

# bulletin

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

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

## Reflections on Masters of Clinical Research

→ The culture  
change around  
delivering and  
measuring  
effective  
outcomes

→ Help influence  
the development  
of a UK  
communication  
access strategy

**A refreshing experience:** The benefits of offering  
additional acute dysphagia student placements

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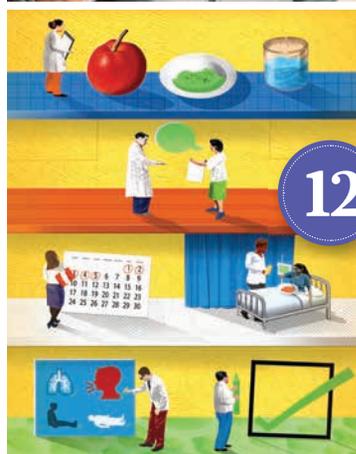
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# Steven Harulow

EDITORIAL



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



## Voice giving therapy

Speech and language therapy transforms lives. This basic tenet of the RCSLT's Giving Voice campaign is as true today as it was when we devised the message at the start of the campaign in 2010.

On 28 April, BBC journalist and broadcaster Nick Robinson revealed the impact speech and language therapy had on his recovery from a serious, career-threatening voice problem, when he addressed a rapt audience in central London.

On page six you can read about how Nick and Royal Brompton Hospital SLT Dr Julia Selby recounted the intensive voice therapy used to regain Nick's voice after his much-publicised lung cancer surgery in 2015. The evening and its associated media coverage showed the enormous emotional impact that voice loss can have and was great publicity for the profession. If you have clients with similar speech and language therapy stories to tell, let us know.

I would like to take this opportunity to apologise on behalf of the RCSLT for the problems we have been having with the member-only sections of the RCSLT website. Please be assured that we take this very seriously and have been working with our digital suppliers to rectify the technical issues that led to the problems. I am sorry for the inconvenience that I know this has caused for many of you.

### Steven Harulow

Bulletin editor

[bulletin@rcslt.org](mailto:bulletin@rcslt.org)

@rcslt\_bulletin

### My RCSLT

#### Stephanie Glacken



I graduated in 2014 and am in my first speech and language therapy post working with children and young people in North Lanarkshire. In my role I work with children who have a wide range of difficulties; therefore, I find the clinical resources area on the RCSLT website extremely useful. I also enjoy keeping up to date

with articles and information on the go by connecting with the RCSLT via social media. This has inspired me as a member of our team's social media group. You can follow us on Twitter @SLTNorth and on Facebook: Speech and Language Therapy NHS Lanarkshire.

## Shape Coding developments

In 1998, I began developing the Shape Coding system, aiming to make grammar visible and easier to learn for children with language impairments. I have since refined and expanded the system, carried out research projects into its efficacy and run courses for professionals.

Shape Coding has become increasingly popular, but has also become a victim of its own success, with accuracy and effectiveness suffering. Professionals with limited knowledge of the system are running unapproved courses of questionable quality. The web contains many inaccurate descriptions and Shape Coding resources of varying accuracy and quality are available (with proceeds not being used to develop or research the system). Establishing which information, courses or resources are accurate and therefore evidence-based is difficult.

Hence, we have trademarked the name 'Shape Coding by Susan Ebbels' to protect the integrity of the system and will use this for all approved courses and resources. I will run train the trainer courses so professionals with good knowledge of Shape Coding can run approved courses which are accurate and high quality.

I therefore ask SLTs henceforth to please use the trademarked term 'Shape Coding by Susan Ebbels' and not to run 'Shape Coding courses', unless they have been approved to do so. While attending an approved course is not a requirement for using the system, those delivering courses need a good level of knowledge and understanding in order for the quality and accuracy of the system to be preserved, for the benefit of the children with whom we work.

**Dr Susan Ebbels, Highly-specialist SLT and Research and Development Coordinator, Moor House School and College**

[www.moorhouseschool.co.uk/shape-coding](http://www.moorhouseschool.co.uk/shape-coding)

## Influence research into speech difficulties

If you work with children who have speech sound disorders (SSD) as part of your everyday clinical practice, we want you to have your say in a research project being carried out at Ulster University (supervisors Dr Laurence Taggart and Dr Jill Titterington).

The project looks at the current management of children with SSD considering the intervention approaches used and the amount of therapy provided. The survey is anonymous and your participation solely involves the completion of a brief online survey looking at current practice.

Your contribution will be invaluable to inform thinking and future developments in this area. The survey will be available to complete until 30 June. For more information or to participate in the survey visit: <http://tinyurl.com/h8kpex9>. If you have any queries, email: [Hegarty-N4@email.ulster.ac.uk](mailto:Hegarty-N4@email.ulster.ac.uk)

**Natalie Hegarty, Jill Titterington, Laurence Taggart: Ulster University**

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



## Consultation focuses on student funding changes

In April 2016, the Government launched a public consultation regarding changes to student funding in England.

Under the new proposals, from 1 August 2017, new nursing, midwifery and allied health students will no longer receive NHS bursaries. Instead, they will have access to the same student loans system as other students.

The RCSLT will respond to the consultation and share key issues and concerns raised by members as part of our student survey and ongoing engagement with members who run speech and language therapy university courses. In our response we plan to share member views on several topics including:

- Access and affordability – many of you think the changes could be detrimental to mature students and students from disadvantaged background who may struggle to afford SLT courses.
- Funding for postgraduate courses – many are concerned changes could affect the diversity and access to postgraduate routes of study, which could have a wider impact on research within the profession.
- Placement funding and capacity – some have stressed the need to build capacity to deal with increased demand



for placements under the new student funding system.

- Workforce planning and intelligence – you want clarity on how things will work under the new system and for the RCSLT to provide support to universities during this time of transition.

The consultation closes on 30 June 2016. For further updates on the changes to student funding in England and the development of the RCSLT's consultation response, visit: <http://tinyurl.com/zjccqa2>

RCSLT members who wish to share comments on the consultation document can email feedback to: [rebecca.veazey@rcslt.org](mailto:rebecca.veazey@rcslt.org) by 16 June 2016.

📍 Visit: <http://tinyurl.com/zs5u4bt> to read the consultation documents

## Improving health money

The Health Foundation has three funding opportunities worth applying for.

'Innovating for Improvement' involves £1.5 million available for up to 20 teams to test and develop innovative ideas to improve healthcare delivery and/or the way people manage their own care, particularly in primary care. The deadline is 3 June 2016 at 4pm. Visit: [www.health.org.uk/innovatingimprovement](http://www.health.org.uk/innovatingimprovement)

The post-doctoral 'Improvement Science Fellowships' will fund up to five individuals over three years to lead original, applied research dedicated to improving healthcare in the UK. Deadline, 5 July 2016.

Visit: [www.health.org.uk/isf](http://www.health.org.uk/isf)

The £1.5m 'Efficiency Research Programme' is an open call for innovative proposals for research into system efficiency and sustainability in health and social care. Each project will receive between £250,000 and £500,000 for research completed over three to five years.

The deadline is 28 July 2016.

Visit: [www.health.org.uk/efficiencyresearch](http://www.health.org.uk/efficiencyresearch)

### NEWS IN BRIEF

#### 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>

#### The 22 June deadline

for RCSLT minor grants is fast approaching. We award grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences, specialised training, publishing research, research into speech and language therapy, and the purchase of specified equipment and/or books.

📍 Visit: <http://tinyurl.com/nn488gu>

#### The May-June edition of

the RCSLT Research Newsletter is available online for you to digest. Find out more about the latest opportunities to contribute to current research, useful evidence-based practice, audit and research resources, and a bumper collection of research funding opportunities for all interested SLTs.

📍 Visit: <http://tinyurl.com/ah76awl>

#### This year the University

of Reading is celebrating 40 years of speech and language therapy. If you are a former student or member of staff, the university would love to hear from you. Email: [pclevents@reading.ac.uk](mailto:pclevents@reading.ac.uk) with your memories or photos about your time as a student at Reading.



**Laura Braithwaite**  
**@laurabraithslt**

Great to see @BBCNews this morning highlighting valuable work of SLTs, especially with people with Parkinson's Disease & Dementia @RCSLT

**Anita Smith @Smith8Anita**

Thanks all the staff, sponsors and supporters who made today possible- let's do it again next yr!  
#swallowaware2016 @RCSLT @SpeechPathAus

## How Nick Robinson got his voice back

*Broadcaster reveals extent to which speech and language therapy saved his career*

“Good morning, it’s six o’clock on Thursday, 5 May and this is Today.” Behind these opening lines, familiar to many BBC Radio 4 listeners who tune in to listen to broadcaster Nick Robinson, lies an engaging tale that epitomises the value of specialist speech and language therapy intervention, and the therapeutic relationship that developed between an expert clinician and a client facing the consequences of losing his voice and his career.

Nick and his SLT, Dr Julia Selby, presented their mutual story to a packed audience in London on 28 April. Hosted by the RCSLT, “An evening with Nick Robinson: The battle to get my voice back” detailed the often emotional journey Nick has undertaken to regain his voice following surgery for lung cancer in March 2015 at the Royal Brompton Hospital.

Using contemporary endoscopy footage and voice recordings, Nick and Julia demonstrated what happened to Nick’s right vocal cord after



Julia demonstrates the finer points of Nick’s vocal rehabilitation

his surgery and the devastating effect this had on the quality and volume of his voice. Julia also explained some of the rehabilitation exercises Nick performed, the subsequent surgery to reposition his immobile vocal cord and the progression of therapy to move beyond simple vowels and onto pitch and resonance.

Nick balanced the technical with the thoughts he expressed in his diary entries at the time: “My voice is no mere tool. It

is who I am. Without spoken words I am nothing.” These showed the emotional impact of his voice loss; his fear of losing his broadcasting career and his determination to be able to broadcast during the General Election TV coverage in May 2015.

With a nod to ‘The King’s Speech’, Nick described the role Julia played behind the scenes: “Behind the ‘News at 6’ camera stands Julia, my conductor. She points upwards

to warn me not to drop my voice, she holds up her hands to remind me to take a breath before the next sentence, she spreads them out to indicate that I should slow down. What I used to do without a moment’s thought now involves training, concentration and a lot of time.”

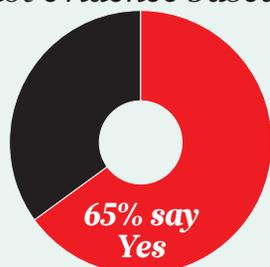
The pair also spoke about the consultant role Julia played during the night of the election broadcast and her part in adapting Nick’s radio environment to optimise his vocal output – for example, positioning interviewees on Nick’s right so that he turns his head and closes off the weaker side of his larynx and beginning broadcasts with consonants, ‘Good Morning’, to get a clear sound and boost his confidence.

According to Nick, Julia’s intervention changed the vicious circle of anxiety he felt when broadcasting to a virtuous circle of confidence. “Julia has not just been a voice therapist; she has been a friend, a counsellor... someone to cry with.”

**RCSLT Web Poll**  
*Have your say...*



*Do you have to carry out therapy that you know is not evidence based?*



**VISIT: WWW.RCSLT.ORG**

## Get active this summer

In 2015, @WeAHPs challenged their professions to be role models and do a little more than they did before to promote healthy lifestyles. We asked those taking part in #AHPsactive to post a picture of themselves ‘getting active’ using the campaign’s hashtag.

Momentum gathered and following a motivational blog from @Exerciseworks, which suggested interdisciplinary competition to drive the health of the workforce forwards, #AHPsactive versus #NursesActive took place in the last two weeks in August.

This year we would like you all to join us. During August 2016, we want you all

to dust off your trainers, walking boots and swimming gear, get moving and tweet lots of pictures to share your activity. Take a picture and share this and your goal – whether this is to always take the stairs, swim an extra length, or run a local 5km.

If you would like to win one of 500 #WeCommunities medals for your efforts (for £6+ VAT entry) sign up to take part anytime until the end of July 2016.

**Dr Jo Fillingham, Clinical Fellow to the Chief AHP Officer, NHS England**  
📍 **Visit: [www.wecomunities.org/blogs/2167](http://www.wecomunities.org/blogs/2167) and find out how to get involved**

**Sally Judges @SallyJudges**  
Just had a look at CQ live @RCSLT  
fantastic resource for SLTs, the  
scenarios for reflective learning  
#icingonthecake

**West Mids RCSLT Hub  
@WestMidRCSLTHub**  
Happy International Nursing  
Day to our awesome Nursing  
colleagues.



**MARIA LUSCOMBE & KAMINI GADHOK**

# Prince Harry sees rehab first hand

His Royal Highness Prince Harry visited Hobbs Rehabilitation Centre near Winchester on 26 April in his role as Patron of the RFU Injured Players Foundation (IPF), the official charity of England Rugby.

Hobbs Rehabilitation, in partnership with the IPF, provides specialist neurological rehabilitation to individuals who have been injured while playing rugby under the Rugby Football Union's jurisdiction. A team of more than 60 specialist clinicians provides intensive inpatient and outpatient rehabilitation from the Hobbs centres in the south of England.

During the day the prince was able to spend time with Jen Mellows, specialist neurological SLT and Jon Terry, who damaged his carotid artery and suffered a stroke which affected the right side of his



body and his speech. Together, they demonstrated a Saebo glove, which helps clients suffering from neurological and orthopedic injuries improve their hand functionality.

📍 **Visit:** [www.hobbsrehabilitation.co.uk](http://www.hobbsrehabilitation.co.uk)

# Newcastle Uni gives voice

Newcastle University students were inspired by the RCSLT Student Study Day in December 2015, so planned a campaign that ran on campus from 13-15 April 2016.

We had a table outside the Students' Union with a different theme each day, including raising awareness of augmentative and alternative communication, where people had to use alternative means to ask for a free cake; and dysphagia, where people threw a dice to determine the level of thickened drinks they had to try. We also held a



pub quiz and silent auction, where nearly 100 attendees put their general and SLT knowledge to the test. The culmination of our campaign was flash mobs involving students at Newcastle and Leeds Beckett Universities.

We grabbed the public's attention when a student wandered around trying to shout but without any sound. With a blow of a whistle, around 20 students appeared with speech bubbles containing facts, quotes and statistics about speech and language therapy. Members of the public were seen to bump into each other as they read the bubbles and we heard murmurs of "I know someone who had speech and language therapy" all around.

**Emaline Burgess, President of Newcastle University Speech Therapy Society**

📍 **Twitter:** @SpeechSocNCL

# IMPROVING COMMUNICATION ACCESSIBILITY

The RCSLT is proud to be working with the Stroke Association (with Speakability) and Communication Matters to embark on an exciting journey to improve communication accessibility for children and adults with communication difficulties.

Together with colleagues across the third sector and other professional associations, we are taking part in a communication access project for both the child and adult populations. On 10 June, an event in London will bring together key representatives from across the UK. The aim of this event will be to hear from colleagues who have already done work to develop communication accessible environments, both in the UK and overseas.

One of our key ambitions is to develop a communication accessible symbol that will be recognised by governments and used internationally – just as the wheelchair symbol indicates where physical access has been improved for people with physical disabilities and the symbol for hearing loss denotes that services are available for the deaf or hearing impaired.

*“One of our key ambitions is to develop a communication accessible symbol”*

As a founder member of the International Communication Project (ICP),

the RCSLT has discussed the opportunity to use the ICP as a vehicle to engage colleagues on this exciting development at an international level. This has been agreed and with this backing we hope to create a global movement on this very important work using both the ICP website and our combined efforts to develop an international influencing plan. The work of the ICP will be presented at the International Association of Logopedics and Phoniatrics Congress in Dublin at the end of August.

