education for children with autism. It seeks to engage, support and empower individuals to lobby for change. The campaign demands: the right school for every child; the right training for every teacher; and the right approach in every school. Visit www.autism.org.uk/campaign

Congratulations to Professor Wright

Jannet Wright has been appointed Professor of Speech and Language Therapy at De Montfort University (DMU) in Leicester. Professor Wright joins DMU's Faculty of Health and Life Sciences from University College London. Professor Wright said, "I look forward to building on the University's commitment to professional education and practice-based research. The speech and language therapy division's specialist expertise and strong links with employers has earned it an excellent reputation among practitioners."

Autism meets the arts

The Autism Research Centre will host a fundraising concert and art exhibition, entitled *Autism: Art and Music*, on 17 September 2006 at West Road Concert Hall, Cambridge. The music concert and exhibition and auction of visual art will consist of work solely by people on the autistic spectrum. Visit: www.arc-conference.com or tel: 01234 328330



NEWS IN BRIEF

New directions

The Chief Health Professions Officer for England's Conference, *New directions, challenges and choices* will take place on 5 July at the Royal College of Physicians, London. This high level conference will help delegates understand the implications of the *Our health, our care, our say: a new direction for community services* White Paper and the health reform agenda. Sessions will include masterclass topics on business planning, AHPs as the financial solutions, influencing and leadership, social enterprise, and practice-based commissioning. Email: ahp-branch@dh.gsi.gov.uk

APD update meeting

The BSA Auditory Processing Disorder Special Interest Group invite SLTs to *APD in the UK – Update Meeting* on 22 June at Tapton Hall, University of Sheffield. Presentations by leading researchers in the morning will be followed by sessions facilitated by clinicians from differing professions, including workshops on differential diagnosis and, using case studies. Contact Ellen Godden or Jan Deevey. Email: ellen@thebsa.org.uk or jan@thebsa.org.uk. Tel: 0118 966 002

Corrections

The headline on the May *Bulletin* obituaries page (page 6) inadvertently referred to Mary Platt. Our sincere apologies for this error. ICAN supplied the wrong Talking Links website address for the mid-May *Supplement* (page 2). The correct address should read: www.talkingpoint.org.uk/talkinglinks

Clare says goodbye to the RCSLT HQ



RCSLT Policy Officer Clare Coles said goodbye to friends and colleagues at the RCSLT on 24 March.

Clare (pictured) joined the RCSLT in 2000 as Information Officer, graduating to the policy officer position in 2001. Her expertise and knowledge soon proved to be a great asset in the policy team where she lead on several areas of work including specialist advisers, older people and the interprofessional dysphagia competencies.

"I am particularly pleased with the developments made for the advisers network as I believe this network is key to the work of the RCSLT and to the development of the profession," said Clare.

Clare has returned to clinical work as an SLT. Her new post is at Frimley Park Hospital in Surrey, where

she will cover all the hospital wards and see a wide range of client groups, including those with stroke, progressive neurological and dementia.

Clare added, "I am very much looking forward to the new challenges of returning to clinical work."

She is also looking forward to working nearer home, which will allow her to spend more time with her two children, two-year-old Lauren and eleven-month-old James.

Everyone at the RCSLT HQ will miss Clare, not only for her wealth of experience, but also for her sense of humour and her ability to remain calm, cool and rational under pressure.



Viv leaves RCSLT after 22 years

In April we said a sad farewell to Vivien Robinson, who left the RCSLT

after 22 years' service.

Viv (pictured) joined the RCSLT in 1984 as a shorthand typist. In those days, College comprised a tiny team of 10 working from a small house in Willesden, North London.

"It was," said Viv, "like a home from home. We all mucked in together."

As the RCSLT expanded, so did Viv's role. She began working on the monthly *Bulletin* job supplement, touch typing all the adverts. As the volume of adverts grew, the *Supplement* became a fortnightly publication and in 1986, Viv took over

the whole of the advertising single-handedly.

Viv dealt with the advertisers, RCSLT members, typesetters and printers. "I am very proud," she said, "that despite sometimes intense pressure, I never ever missed a single deadline."

When the advertising was outsourced, Viv deputised for Jill Cobb, the management information officer, on the adult learning disability network, retirement network, and continuing professional development databases.

"I've enjoyed working for the College and will miss all the friends and colleagues who have worked with me over the years very much," Viv said.

Everyone at the RCSLT wishes Viv all the best for the future.

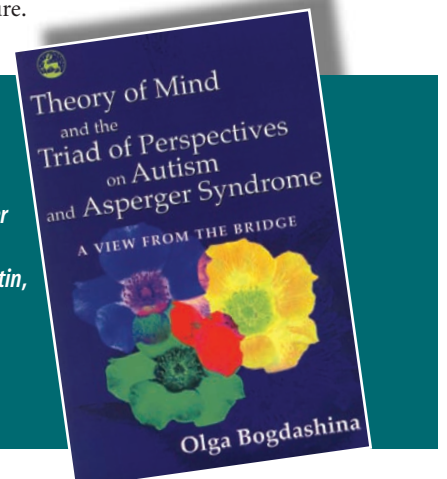
Bulletin book draw

RCSLT *Bulletin* readers can win a copy of *Theory of the Mind and the Triad of Perspectives on Autism and Asperger Syndrome* by Olga Bogdashina and published by Jessica Kingsley Publishers.

To win your free copy, send your name and address and RCSLT membership number to *June Book Draw, Bulletin*, 2 White Hart Yard, London SE1 1NX.

Entries close 13 June 2006. Only one entry per person.

The winner of April's draw for a set of Speechmark's cards, *Let's Draw*, is Sarah Evans from Sunbury-on-Thames in Middlesex.



Know the commissioning beast: the impact of change for AHPs

Pictures: Geoff Wilson

Allied health profession managers from all over England gathered at the RCSLT's conference to discuss issues around commissioning a patient-led NHS. **Annie Faulkner** reports



Delegates listen intently to the top-level speakers

There was a buzz of expectation at the Regent's Park Holiday Inn as 180 allied health professionals (AHPs) descended on the RCSLT's *Commissioning a patient-led NHS* conference on 27 April.

The conference aimed to inform participants of developments in relation to patient-led commissioning and enable them to support delivery of the new commissioning agenda.

The white paper, *Our health, our care, our say: a new direction for community services* (Department of Health, 2006), indicates that resources and funding will shift from secondary to primary care (see *Bulletin*, February 2006, pp6-7).

The aim of the conference was to outline how these changes, which should come into effect by 2008, will affect AHPs and, in particular, SLTs. It also set out to explain more about commissioning; payment by

results; the option and costs/benefits for different provider models; workforce planning and Connecting for Health.

Keynote speaker Kay East, Chief Health Professions Officer at the Department of

Health, led the debate by describing the journey towards commissioning a patient-led NHS and system reform.

"The heart of reform is the desire to achieve better health care, better experience and better value for money," she told the conference.

She said AHPs lead the field in providing needs-led services and added that reform is necessary for patients to move away from dependency on professionals, to give them a stronger voice, more independence, choice and control.

Ms East also stressed the importance of AHPs keeping themselves informed of the changes ahead and provided key references.



Kamini Gadlok identifies the next steps

Know the commissioning beast

Heather Wicks, Head of Commissioning and Service Redesign, Oxford City PCT, discussed the commissioning cycle. She explained why

AHPs need to be involved in selling their services.

"AHPs have to be realistic about what they can offer, so commissioners place services with us," she said.

"Know the commissioning beast. Know both national and local agendas. Have a strategic business plan. We know how we can contribute, but we have to present it in ways that hit the commissioners' buttons, and present information which shows financial benefits in particular.

"State how you can impact on their need to manage their referral rate or to reduce admissions and readmissions. Stress how your involvement, eg in early diagnostic strategies for stroke or falls, can help meet the 18-week targets," she suggested.

Practice-based commissioning

The DH's Clinical Director for Primary Care Contracting, Dr Mo Dewji, explained the implementation and future development of practice-based commissioning (PBC).