You can read more about this initiative in Lisa Harris' article on page 20 of this month's Bulletin. Lisa also highlights how you and other professionals working with people with communication difficulty can get involved. Your thoughts and experiences could help influence the development of the communication access strategy. ■

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

## International dysphagia developments

### Caroline Wright reports on the International Dysphagia Diet Standardisation Initiative framework

The International Dysphagia Diet Standardisation Initiative (IDDSI) committee first met in June 2012; its aim was to establish an international standardised terminology and definitions for texture modified foods and thickened liquids for

people with dysphagia.

In November 2015, the committee published the IDDSI framework. The framework consists of a continuum of eight levels (0-7) and includes descriptors, testing methods and evidence for both drink

thickness and food texture levels.

The committee hopes the framework will improve clinical safety and efficiency by using similar terminology; assisting in the development of clinical research to provide an evidence base; and standardising the terminology of different food providers in order to reduce risk.

The framework is currently being piloted in Germany and a number of other countries, including Ireland, Japan, Norway, Israel and Canada, have already agreed to implement it.

In the UK, NHS England has brought together a range of stakeholders, including representatives from the food industry, the British Dietetic Association and the RCSLT, to

explore whether the UK should adopt the IDDSI framework. The UK group has agreed that it is necessary to test the IDDSI in the UK, and await results from the pilot in Germany, before taking a decision on implementation.

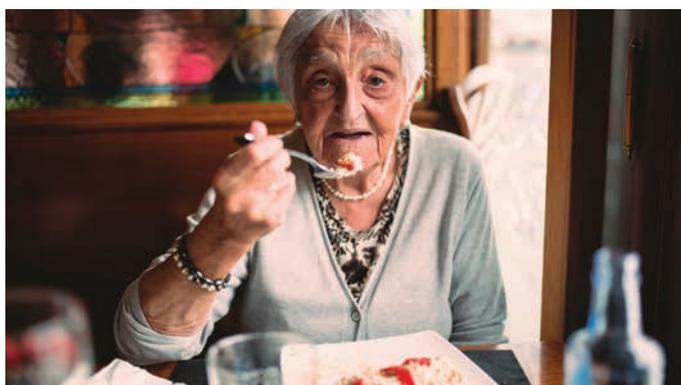
To support the work, the RCSLT has brought together dysphagia experts, many of whom were involved in the previous project to develop the UK Dysphagia Diet Food Texture Descriptors.

The members of the RCSLT group are Dr Liz Boaden, Lesley Brown, Dr Hannah Crawford, Judi Hibberd, Karen Krawczyk, Dr Jo Patterson and Dr Sue Pownall.

The group is currently doing some initial testing of the framework, but is planning to gather information from RCSLT members in the near future.

In the meantime, if you have any feedback on the IDDSI framework or would like to receive updates, please contact RCSLT Project Coordinator Caroline Wright.

✉ [caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org)



#### RCSLT web resource of the month

##### Sign up to receive IJLCD alerts

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>

## Webinar: Giving Voice to people affected by Parkinson's

Are you a professional working with people affected by Parkinson's disease or are you affected by the condition yourself?

The RCSLT and Parkinson's UK are hosting a joint webinar on 15 June (1 - 1.45pm) to highlight the vital role that speech and language therapy plays in supporting people affected by Parkinson's. The webinar will also highlight the wealth of information, resources, and networks available for SLTs and other professionals who support people affected by the disease.

Speakers will include Nick Miller, professor of motor speech disorders, Newcastle University, and Clare Worrall-Hill, professional engagement manager at Parkinson's UK.

After this webinar, participants will be familiar with how speech and language

therapy can support people affected by Parkinson's disease; the UK Parkinson's Excellence Network and the support it offers professionals; and the support the RCSLT offers its members, including its relevant networks.

Participants have the opportunity to submit questions on this topic to the speakers before and during the webinar. Please note, places are limited.

✉ Visit: <http://tinyurl.com/zqke4ml> to register your place and submit a question



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**Derek Munn**

**COLUMN**

## Giving Voice heroes

The RCSLT has opened the nominations for the 2016 Giving Voice Awards.

As many of you already know, 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.

The annual Giving Voice Awards are for anyone who has made a significant or innovative contribution to the Giving Voice campaign in 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



Members of the University of East Anglia Speech and Language Therapy Society celebrate at the 2015 awards

– then make sure they get the recognition they deserve. Entries close at midday on 29 July 2016.

📍 **Visit:** <http://tinyurl.com/zfg28y7> to find out more

## Feedback is key to understanding SEND experiences

Local authorities should collect and analyse user feedback routinely to improve services and understand how effectively the local area meets the needs and improves the outcomes of children and young people who have special educational needs and disabilities (SEND).

This is a recommendation from 'Mapping user experiences of the education, health and care process: A qualitative study' commissioned by the Department for Education to examine user satisfaction with the Education, Health and Care (EHC) process for children and young people with SEND.

Conducted between May and December 2015, researchers interviewed 77 parents and 15 young people with SEND and worked with more than 120 professionals from four

local authority areas in England. In these specific areas parents overall reported being satisfied with the new approach and generally said they liked the new person-centred philosophy behind the reforms.

Other recommendations include the need to draw up guidance on how best to elicit and act upon the views of children and young people with SEND within the feedback process and the sharing of good practice for service delivery.

The Departments for Health and Education have developed a website, 'EHCP journeys', to support the dissemination of good practice and feedback and to share examples of innovative practice and ways to overcome barriers to effective service delivery.

📍 **Visit:** <http://ehcpjourneys.com>

## NATIONAL CHOICES

The national elections in Scotland, Wales and Northern Ireland offered us a further chance to promote the message that speech and language therapy transforms lives.

Ahead of the elections, we worked with candidates and parties in all three countries, and we were pleased with what some of the manifestos had to say:

- The SDLP election manifesto included pledges to reduce waiting lists for autism diagnosis and create a cross-departmental strategy, which supports young children with autism and other special educational needs.
- The Scottish Conservatives announced plans to improve children's early literacy skills.

Scottish Labour mentioned speech and language therapy explicitly: "Language development is a crucial element in learning. We will ensure the early years workforce has access to speech and language therapy skills to support parents with the basics of early language, and identify and refer children who need extra help. We will ensure health visitors and others have access to specific opportunities for professional development around young children's language development. Training and qualifications in language and communication development should become a strong 'promotion pathway' for the early years workforce."

The outright prize goes to the Alliance Party for giving the RCSLT a namecheck: "Assist with removing communication barriers and support the work of Royal College of Speech and Language Therapists."

However, with the elections passed the focus moves to those who won the elections and what they will do. With both Labour in Wales and the Scottish National Party losing their majorities they will need to build a consensus with at least one more party to pass budgets and legislation. In Scotland, the devolution of welfare benefits will also be of interest.

Most of all, there are a lot of new faces – with more than a third of the Welsh Assembly newly elected and more than a quarter in Northern Ireland. We'll be introducing ourselves very soon. ■

*"Most of all, there are a lot of new faces. We'll be introducing ourselves very soon"*

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

## AHA finalist congratulations

Well done to all the SLTs and support workers who made the finals of the 2016 Advancing Healthcare Awards UK.

Western Health and Social Care Trust SLT Jill Borland and Speech and Language Therapy Team Leader Una Isdell were finalists in the Public Health England Award for contributions to public health for their project, 'Reversing the effects of socio-economic deprivation on child language skills'.

South Essex Partnership Trust Specialist SLT Catherine Maclean and Laura Lewis, Luton Culture community engagement officer, were finalists in the Unite the Union Award for 'Working Together' category for their project, 'Conversation Makers: together with Luton Culture improving confidence in communication'.

Abertawe Bro Morgannwg University Health Board



Catherine Maclean and Laura Lewis receive their AHA certificate

Communication Development Officer Rachel Harris was a finalist in the category for outstanding achievement by an allied health professional, healthcare science support worker or technician for her project 'Sharing Connections Beyond Words'.

Visit: [www.ahpandhsawards.co.uk](http://www.ahpandhsawards.co.uk)

## RCSLT Honours 2016

Nominations for the 2016 RCSLT honours awards close on 23 June, so there's still time to recommend your worthy work colleagues.

The honours acknowledge the achievements of RCSLT members and those who have contributed outstanding services to speech and language therapy. The nomination process is simple to complete, so why not put forward one of your colleagues for one of the three categories available?

Fellowships acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship in the context of research and publishing, teaching, clinical expertise and management. Honorary fellowships acknowledge

and honour non-SLTs and SLTs from overseas who have contributed outstanding services to speech and language therapy, and for the benefit of those with communication disability.

The £1,000 annual Sternberg Award for Clinical Innovation is for innovative work that is new to a location and of demonstrable benefit to clients, the service and the profession. The work should have been in existence for at least six months and started within the previous three years.

Nominations close on 23 June 2016. To nominate someone you must be a certified RCSLT member.

For more information, visit: <http://tinyurl.com/84d3as4>, email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org)

### Making every contact count

Public Health England has published 'Making Every Contact Count (MECC): Consensus statement'. This describes the commitment of the signatory organisations – including NHS England, Health Education England, the Royal Society for Public Health and the National Institute for Health and Care Excellence – to work together to maximise support for population behaviour change and help individuals and communities reduce their risk of disease. The statement aims to provide clarity on what is meant by MECC, highlight the evidence base and illustrate the population and workforce benefits of this behaviour change approach. It also aims to provide the basis for organisational action and the adoption of the MECC approach within the NHS, local authorities, and the allied and wider health and care workforce.

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

### Ever thought about writing a book?

Speechmark Publishing is looking for SLTs who would like to share their knowledge and approaches in a publication. The company is looking for practical resources in core areas of speech and language therapy practice. Speechmark publications are, "typically very practical toolkits that provide therapists and other professionals, such as educational psychologists or SENCOs with structured tools and session plans for therapy." If you think you might have something to offer contact publisher Ben Hulme-Cross (email: [ben.hulme-cross@speechmark.net](mailto:ben.hulme-cross@speechmark.net)) and provide your CV alongside a short description of the resource you might like to write. If Speechmark would like to see more, Ben will ask you to complete a simple proposal form. If your proposal is accepted for publication you will receive a contract before you start writing.

Visit: <https://www.speechmark.net>

### Outstanding paper success

Congratulations go to Jacqueline Kindell, Professor Karen Sage and Dr Madeline Cruice. Their paper – 'Supporting communication in semantic dementia: Clinical consensus from expert practitioners' published in *Quality in Ageing and Older Adults* 2015, Vol 16, 3 E – has been selected by the journal's editorial team as the outstanding paper in the 2016 Emerald Literati Network Awards for Excellence. To increase dissemination of such a high-quality article, the journal has made it freely available for one year, and has made it the journal's sample article.

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

### Aphasiology now available

We are pleased to announce that RCSLT members now have access to even more journal titles in the RCSLT Journals Collection. We have added a subscription to *Aphasiology* as a result of direct member feedback. Access is also available to more than 1,600 titles published by SAGE Journals, Springer and Taylor and Francis. Make the most of this treasure trove of research resources.

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



Lee  
Dein

# Opinion

Lee Dein says handwriting is an important and often overlooked communication skill

## A crucial part of communication



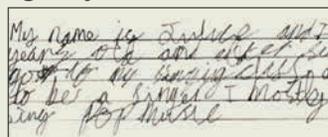
ILLUSTRATION Trina Dalziel

**H**aving been qualified for more than 30 years as an SLT and dyslexia teacher I remain astonished that the skill of handwriting is neither taught nor even mentioned in speech and language therapy training. Teachers themselves are not, in the main, taught how to teach handwriting as part of their teacher training. As a consequence, illegible handwriting is on the verge of becoming a national disaster.

There are many reasons why people have communication difficulties, including physical disabilities and motor

coordination problems, which can affect the production of speech. Handwriting is an integral part of communication and this seems overlooked. Studies show children who spend time working on handwriting are more able to produce clear and coherent communication, show better quality of writing and have better thought and organisation

Age: 12 years



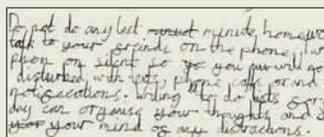
skills (Graham, 2009).

Speech and language therapy students are well aware of alternative and augmentative communication techniques. These include unaided communication systems. Aided communication methods range from paper and pencil, to communication books or boards, to devices that produce voice output (speech generating devices) and/or written output. In this context, why is handwriting never mentioned?

According to the Dyspraxia Foundation, poor handwriting is one of the most common symptoms of dyspraxia. Children who have poor handwriting are usually extremely aware of their difficulty and their untidy handwriting can make them feel uncomfortable and isolated. Commonly, children feel depressed and frustrated as a direct result of poor written communication skills. As I have observed frequently, once these skills are taught there is an enormous difference in confidence and self-esteem.

Handwriting is a crucial part of communication. Many stroke survivors who have lost the ability to communicate verbally would greatly benefit from communicating using pen and paper. The significance of handwriting continues throughout life. It gives us a feeling of identity, possession and intimacy when utilised as part of written communication with others. Good communication in the written modality should be an essential focus. Children who write well easily do better in school and enjoy it more (Dinehart, 2015). Those who have difficulty with the quality and/or speed of their handwriting

3 weeks later



are often at a disadvantage in the high-paced classroom setting.

I believe many difficulties arise because handwriting is not taught in a simple and clear manner. There are too many confusing elements involved in handwriting and a vast array of complicated fonts. I have developed the Magic Link Handwriting Programme – a unique system because it teaches ‘joined-up’, cursive handwriting. Although schoolteachers and occupational therapists teach the writing of separate letters, the Magic Link programme focuses on a different level of skill, teaching vowels and vowel-consonant combinations in a step-by-step way to develop joined-up handwriting skills.

Designed for primary and secondary schoolchildren, the programme can help pupils who are hypermobile, those who have dyspraxia, dyslexia, Asperger syndrome or those who are simply left-handed. The video programme is presented in a fun, interactive way. Pupils learn posture, control, letter and word formation, spacing and coordination, and develop good handwriting habits. Good handwriting is an essential ingredient of good communication – there is simply no justification for overlooking its indispensable place in education and development. I hope this will serve to underline that, with the correct teaching, children’s handwriting can be perfected to a standard of excellence. ■

For more information, visit:  
[www.magiclinkhandwriting.com](http://www.magiclinkhandwriting.com)



Dinehart L. Handwriting in early childhood education: Current research and future implications. *Journal of Early Childhood Literacy*. 2015; 15:1, 97-118.  
The Dyspraxia Foundation. <http://tinyurl.com/zvjtsjd>  
Graham S. Want to improve children’s writing? Don’t neglect their handwriting. *American Educator* 2009-2010. <http://tinyurl.com/jzjgpx>

# A refreshing experience

**Jeni Husak** looks at the benefits of offering additional acute dysphagia student placements

ILLUSTRATIONS BY **Sam Falconer**

I moved to Sheffield in 2012 with a keen interest in student education, particularly around dysphagia. Through my experience as a clinical tutor, practice educator and senior SLT supervising new Band 5 SLTs, a constant thread of feedback was that students wished for more clinical experience, especially working with dysphagia, because this is often an area in which they feel under confident when graduating.

After a review of the literature and a discussion with the head of speech and language therapy department and staff at the University of Sheffield, I devised a new student placement pilot in Spring 2013. This aimed to offer interested students an additional non-assessed placement in adult dysphagia in an acute hospital setting. The overall aim was that they would gain face-to-face dysphagia experience at Interprofessional Dysphagia Framework (IDF) Foundation level, following protocol-guided assessment and management plans.

## Placement pilots

We offered the placement to 12 final-year undergraduate and postgraduate students and collected feedback from the participants, the university staff and the wider SLT team at the end of the placement.

This feedback was extremely encouraging and the positive experience led to an extended pilot being run the following academic year with the aim of evaluating competencies achieved by the students on the placement against the pilot RCSLT Dysphagia Competency Framework (2014) – specifically what the students were able to achieve at Level B: Foundation Level.

We offered the extended pilot placement to 24 final-year undergraduate and postgraduate students and highlighted areas at Foundation Level B where we felt the students could include supporting evidence towards achieving the competency. Collection and analysis of student feedback at the end of the placement, along with

competencies achieved, was again very positive and we secured funding for continuation.

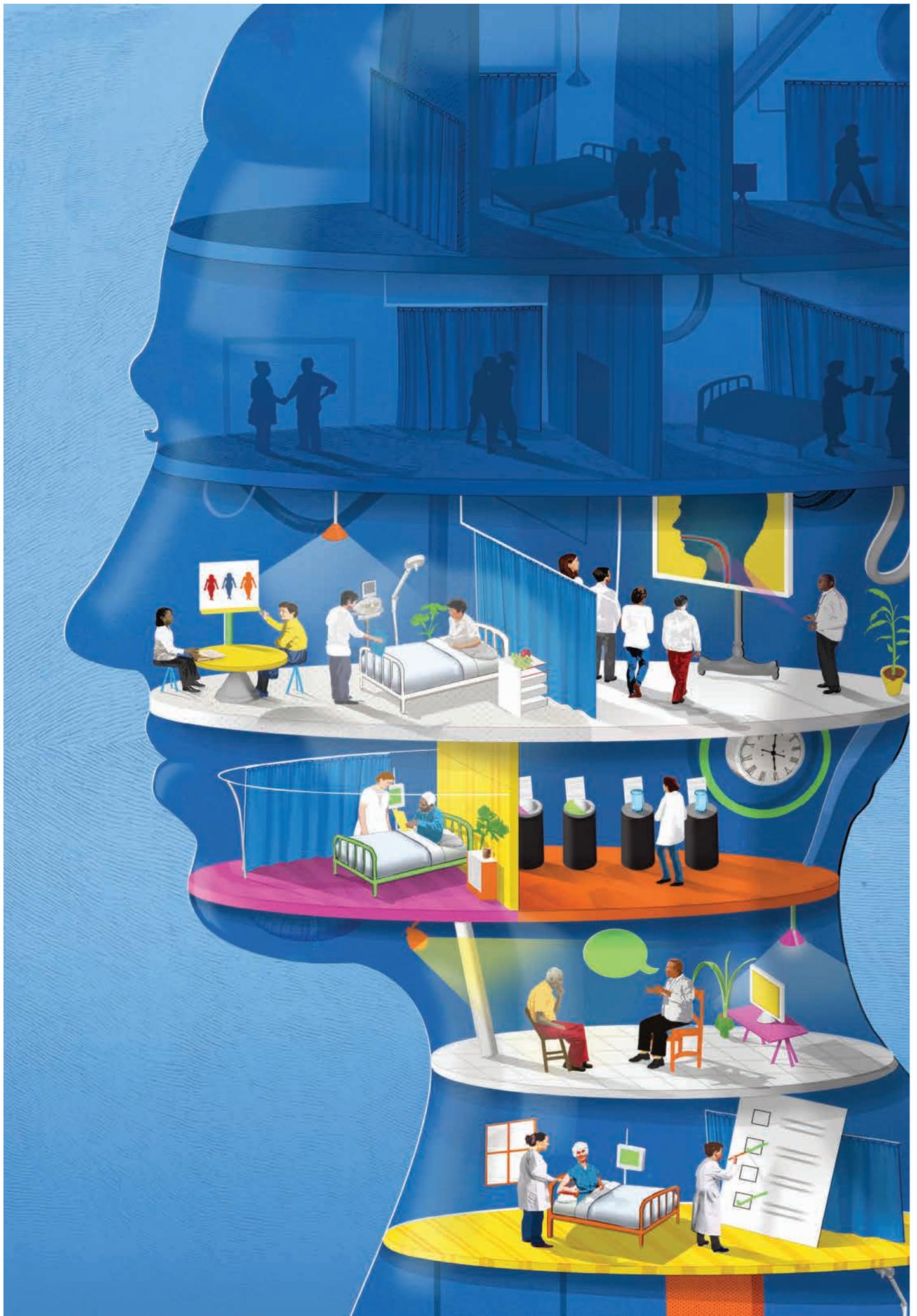
## The placement today

The format of the placement is essentially unchanged from the original pilot. Students work on competencies from the King's Dysphagia Schedule and the RCSLT Dysphagia Competency Framework (Level B: Foundation Level). For the past two academic years (2014–2015 and 2015–2016), we have offered this optional placement to 16 final-year BMed students and eight final-year MMed students with excellent take-up.

We offer a group placement to four students at a time. The placement runs over four sessions (9.30am – 1pm) and students come once a week for four (ideally consecutive) weeks, fitting the blocks around their other academic and clinical placement commitments. University staff arrange student self-selection; students then receive an information sheet from the supervising SLT and attend a tutorial at the university beforehand. A senior member of the acute hospital SLT team supports students throughout the block.

By the end of the placement the aim is that each student has seen three patients independently to carry out an oromotor assessment and review of the patients' current eating and drinking recommendations, working through a protocol-driven checklist. Each session includes a review of relevant medical note entries, liaison with the nursing team prior to and after seeing the patient, working through the diet and fluids checklists, determining the outcome of the review, writing up the session in medical notes and participating in feedback to the other students and supervising SLT. The whole placement is very much focused on independent learning with plenty of peer support and feedback. »

*“Students gain additional and different experience to what is traditionally offered”*



# RCSLT Dysphagia Competency Framework 2014 levels

Level A: Assistant

Level B: Foundation:  
implements protocol-guided  
assessment and management

Level C: Specialist

Level D: Consultant

» Pre-placement requirements are that students have already undertaken the taught dysphagia theoretical component of their undergraduate/postgraduate course. The university-run tutorial provides the opportunity to review their theoretical knowledge on acquired adult dysphagia in preparation. Students are required to bring an oromotor assessment form/checklist they are familiar with – either a published form or an informal assessment they have devised. They are also expected to commit to attending all four sessions and complete their King's Dysphagia Schedule and RCSLT competencies documents by the end of the block.

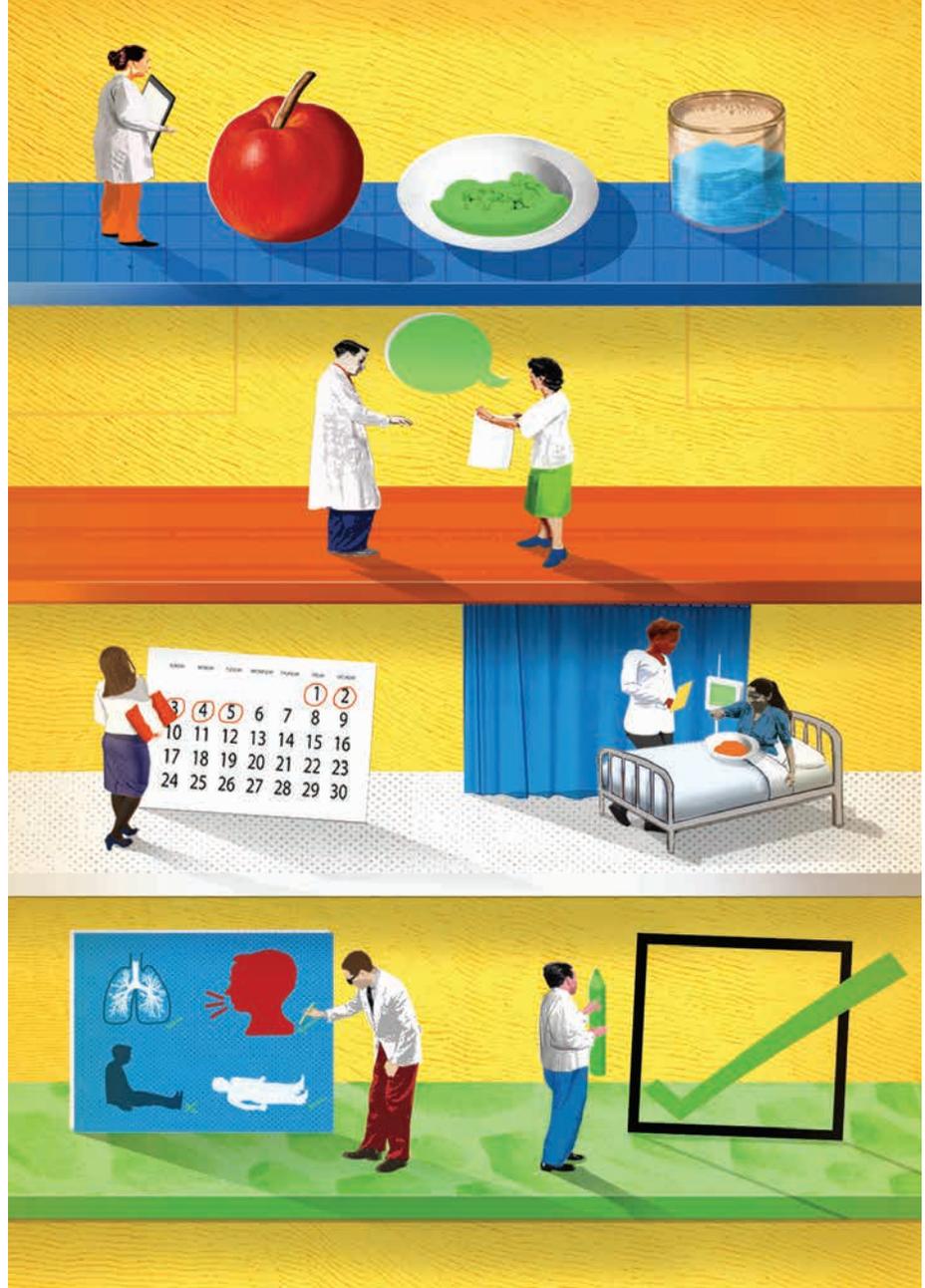
Patients selected for the students to see are mostly from the care of the elderly wards, known to the acute hospital SLT team due to oropharyngeal stage dysphagia and are due for review. Their eating and drinking recommendations include modified diet and/or fluid consistencies.

## Protocol-guided assessments

Checklists for use by the students have been devised for this placement to guide their management plans in a step-by-step way. These were based on similar ones previously used in the trust. Four checklists were available for normal diet, modified diet, normal fluids and thickened fluids review. The students take one diet and one fluids checklist (figures one and two) to work through for each patient they see. Table one shows the placement structure.

## Student gains

Primarily, students gain additional and different experience to what is traditionally



offered. They are able to have sections of their King's Dysphagia Schedule signed off up to Stage 3, part one, and are supported to add evidence to the RCSLT Dysphagia Competency Framework at Level B, Foundation Level.

Feedback from undergraduate and postgraduate students continues to be extremely positive. They say they gain knowledge, experience and confidence in the area of acquired adult dysphagia and appreciate the hands-on opportunities that allow them to apply their taught theoretical knowledge to clinical practice. Students feel the placement provides excellent opportunities to learn new and transferrable skills, and they appreciate the exposure to decision making and using their clinical judgement. Students have also commented that they appreciate the set-up of the placement and feel it is very well structured and organised; they know what is expected of them and feel they meet the clear aims set for the placement.

## SLT experiences

So far, the SLTs' experiences have also been very positive. It has been interesting to set

Figure one

Sheffield Teaching Hospitals NHS Foundation Trust

Speech and Language Therapy  
Modified diet review checklist

1. What consistency of diet has been recommended by SLT? \_\_\_\_\_
2. Feedback from nursing staff – is the patient tolerating the modified diet? \_\_\_\_\_
3. Is the patient always being given the recommended modified diet? \_\_\_\_\_
4. What did you observe being eaten? \_\_\_\_\_
5. How much did you observe being eaten? \_\_\_\_\_
6. Was the patient: independent  needing assistance
7. Was the patient sat upright? yes  no
8. Did you observe any of the following with diet (tick the boxes):  
 Coughing   
 Shortness of breath   
 Wet/gurgly voice   
 Residue on tongue, palate or lateral sulci   
 Record of reduced chest status in medical notes

If yes to any of the above, ask SLT to review.

If no to all of the above:  
 If the patient has not changed since last review – continue with current recommended modified diet consistency.  
 If the patient is a) more alert, b) showing improvement in general health status, c) eating full diet with no adverse signs, student should request SLT to review for possible upgrade.

Recommendation/action from this review: \_\_\_\_\_

J. Hawk, Speech and Language Therapy Dept, Sheffield Teaching Hospitals NHS Trust, 2013  
 This checklist may be reproduced without permission, acknowledging origin

up, plan and evaluate a new placement. Not being constrained by past expectations has led to a more creative approach. It continues to be refreshing to have students

## Table one: placement structure

### Session 1

#### Induction to the placement looks at:

- Diet and fluid consistency terminology used and dysphagia signage.
- Review of signs of aspiration.
- Student role and what is expected of the students including competency level; supervising SLT.
- Dress code and infection control.
- Review of medical note entry requirements, confidentiality, SOAP format for notes.
- Introduction of diet and fluid checklists.
- Discussion of elements to include in oromotor assessment; group to nominate one student to carry out.

#### Orientation on wards:

Including ward staff, nurses station, medical notes, ward kitchen and beverage bays, hand-washing requirements, barrier nursing procedure, ward entry and exit, toilets, manual handling, fire alarm procedure.

#### Practical experience:

Of thickening fluids to various consistencies.

#### The patient review session:

Review of medical notes relating to the patient the students are about to see. Observation of SLT liaising with nursing staff, carrying out oromotor assessment and working through modified diet/fluids checklists. Observation of SLT feeding back results of review to nursing staff.

#### After the patient review session:

Time to discuss observed session, write up oromotor assessment and checklists and write medical note entry (to be done as a whole group).  
Opportunity to address any issues. Then finish.

### Sessions 2, 3 and 4

#### 1st hour:

Review of information from previous session and any other issues. Four patients identified – students to review printed SLT notes for their patient and provide verbal feedback to the group, including medical diagnosis, reason for admission, reason for referral, current eating and drinking recommendations, any issues of note (eg, chest status, positioning, noncompliance).

#### 1½ hours:

Students on wards. Each to see their patient for oromotor assessment and review of diet and fluids using checklists. Students to review medical notes and liaise with nursing staff, see the patient, feedback results to the nursing staff and then write up draft entry for medical notes, including the oromotor assessment and summary of findings from the diet/fluid checklists.

#### 30 minutes:

All to meet up to feedback on sessions, address any issues and discuss note entries. SLT and peers to review draft medical notes and suggest amendments.

#### 30 minutes:

Students to write up medical notes; SLT to countersign. Finish.

Students bring in King's Dysphagia Schedule in week four for SLT to sign off.

Ongoing suggestions from SLT with evidence for RCSLT competencies document.

Figure two

on a non-assessed placement because there are not the same pressures on grading/working towards a final assessment that can sometimes dominate the experience. Having students who volunteer means they are very keen and enthusiastic.

As a department we are able to fulfil our professional obligation to take students with little impact on patient care and contacts, which can be critical in a busy acute hospital environment. Feedback from patients and ward staff has been positive and we have experienced minimal disruption to overall team working.