Advocating a 'bottom-up' approach, he stressed the need for clear language patients can understand and the importance of partnership. "Don't forget," he said, "the important part that voluntary services and carers play."

Dr Dewji said that where GPs have responsibilities for managing funds, primary care teams will get more incentives to work more effectively.

"There will be three phases, and unsupported it is a big task, so we have to work together. We have to have patient power, benchmark standards and get consultants in primary care," Dr Dewji added.

He also talked about the PBC development programme, suggested that AHPs get involved and encouraged participants to ask their CEOs or PCT if their organisation had signed up to this work.

Payment by results

Former NHS Finance Director Noel Plumridge examined the complexities of payment by results (PBR) and tariffs.

He looked at some of the big strategic issues, such as how payment by results can apply outside acute care, eg in mental health and chronic illness, and the availability of information, investment and risk management.

"There are both risks and opportunities for



Dr Mo Dewji takes questions on practice-based commissioning

AHPs," he said, "for example AHPs could become commissioners, but money is tight and getting tighter. The risk is being seen as an overhead, so AHPs must demonstrate value added solutions."

New models of provision

NHS Confederation Deputy Policy Director Jo Webber opened the afternoon session by looking at restructuring and different provider models. She stressed the importance of working together.

"For example AHPs and nurses should mobilise together and think of themselves as a team," she said. "Start with a shared vision and it is easy to decide provision models."

"Look at the big picture; what it looks like not just for health but for social services too," she urged, "and consider local solutions for the benefit of the patients."

She highlighted that foundation trusts are probably a form of social enterprise.

"Competition will modernise the NHS. In any free trade area there will be winners and losers, so people will have to be flexible," she said.

"Enlist the help of local politicians," she advised. "The Royal Colleges too have a big role to play in the way forward."

Future workforce needs

National Workforce Review Team Director Judy Curson and Data Modelling Manager Andy Knapton discussed the implications for the future of the workforce.

"The globalisation of workforce affects provision," claimed Ms Curson, describing the factors that determine its shape and size.

"We need to encourage wider roles, for example occupational therapists and



Delegates were keen to ask questions from the floor

We asked delegates for their thoughts on the new commissioning agenda

Margaret Acutt, senior SLT, Isle of Wight Healthcare NHS Trust

"I want to do some independent work when I retire in 2007. I want to find out what commissioning a patient-led NHS will mean for me as an independent practitioner. Do I just write a letter to my local GP offering my services as a specialist SLT?"

Denyze Harris, head of adult speech, South Somerset PCT

"One of my worries is exactly how I'm going to have a service to run in the future and whether I would have a job. I am worried about how we are expected to continue to deliver an effective service to patients whilst we are also having to look at cutbacks."

Anita Smith, professional lead in adult speech and language therapy, Bexhill and Rother PCT

"My main concern is that future commissioners do not understand what the role of speech and language therapy is and how it can help their client groups. We have to consider how we place ourselves in a competitive environment so that commissioners purchase our services rather than an alternative service, because there will be alternative services."



Denyze Harris

Nicola Perkins, SLT, Royal Free Hospital NHS Trust

"I am worried that it will become disjointed and we won't have the same control that we have at the moment. I'm not sure that when the government says patient-led, that it really means financially-led."

Carol Stokes, head of adult SLT, Watford and Three Rivers PCT

"Commissioning is very complex. I run services across a lot of different organisations. I need to get engaged at the right level to let me take forward these issues."

Gina Jones, SLT manager, children's services, Tameside and Glossop PCT

"How does commissioning in the new NHS fit in with the new children's agenda? There is no clarity about how the two knit together."

Tom Morris, SLT, acting deputy programme manager, Sure Start, West Green and Chestnuts, Haringey

"In an area like Haringey where half the population does not have English as a first language, individuals are far less likely to have their views heard. Surely it's going to be based on financial needs rather than social or health needs?"



Tom Morris

therapists taking on bits of each other's roles. Staff expectations of a career for life have also changed."

Mr Knapton demonstrated the Christmas tree model, which could be used to plan future workforce needs, including bottlenecks and career progression.

Both speakers emphasised the need to use this model to assess what the shape of the team would need to be in the future, and to identify who does what in the care pathway.

Connecting for Health

Connecting for Health National Clinical Lead for AHPs Jan Laidlow described the implications of the white paper and patient-centred care for AHPs.

She also described the £6.2 billion

electronic patient record, looked at issues of patient confidentiality, data quality measures and standards, and stressed the need for greater AHP involvement.

"If we don't get involved, decisions will be made anyway," Ms Laidlow explained.

The way forward

RCSLT CEO Kamini Gadhok closed the plenary session with a well-received summary, concluding, "DH policy leads have agreed to work with us on commissioning, but we need your support too."

She outlined what the RCSLT would be doing to support members. Some of these activities are being undertaken in partnership with the Allied Health Professions Federation:

- Working with the NHS Confederation to

develop a joint leading edge briefing on commissioning a patient-led NHS

- Working with the DH to influence the development of tariffs
- Influencing the work on commissioning
- Working with the National Workforce Review Team to shape the future recommendations on the strength of the speech and language therapy workforce
- Including the Christmas tree model in the RCSLT workforce planning toolkit

The key message from the conference was that there are testing times ahead, but it is better to be inside rather than outside.

It is crucial that AHPs get involved in the national programme along with social services and other agencies, including education, patients and carers. Staff must work together as a team, be proactive and think 'outside the box'.

The speakers' presentations feature on the RCSLT website, visit: www.rcslt.org

Delegates' feedback on the conference:

"translated document well into meaningful issues"

"excellent professional support from the RCSLT"

"raised awareness of involvement with commissioners"

"very good that the RCSLT has taken this initiative"

"improved understanding of multiple commissioning services and impact on capacity development"

"gives me a good start on planning my role and my services role in the modern NHS"

References:

Department of Health. *Health reform in England: update and next steps*. DH, December 2005. www.dh.gov.uk/PublicationsAndStatistics/fs/en
Department of Health. *Our health, our care, our say: a new direction for community services*. DH, 2006. www.dh.gov.uk/PublicationsAndStatistics/fs/en

The NICE *Nutrition Support in Adults* project

In 2004, the RCSLT asked me, as a dysphagia adviser, to represent the profession on the Guideline Development Group (GDG) for the National Institute for Health and Clinical Excellence (NICE) *Nutrition Support in Adults* project. This was a huge undertaking, not only because of the project's scope, but also to try to ensure that the voice of speech and language therapy was heard within the guideline.

I was fortunate to be allowed to convene a subgroup to formulate the dysphagia section of the guideline and was keen to ensure that as many areas of our profession as possible were involved. Although I am aware there are still omissions, it is a start.

The group process of writing the guideline was not only personally very challenging and enlightening, but taught me huge amounts about how other professionals work (and think). It also taught me about the rationale of how the NICE guidelines are put together, as well as how much more there is to be done by the speech and language therapy community.

Below is an edited version of an article I wrote for *Complete Nutrition* (2006) looking at the perspective of three professionals within the GDG around this guideline and its impact on their professions. Although brief, this outlines where we as a profession interact with the guideline and where we could go next.

“SLTs are increasingly involved in the assessment, diagnosis, treatment and management of people with dysphagia, both in terms of the knowledge base within the profession, and involvement in the multidisciplinary team.

The key issues raised for the speech and language therapy community within this guideline are as follows:

Clinical issues

Consideration of swallowing problems is

identified as part of the screening process. The algorithm as part of this screen includes a large section around identifying patients with dysphagia. This list is not designed for SLTs, but for others to have as a reference to raise awareness of this complex condition; to be able to refer or manage in a more timely and appropriate manner in both acute and community settings.

The issue of diet modification for patients identified with dysphagia is also listed. However, due to the lack of robust research into the risk and benefits of using diet (including fluid) modification, it was not easy to write clear guidance around this area. The guidance stated within this document is brief and will require further guidance/referral to the SLT involved in patient care.