We hope to continue to offer this additional placement in collaboration with the University of Sheffield as funding allows. ■

**Jeni Husak, SLT Sheffield Teaching Hospitals NHS Trust. Email: jeni.husak@sth.nhs.uk**



#### References & resources

- Boaden L, et al. *Interprofessional Dysphagia Framework* (IDF), 2006.  
Royal College of Speech and Language Therapists. *RCSLT Dysphagia Competencies Framework*. 2014.

#### Acknowledgements

I would like to thank Professor Sue Pownall (Sheffield Teaching Hospitals NHS Trust) and Dr Judy Clegg (University of Sheffield) for their ongoing support for this project.

#### Additional Note

The pilot placement won the Sternberg Award for Clinical Innovation in 2013.

# Mastering clinical research

**Elaine Liu and Sarah Barker** reflect on the completion of their recent Masters of Clinical Research

In spring 2013, we both separately applied for the National Institute for Health Research (NIHR) Clinical Academic Training (CAT) Programme (now known as NIHR Integrated Clinical Academic (ICA) programme). We were successful and started the Masters of Clinical Research course in September 2013.

The NIHR CAT funding covered the course fees and half of our salary. This allowed us to work part time and have protected study time. As part of the funding we followed the accelerated programme, which included a postgraduate certificate (PGCert) and postgraduate diploma (PGDip) in the first year, and the Masters in the second year.

The PGCert and PGDip covered six modules, which comprised three teaching days per module and then additional self-study. The core modules were research governance and ethics, introduction to research design, writing in a research setting and developing a research proposal. We also had to choose two optional modules from a selection, which included developing yourself as a leader and developing your career in research. The modules were very practical in preparing us for our research projects in the Masters year. The second year was solely self-study to plan, complete the ethics and research and development approvals, carry out the project and write it up as our final dissertation.

There was a range of professionals on the course, including two other SLTs, physiotherapists, dietitians, nurses, pharmacists and doctors. Throughout the

course there were many opportunities to present our developing research projects to our peers. It was interesting to hear other people's ideas, even if it was not our area of expertise or client group.

During the course we learned how to plan and carry out research in our everyday clinical work. We now have knowledge about ethical issues and the approvals process, and have learned how to write for a research audience.

As SLTs we definitely learned lots of new skills and we carried out our research projects successfully. This has increased our interest in research and we now read many more journal articles. The course has

*“The course has given us new options in terms of career development”*



ILLUSTRATION BY Jayde Perkin

given us new options in terms of career development. We can also share skills and knowledge with our colleagues and we can support other staff members who are interested in research, as well as supporting more experienced researchers with their individual projects.

Service user participants from the research studies have received interventions that the department did not previously offer and, as a result of the studies, the intervention has become part of our service delivery. The service users gave very positive feedback about their experiences of being involved in research.

The course was a fantastic opportunity and the NIHR CAT funding was really important to allow us to have protected research time. The course was also a good basis to get into research and we would definitely recommend it to others. We are using our research skills in our everyday clinical practice. At the moment we are working on getting our dissertations published and are even considering applying for PhDs. ■

**Elaine Liu and Sarah Barker, Specialist SLTs, City Hospitals Sunderland NHS Foundation Trust. Email: Elaine.Liu@chsft.nhs.uk**

**Thank you to our managers and colleagues for their support during the application process and throughout the course**

**S**ince its inception in July 2013, the North West RCSLT Hub has organised a range of events to bring researchers, service managers and practitioners together for the benefit of the profession and the populations we serve. A consistent thread through all of these has been to develop shared leadership, a strong sense of group purpose and mutual support for the changes and challenges facing the profession.

In October 2015, we hosted a day for service managers and clinical leads to enable them to describe their service in ways that purchasers and commissioners understand, and to position their services within the North West public health context. This highlighted that we are a profession that makes a significant contribution to the lives of those who have communication needs, including advocating for those who may be more vulnerable to health and social inequality. The event generated the theme #SLTValueNW, which we continue to use on Twitter to promote the impact of the profession in the region.

Our clinical excellence and resilience day on 16 March 2016 aimed to support SLTs of all grades, including assistant practitioners, to understand how changes to their roles and services can be managed for positive effect. The day was an opportunity to provide information and strategies to enable practitioners to maintain professional standards and their own wellbeing, irrespective of changes to how and where they are employed.

The morning started with a focus on the role of RCSLT clinical advisers and the benefits of this role to the individual and the profession. We considered clinical excellence networks and their role in guiding excellence in clinical practice and providing support

# What does resilience have to do with clinical excellence?

**Jacqueline Gaile** considers the development and activities of the NW RCSLT Hub

for practitioners. We also heard about two innovative journal clubs that show that reading, understanding and implementing the available evidence for practice can be an enjoyable, shared responsibility.

It is easy to forget at times of pressure, that we are part of a wider community of healthcare professionals who share the goal of intervention for patient benefit. Dr Hazel Roddam reminded us to look for support to manage change in a broader arena and to see ourselves as part of the wider allied health professional (AHPs) workforce. She showed how online AHP professional networks operate and how these can assist us in accessing continuing professional development (CPD) opportunities and professional discussion in flexible and time efficient ways. Online CPD events are held on Twitter using #ResNetSLT.

Mark Roberts and Janet Harrison's engaging session on social movement theory positioned us as part of a long chain of people working across time with, and for, social change for the benefit of others. From these sessions, delegates gained useful information

for influencing others, practical ideas for accessing support to reduce isolation as well as a sense that change can be broken down into achievable steps.

Expert resilience facilitator Julie Hickton led an interactive series of activities that enabled delegates to reflect on their own individual circumstances, strengths, challenges and opportunities. Her session provided time to implement practical strategies for observing and managing one's response to change and recognising the links between thoughts, feelings and actions.

The day started by considering the support networks and communities we can access. It ended with a focus on how we can support ourselves and maintain the passion we have for our profession by paying attention to our own work-life balance. The question 'What does resilience have to do with clinical excellence?' was one that, by the end of the day, each of us could answer in our own words.

We will continue to build a strong community in the North West using the hub to coordinate and provide support for initiatives from its members. If you are not yet a member please sign up. Upcoming hub projects include a focus on our undergraduates and developing a library of patient voice videos as part of the ongoing work to influence commissioners and convince them of #SLTValueNW. ■

**Jacqueline Gaile** on behalf of the NW RCSLT Hub Executive Committee

Follow us on Twitter @NWWestRCSLTHub #SLTValueNW @CAHPR #ResNetSLT

## Speakers at the NW RCSLT Hub event on 16 March:

**Dr Sean Pert**, Senior Clinical Lecturer, University of Manchester

**Louisa Reeves**, I CAN and Chair NW Mainstream CEN

**Suzanne Martin**, ACE Centre North

**Dr Hazel Roddam**, Principal Lecturer, University of Central Lancashire

**Mark Roberts**, Head of Communities, Leicestershire Partnership NHS Trust

**Janet Harrison**, RCSLT England Representative and Service Group Manager, Leicestershire Partnership NHS Trust

**Julie Hickton**, Principal of Natures Coaching

In these straitened times, with local decision makers continuing the drive for outcomes-based commissioning of services, it is increasingly important for us all to illustrate the value of speech and language therapy by delivering and measuring our impact. This article looks at some of the common challenges we face in relation to outcomes and examines what SLTs are doing to overcome the perceived hurdles and support the future development of the speech and language therapy profession.

**Challenge 1: Breaking away from the focus on outputs**

Historically, decision makers have not approached the topic of outcomes in a consistent way and have required speech and language therapy services to report outputs rather than outcomes. It is important to differentiate between inputs, processes, outputs and outcomes (figure one):

- **Inputs** include the infrastructure that needs to be in place, such as the staffing, equipment, money and resources.
- **Processes** are the ‘what you do’ and the ‘how’, including activities, interventions and service models.
- **Outputs** can be thought of as the quantitative, immediate results of speech and language therapy input – for example, the number of new referrals seen for assessment, the number of treatments provided and the therapy goals achieved.

Outcomes are concerned with the longer-term impact on the service user, such as improved health and wellbeing, being involved in decisions and improved access to work and education. In other words, outcomes detail the difference that speech and language therapy makes to an individual’s day-to-day functioning.

One framework for thinking about outcomes is the ‘theory of change’ model. This framework can show how desired

# Overcoming the challenges of outcomes

**Kathryn Moyse reports on the culture change around delivering and measuring effective outcomes**

ILLUSTRATIONS BY **Davor Pavelic**

change is expected to come about by mapping the relationship between inputs through to ultimate outcomes and the impact speech and language therapy has on service users. Resources on outcomes and the theory of change are available online ([www.rcslt.org/members/outcomes/outcomes](http://www.rcslt.org/members/outcomes/outcomes)).

**Challenge 2: Capturing the impact of speech and language therapy**

What we are trying to demonstrate should define our outcome measures. But how do we show the impact and the value of what we do? When thinking about outcomes, it can be helpful to think about what is

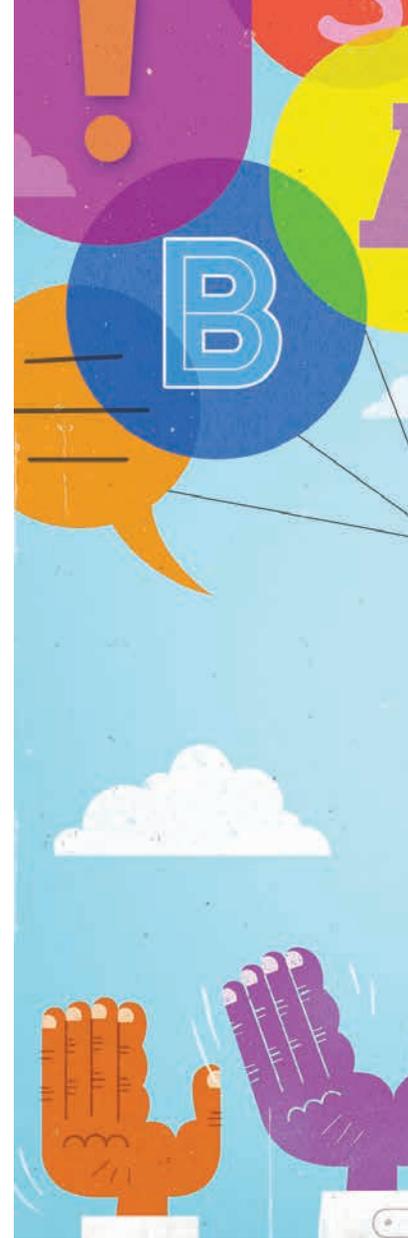
meaningful to whom (table one). Because outcomes mean different things to different people, it is crucial to define what we are trying to measure before deciding how to measure it and demonstrate our impact.

Members of the RCSLT Outcomes Project Team are involved in national speech and language therapy events around outcomes and there are some very useful resources on the RCSLT Outcome Measures webpages ([www.rcslt.org/members/outcomes/resources](http://www.rcslt.org/members/outcomes/resources)). There are also Basecamp groups for members who are interested in staying up to date with local and national outcome measures work. Email: [kathryn.moyse@rcslt.org](mailto:kathryn.moyse@rcslt.org) for further information.

**Challenge 3: Lack of regional or national uniform outcomes data**

The shift towards outcomes-based commissioning has highlighted the importance of collecting reliable data in a consistent way that reflects speech and language therapy’s contribution to local and national level outcomes. This has been a key driver behind the RCSLT Outcomes Project, which is developing a national database to collect and collate outcome data from services across the UK.

The RCSLT carried out a rigorous appraisal



**Table one: Outcomes: different things to different people**

What is a meaningful outcome for the person receiving speech and language therapy?	<ul style="list-style-type: none"> <li>■ Increased independence</li> <li>■ Improved self-esteem</li> <li>■ Increased confidence</li> </ul>
What is a meaningful outcome for the healthcare provider?	<ul style="list-style-type: none"> <li>■ Making a difference to individuals and their families</li> <li>■ Delivering effective interventions</li> <li>■ Meeting the local population needs</li> </ul>
What is a meaningful outcome for the commissioner?	<ul style="list-style-type: none"> <li>■ Value for money</li> <li>■ Meeting national and local priorities</li> <li>■ Use of evidence-based practice</li> </ul>



the ‘best fit’ against these agreed criteria is the Therapy Outcome Measures (TOMs) (Enderby and John, 2015).

Practitioners can use TOMs to capture the impact of speech and language therapy input on an individual in relation to the domains of impairment, activity, participation and wellbeing. The tool allows the collation and amalgamation of individual level outcomes data to illustrate outcomes at service, regional and national levels. In this way TOMs addresses the needs of a range of stakeholders.

**Challenge 4: The time burden associated with collecting data**

As busy clinicians, how do we fit in collecting outcomes data into our everyday practice? One of the key features of TOMs is that it typically takes less than five minutes to complete a rating. To further facilitate the efficient and consistent collection of outcome data, the RCSLT Outcomes Project is developing a web-based tool into which SLTs can enter TOMs data directly and a national database will store the data. At the time of writing, the online tool is still under development, in response to feedback from the adult and paediatric speech and language therapy services involved in piloting the tool. We will announce the launch of the tool in the Bulletin and online in due course.

**Challenge 5: Analysing and presenting outcomes data effectively**

Speech and language therapists can use outcomes data for the purposes of benchmarking, quality assurance and to

demonstrate the impact of speech and language therapy on local and national level outcomes. Data entered into the national outcomes database using the web-based tool will be aggregated to produce reports. The data can be filtered in a number of ways (for example, by team, setting, age, medical diagnosis and clinical condition) to obtain reports on specific datasets. This will help to illustrate the change or maintenance in TOMs scores over time, for example. We aim to gather feedback on the most effective ways to report and analyse the data throughout the pilot project.

The RCSLT Outcomes Project Team is continuing to work with RCSLT members to strengthen the role of outcomes as a key part of speech and language therapy activity. The culture change is underway and together we are overcoming the common challenges we face in relation to our use of outcomes. I look forward to updating you on the next stages of the project’s development in future issue of the Bulletin. ■

**RCSLT Outcomes Measures Project Officer**  
**Kathryn Moyse**

For more information on outcome measures, the theory of change and the RCSLT Outcomes Project, email: [kathryn.moyse@rslt.org](mailto:kathryn.moyse@rslt.org) or visit: [www.rslt.org/members/outcomes/outcomes](http://www.rslt.org/members/outcomes/outcomes)



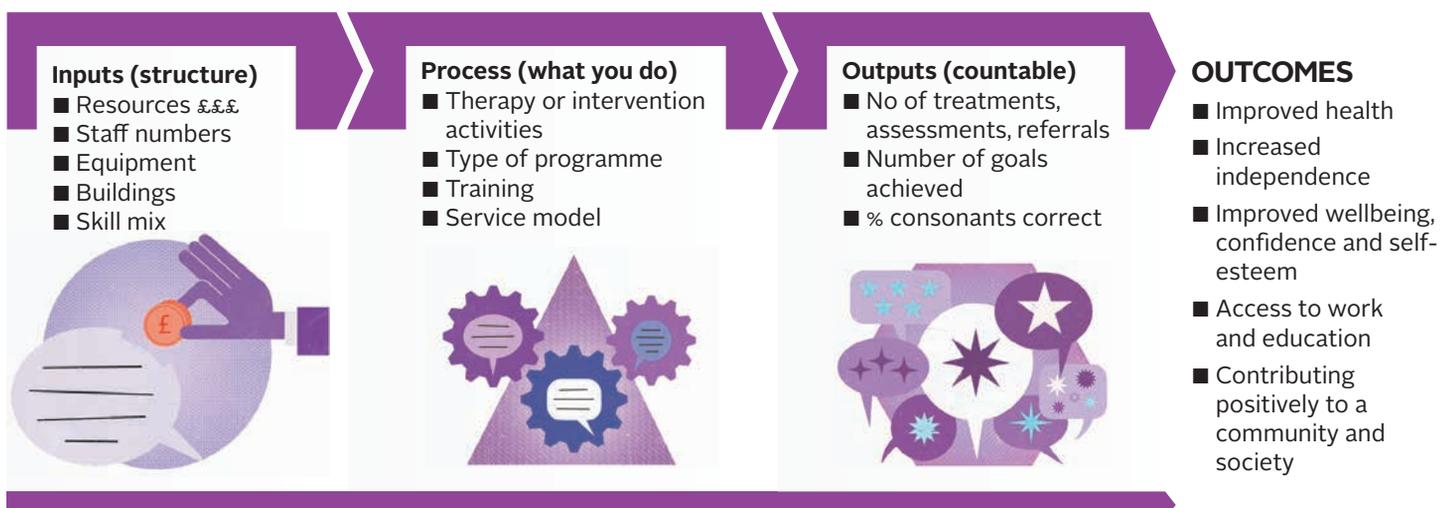
**References & resources**

Enderby P, John A. *Therapy outcome measures for rehabilitation professionals*, Third Edition, Guildford: J&R Press Ltd, 2015.

of more than 60 outcome measures against 11 criteria drawn up by members to identify an existing reliable and valid outcome measure for the national data collection.

These key criteria included the ability of the outcome measure to be used across a range of client groups, compatibility with existing tools, accessibility and ease of use. The measure the RCSLT identified as

*Figure one: Inputs, processes, outputs and outcomes*



**H**ave you worked with communication charities or local services to reduce communication barriers in your community? Have you used a symbol that could be used in the consultation process? Your experience and knowledge could help support the development of a communication access strategy in the UK.

Most of us work with people who face the very significant challenges of communication barriers so prevalent in our fast-paced, modern society. Barriers are everywhere, from health service delivery and social services to communicating in banks, post offices, shops, restaurants and by phone. These barriers reduce the ability of those with communication difficulty to access services in their community.

As part of the RCSLT's inclusive communication strategy, we have joined forces with The Stroke Association (with Speakability) and Communication Matters on an initiative to work with service providers directly to reduce these barriers. We will meet on 10 June to consider what can be done to enable service providers of all kinds to provide a supportive communication environment for those living with a communication disorder.

We are all very familiar with the 'International Symbol of Access' or 'Wheelchair Symbol', often seen where physical access has been improved for people with physical disabilities. It denotes the removal of environmental barriers, such as steps. Premises and organisations have to meet legally-regulated standards to display this symbol. More recently, we have become more used to seeing the symbol for hearing loss. When a person with a hearing loss sees this symbol they are aware that services are available for the deaf or hearing impaired.

But what about equality of communication

## Help bring down the communication barriers

**Lisa Harris says your thoughts and experiences could help influence the development of a UK communication access strategy**

access? If a nationally-recognised symbol were displayed in shop, bank or hospital entrance, for example, to indicate that those working inside were trained to support those with a communication disorder would individuals with communication difficulty feel more confident in engaging in communication in those places? Would the community as a whole benefit from enabling a growing sector of the population to communicate effectively and receive the services we all require?

Communication Matters has been leading the way on trying to launch a UK communication access symbol. This has been inspired by the work of ScopeVic in Australia. A recognised symbol is now used in the state of Victoria – displayed by businesses and services that meet specified criteria. Similar projects include those seen in Canada and closer to home in Lanarkshire and Devon. A project is already underway in Scotland to develop an 'Inclusive Communication Nation', to ensure everyone receives the support needed to engage meaningfully and equally with public services regardless of their communication abilities.

The RCSLT is engaging with a range of third sector organisations working with adults and children, and associations representing professions who work with communication disabilities, to move this initiative forward throughout the UK. We have contacted the Department of Health in England to establish how we can move forward to support endorsement at a government wide/UK and international level. We have engaged with our partners as part of the International Communication Project (ICP). With their backing we hope to create a global movement on this very important work using both the ICP website and our combined efforts to develop an international influencing plan. Together, we aim to:

- Increase awareness of the diversity and impact of communication barriers.
  - Enable organisations to recognise their own barriers to communication.
  - Discover and develop ways to remove barriers and provide a supportive communication environment.
  - Provide training to businesses after which they can display a recognised symbol.
  - Involve people with communication difficulties, including those who use augmentative and alternative communication, in delivering the training.
- We hope to stimulate debate within the speech and language therapy community. Your thoughts and experiences are extremely valuable. If you would like to contribute and be included in communications, please email: [paul.omeara@rslt.org](mailto:paul.omeara@rslt.org) ■

**Lisa Harris, Clinical Director, Consultant SLT Neurology, Brain Injury Communication Clinic**



Premises and organisations have to meet legally-regulated standards to display these symbols



## Our monthly look at the latest in published research

# In the Journals

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

### First words and later outcomes

Aspects of early language show promise as potential indicators of later functional outcomes, American researchers suggest.

Their longitudinal study investigated whether language milestones at 2.5 years could predict development in a heterogeneous sample of 98 children (monolingual English) with autism spectrum disorder (ASD) (seen at 2.5, 3.5, 4.5 and 5.5 years).

The authors hypothesised that the age of language milestones (first words and first phrases) would predict levels of ability and rates of change (expressive and receptive language skills, adaptive skills and non-verbal cognitive skills).

The age of young children with ASD's first words positively predicted rate of change for adaptive behaviour; however, age of first phrases did not significantly predict any outcome. This study found that children using more words at 2.5 years had better outcomes at 45 months.

Children who produced their first words later and those who had fewer words at 2.5 years had the greatest increase in adaptive behaviour over time.

The authors highlight that, "aspects of early language show promise as potential indicators of later functional outcomes", so future research on individual differences in developmental processes will be informative.

Reviewed by: **Sally Mordi, SLT, Enfield Community Services, Barnet, Enfield and Haringey MHT**



Reference

Kover ST, Edmunds SR, Weismer SE. Brief report: Ages of language milestones as predictors of developmental trajectories in young children with autism spectrum disorder. *Journal of Autism and Developmental Disorders* 2016; early online DOI 10.1007/s10803-016-2756-y. <http://tinyurl.com/zjb6qpk>

### iPad aphasia therapy

Researchers at Cambridge University have reported that people with aphasia can improve their language skills through the use of a self-administered therapy app.

Ten participants with chronic aphasia took part in the proof-of-concept study. All had unimpaired comprehension and varying degrees of expressive language impairment. They received brief instruction in using an iPad with the Tactus Therapy Solutions' 'Language Therapy' app installed. This included exercises targeting naming, reading, writing and comprehension.

Researchers instructed participants to self-select their training regime and recommended that they use the app for at least 20 minutes each day for four weeks. The study used a cross-over design, with a mind-game app as the control condition.

The results showed significant improvements in participants' expressive language skills, as measured by the Comprehensive Aphasia Test and the Cookie Theft Picture Description, with participants with more severe aphasia making greater gains.

The authors argue that, "the study shows that an entirely self-delivered semantic and phonological language training app shows improvement in expressive chronic aphasia, supporting its potential role in the long-term rehabilitation pathway."

Reviewed by: **Anna Caute, Research Fellow, City University London**



Reference

Stark BC, Warburton EA. Improved language in chronic aphasia after self-delivered iPad speech therapy. *Neuropsychological Rehabilitation* 2016. <http://dx.doi.org/10.1080/09602011.2016.1146150>

### The challenge of inferencing

Children with language impairment (LI) are more likely to find inferencing from text challenging than children with pragmatic impairments specifically, according to a University of London study.

The aim of the study was to explore relationships between children's text-inferencing skills and their pragmatic and language profiles (or symptoms). Participants included 98 seven to 12 year olds, split into four subgroups – 32 typically developing (TD) children; 27 children with autism spectrum disorder (ASD) without LI; 15 children with both ASD and LI; and 15 children with LI specifically. All completed the Neale Analysis of Reading Ability-Revised assessment (Neale, 1997). Researchers compared the scores of each group.

The percentage of children who found answering inferential questions challenging increased from 12.5% in TD participants to 33% in participants with ASD without LI; and to over 50% in children with LI. Pragmatic profile, non-verbal IQ and single word reading score were not significantly related to inferencing competence. Oral language was shown to be the strongest predictor of inferencing competence, followed by receptive vocabulary and working memory.

These results indicate children with LI are more likely to find inferencing challenging than children with pragmatic impairments specifically. We require more evidence to identify methods to best support inferencing skills in children with LI.

Reviewed by: **Lucy Nicoll, SLT Moor House School and UCL PhD Student**



Reference

Lucas R, Norbury C. Making inferences from text: it's vocabulary that matters. *Journal of Speech, Language and Hearing Research* 2015; 58, 1224-1232.

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 & Emma Joffe & Pagnamenta

**Vicky Joffe and Emma Pagnamenta discuss the RCSLT Strategic Plan 2016-2018 and what it means for you**

## Let's talk strategy



ILLUSTRATION BY Raj Dhunna

**N**ow that June has arrived, we are nearing the mid-point of 2016 and it is time to take a good look at our strategy for research and development at the RCSLT.

We started out with a stand-alone RCSLT Research Strategy in 2010, put together by a team of research leaders in the profession. What has become increasingly apparent is how evidence and research are embedded in everything that the RCSLT does, from influencing decision makers, to supporting the design and

delivery of quality services. However, the key elements remain constant – the need to:

- Support members on their career path to be able to access and use evidence to inform speech and language therapy provision.
- Build capacity in the profession to carry out meaningful research.
- Create and promote opportunities for research.

### What's the plan?

It is vital that our strategy at the RCSLT reflects the real world and the needs of our members.

We know that the work environment is very challenging – you are grappling with cuts to services, a loss of leadership posts and increasing pressures to deliver more for less. We also know many of you are not able to provide the service you would like to for many different and complex reasons.

There are needs at many different levels that illustrate how integral evidence and research are. We need to influence decision makers and budget holders about the value of speech and language therapy using robust data. We need evidence-based guidance to inform service design. Accessible evidence is required to enable members to really provide evidence-based provision in the context of the individual with whom they are working. We also need opportunities and resources to develop skills in clinical decision making and outcome measurement in the context of available evidence as well as a limited evidence base.

Our profession needs leadership to help identify key evidence gaps and make new research happen and we need to develop a workforce that can inform and carry out new research that will make a difference to service delivery. You can see that the RCSLT Strategic Plan reflects all of these elements (table one).

### What this means for you

If you are a newly-qualified SLT working towards your

competencies, our aim is to support you in accessing evidence in your area of clinical practice, through our online journals collection and Bulletin articles. You can keep in touch with the latest evidence and research news by following us on social media (@RCSLTResearch, RCSLT Research Facebook). We would like to support you in making evidence-based clinical decisions with our e-learning tools so you know what to do if there is a limited evidence base and where evidence exists (<http://tinyurl.com/pk8mspq>).

For those of you who have enjoyed the research project and training you have carried out as part of your degree, we think it is really important for the profession that you have opportunities to maintain and develop these skills. Our online Research Centre is a good place to start. Make contact with your local RCSLT Hub and Council for AHP Research Network to explore opportunities and contacts, and to find out more about research workshops and support in your region (<http://tinyurl.com/ncay8u2>).

If you are a clinician with a very busy job and no time or capacity to carry out research yourself this strategy is still important for you. Your voice is important in helping us to set priorities for new research that will bridge key gaps in the evidence base. Our new clinical webpages are growing and we are in the process of adding

*“Your voice is important to shaping how we realise this strategy to meet your needs”*

# Research and Development Forum

evidence syntheses, reviews and guidelines. Our focus on supporting members to access, critically appraise, and use evidence and share best practice will influence how our website will develop.

For managers supporting their team to provide an evidence-based service, why not suggest that colleagues join the RCSLT Research Champion Network, sign up for the RCSLT Research Newsletter and start or run a journal club?

They can then keep the team informed about new evidence and resources. This dynamic network is key to realising our vision that each speech

and language therapy service will have a culture of applying evidence and gathering evidence of effectiveness that is supported by their research champion (<http://tinyurl.com/jbmdqu4>).

Many of you have spoken about your aspirations to develop a joint clinical and research career. You are part of our strategic plan too. We have resources to support SLTs who are developing clinical academic careers, including funding opportunities, tips and a network of mentors who can support you with your applications to clinical academic fellowships and awards. Why

not sign up for our bimonthly Research Newsletter, which includes upcoming clinical academic opportunities (<http://tinyurl.com/ah76awl>)? We are a key part of the Council for AHP Research, which works at a strategic level to create clinical academic opportunities for allied health professionals and provides mentoring and small grant schemes.

Wherever you are working, whatever point in your career, our strategic plan is there for you. Your voice is important to shaping how we realise this strategy to meet your needs. We will be sharing the findings from our recent evidence-based

practice member survey later in the year. This will feed into how we operationalise our strategy. Please keep in touch with us; highlight your concerns, outline where things are working well, and where you need further support. ■

**Professor Victoria Joffe, RCSLT Trustee for Research and Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk); [@vjoffe](https://twitter.com/vjoffe). Dr Emma Pagnamenta, RCSLT Research Manager. Email: [emma.pagnamenta@rslt.org](mailto:emma.pagnamenta@rslt.org); [@EmmaPagnamenta](https://twitter.com/EmmaPagnamenta).**

📍 Visit: <http://tinyurl.com/jgqcuqz>

**Table one: Key RCSLT objectives that relate to research and evidence-based practice**

Focus area	Objective	Summary
Development of quality services	Support members to critically evaluate, promote and improve their services	Provide the knowledge and skills required to participate in clinical audits and service evaluations
		Develop means by which services can benchmark how well they meet RCSLT standards, guidance and HCPC standards
		Provide opportunities for members to develop and share best practice, including engagement of service users and families
	Build the profession's research capacity	Facilitate collaboration through networks and mentoring
		Build the capacity of the profession to contribute to the evidence base
	Create opportunities for research at national and international levels	Promote opportunities for research and research collaboration within the field of speech and language therapy
		Provide members with opportunities to participate in research
		Develop research priorities
	Support members to use and contribute to evidence-based practice in the delivery of interventions and the design of service models	Provide the means through which members can access the latest evidence to inform interventions, models of service delivery and care pathways
		Develop opportunities for communicating the latest evidence and engaging members
		Enable and encourage members to share effective service models
	Leadership and resilience	Support SLTs to become leaders
Workforce	Support members throughout their careers to develop their knowledge and skills to meet the needs of their service users and regulatory requirements	Support members to translate evidence into practice for a range of clinical areas
Wider policy context	Support and empower members in becoming influential	Share evidence and intelligence to support local influencing
	Develop our broader evidence and resources to underpin our influencing	Become an intelligence resource for issues related to speech and language therapy

# Ask the experts

## What can we learn from the study of joint attention in multisensory impaired children?

Dr María Núñez

Institute of Psychiatry, Psychology and Neuroscience, King's College London

**J**oint attention (JA) refers to the spontaneous communication behaviours that children show around the first year of life, where they produce gestures, exchange looks and coordinate their own attention with that of others in order to share something about the world. For example, a child who sees an aeroplane flying in the sky, looks at her mother, turns to look at it, points in the direction of the aeroplane and then looks back (smiling) at her mother, is showing a typical sequence of communication in JA.