Further research into the areas of diet and fluid modification (eg thickening) is essential to aid future versions of this guideline. Research questions have been posed within the full version of the guideline, available at: www.nice.org.uk

One recommendation around offering early nasogastric tube trials for patients with dysphagia will be supported by SLTs, as well as the caveat around ethical issues of feeding and whether this is always appropriate.

Long-term feeding issues in the community also include SLT input, which is also to be supported. As a profession, SLTs are increasingly becoming involved in decisions around whether and how to feed an individual or not. These guidelines support involvement of SLTs within this process.

Organisational issues

Some of the key recommendations within this guideline are around the wider issues of nutrition management:

- Education and training around this guideline will also involve SLT input, especially as dysphagia is a key concern

identified. This is a welcome opportunity, although there is acknowledgement it will have resource implications.

- Hospitals should have a multidisciplinary nutrition support team, which also includes SLTs. Many hospitals have such a team already, but this offers further opportunities for SLTs to become involved.
- Nutrition steering committees are also listed and may include SLTs. Much of this is resource dependent, but this guideline does offer the opportunity for the profession to be involved if possible.

This guideline is a starting point rather than a stand-alone document for SLTs. The GDG struggled to source enough acknowledged research for any part of this guideline, but this is an opportunity for the speech and language therapy profession to undertake the research needed to aid future dysphagia and nutritional knowledge. It is also an opportunity for SLTs to be a more visible member of the multidisciplinary nutrition team, and to learn more about the impact of nutrition on their work.”

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Jackson J. *Complete Nutrition* April 2006 p.16-18.
Visit: www.nutrition2me.com

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RCSLT joins the *Let's Talk* debate

RCSLT CEO **Kamini Gadhok** joined a select group who attended the *Let's Talk* policy forum in London on 15 May



Kamini Gadhok raised issues with the Prime Minister that came out of the conference on commissioning a patient-led NHS

Hosted by Prime Minister Tony Blair, Deputy Prime Minister John Prescott and Labour Party Chair Hazel Peers, the aim of the initiative is to bring people from within the Labour Party together with service users, trade unions, voluntary groups and frontline workers, to discuss public sector reform in England.

RCSLT Head of Policy and Partnerships Nick Smith secured Kamini's place at this influential meeting.

According to the official literature, *Let's Talk* is, "a starting point for debate. It sets out how Labour's balanced approach of investment and reform has worked and looks ahead to some of the challenges we face in the future. The debate that will take place across the country will feed back to Labour's National Policy Forum."

At the forum MPs chaired table discussions looking at particular issues around public sector reform.

"The key areas they wanted to debate were how we make provision of public services fairer; how we improve our public services overall; how we can transfer more power to individuals; and how we can better tailor service provision to meet people's needs and guarantee the effective use of public money," Kamini said.

"For example, a debate around patient choice and Herceptin (the chemotherapy drug which, because it has not received National Institute for Health and Clinical Excellence approval, is being selectively prescribed across the NHS) raised the complexities around the choice agenda.

"It brought up the fact that we say to people they have choice and can get whatever treatment they want, versus the reality of

what is available within the evidence base.

"The debate opened up the whole issue around choice and what we mean by choice. As somebody pointed out, we don't have an endless pot of money and at some point we are going to have to have debates around what services we can provide."

Kamini said she thought the Government faced a dilemma in its aim to de-centralise health and social care, and the need to have a level of standardisation of service provision.

"I raised the point that it is important there are national and evidence-based standards to inform local models of service delivery – which depend on the available skill mix, competition and the needs of the local population, rather than just costs.

The debate opened up the whole issue around choice

The Prime Minister joined Kamini's group during their discussion on targets.

"A director of social services spoke about her concerns that people are set different targets, because local authorities have different priorities from the health service. It gave me an opportunity to raise with the Prime Minister issues that came out of our conference on commissioning a patient-led NHS on 27 April," Kamini added.

"I commented that a big concern from our members was that children are not high on

the priority list because they're not one of the six health targets. As a result there's a real concern that children's services are going to suffer. I managed to stress to the Prime Minister the importance of the integration of policy development at a local level across different sectors.

"He told me this was something the Government would be looking at by reviewing the work of government departments. He said he recognised that if they're going to make change happen locally they also need to look at how government departments work across and together around policy to do with population.

"The Prime Minister realises there are great examples of how good services are delivered and that the challenge, as we all know, is how we actually try and spread good practice. Certainly, he talked very much about the importance of moving away from a single policy approach to ways of looking at integrational policy across the sectors.

"There was also a very positive debate around the criminal justice system and I think again there is a realisation that there are huge issues around how communities engage with the police; how we get local populations involved in the debate on solutions to deal with local crime and how they can support each other.

"The Prime Minister concluded by saying that there needs to be a new approach to tackle the problem of people who are still socially excluded, in spite of the success of schemes such as Sure Start and New Deal. He also said the Government wants to look further at how the voluntary sector can support them and enable developments for the future."

Learning Together: Speech and Language Therapy Standards Fund Project

Amanda Godsland and Judith Anderson describe a scheme that trains schools to support staff to facilitate pupil inclusion in mainstream schools

Learning Together is a highly successful Standards Fund project that has been running in schools in Gloucestershire since September 2001 and in Bristol since 2004.

The focus of the project is the provision of a training package for learning support assistants or teaching assistants (LSAs/TAs) whereby formal teaching is followed up by 1:1 mentoring in schools. The aim of the project is for LSAs/TAs and mentors (who may be SENCOs or class teachers) to develop knowledge, understanding and skills in working with children with speech and language difficulties in groups.

Learning Together was originally set up by Gloucestershire LEA to facilitate the inclusion of children with learning difficulties in mainstream schools after the closure of a special school. It has since evolved substantially, with around 30 new schools involved each year in Gloucestershire. Initially, the project offered only group work, and all the children in the groups were taken on to the speech and language therapy caseload.

Over three years major changes have taken place:

- The caseload element was dropped. There was lack of clarity about who had responsibility for casework for the child as many of the children were only seen in these groups, and formal assessment was not routinely undertaken.
- Formal training sessions were added. These have enhanced learning, providing the theoretical background on which to pin the practical experiences of the groups.
- Schools now opt in, rather than being selected. This ensures they commit

themselves fully to the project. In Bristol, the schools sign a contract agreeing to provide a set amount of time, support and accommodation for the project.

In 2004, Bristol LEA offered Standards Fund money to the United Bristol Healthcare Trust (UBHT) speech and language therapy service for one year. Having heard of the success of *Learning Together*, UBHT approached the Cotswold and Vale SLT Service. They shared their experiences and ideas so that *Learning Together* could be offered to schools in Bristol.

The project

The mentor and one or two LSAs/TAs from each school are directly involved in the project and attend the training sessions. The LSA/TA then runs language groups in school for four or five children, working alongside the *Learning Together* SLT, with one of the sessions each week/fortnight being delivered jointly with the SLT. In Bristol, SLTAs attend the training and also reproduce resources for both the training and group work.

Training sessions run for half a day at the beginning of each of the first four or five school terms. These focus on a different aspect of communication each term: attention and listening, understanding spoken language, using spoken language, sound awareness and, in Bristol, social skills. SLTs in Bristol deliver the training, while in Gloucestershire SLTs and LEA advisory teachers for communication and interaction deliver the training together.

Group work follows closely the theme introduced in the term's training session. The school selects the children to be included. In some schools the same children follow all the

modules while, in others, different children are selected for each area of focus.

Project feedback


Speech and language therapists, school staff, children and assistants have all experienced gains from the project, some of which exceeded expectations. As so many enthusiastic comments came flooding in from participating Bristol schools in their first term of the project in 2004-5, we approached the rest (over 50 across the trusts) for informal verbal or written feedback. Comments are summarised below, presented as learning or general gains for: LSAs/TAs, mentors, the children in the groups, the whole school and therapists.