Developmental psychologists have been studying infants' JA for almost 40 years (see eg, Franco and Butterworth, 1996; Carpenter, Nagell and Tomasello, 1998; Mundy et al, 2009; Grossman and Johnson, 2010; Carpenter and Call, 2013). There are good reasons for this sustained interest. First, it shows a unique, species-specific, spontaneous ability in humans. Second, it shows a true milestone in communication that opens the possibility of sharing the world with others. Third, JA serves as a developmental platform for other key socio-cognitive abilities and cultural learning that children acquire during the first years of their lives.

### Beyond the visual

Despite the key role of JA in human development there has been surprisingly little research on the acquisition of JA attention through other sensory modalities (see Bigelow, 2003; Dale, Tadic and Sonksen, 2013). The sustained interest of developmental psychologists seems to have focused almost 'blindly' on the visual modality and on the production of distal gestures such as pointing (see, however, some recent exceptions eg, Deak et al, 2013; Rossmannith et al, 2014).

However natural visual exchange may seem in preverbal communication, is visual JA the only route to access a shared sense of the world? If so, what do children with visual sensory impairments do to coordinate their attention and share the world with their parents and others? What if children are impaired in more than one sensory modality? What alternative routes to JA are there?

There are numerous studies on the intentional communication of children with multisensory impairments in educational settings (see eg, Bruce, 2005; Bruce and Vargas, 2007; Janssen et al, 2003; Nelson van Dijk et al, 2002) and a couple on the child/parent

interactions (see Presiler, 2006) but there is a significant gap in the literature on the specific acquisition of JA through sensory modalities other than the visual route.

### Systematic investigation

With the questions above in mind, four years ago we started a systematic investigation of JA in young children with multisensory impairment. So far we have completed two research projects (funded by Sense) and 24 families with young congenitally deafblind children have taken part in our studies. During the study sessions, we give parents a box with sensory adapted toys and simply ask them to play with their children as they would do normally and record them while playing.

Here is one of the examples of what we observed between a mother and her child (profoundly blind and deaf). Mother and child are sitting on the floor facing each other. On the child's left-hand-side there is a box with toys. The child touches one of the toys in the box with her left hand and explores it actually. She then brings her mother's hand to the toy, places her right hand on her mother's chest and pushes it while vocalising with pleasure. The mother talks back to her (the child can feel her voice through her hand on the mother's chest). The child responds by pressing again on her mother's chest, vocalising and smiling.

However 'sensory different' the child's means to communicate are, this episode shows an example of JA between the child and her mother as perfect as the typical example in the beginning. The child brings her mother's attention to the object tactually; instead of looking

**“What do children with visual sensory impairments do to coordinate their attention and share their world?”**



ILLUSTRATION BY Louise French

into her mother's eyes, she brings the mother's hand to the toy. Rather than looking at it together, they touch it together. Then, once the child knows she has her mother's attention on the toy she is interested in, she produces a contact communication gesture to share her excitement with her mother. Instead of pointing, she makes tactual contact with her mother's body at the same time that they hold the object. Finally, like in the typical example, the child smiles and shows pleasure that she is also sharing with her mother.

This example, like others we found in the 'video sessions' of our participants, is important for several reasons. First, it demonstrates that children with multisensory impairments can certainly use alternative sensory means to share attention and communicate about the world with their parents. Second, it shows that JA is not limited to the visual modality. In fact, if we analyse it carefully, we see there are at least three sensory modalities involved – JA here is established tactually but it also makes use of proprioceptive information (feeling the vibration of the mother through her chest) and the child itself produces an auditory response (her vocalisation) as part of the communication gesture.

Our participants were enormously

heterogeneous (as the population of children with deafblindness is). This means that not all the children in the sample showed communication behaviours of JA itself. However, they all showed different levels of communication that are pre-requisites of JA. When we look at the free play interactions between these parents and children, we can place them at different stages that are also 'typical' in terms of the stages the developmental trajectory that JA follows. Findings of this project can be found at the link below (Núñez, 2014, see references).

I would like to highlight that studying JA in children with multisensory impairments has 'taught us' two main lessons. First, atypical sensory pathways to JA can fulfil typical functionality in regulating other's attention and in communicating about the world. Second, almost 'paradoxically' the study of JA in multisensory impaired children shows that JA is a multisensory phenomenon. There are still many more lessons to be learnt in how to specifically bring these initial findings into some more practical applications that can help children with multisensory impairments and their parents to achieve the key skills of JA and, by doing so, scaffold their child's development and communication at an early stage. ■



## References & resources

- Bigelow AE. The development of joint attention in blind infants. *Development and Psychopathology* 2003; 15, 259-275.
- Bruce S. The impact of deafblindness on the struggle to symbolism. *International Journal of Disability, Development and Education* 2005; 52, 233-251.
- Carpenter M, Nagell K, Tomasello M. Social cognition, joint attention, and communicative competence from 9 to 15 months of age. *Monographs of the Society for Research in Child Development* 1998; 63: 4.
- Carpenter M, Call J. How joint is the joint attention of apes and human infants. *Agency and Joint Attention* 2013; 49-61.
- Dale N, Tadic V, Sonksen P. Social communicative variation in children with severe visual impairment. *Child Care Health and Development* 2013; 40:2.
- Deák GO, et al. Learning to share: The emergence of joint attention in human infancy. In B Kar (Ed.), *Cognition and brain development: Converging evidence from various methodologies*. Washington, DC: American Psychological Association 2013 (pp 173-210).
- Franco F. Butterworth. Pointing and social awareness: Declaring and requesting in the second year. *Journal of Child Language* 1996; 23, 307-336.
- Grossman T, Johnson MH. Selective prefrontal cortex responses to JA in early infancy. *Biology Letters* 2010; 540-543.
- Janssen MJ, Riksen-Walvaren JMA, van Dijk JPM. Contact: Effects of an intervention program to foster harmonious interactions between deafblind children and their educators. *Journal of Visual Impairment and Blindness*. 2003; 97:4, 215-229.
- Mundy P, Newell L. Attention, joint attention and social cognition. *Current Directions in Psychological Science* 2007; 16, 269-274.
- Nelson C, Dijk J van, McDonell A Thompson K. A framework for understanding young children with multiple disabilities: The van Dijk approach to assessment. *Research and Practice for Persons with Severe Disabilities* 2002.
- Núñez M. Joint attention in deafblind children: A multisensory path towards a shared sense of the world. London: Sense, 2014 <http://tinyurl.com/h6bjqex>
- Núñez M, et al. (in prep). *Rethinking joint attention: Multisensory strategies in deafblind children*. Manuscript under review.
- Preisler G. Development of communication in deafblind children. *Scandinavian Journal of Disability Research* 2006; 7, 41-62.
- Rossmannith N, et al. Jointly structuring triadic spaces of meaning of action: book sharing from 3 months on. *Frontiers in Psychology* 2014, 5: 1390. <http://dx.doi.org/10.3389/fpsyg.2014.01390>
- Soriau J, Rødbroe, Janssen M. *Communication and congenital deafblindness: Meaning making*. St. Michielsgestel, The Netherlands: VCDBF/Viataal, 2008.

There are useful guides and materials that provide guidelines for the communication interactions with deafblind people and their assessment (eg, Janssen and Roebroe, 2007; Nelson, van Dijk et al, 2002; Soriau et al, 2008).

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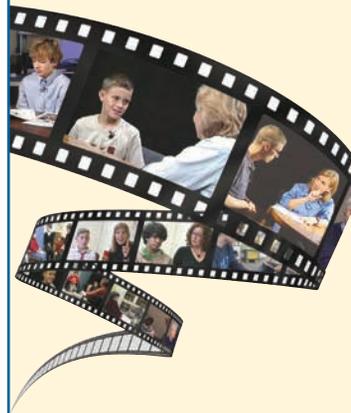
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The programme aims to help meet the needs of those wishing to evidence their ability to work at Advanced Practitioner level in the NHS and progress their careers to band 7 and/or undertake research.

For course specific enquiries, please contact the Pathway Leader, Francesca Cooper:

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# RCSLT trustees wanted

The RCSLT is looking for members who are willing to join the Board of Trustees, which governs the organisation. The board is keen that full opportunity is taken to encourage members to put themselves forward to fill trustee roles. Subsequent to the first round of advertisements in the March Bulletin, from the annual general meeting (AGM) on 29 September 2016, there will be the following vacancies on the board:

## **Trustee for Research and Development**

Professor Vicky Joffe steps down at AGM 2016. If you are involved with research and development and would like the opportunity to contribute to this area of the profession, please think about putting your name forward. The member elected to this role would serve from AGM 2016 to AGM 2019.

## **England Country Representative**

Janet Harrison steps down as a trustee in September 2016. The elected member would serve in this post for an initial term of three years. We are looking for someone ready to continue the challenging work that Janet has begun in developing the RCSLT Hubs in England and representing them at board level. The member elected to this role would serve from AGM 2016 to AGM 2019.

## **Wales Country Representative**

This post is currently vacant. A member who is elected to the post would serve until AGM 2019.

## **In addition, the board has decided to create two new general trustee posts.**

One of these is currently vacant. This reflects the growing amount of work the board is involved with. These are general posts to help spread the workload. Members elected to these roles would serve from AGM 2016 to AGM 2019.

## **If you want to shape the future of your profession and RCSLT then think about applying.**

Don't assume it's not for you. Read more about the work of the board and what you can gain professionally from board membership on page 21 of the March Bulletin. You can also read online about the kind of people we're looking for and the commitment required. What matters most is a passion to see better lives for people with communication and swallowing needs, by supporting the speech and language therapy profession.

Role descriptions and application forms are on the website. Visit: [www.rcslt.org/about/howwearerun/apply](http://www.rcslt.org/about/howwearerun/apply)

If you'd like an informal chat with a trustee or senior staff member please email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel: 020 7378 3007

**The closing date for applications is 4 July 2016**



## 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](http://www.rcslt.org/giving_voice/awards_2016) to find out more about how to take part  
Entries close midday on 29 July 2016



## HIRE AN AFFORDABLE VENUE CLOSE TO LONDON BRIDGE

The RCSLT is the perfect solution to your room hire needs. We offer a contemporary, affordable meeting space with the flexibility to be set-up in a range of layouts.

### WHY HIRE AT THE RCSLT?

Following our extensive refurbishment, the venue is ideal for seminars, training sessions, conferences and meetings. Our ground floor rooms have natural daylight, amazing audio-visual equipment and breakout areas for delegates to relax and network between sessions.

With a dedicated events team, we will ensure your event runs smoothly.

Special rates for CENs/SIGs and members with businesses.

For further details visit [www.rcslt.org/about/RCSLT\\_venue\\_hire/Introduction](http://www.rcslt.org/about/RCSLT_venue_hire/Introduction)



**Patients that suffer from dysphagia can find mealtimes daunting. When a person finds it difficult to swallow, they will often eat less. Mealtimes become a challenge as eating can be a slow, scary, painful process: dysphagia patients are at a higher risk of choking or aspirating food, which can lead to frequent chest infections and pneumonia.**

It should come as no surprise that, as a result of the challenges they face at mealtimes, dysphagia patients will often have a reduced appetite and are at a higher risk of malnutrition, which can itself lead to other complications (research indicates 48% of patients with dysphagia are malnourished).<sup>1</sup> An inadequate diet can weaken the immune system, make it more difficult to absorb medication, and prevent wounds from healing properly. It is vital that patients are able to find a way to reduce difficulties at mealtimes while ensuring they get the nutrients they need in sufficient volume.

Patients and their carers will often turn to home puréeing to ensure meals are of the appropriate safe texture and easy to eat. But home-blended, texture-modified food can, despite best efforts, be visually unappealing. This can fail to trigger salivation, making swallowing even more difficult. Furthermore, to avoid the risk of aspiration meals must be blended to an even consistency; it is often necessary to add water to the food while it is being puréed, but that can bulk out the food while watering down the nutritional value in each mouthful.

Because patients with dysphagia will frequently want to eat less, each bite needs to be filled with as much caloric and protein content as possible. For those with reduced appetites, the challenge is to provide the nutrition they need in a manageable portion size.

# Understanding the link between dysphagia and malnutrition

*"Purée Petite helps put patients back in control of their diet, ensuring they are eating well and enjoying a higher quality of life."*



## **Small portions can make a big difference**

The new Purée Petite range from Wiltshire Farm Foods was developed for dysphagia patients, to tackle these challenges head on, offering smaller but more energy dense portions. Each serving contains a minimum of 500 calories and up to 22g of protein in a manageable 275g portion (40% smaller than their standard size meals) and is suitable for those requiring a Category C, Thick Purée diet. The puréed meals have been shaped to look visually appealing while maintaining the fantastic flavours and breadth of choice people have come to expect from Wiltshire Farm Foods. Purée Petite helps put patients back in control of their

diet, ensuring they are eating well and enjoying a higher quality of life.

Purée Petite is part of Wiltshire Farm Foods' Softer Foods range of texture modified meals, which was recently awarded a Queens Award for Enterprise in the innovation category. The Queens Award is the UK's highest accolade for business success. The award recognises Wiltshire Farm Foods' (and parent company apetito's) commitment to ensuring that dysphagia patients are able to enjoy mealtimes and maintain a healthy diet.

To order brochures or arrange a free tasting of Purée Petite meals, visit [softerfoods.co.uk](http://softerfoods.co.uk)

1. Felt P. Nutritional Management of Dysphagia in the Healthcare Setting. Healthcare Caterer. 2006; Spring 2006

## JUNE CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: [cen@rcslt.org](mailto:cen@rcslt.org) by 10 June for July, by 8 July for August, and by 5 August for September. 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](mailto:venuehire@rcslt.org)

### Yorkshire and Humberside Dysfluency CEN

6 June, 9.30am – 12.30pm

The Stammering Support Centre, Reginald Centre, 263 Chapeltown Road, Leeds LS7 3EX. Email: [siobhanward1@nhs.net](mailto:siobhanward1@nhs.net)

### AAC SIG/CEN

16 June

Emerging communication: from preschool to minimally conscious states. Also celebrating our 21st birthday. Members free; non-members £15. Refreshments and lunch included. Nuffield Orthopaedic Centre, Oxford. Send applications to Ann Middleton Advisory Teacher, CENMAC, Charlton Park Academy, Charlton Park Road, London SE7 8JB. Email: [Ann@cenmac.com](mailto:Ann@cenmac.com)

### Children Who Have Social, Emotional and Mental Health Needs CEN (South East)

17 June, 9.30am – 3.30pm

A participant-led day, focusing on issues raised from practice, SEMH clinical guideline, theory of change and outcomes. Bring ideas and examples. Small charge for refreshments. Brighton General Hospital. To confirm attendance, email: [a.sloan@grafham-grange.co.uk](mailto:a.sloan@grafham-grange.co.uk)

### Scotland Multilingualism and GME CEN

21 June, 9.30am – 4pm

Presentations on assessing the speech, language and communication of clients who speak a language other than/in addition to English. Case discussions and top tips for working with interpreters. Resource sharing. Cardenden Health Centre, Wallsgreen Rd, Cardenden, Lochgelly, Fife KY5 0JE. Video conferencing also available. Free. AGM to establish CEN. To book place/arrange video conferencing email: [jgevers@nhs.net](mailto:jgevers@nhs.net)

### North West Special School CEN

21 June, 9.15am – 12pm

Discussion on Lego therapy and representational hierarchies. Will also discuss courses members have been on/any cases or therapy techniques. Highfurlong Special School, Blackpool Old Road, Blackpool FY3 7LR. Members £7 per meeting (£15 annual fee for three meetings); non-members £10. To confirm attendance, email: [laura.linton@bfwhospitals.nhs.uk](mailto:laura.linton@bfwhospitals.nhs.uk)