LSAs/TAs:

"It's good to have children in small groups because you can really get to see their strengths and weaknesses." "It's good to identify targets to feed back to teachers." "It's interesting to look in depth at the children's language levels." "It makes you focus on specific things." "Now I know what the therapist is talking about."

LSAs/TAs report they have increased confidence, both in running groups and in understanding and carrying out programmes devised by the therapists. The taught sessions fit in well with the practical sessions where, with support, they are able to apply new knowledge and skills. They also report that they have been able to use and share strategies and resources with other children and with teachers in other classes in the school.

Mentors:

Mentors are involving LSAs/TAs more in selecting children for language groups. 

They are valuing the knowledge and observations of the LSA/TA as well as having time in the training sessions to reflect on language issues.

Children in the groups:

"I feel that all the children involved in the attention and listening group benefited. Their ability to sit and listen during whole class carpet activities was improved – not calling out, not fidgeting as much and they appeared to look more interested when working in large/small group activities." Nicky, LSA.

One mentor remarked on the difference she noticed in the children's listening skills in the group. There have been several reports of improved confidence, attention and participation, with transference of new skills outside the group. Children have enjoyed the increased adult attention and some shy children have 'blossomed' working in a small group.

At another school it was reported that one child's behaviour has noticeably improved. The use of a visual sign such as 'good sitting' helped the child to sit still in assembly and during other activities after just one week. In the same school a teacher asked if a child could be kept in the group for the second module 'understanding language' as he had shown such a marked improvement after the first 'attention and listening' module. This child had initially been considered unable to benefit from the group work.

The whole school:

A closer working relationship has been fostered with speech and language therapy and schools now have a 'shopping list' of suitable resources. Such resources introduced through the project have been used throughout the schools. An example of this is the use of signs and symbols: teachers have found that signs held up on card are very useful for 'good waiting'. Dinner ladies, having difficulty keeping the children quiet, were given the sign to use and the line immediately went quiet.

Several schools report that other children in the school who have not attended the groups can now show 'good listening' as demonstrated by the group members.

SLTs:

"Working in different schools means you can pass on ideas and resources that you see in one school to another." Elaine, SLT. "I have even more respect for the strengths and abilities of LSAs, especially for their



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enthusiasm and creativity." Nicky SLT.

Therapists have consolidated their skills in teaching adults and demonstrating activities effectively. They have commented on the usefulness of having feedback from the training when working with the LSAs/TAs in the group sessions, when issues can be followed up immediately.

The relationship between SLTs, LSAs/TAs and SENCOs is strengthening, leading to easier and more effective collaboration when dealing with the needs of children outside the project, but on the therapist's caseload. This is particularly helped by the development of a common core vocabulary, and increased insight by therapists into the needs and concerns of schools.

Summary

Representatives from project stakeholders have received *Learning Together* with enthusiasm. Therapists, LSAs/TAs, teachers and head teachers are showing a commitment to ensuring the high standards established at the outset are maintained. These standards include the allocation of ring-fenced time for all participants and an impressive level of planning and organisation by both SLTs delivering the modules and LSAs/TAs in running the groups.

The children in the groups have enjoyed the bright and interesting resources purchased through the Standards Fund, and

several schools have already acquired many of these items for use beyond the project. All participating schools have been given *Learning Together* files to keep the handouts and other information relating to the projects together. Assistant support in Bristol has enhanced the quality of many of the teaching and therapy resources used.

The project is continually being evaluated informally with small but significant changes made in response to this, such as how best to work in schools around Christmas. Close working relationships built up between SLTs and school staff enable a frank exchange of ideas and suggestions for improvement. A formal evaluation in July 2006 will monitor the progress of participants who completed the project 12 months before with a view to assessing the sustainability of the *Learning Together* approach.

Learning Together is currently taking place in 49 schools in Gloucestershire and Bristol. ■

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A multi-agency approach to aphasia

Karen Stromberg, Isabel Winslow, Alison Ross and Felicity Hudson describe a new service for people with long-term aphasia

The Leeds Communication Groups (LCGs) started in July 2001 to address the longer-term needs of people with aphasia. They reflect recent research (Pound *et al*, 2000) that highlights the significance of the longer-term effects of aphasia on communication, life participation and psychosocial well being.

The social model approach to disability emphasises the needs of people with aphasia that extend beyond communication. An audit of group therapy found that support and resources from multiple agencies were essential to meet these needs. As a result, a multi-agency partnership – comprising Leeds Metropolitan University and Leeds speech and language therapy service, social services, and the Leeds modernisation team for disability – was established to run communication groups for people with aphasia. The former Leeds Health Authority and the multi-agency partnership provided funding for two years, from September 2001.

The LCGs aimed to: improve the communication of people with aphasia in Leeds; develop an understanding of disability and the rights of people with aphasia; and increase the social participation of people with aphasia.

The multi-agency partnership enabled the LCGs to employ a disability equality trainer and personal assistants from social services to support the group sessions. The trainer provided information on the social model of disability, disability rights and related practical issues. The personal assistants helped group members with mobility and personal care, and with the general running of the group. This enabled group members to attend independently of their main carers, and gave therapists time to focus on clinical intervention.

The agency employed a specialist SLT as the groups' coordinator. She was responsible for setting up, organising and running the groups. Therapists from the local SLT service were actively involved in the planning and delivery of the group sessions. The agency also employed a research SLT to evaluate independently the effectiveness of group interventions.

The groups took place at Leeds Metropolitan University, a central and easily accessible location with a community rather than hospital focus. The university also has excellent facilities for running therapy groups. Part of the LCGs' role was to provide clinical training for SLT students based at the university. These students were also an invaluable clinical resource and played a significant role in the planning, delivery and evaluation of the therapy.

Most of the SLT staff/students and social services staff took part in disability equality training separately from the group sessions. In the latter, the disability equality trainer introduced the social model of disability, and facilitated discussions on how this applied to the group members' lifestyles. She also provided information on the *Disability Discrimination Act*, disabled benefits and services and disability awareness. The therapists worked closely with her on the nature of aphasia and the presentation of aphasia-friendly material.

Over the two-year period, three types of groups – client and carer, conversation and communication skills – ran weekly for two academic terms. Each group had up to eight people with aphasia, facilitated by a coordinator and an SLT. Speech and language therapists referred clients for one or more of the groups and, where possible, the SLT

coordinator assessed each person's suitability for a particular group.

The group sessions were a mix of whole group, smaller group and one-to-one work, with a total communication and supported conversation approach. Specific sessions addressed disability equality issues with significant input from the disability equality trainer.

There were two types of client and carer groups: one for those with moderate aphasia and one for severe aphasia. The aim was to develop the carers' skills as a supportive communication partner. The emphasis was on communication teamwork, carer education and sharing responsibility with the aphasic partner to achieve optimal effectiveness in communication.

The conversation groups used a total communication approach and were mainly for people with moderate aphasia. The aim was to develop strategies for maximising effective communication in a supportive setting in conversation with other group members, students and staff, with an emphasis on building self-esteem and self-expression.

The communication skills groups were mainly for people with mild to moderate aphasia. The aim was to optimise existing communication skills to increase participation in work, social and leisure activities. These groups used a practical, problem-solving approach for short- and long-term goal setting, with an emphasis on developing strategies to overcome or reduce barriers to achieving goals.

Group goals developed from discussions that followed disability equality training. For example, members devised an information leaflet about aphasia for the general public and staff at a local supermarket. They also

wrote to a catering manager with suggestions on how to improve the communication skills of catering staff in dealing with people with aphasia.

The university allocated three or four second- or third-year SLT students to each group each term. The students attended an induction session at the beginning of their placement, and they received supervision during and after each group session, at the mid-term point and at the end of the placement. Some first-year students also attended observation sessions.

Informal feedback from group members, SLT students and therapists showed that involvement in the groups was positive and enjoyable. Formal evaluation from an aphasia-friendly service satisfaction survey also produced positive results (Winslow and Ross, 2003).

The group members reported increased confidence in their ability to communicate, using conversation strategies learned in the groups. As a result they reported they were able to increase their participation in leisure and social activities (table one).