### Palliative and Supportive Care CEN

21 June, 9am – 5pm

'Effective ways to support ourselves and others when offering the best care to palliative patients'. Presentations: Joanna Goodrich, Point of Care Foundation; Sharon Daniels, North London Hospice; Cathy Sparkes, Intandem; Nick Diggins, Mindfulness Brighton and Lewis. SLTs £25; students £20; non-SLTs £30. RCSLT, London. Lunch included. Book Eventbrite: <http://tinyurl.com/gpcspxx>. Email: [palliativecarecen@gmail.com](mailto:palliativecarecen@gmail.com)

### South East and London Stammering CEN

24 June

'The benefits of family, friends and the community in the experience of stammering.' Includes presentations from people who experience stammering, a highly-specialist clinician from the MPC talking about the integrated model and Family Communication Skills programme. Group workshop opportunities. Resource for London. Email: [patriciachilton@nhs.net](mailto:patriciachilton@nhs.net)

### SW CEN in Disorders of Fluency

28 June, 9.30am for 10am – 4pm

Conference Room, Education Centre, H.M.P. Eastwood Park, Falfield, Gloucestershire GL12 8DB (building on left soon after entering the site). £10 to guests (to include annual membership); members and students free. Tea and coffee

available for small charge. Please bring own lunch. Email: [Staylor2@swindon.gov.uk](mailto:Staylor2@swindon.gov.uk)

### Trent Voice CEN

30 June, 9am – 4.30pm

Spotlight on voice therapy techniques: practical, in-house study day presenting the evidence base for therapy techniques. Chance to observe demonstrations of well-worn techniques and share teaching tips and fresh approaches. For SLTs of all levels of experience. + AGM. Members free; non-members £20. Lunch included. Chesterfield Royal Hospital S44 5BL. Email: [elizabethrowe@nhs.net](mailto:elizabethrowe@nhs.net)

### 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 SE1 1NX. Members free; non-members £10. Email: [mfortunato-carpio@nhs.net](mailto:mfortunato-carpio@nhs.net)

### London SLI CEN

11 July, 9.30am – 4pm

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](mailto:londonslicen@gmail.com) or tel Marie 020 8442 6305 to reserve place. Visit: [www.londonslicen.org](http://www.londonslicen.org)

### 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](mailto:Farah.Hawa@bcpft.nhs.uk)



# Keep in touch with your RCSLT online

Visit [www.rcslt.org](http://www.rcslt.org) and follow the links

# Writing for the bulletin



al reflections  
ld a Talker project

Money for study: the RCSLT has secured an equivalent of over £87,000 in CPD funding

... what is the profession

Kicking off your career: useful advice to new graduates looking for their first post

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

The Bulletin welcomes contributions written by members for members and these guidelines aim to help contributors write articles that are clear, accurate, interesting and easy to read. The RCSLT Bulletin is a professional magazine, rather than an academic journal. Our aim is to publish articles that are thought-provoking, enjoyable and of use to practising therapists and support workers. Please note: the Bulletin editorial team will edit all submissions selected for publication.

## LETTERS TO THE EDITOR

A letter is the simplest way to communicate your opinion. Be brief and concise. Limit yourself to 250 words and focus on just one concept or idea. A lengthy letter is more likely to be discarded, or the editor will decide what information to trim to fit the space available. Include your name, address, daytime phone number, your status and your place of work. Indicate clearly if you wish to have your name withheld from publication.

## NEWS AND FEATURE ARTICLES

If you have been involved in an innovative project, undertaken research, won an award or held an interesting event, consider writing a news or feature article.

News items can be brief (50-75 words) or up to 300 words (half a Bulletin page).

Two-page feature articles are 1,200 words in length, including references. One-page articles are about 600 words.

- Please write in an accessible style. Look at articles you and your colleagues have enjoyed reading.
- Never use a long word if a short one will do. Sentences of more than 25 words are hard to read, so try to split them up.
- It is okay to be personal. For example, if you are writing about your own practice, say 'I' rather than 'the author' or 'the present post-holder'.
- Spell out abbreviations the first time you use them. For example, Picture Exchange Communication System (PECS).
- Avoid jargon or explain it: not all your readers will be specialists.
- Avoid the passive voice. For example, if

you write, 'A decision was made not to assess patients over 60 years old', the obvious question (and one which the editorial team will ask you) is, "Who made the decision?"

Better to write, "The multidisciplinary team made a decision not to assess patients over 60 years old."

## PHOTOGRAPHY

We welcome photographs, but they must be clear and of good quality and you must obtain written consent to publication from patients or carers. Remember, the Bulletin is available online to members and written consent must acknowledge this. Send hard copies of photographs by post or email high resolution (300 dots per inch) JPEG files. Photographs taken from websites are too low in resolution to print in the Bulletin. We cannot use scanned images from books and magazines for copyright and technical reasons.

## HOW TO REFERENCE

The Bulletin uses the author/date system. References in the text should cite the author/s names followed by date of publication, in date order, eg (Chalmers 2004; Barnett and Renior 2003; Quillan et al 2001). Page numbers should be given in the text for all quotations and paraphrases (eg Smith 2004, pp.26-27). Where there are three or more authors, the first authors' name followed by et al will suffice. Provide a reference list should in alphabetical order of first authors' names. All references should be to primary sources. Publications listed in references should follow the format below:

Author's name. Article title. Book or journal. Publisher (for books). Date. Volume number; pages.

## FOR EXAMPLE:

Beitchman J. Seven year follow-up of speech-impaired children. *Journal of Child Psychology* 1996; 37, 961-970.

Copley B, Forryan B. *Therapeutic Work with Children and Young People*. London: Cassell, 1997.

## SUBMITTING YOUR CONTRIBUTION

It is a good idea to contact the editor before submitting a news or feature article. Do not submit the same article to other magazines or

journals at the same time, and do not submit an article that has already been submitted to another publication. If you have written a different article on the same topic for another magazine, please discuss this with the editor. Send articles by email and include your postal address and a phone number.

## COPYRIGHT

The RCSLT retains the copyright of any article accepted for publication. We normally permit re-printing, with due acknowledgement, by not-for-profit organisations, but please contact the editor first.

## WHAT CAN YOU EXPECT FROM US?

We will attempt to publish your news piece or letter in the next available publication. We will acknowledge receipt of your feature article within one month and will inform you whether it has been accepted within six to eight weeks. If your article is accepted, the editor will contact you with queries either when accepting it or at a later stage when doing detailed editing. We usually publish feature articles within six months of receipt. If we do not accept your article, we will offer suggestions for alternative publication.

## SEND YOUR CONTRIBUTIONS TO:

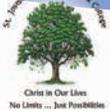
**The Editor, RCSLT, 2 White Hart Yard, London SE1 1NX**

**email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org),  
tel: 020 7378 3004**



**NO LIMITS ..... JUST POSSIBILITIES**

An 'Outstanding' (Ofsted 2013) non-maintained day and residential specialist school for Learners aged 5-19 with complex needs, many on the Autistic Spectrum

**ST JOSEPH'S SPECIALIST SCHOOL & COLLEGE**

Amlets Lane, Cranleigh, Surrey GU6 7DH 01483 272449  
[www.st-josephscranleigh.surrey.sch.uk](http://www.st-josephscranleigh.surrey.sch.uk)

**SPEECH and LANGUAGE THERAPIST**  
required for September 2016

**Salary range £21,156 - £36,286pa depending on competencies (inclusive of 33 days paid holiday including Statutory Public Holidays)**

St Joseph's is a specialist, non-maintained School & registered Children's home providing day and residential places for learners (5-19) whose special educational needs may include autistic spectrum disorders, learning difficulties, communication disorders, ADHD and challenging behaviour.

We are seeking an enthusiastic Speech and Language Therapist to join our expanding multi-disciplinary Therapies Team. Speech and Language Therapy is a fully integrated part of the whole curriculum. Opportunities for specialist training and up-dating are regularly available. You will be HCPC registered and belong to the RCSLT. Own transport essential due to rural location of School. Position to commence at the start of the Autumn term 2016.

Although the salary range quoted is based on 37 hours per over 52 weeks of the year, in practice the annual hours to be worked (1,924) will be compressed into term time only working (plus 5 In-service training days each academic year). Full details of the working pattern will be included in the application pack.

Full details of this post and how to apply can be found on the School web site [www.st-josephscranleigh.surrey.sch.uk](http://www.st-josephscranleigh.surrey.sch.uk), following the link to Recruitment. Alternatively, for a full application pack please contact Doug Brown, HR Recruitment Administrator, by email [dbrown@st-josephscranleigh.surrey.sch.uk](mailto:dbrown@st-josephscranleigh.surrey.sch.uk) after Monday 6th June.

**Closing date for applications (which may be submitted electronically) is 12 noon on Wednesday 15th June 2016 with interviews taking place in the w/c 20th June 2016.**




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



The Trustees of the School are the R C Diocese of Arundel and Brighton



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20 hours per week, £38,000 pro rata

Due to ongoing success with the company we are looking to employ a SALT within London and the South East.

The successful candidate will provide assessment and ongoing input to paediatric case load, mostly outside of school hours. The ideal candidate will have extensive postgraduate experience and specialist training in the assessment and treatment of children and young people with complex neurological difficulties. We also look for expertise within the areas of high tech AAC and / or paediatric dysphagia. Candidates should have excellent communication skills, accurate report writing and the ability to liaise with other professionals. You should be confident in working independently and with children, young people and their families in a community setting. You would be home based and travel to clients within your geographical area.

[www.ilsrehabolutions.co.uk](http://www.ilsrehabolutions.co.uk)

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T: 01722 742442

**LEEDS OFFICE:**  
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LEEDS LS12 1BE  
T: 01133 570055

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215



Children & young people at the core of all we do

The Eden Academy is an outstanding multi-Academy Trust comprising five schools in North West London. It is currently looking to recruit two full time Speech and Language Therapy posts that will join an innovative and dynamic team of therapists providing services to a range of pupils with learning difficulties. Therapy is well embedded within all our schools and is seen as an integral part of what is offered to our pupils. The therapy team is also expanding its current outreach and networking services within North West London providing our therapists with the unique opportunity to deliver across a range of settings.

Speech and language therapy within the Eden Academy offers:

- Structured training opportunities and career progression
- Exemplary multidisciplinary team working
- Clinical and peer supervision and strong CPD support
- Excellent relationships with class teams

*The Eden Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful candidates will be subject to a DBS check.*

### Specialist Speech and Language Therapist

Band 6 Equivalent

£28,902 – 32,096 POA Point 35 – 39 depending upon experience

An opening for an experienced and dynamic therapist to develop an evolving service within an established multidisciplinary team. Based at Moorcroft School (Secondary SLD provision) in Uxbridge with Dysphagia work taking place across the Academy.

Being Dysphagia trained is essential.

To apply for this role, please visit: [www.schoolshrcooperative.co.uk/job/view/3801-specialist-speech-and-language-therapist-1](http://www.schoolshrcooperative.co.uk/job/view/3801-specialist-speech-and-language-therapist-1)

### Senior Speech and Language Therapist

Band 7 Equivalent

£32,822 – 36,892 POB Point 40 – 44 depending upon experience

This post will be based at Pentland Field School (All through MLD SLD provision) developing an expanding and growing service. The post holder will have a supervisory position and will take on a senior role within the team.

To apply for this role, please visit: [www.schoolshrcooperative.co.uk/job/view/3802-senior-speech-and-language-therapist-1](http://www.schoolshrcooperative.co.uk/job/view/3802-senior-speech-and-language-therapist-1)

As a growing Academy, both roles will have potential for future work at other schools within the academy and outreach as guided by service needs.

HCPC Registered Posts | Permanent | Salary shown is Pro rata for working 36 hours per week and 39 weeks of the year. Term time only.

### Successful candidates will be:

- Experienced in delivering speech therapy within a Special Education setting
- Experienced in working with children and young people with learning difficulties
- Dynamic, creative and flexible in their approach.

CLOSING DATE:

**Noon on 24th June 2016**

INTERVIEWS:

**Week beginning 4th July 2016**

CVs will not be accepted

For an informal discussion and further information please contact Alison Futerman, Joint Service Manager for Therapy at Pentland Field School, 01895 609120 or Lauren Garfield, Speech and Language Clinical Lead on 01895 437799.



## ALDERWASLEY HALL SCHOOL

part of the SENAD Group

**Alderwasley Hall School provides specialist education for children and young people with Aspergers, high functioning autism and speech and communication difficulties.**

### Speech and Language Therapist Full time, part time or maternity cover

**Salary dependent upon experience (Band 5 to Band 6)**

This is an ideal opportunity for an SLT wishing to develop or further their interest in working with young people with ASD. You will be responsible for managing a caseload of around 10-15 students, working closely with parents/carers, teaching and other specialist staff.

The successful candidate will join a large, established Therapies team and will be expected to show excellent collaborative practice. You will benefit from regular supervision, ongoing CPD and unique opportunities for developing or furthering specialist clinical skills.

For more information, please contact **Emma Illingworth** on **01629 822586** or email [emma.illingworth@senadgroup.com](mailto:emma.illingworth@senadgroup.com)

For an application form, please contact **Sharon Harrison** on **01629 821410** or email [sharon.harrison@senadgroup.com](mailto:sharon.harrison@senadgroup.com)

Visit [www.senadgroup.com](http://www.senadgroup.com) for more information on the work we do.

Closing Date: 17 June 2016.

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

The SENAD Group is committed to safeguarding the welfare of children and young people within its care, therefore an enhanced DBS application will be required upon appointment.

### Paediatric Speech and Language Therapists

Salary: Equivalent Band 5/6 – subject to experience

**Full and Part-time positions available**



C&D Independent Speech & Language Therapy is an established practice dedicated to supporting children in the Essex and Bristol/Bath area. We are looking to expand our friendly team and attract enthusiastic and motivated therapists to join us in both the community and in local schools.

Competitive salaries will be negotiated according to experience, alongside CPD opportunities. Please submit an up-to-date CV with covering letter.

For enquiries please contact Cassandra Pierson & Elizabeth Fox on:

**T: 01206 700 270 (Essex) T: 0117 325 0058 (Bristol) E: [info@cdspeechtherapy.co.uk](mailto:info@cdspeechtherapy.co.uk)**

**Closing date for applications: 17th June**

**Interviews to be held on: 29th June (Bristol) & 1st July (Essex)**

**ENQUIRE  
NOW**

## 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.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

Start your search today and visit  
[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)





## SPEECH AND LANGUAGE THERAPIST

Salary: Band 6 (inclusive of paid school holidays)  
Fixed Term Contract 2 years

We are able to offer the opportunity for 1 fte Speech and Language Therapist employed by a lead school but attached to a cluster of 5 schools and the early year's providers in their locality to work a day a week in each school. This project will act as a pilot for a future commissioning model and assist in exploring possible funding sources.

The successful candidate will have excellent interpersonal skills and extensive experience as a paediatric SLT and demonstrable experience of working in an educational setting. They will be enthusiastic, motivated and experienced in working with parents and families.

Experience of team working and a goal focussed approach is also essential. The post holder will have the opportunity to implement their innovative ideas and creativity and contribute to training. Clinical supervision will be provided.