Mutual support also developed in and outside the group sessions, and this became a significant and integral part of the groups' success.

Fourteen group members participated in a

formal evaluation of groups run in the first year. One of the measures used was the Conversational Analysis Profile for People with Aphasia (Whitworth *et al*, 1997).

Overall, members and carers perceived greater improvement in conversational styles and opportunities following the group input. The carers also said conversation breakdown was less severe and less frequent (Winslow and Ross, 2003).

The formal and informal outcomes highlight the value of group therapy and the multi-agency partnership approach for people with aphasia in Leeds. However, this approach requires sufficient time for planning and preparation; sufficient resources, for example, for student and ongoing training; a common understanding of objectives and reliable transport.

If further funding is secured, the groups could continue as described. Other potential developments will include a longer-term support/maintenance group; improving resources and information for group members/carers, SLT students and therapists; and establishing further links with the community, employers and relevant organisations to raise awareness of aphasia as a disability and to facilitate further integration into the community for people with aphasia. 

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Table one: examples of interventions and outcomes from the three different groups

Robert is 80 years old, and has severe dysphasia after a stroke eight years previously. Robert's wife, Emily, described him as less talkative, more serious and hesitant and rarely initiating conversation. Together they attended a client and carer group that focused on using non-verbal communication and strategies to help Robert's wife become more skilled as a supportive conversation partner. Three months later Robert's wife described him as a good listener, able to start conversations more easily with her and friends. His use of 'social' conversation increased and he used gestures to support his speech.

Leslie is 81 years old and has dysphasia and dysarthria from a stroke two years previously. He felt he was no longer talkative, articulate or humorous in conversation. Leslie's wife, Vera, noted he used single words, had fewer topics of conversation and rarely joined in conversation. He attended a conversation group and after three months was more talkative, specifically at the stroke club and with visitors at home. He initiated phone calls to family and had more topics of conversation relating to stories and memories of past events. Vera commented that his speech was also clearer.

Betty is 58 years old and has dysphasia from a stroke a year previously. She described feeling socially isolated and lacking in confidence in participating in communication and social activities independently of her husband. Betty attended the communication skills group with the aim of being able to use the telephone to contact friends, family and for business calls. After three months she had arranged several official meetings independently by phone, and described herself as more confident in pursuing social and leisure activities on her own.

Box Clever: improving children's talking through play

Nicki Moroney was first runner-up in the 2005 London NHS Innovations Awards for her project, *Box Clever*. Here, she explains how the project can improve the vocabulary and storytelling skills of foundation stage children

In Newham, the speech and language therapy paediatric team offers a service to families of young children based at their local clinics. When children begin in Year 1 at school, their management is transferred to the Service to Schools. Each school has a named therapist who holds a caseload of children for that school and offers assessment, programmes, therapy and/or advice for the school staff as appropriate.

Teachers and parents have been asking, for some time, for a service that will bridge the communication gap between school and clinic for children in the foundation stage, particularly those attending school full time in reception. We designed the *Box Clever* programme to meet the language needs of these children.

The language of many school children in Newham, is poorly developed, partly due to a large number who do not speak English at home. For some, their first day in school may be the first time they have heard English. Newham is an inclusive borough, so many children attending mainstream school have special needs that are likely to affect their understanding and use of language.

The socio-economic status of Newham also contributes to the low language levels of many of the children that have come to be seen as the norm. Expectations are low and therefore, achievement often remains low.

There are other factors contributing to the poor spoken language skills of many young children. If children watch several hours of television a day, eat their meals in front of the television and play endless computer games, they often fail to learn important communication skills, such as social skills, turn-taking, negotiating, explaining, verbal problem-solving and telling stories.

These skills can only be learned while playing with others, and children need interaction with both other children and



adults. With other children, they can develop their social skills. Adults help to develop children's vocabulary and model and expand different sentence structures. Reading to children from a very young age exposes them to a different style of oral language, a more literate style, helping them with their general language development and the development of reading and writing skills.

Recent research suggests the current trend for more formal teaching of reading and writing at a very young age in Reception classes has a detrimental effect on the language development and behaviour of the children. "Spoken language is what underlies reading and writing" (Ginsborg in Thornton, 2002). If children learn to read "too soon", teachers have less time to allow children to learn through play to develop their social skills, concentration and oral language (Sylva, 2005).

Language development needs a solid base that has play and interaction as a basic building block. Young children need to learn

through play, and the main area likely to suffer if they have not had adequate play experience is understanding.

Young children need play experiences at the same time as language stimulation in order to understand and use the concepts. *Box Clever* aims to do just this. It provides a method of language stimulation within the classroom that incorporates:

- Play that is fun
- Daily repetition of activities
- Adults talking to children at the right level as they play
- Opportunities for children to experiment while playing with their friends

The aim is to improve the vocabulary and the storytelling skills of every child in the class.

There are four parts to the programme:

- School staff training
- Whole class sessions
- Small group play sessions with boxes of specially chosen toys
- Family involvement

The SLT trains the class teachers and their assistants in the principles of *Teaching Talking* (adapted from Kelman and Schneider, 1994). The adult follows the children's lead as they play, commenting on what they are doing, and adapting what they say to suit each child's level, thus helping the children develop their language skills as they play.

The teacher receives a pack of ideas for how to teach storytelling to the whole class, the *Reception Narrative Pack* (Rippon, 2002). Activities from this are carried out daily.

The school staff prepare six boxes, each containing small toys around a theme. Themes include: *under the sea* – shipwreck, octopus, whale, and other toys; *at the swing park* – toy swings, slides, children, fir cones and other related items; and *going to the farm* – animals, straw, a scarecrow, fences and other toys.

For a short session every day, the children

sit in small groups with their toys and play together. As they play, the teaching staff move between the groups, talking to the children, using the skills from *Teaching Talking*. Each week, the aim is for the groups to develop their language along a daily progression. Each Monday, the groups swap to a different toy box:

- Monday – naming
- Tuesday – describing
- Wednesday – toys in action
- Thursday – beginning to join activities in sequence
- Friday – telling simple stories as they play

The parents of each child receive a weekly letter, telling them about their child’s toy box topic and providing them with ideas to carry out at home. We encourage them to borrow relevant books from the school.

To date, *Box Clever* has trialled in four schools in Newham, with about 240 children. Each trial lasted for six weeks, with teaching staff trained in the techniques of *Teaching Talking*, and then carrying out the programme daily as part of the classroom routine. The results of the trials have been promising. Samples of children from each of the participating classes were tested three times on measures of vocabulary and storytelling.

Test one provided a baseline assessment; test two, an assessment after three months without *Box Clever* (a control period) and test three, an assessment after three months, including six weeks of *Box Clever* (the experimental period).

The sample children were selected to represent three groups:

- Children with speech and language needs, already known to the speech and language therapy service
- Children judged by their teacher to have language skills at an average level for the class
- Children judged by the teacher to have language needs mainly as a result of learning English as a second language

The children’s vocabulary was assessed by a picture-naming task using 30 pictures, selected to examine both the target vocabulary and general vocabulary. Their story-telling content was assessed using the picture story book from the *Peter and the Cat Narrative Assessment* (Leitao and Allan, 2003), as a story re-tell stimulus.

The children’s stories were recorded and

Table one: Progress in vocabulary of a sample of children. The y axis - number of extra words named correctly between 2 tests. Test 1-2 is the control period - test 2-3 the experimental period

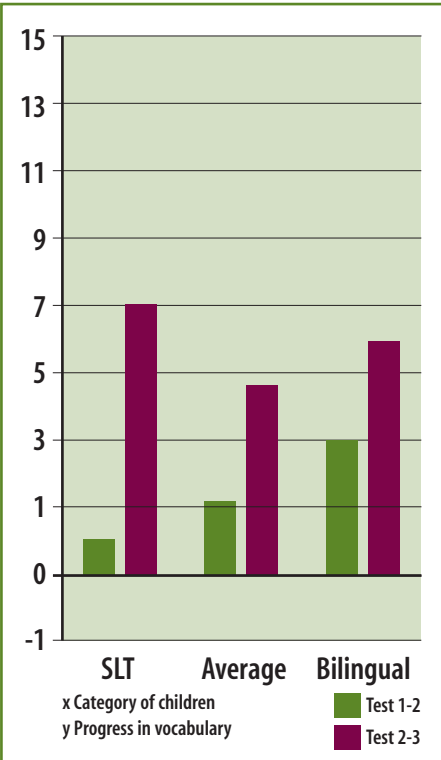
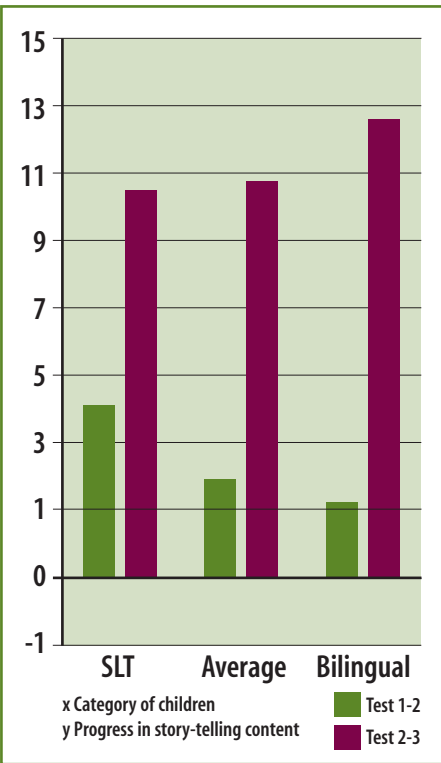


Table two: Progress in story-telling content of a sample of children



transcribed and then analysed using a specially devised scoring system to measure

their semantic content (developed from the *ERRNI*, Bishop, 2004).

Virtually all the children in the sample made extra progress that was highly significant on both measures during the experimental period compared to their progress during the control period (see tables one and two).

The results indicate that *Box Clever* is an effective way of improving the vocabulary and story-telling skills of young children within the classroom setting.

Teachers received a questionnaire to record their comments on the programme. They said that, initially, they were anxious about how they would fit the daily commitment of *Box Clever* in with all the other demands of the curriculum.

However, after the first few weeks, as they noticed the changes in the children’s ability to play cooperatively and to make up stories as they played, they agreed that the oral use of language needed to be developed before the more formal skills of literacy. Parents, too, made positive comments about how their children were keen to talk about the toy boxes and the stories they had made up in school.

This year, the team hopes to run the scheme in more schools, and to develop a foundation package, for nursery and Reception children, that can be used across the borough.

We hope the *Box Clever* approach could become part of the curriculum for Foundation Stage children, both within Newham and possibly on a wider scale. ■

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Thanks to Tim Pring at City University, for help with interpreting the results.

Book Reviews

Language for Thinking: A Structured Approach for Young Children

STEPHEN PARSONS and ANNA BRANAGAN
Speechmark, 2005
£32.95
ISBN: 0-86388-575-6

Teachers, support assistants and SLTs working with children in school settings will welcome this clearly laid out, easy-to-use book. It addresses the very important issue of children's verbal reasoning skills as a basis for learning and literacy.

The resource has a simple structure of levels moving from the most concrete to the most abstract language. Modules first target oral verbal reasoning and move on to reading comprehension. It also offers assessment as well as teaching materials to help allocate a starting point for each child in the programme. There are 50 photocopiable pictures with texts, accompanied by graded sets of questions.

The programme is well designed to allow the reader to differentiate work within individuals, groups and whole class teaching. The drawings seem attractive for children, and portray everyday scenarios that many will relate to.

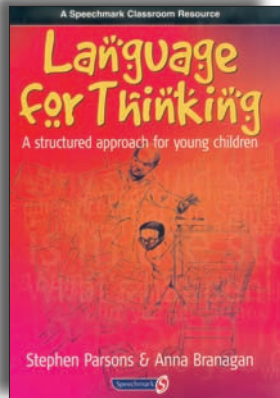
The successive flow of questions puts children in a limited role as respondents. It is only by adapting the programme that they will be encouraged to initiate verbal reasoning and ask questions for themselves.

Nevertheless, the book is faithful to its aims and a welcome addition to the repertoire of resources for use with this client group.

CONTENTS: *****
READABILITY: *****
VALUE: *****

ROSALIND OWEN

*Specialist SLT and RCSLT adviser,
Mainstream School Service, United Bristol
Healthcare NHS Trust*



BOOK OF THE MONTH

Revealing the Hidden Social Code, Social Stories for People with Autistic Spectrum Disorders

MARIE HOWLEY, EILEEN ARNOLD
Jessica Kingsley, 2005 £12.99
ISBN: 1-84310-222-6

This book provides a clear and authoritative guide to writing social stories. It is ideal for professionals just beginning to use social stories and for practitioners looking to extend their competencies.

The excellent, well-referenced examples range from those using the basic sentence formula to advanced stories that include additional sentence types, split sections and complementary strategies.

The authors demonstrate the versatility of the strategy in the examples provided. They show the effective use of social stories for students with a range of learning skills and language ability, as well as across all age ranges.

They also set out clearly and concisely the

importance of information gathering and the preparation required in producing a successful social story, together with strategies for problem solving when the story does not work.

Carol Grey's preface states that the reader is, 'in the hands of two authors who are worthy of valuable attention and investment of time'. From our joint professional perspective we highly recommend this book to SLTs and teachers.

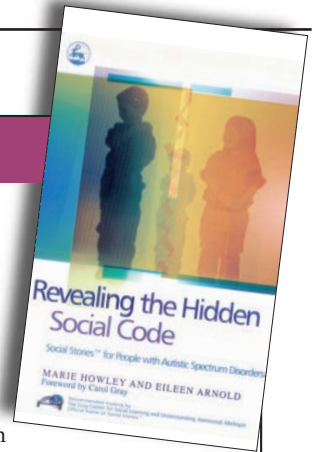
CONTENTS: *****
READABILITY: *****
VALUE: *****

JAN RAINE

*RCSLT adviser, ASD, Autism Outreach
Team, City Hospitals Trust, Sunderland*

ANNE BURDUS

*Specialist teacher, ASD, Autism Outreach
Team, Sunderland Local Authority*



Enhancing Communication Skills of Deaf and Hard of Hearing Children in the Mainstream

JAMES MAHSHIE, MARY JUNE MOSELEY,
JAMES LEE, SUZANNE M SCOTT
Thompson Delmar Learning, 2006
£28.99
ISBN 0-76930-099-5

This deceptively slim volume contains a wealth of what every practising clinician wants - useful and practical information.

It is a welcome reference for clinicians with little experience of working with children with hearing impairment, but who, as a result of local education authorities' policy of inclusion, are beginning to see these children as part of a large and varied mainstream caseload.

It is aimed at busy clinicians who have had limited training in working with this group and are unsure about how or where to start managing children with often diverse needs. It will also interest clinicians with more

experience in this area.

The first part of the book gives background information on a range of factors that affect communication development of children with a hearing impairment. It takes a holistic view of the child, and environmental factors and the clinician's role as advocate are discussed.

In part two, the authors use five case studies to explore issues on assessment and intervention over four stages of language development from infancy to adolescence.

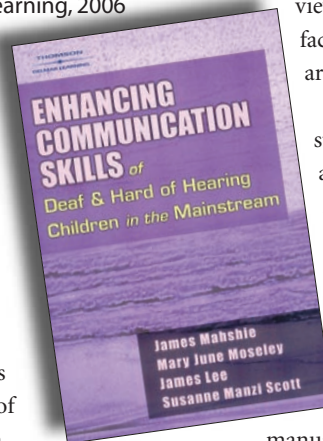
This continues the practical slant of the book. As this is an American publication, some of the information and discussion of American Sign Language and the one-handed manual alphabet do not apply to a UK audience.

However, there is enough that can be generalised for clinicians to find this a very useful resource.

CONTENTS: *****
READABILITY: *****
VALUE: *****

SARAH WORSFOLD

*Clinical specialist SLT, RCSLT adviser,
hearing impairment*



Any Questions?



Want some information? Why not ask your colleagues?

Email your brief query to anyquestions@rcslt.org. The RCSLT also holds a database of clinical advisers who may be able to help. Contact the information department, **tel: 0207 378 3012**. You can also use the RCSLT's website forum to post your questions or reply to other queries, **visit: www.rcslt.org/forum**



Core vocabulary approach

Have you used the core vocabulary approach when working with children with phonological disorder or verbal dyspraxia?

Christina Pilgrim

EMAIL: Christina.Pilgrim@ekht.nhs.uk



Statement provision/language units

Do your statements quantify the amount of speech and language therapy input children with specific language impairment should receive? How much speech and language therapy input is there in your language unit, and for how many children?

Chloe Waller, Lucie Wilson

TEL: 01249 712387

EMAIL: chloe.waller@kennetandwilts-pct.nhs.uk



Secondary school staff training

Any advice on offering training for staff in secondary schools (regarding which staff to target, relevant content geared to secondary level and curriculum differentiation)?

Bridget Burrows

EMAIL: bridget.burrows@nlpct.nhs.uk



Children's centres

Wanted: ideas and ways of working from anyone working across a range of children's centres.

Lisa Mitchell

EMAIL: lisa.mitchell@bedscc.gov.uk



Electrical stimulation

Information wanted on the use of electrical stimulation to assist recovery of upper or lower motor neurone facial weakness.

John Lancaster

TEL: 0161 720 2232

EMAIL: SpeechTherapy.Manchester@pat.nhs.uk



Working with emergency services

Have you worked with emergency services staff, with people who use voice-output communication aids (basic or more complex) to access the 999 service?

Vicky Mayer

TEL: 0131 537 9069

EMAIL: victoria.mayer@lpct.scot.nhs.uk



Parkinson's disease service

Are you working as part of a multidisciplinary service to patients with Parkinson's disease? How is the service organised and what is your role within the team?

Kirsty Tansey

EMAIL: kirsty.tansey@mansfield-pct.nhs.uk



Talking tables

Following the Early Year's forum at Regent's Park College on 10 March, we'd like to hear from practitioners who have developed the 'Talking Tables' idea with story aprons for children.

Karen Hayon, Evi Typadi

EMAIL: Karen.hayon@westminster-pct.nhs.uk



Portuguese-specific assessments

Do you have any experience working with the Portuguese-speaking community and are there any specific assessments you use?

Louise Beaumont

EMAIL: louise.beaumont@aaw.nhs.uk

TEL: 01903 843627/846580



TASIT with ALD clients

Has anyone used The Awareness of Social Inference Test with ALD clients? Does anyone in the Midlands area have a copy, so we can try before we buy?

Juliet Condon

EMAIL: juliet.condon@nhs.net

TEL: 0121 329 4940

Is it time to question the efficacy of PECS?

Rachel Moore and Ann Gresswell further the debate on the often indiscriminate use of the Picture Exchange Communication System (PECS) throughout special schools

On visiting schools, we often see PECS used inappropriately for young people, who either do not need it, or who, with appropriate communication tools, could have moved on to more effective communication.

In these situations the young people's individual needs have not been carefully considered. This has not been helped by Neil Stevens' article (2006) supporting the use of PECS for all youngsters, whatever their communication difficulties.

Increasing numbers of referrals of young people with autism to the Oxford ACE Centre request advice on how to progress the communication of those already using PECS.

We have examined the roots of PECS and what the system was originally designed to do. The PECS literature indicates that it was developed to support non-speaking students with autism where other communication systems had failed. By exchanging a picture for a desired item a young person learns about one-to-one interaction as a basis for communication. We acknowledge that for some this step is essential in learning to engage in social interaction.

The PECS literature also provides criteria for giving up PECS: speech vocabulary is as large as PECS vocabulary; initiation with speech is intact; length of spoken utterance is as long as PECS utterance; and speech is intelligible to an untrained listener.

This list excludes significant numbers of young people for whom we contend this system is no longer appropriate or may never have been appropriate. These are young people who have not developed functional speech, or who continue to need visual support in order to produce speech, with the potential to produce far more creative expressive language than PECS allows. They need to be able to question, reason, evaluate, describe events, predict, plan and negotiate. These individuals need other AAC resources,

including communication books, charts and speech output devices.

The following points need to be considered:

- A consistent core vocabulary to combine with and modify topic vocabulary can allow a young person to significantly expand their communication potential.
- The young person will need to understand that pointing directly accesses these resources and that they can deliver a communicative message in this way.
- Communication partners need to use the young person's resources as a two-way system to model how it can be used functionally and in context.

Using a pointing system can result in significant benefits, including:

- An increase in the speed of communication.
- The removal of the cognitive and physical load involved in building up a sentence on a message strip and handing it to someone.
- A greater creativity of language and a wider range of linguistic concepts.
- Significantly increased fluency.
- A more manageable low-tech system. (A growing PECS system adds significant bulk and weight as more vocabulary is added.)

Parents and teaching staff also report that maintaining a PECS system can be difficult as symbols can be lost, wrongly re-positioned or destroyed. Concerns are often expressed when considering moving on from PECS. Typically, there are concerns over the loss of a system with which the young person is familiar. However, the transition between the two systems can be managed in a number of ways, including maintaining two resources for a time; maintaining elements of the PECS system within the new resource; and incorporating the new system within the

PECS book initially.

There may also be concern that the young person is not building up a complete sentence when communicating and that this aspect of language development may be neglected.

While developing sentence structure is an important part of language development, the emphasis during face-to-face communication needs to be placed on the meaning of the message being communicated.

A telegraphic sentence is acceptable during face-to-face interaction. The communication partner can supply a full grammatical model of the young person's message at the time. Targeted and structured sessions on the computer and elsewhere can further develop language structure.

In conclusion, we wonder whether, in the light of heavy marketing of PECS, we should be more vigorous in questioning the efficacy of its generalised and inappropriate usage.

Surely, we should be promoting a culture where the needs of the young person are paramount, and whatever communication system used is developed as a result of careful consideration of the individual.

For some young people PECS can be an essential first step towards social interaction. When this has been achieved, other methods should be considered for further developing their communication. For others, PECS is simply not an appropriate communication tool and should never be used.

Rachel Moore – SLT
Ann Gresswell – Teacher/physiotherapist
The ACE Centre Advisory Trust, Oxford

Reference:

Stevens N. Beyond autism: the Picture Exchange Communication System. *RCSLT Bulletin* January 2006, pp12-13.

North West High School SIG (N40/05)

8 June, 12.30 - 4pm
Conference Room, SLT Department, Moston Lodge, Countess of Chester Health Park, Liverpool Road, Chester CH2 1UL. SLTs £5/ SLTAs £2.50. Agenda on request to Rachel Rowe, tel: 01244 364846

Adult Learning Disability and Challenging Behaviour SIG (UK/RI14)

15 June, 10am - 4pm
A National Perspective: Sharing New Directions, a series of presentations of what's going on at the local level. RCSLT, London. Members free/non-members £5. Contact Kirsty Denham, tel: 023 8029 4420, email: kirsty.denham@wht.nhs.uk

North West Paediatric Dysphagia SIG (N21)

15 June, 9.15 - 11.45am
AGM; election of officers, future plans/ideas; risk assessments - please bring to discuss. Jubilee House, Chorley. Members free/non-members £10/students £5. Contact Nicola Ashworth/Heather Scott, tel: 01204 370243, email: Heather.scott@bolton.nhs.uk

SLTs Working in Mainstream Schools SIG (South East region) (L15)

20 June, 10am - 4pm
Autism: Current research developments. Led by Professor Rita Jordan. Discussion forum in the afternoon, sharing good practice. RCSLT, London. Members £5/non-members £20. Contact Emma Doyle/Maureen Jarvis, tel: 0208 442 6305 email: mainstreamsig@yahoo.co.uk

Surrey SLI SIG (E38)

21 June, 10am - 1pm
Four novel assessments of early processing skills: an alternative to standard language measures? Schula Chiat and Penny Roy. Moor House School, Surrey. Contact Sarah Parkes, email: parkess@moorhouse.surrey.sch.uk

Scottish SLT SIG in Mental Health (S12)

22 June, 10am - 3:30pm
Inaugural study day. Sarah Kramer on the role of SLT in general psychiatry followed by presentations from therapists working in CAMH: dual diagnosis, forensic, old age psychiatry; and user's perspective from a SAMH representative. Afternoon workshops on way forward for SIG. Royal Edinburgh Hospital. Email: mary.siggs@lpct.scot.nhs.uk or tel: 0131 537 6130

Yorkshire Region Aphasiology Group (YRAG) (N37)

22 June, 2pm
ACT NoW (Assessing Communication Therapy in the North West project commissioned by the DH to look at whether SLT is effective after stroke), Sandra Wilson. Postgraduate Centre, Chapel Allerton Hospital, Chapeltown Road, Leeds LS7 4SA. Membership fees due at meeting. Contact Tessa Ackerman, tel: 0113 3921538, email: Tessa.Ackerman@leedsth.nhs.uk

West Midlands SIG for ASD

27 June, bring and share lunch 1pm followed by SIG at 2pm
Parkview clinic, Queensbridge Road, Moseley Information sharing of recent developments followed by informal discussion of complex cases. Members £2/non-members £3. Contact Cath Clayton tel: 0121 243 2000 or Helen Glover, email: hglover@solihullpct.nhs.uk

Thames Valley Aphasia SIG (E40)

28 June, 9.45am - 4pm
Supporting people with aphasia beyond the therapy session. Topics to include: Working as an intermediary (Melissa Evans), SPPARC (Frances Oakley) and a facilitative package for groups (Nicola Gilchrist). Members £10/non-members £20/students free. Tea/coffee included. Contact: Deborah Thomas, Deborah.Thomas@nsurreypct.nhs.uk

Oxford Voice and Laryngectomy SIG (E31)

28 June, 9.30am - 4pm
Vocal Cord Nodules: day of theory and practical sessions. Horton Lecture Theatre, Post Graduate Centre, Horton Hospital, Oxford Road, Banbury, OX16 9HL. Members free/non-members £15/students £7.50. Contact Penny or Elaine, tel: 01604 545737, or email: elaine.coker@northamptonpct.nhs.uk

Domiciliary and Community SIG (Adult Neuro) Central and Eastern Region (L8)

30 June, 9.30am - 4.30pm
Motor neurone disease and the SLT in the community. RCSLT, London. Members £15/non-members £25. Contact Debbie Bloch, email: Debbie.Bloch@kc-pct.nhs.uk

Speech and Language Difficulties in Secondary Education SIG (C19)

3 July, 2 - 5pm
Cog Neuro - we've all heard the theory, but how does it work in practice? An opportunity to discuss case studies. What works and why. Also brief AGM. Dawn House School, FE Study Centre, Helmsley Road, Rainworth, Notts NG21 0DG. Max 20 places. Contact: Carol Reffin, tel: 0116 295 4670, email: Carol.Reffin@cwpcpct.nhs.uk

West Midlands Dysfluency SIG (C4)

11 July, 1.30 - 4pm
AGM. The Lyng Centre for Health, Frank Fisher Way, West Bromwich B70 7AW (treatment room). SIG Members free/non-members (and membership) £5. Contact Kate Fowler, tel: 01743 261417 or Helen Holloway, tel: 01384 366400

SIGAAD LO4

11 July, 1 - 5pm
Clinically applicable research update. Clare Bateman: How do SLTs assess dysphagia; Paula Leslie: Clinical evidence: assessment and treatment - feedback from ASHA 2005. Other speakers tbc. Postgraduate Centre, Whittington Hospital, Highgate Hill. Members £5/non-members £10. Pay on the day £15, students £5. Email: Sig_aad@yahoo.co.uk. Applications and cheques to: Laura Hobbs, 4 Balfour Road, Chatham, Kent ME4 6QT. Places only reserved on receipt of cheque

Northern Paediatric Speech SIG (N38)

18 July, 10am - 4.30pm. AGM for members 9.15am - 9.45am
Assessment and management of phonological impairments: Current status, effectiveness and future implications, Dr Victoria Joffe, City University. The Springfield Centre, Newcastle-upon-Tyne. SIG members £20/non-members £25. Lunch provided. Places limited to 60. Contact: Jen Smith, email: Jen.Smith@nuth.nhs.uk or Stephanie Delvin, email: stephanie.delvin@nuth.nhs.uk, tel: 0191 282 4643

Northwest Adult Acquired Neurological SIG (N10)

21 July, 9am - 3.30pm
Jargon aphasia, self-monitoring failures and therapy approaches; Rachel Byrne, senior specialist SLT, Wythenshawe Hospital and University of Manchester. Members £15/non-members £20. Postgraduate Centre, Chorley and South Ribble District General Hospital, Preston Road, Chorley, Lancs PR7 1PP. Contact Chorley SLT Dept, tel: 01257 245290

Medico Legal SIG (UKRI13)

8 September
Outline of SENDIST process and legislative and judicial boundaries within which panel members operate - what therapists can do to assist the tribunal process in general and the panel in particular in the decision making process. Speakers Margaret Stinton, SLT and John Parrott, former head Meath School. RCSLT, London. Members £40/non-members £70/membership for the year £25. Contact Janet Farrugia, email: janet@speechandlanguage-therapy.com, tel: 01372 450472

S.Wales SIG in Paediatric Feeding Problems (WA10)

28 September, 9am - 4.30pm
Management of feeding issues in neonates: current trends; speakers Gillian Kennedy and Claire Foster. St David's Children's Centre, Cardiff. Cost £100, discount for SIG members. Contact: Marianne.Pepperell@CardiffandVale.wales.nhs.uk

South East and London Stammering SIG (L19)

12-13 October, 9am - 4.30pm
Solution focused brief therapy for stammering. Kidge Burns and Willie Botterill. RCSLT, London. Members £50/ non-members £65. Contact Jenny Yeatman, Tel: 0208 223 8943, email: jenny.yeatman@thpct.nhs.uk

SIG in Specific Learning Difficulties (E26)

10 November, 9.30am - 4.30pm (registration 9.30 - 10am)
Auditory Processing, Dylis Treharne - Sheffield University; Nicci Campbell - Southampton University. Other speakers tbc. The Institute of Materials, 1 Carlton House Terrace, SW1Y 5DB. Non-members £70/members £55/students £20. Refreshments included. Contact Karen Rivlin, email: karen@rivlinorg.uk or Betsy Wrench, tel: 0107 938 8135

Viv Robinson no longer works at the RCSLT. Send your SIG notice by email to **sig@rcslt.org** by 5 June for the July issue

2006 *Bulletin Supplement* advertising schedule

| Issue Date | Booking and copy by midday on: | Expected to reach SLTs on: |
|----------------|-----------------------------------|----------------------------|
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| July 2006 | 15 Jun 2006 | 1 Jul 2006 |
| mid-Jul 2006 | 3 Jul 2006 | 15 Jul 2006 |
| August 2006 | 17 Jul 2006 | 1 Aug 2006 |
| mid-Aug 2006 | 2 Aug 2006 | 15 Aug 2006 |
| September 2006 | 14 Aug 2006 | 1 Sept 2006 |
| mid-Sept 2006 | 4 Sept 2006 | 15 Sept 2006 |
| October 2006 | 18 Sept 2006 | 1 Oct 2006 |
| mid-Oct 2006 | 4 Oct 2006 | 15 Oct 2006 |
| November 2006 | 18 Oct 2006 | 1 Nov 2006 |
| mid-Nov 2006 | 3 Nov 2006 | 15 Nov 2006 |
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