To apply please contact Vicki Logan Head teacher Overdale CPS, [admin@overdale.n-yorks.sch.uk](mailto:admin@overdale.n-yorks.sch.uk)

Closing date: 4th July 2016

Interview date: Monday 11th July 2016



## Speech & Language Therapist

**Full or part-time, term-time**

£23,899- £32,881 pa depending on experience

Ingfield Manor School, Billingshurst (West Sussex)

Ingfield Manor is: a day and weekly boarding school for 60 pupils aged 3 to 19 with neuro-motor impairments such as Cerebral Palsy; a good school with outstanding features (Ofsted Nov 2013) with ambition to become outstanding; an outstanding school for care (Ofsted every year to date); a school at the forefront of Conductive Education in this country; a school with staff who work in trans-disciplinary teams, meeting all the pupils' needs throughout their waking day; and an exciting and rewarding place to work with developments in the area of AAC, supporting our older students to develop their functional communication and overall independence as they mature into adults.

We are looking for someone to work with our secondary and 16+ students. You will have knowledge and skills in at least one of the following areas: AAC, dysphagia, or young people with a neurological impairment. Full or part-time hours will be considered.

This role gives you the opportunity to work as part of a trans-disciplinary team and be responsible for managing the S&LT needs of the group of students. This will include providing direct, indirect and group therapy to promote students' independence and access to the curriculum. There is an emphasis on active learning and providing recommendations and training to the team and advice to families. The school has national reputation for the development of AAC, and our teams include Speech & Language Therapists, Teachers, Occupational Therapists, Physiotherapists, Conductors, Conductor Assistants and Team Members.

We expect all candidates to share our commitment to safeguarding and promoting the welfare of children, and all posts are subject to an enhanced DBS check. Starting salary is in the range of £23,899 - £32,881, depending on experience. School holidays apply and are paid in full. Single accommodation available.

For further details and application form please contact Jane Barnett, Administrative Assistant, Ingfield Manor School, Ingfield Manor Drive, Five Oaks, Billingshurst, West Sussex RH14 9AX. Tel: 01403 782294, email: [ingfield.recruitment@scope.org.uk](mailto:ingfield.recruitment@scope.org.uk) or visit [www.scope.org.uk/jobs](http://www.scope.org.uk/jobs)

Closing date for applications:  
9.30am, Monday 4th July 2016.



Scope is a registered charity, number 208231

**Scope**  
About disability



## Speech & Language Therapist

Term Time only  
£26655 - £28824 | Salary: Point 35-38

We are keen to appoint a Speech and Language Therapist to work with children in a mainstream setting. As well as working with SEN children Hendon School has a provision for deaf students (PDS) and a provision for children with Autism (HARP)

The successful candidate will be required to work within Hendon School as an autonomous specialist in the field of Speech, Language and Communication and provide support within key departments across the school within PDS, SEN & HARP.

Applications must be made on Hendon School application forms and submitted no later than midnight 21st June 2016.

We are committed to safeguarding and promoting the welfare of children and expect all staff and volunteers to share this commitment.

T: 020 8202 9004 E: [info@hendonschool.co.uk](mailto:info@hendonschool.co.uk)  
W: [www.hendonschool.co.uk](http://www.hendonschool.co.uk)  
Hendon School, Golders Rise, London NW4 2HP

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

Are you willing to play a part in the running of your RCSLT?

Do you want to broaden your professional skills?

Do you like the challenge of thinking strategically?

Do you want to help safeguard your profession?

# RCSLT Finance and Resources Committee (FRC)

**If the answer is 'Yes', you could be interested in joining the RCSLT FRC.**

This is a chance to be part of the governance of the RCSLT, which will take you into the areas of finance, investments, HR, IT, contracts, performance management, risk, facilities, heritage work, membership administration and also gives you an insight into all facets of RCSLT activity.

You do not need to be a professional expert in any of these fields, but you do need to be able to assimilate information, think strategically and have a willingness to make decisions on behalf of the RCSLT

The FRC will have three vacancies from the AGM in September 2016.

# RCSLT Professional Practice and Policy Committee (PPPC)

**If you are excited and passionate about the big issues facing our profession, then the PPPC is the place for you.**

Strategic and in-depth, the committee monitors and anticipates both the external environment and internal developments. Recent discussions have included workforce, public health, leadership, diversity, inclusive communication and the curriculum. The agenda for future meetings is just as full.

**You'll find more details of what we're looking for online.** For an informal conversation, contact RCSLT Director of Policy and Public Affairs Derek Munn, email: [derek.munn@rcslt.org](mailto:derek.munn@rcslt.org) or tel: 020 7378 3637.

There are five vacancies:

- Two open to any RCSLT member – regardless of your sector, specialism, or level
- One for an academic member from an HEI
- One each to represent the RCSLT Hub Forum England and RCSLT Hub Forum Northern Ireland respectively

The PPPC meets three times a year and the FRC four times a year. There is also an induction day and further training will be given if required. You would serve for three years as a member of PPPC/FRC, from AGM 2016, with an opportunity for a further three years if selected. For the avoidance of doubt, the three-year terms are not immovable and if for some reason you felt part way through your term of office that you could not continue, then it is possible to resign.

**For details, email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel: 020 7378 3007 for an information pack.**

**The deadline for completed applications is Monday 4 July 2016.**

**The PPPC and FRC terms of reference are online. Visit: [www.rcslt.org/about/howwearerun/apply](http://www.rcslt.org/about/howwearerun/apply)**



**Various dates**

**Picture Exchange Communication System (PECS)**

Level 1 Workshops – Brighton, Nottingham, Aberdeen, London, Ipswich, Cardiff, York and Winchester. 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](http://www.pecs-unitedkingdom.com), tel: 01276 609 555

**9 June, 4.30 – 7pm London**

**SPLD CEN (dyslexia)**

Word Study: five essential element for teaching words and making them stick – Sarah Mitchell, Literacy Co-ordinator Fairley House. Word a Week Programme – Liz Nimmo, Yvonne Rowe SLTs Moat School preceded by AGM. Fairley House School, 30 Causton Street, London SW1P 4AU. £10. RSVP: [spldsiglondon@gmail.com](mailto:spldsiglondon@gmail.com)

**13-15 June, London**

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

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

**23 June, 52 Club, Gower St London**

**Dementia care: Achieving better outcomes through REAL communication**

Designed to help health and social care staff address many of the communication challenges encountered when caring for someone with dementia. It will offer practical techniques that can be implemented to help you discover ways of achieving better communication in order to support the wellbeing of patients and yourself. For details and to book visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk) or email [info@communitytherapy.org.uk](mailto:info@communitytherapy.org.uk)

**30 June, RCSLT London**

**smILE Therapy Training Stage 1**

One-day practical training for SLTs and teachers in this innovative therapy teaching functional communication and social skills in real settings to students with communication needs due to deafness, ASD, SLI, learning difficulties, physical disability across primary, secondary and post-16 settings. Outcome measures for every module. £165 pp. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**1 July, RCSLT London**

**smILE Therapy Training Stage 2 Day one**

NEW courses for SLTs and teachers who have completed Stage 1 training, see that the therapy works well with students, is loved by parents and staff, has fantastic outcome measures and want to learn much more. Consists of day one training,

time to run a module supported by two 30-minute phone mentoring sessions with Karin Schamroth. Day two follow-up five months later. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**4-6 July, Leeds West Yorkshire**

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

Shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. Register now. Visit: [www.hanen.org/ITTWworkshop](http://www.hanen.org/ITTWworkshop), email: [info@hanen.org](mailto:info@hanen.org)

**5 July, The Ear Foundation**

**Let me tell you. Story and narrative development for young children**

Focusing on the pre-school years, explore foundations including: memory, theory of mind, social scripts, thought structures and language. £85. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**6 July, National Star College**

**Talking Mats training with symbol resources**

Talking Mats is a visual framework which uses images to help people with communication difficulties. £220 + VAT, National Star College, Ullenwood, Cheltenham GL53 9QU. Contact Pete Johnson, email: [pjohnson@natstar.ac.uk](mailto:pjohnson@natstar.ac.uk) tel: 01242 527 631

**10 July**

**Voice in the extreme**

Multidisciplinary study day focusing on innovation in neuro-laryngology, laryngeal re-innovation surgery, neuro-linguistic programming (NLP) and the extremes to which the human voice can be developed. Suitable for those interested in groundbreaking, difficult and extreme issues related to voice. Visit: [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk) (Events); email: [administrator@britishvoiceassociation.org.uk](mailto:administrator@britishvoiceassociation.org.uk)

**12 July, The Ear Foundation**

**Social thinking for teenagers with hearing loss – NEW**

To navigate the complex world of social interaction, you need to know how to behave and how to influence people's opinions about you. Apply new knowledge and leave with practical ideas. £85. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**15 July, Gatwick Hilton Hotel**

**Are you SMART? SMART goal setting workshop**

This one-day interactive workshop is suitable for professionals working with people who have neurological problems. £85. Email: [enquiries@braintretraining.co.uk](mailto:enquiries@braintretraining.co.uk), tel: 01276 472 369. Full course details available at: <http://tinyurl.com/q9xj8vh>

**19 July, London; 5 August, Glasgow (both 9.30am – 4.30pm)**

**Dynamic assessment workshops**

London: £149. Glasgow: £199.

Fee includes free copy of resource book 'Improving learning through dynamic assessment'. Email: [fraserlauchlan@live.com](mailto:fraserlauchlan@live.com) or visit: [www.fraserlauchlan.com](http://www.fraserlauchlan.com)

**19-20 September, National Hospital for Neurology**

**Foundation of neurology course**

'Foundations of Neurology' for SLTs working with adults living with neurological disease. Focusing on aspects of neuroplasticity, differential diagnosis and assessment using a hypothesis-testing approach to underpin the nature of disorders and possible SLT interventions. £200. Alkida Domi at: [therapy.courses@uclh.nhs.uk](mailto:therapy.courses@uclh.nhs.uk) or tel: 020 3448 3476

**19-21 September**

**Working with transgender voice**

Cost £395 (Early bird £375 – payable before 18 August). 1st Floor, 4 Paddington St, W1U 5 QE (Baker St Tube). For full course details visit: [www.christellaantoni.co.uk](http://www.christellaantoni.co.uk) and fill in an application form

**22 September, RCSLT London**

**smILE Therapy Training Stage 1**

One-day practical training for SLTs and teachers in this innovative therapy teaching functional communication and social skills in real settings to students with communication needs due to deafness, ASD, SLI, learning difficulties, physical disability across primary, secondary and post-16 settings. Outcome measures for every module. £165 pp. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**23 September, RCSLT London**

**smILE Therapy Training Stage 2, Day ONE**

NEW courses for SLTs and teachers who have completed Stage 1 training, see that the therapy works well with students, is loved by parents and staff, has fantastic outcome measures and want to learn much more. Consists of day one training, time to run a module supported by two 30-min phone mentoring sessions with Karin Schamroth. Day two follow-up five months later. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**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@braintretraining.co.uk](mailto:enquiries@braintretraining.co.uk), tel: 01276 472 369. Full course details available at: [www.braintretraining.co.uk/howtodocr\\_spf.php?id=57](http://www.braintretraining.co.uk/howtodocr_spf.php?id=57)

**5-7 October, London**

**Introduction to PROMPT technique**

This workshop focuses on technique and learning the four levels (Parameter, Syllable, Complex and Surface) of PROMPTing that support the broader, holistic philosophy and approach of PROMPT. (Early Bird rate available). Visit: [www.promptinstitute.com](http://www.promptinstitute.com) or email: [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

**10-12 October, London**

**PROMPT bridging technique to intervention**

This workshop will help the clinician more thoroughly understand and apply the four levels of PROMPTing with different motor systems and conditions. Early Bird rate available. Visit: [www.promptinstitute.com](http://www.promptinstitute.com) or email: [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

**21 October, RCSLT London**

**smILE Therapy Training Stage 1**

One-day practical training for SLTs and teachers in this innovative therapy teaching functional communication and social skills in real settings to students with communication needs due to deafness, ASD, SLI, learning difficulties, physical disability across primary, secondary and post-16 settings. Outcome measures for every module. £165 pp. Visit: [www.smile-interaction.com](http://www.smile-interaction.com) or email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**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 5's/0-3's'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**1 November, London**

**Elklan Let's Talk 5-9's 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 5-11's'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**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](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**3 November, 9.30am – 4pm, City Lit London**

**Stammering pride and prejudice**

One-day conference with UK and international speakers exploring stigma around stammering and implications of social model of disability for therapy with children and adults who stammer. £38 (lunch and wine included). Email: [speechtherapy@citylit.ac.uk](mailto:speechtherapy@citylit.ac.uk) or tel: 020 7492 2578

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

## QUICK LOOK DATES

### 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

### 11 November, RCSLT London

#### smiLE Therapy Training Stage 1

One-day practical training for SLTs and teachers in this innovative therapy teaching functional communication and social skills in real settings to students with communication needs due to deafness, ASD, SLI, learning difficulties, physical disability across primary, secondary and post-16 settings. Outcome measures for every module. £165 pp. Visit: www.smile-interaction.com or email: courses@smiletherapy.info

### 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

### 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

### 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

### 28-30 November, Derby

#### Hanen's Learning Language and Loving It certification workshop

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

The School-Age Child Who Stutters:

## Working Effectively with Attitudes and Emotions ... A Workbook

Kristin Chmela, M.A.,  
Nina Reardon, M.S.,  
Lisa A. Scott, Ph.D.



Large 8½" x 11" workbook

- A powerful tool for stammering diagnostics and therapy.
- Strategies to help children make positive changes.
- Practical, concrete ideas and strategies to achieve change and document therapy outcomes.
- Reproducible, spiral bound, 192 full color pages.

Item No. 0005



To order item No. 0005

[StutteringHelp.org](http://StutteringHelp.org)

Click on "store" and then click "professionals"

## Professional Training for Healthcare Professionals



16th November 2016

### Multidisciplinary Management of Parkinson's

This study day is aimed at all grades of Allied Health Professionals who have contact with Patients with Parkinson's Disease in a non-specialist setting. The day looks at a multi-disciplinary approach to the management of patients. Each session will be led by a clinical specialist in the field of Parkinson's Disease. Venue: Royal Derby Hospital, Derby | Fee: £130

28th - 30th November 2016

### Learning Language and Loving It™ Certification Workshop

Training by: The Hanen Centre  
Learning Language and Loving It is an intensive 3-day workshop that equips you with an evidence-based approach for training educators to promote the social, language, and literacy development of young children. You'll learn how to empower educators to create the enriched and interactive learning environments that help all children learn, whether they're typically developing, have or are at risk for language delays, or are second-language learners.  
Venue: London Road Community Hospital, Derby | Fee: £720

18th January 2017

### Training in Cervical Auscultation

Lecturer: Dr Alison Stroud  
Learn the 'How, what and where' of Cervical Auscultation. Participate in a practical session learning to identify normal and disordered swallowing sounds.  
Venue: London Road Community Hospital, Derby | Fee: £130

25th - 27th January 2017

### Primary School children who Stammer: Realising their potential

Training by: The Michael Palin Centre  
This three day workshop will aim to increase speech and language therapists' knowledge and skills in assessing and treating primary school-aged children. The course will also aim to develop participants' confidence in the management of this age group. This course is appropriate for therapists working with children from 7 to 14 years old.  
Venue: Derby | Fee: £150

01332 254679 | dhft.ncore@nhs.net | Twitter: @NCORE\_NHS

[www.ncore.org.uk](http://www.ncore.org.uk)



## Keep in touch with the RCSLT on Twitter

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

### Find out about:

The RCSLT @RCSLT

The Bulletin magazine @RCSLT\_Bulletin

The RCSLT Policy Team and its activities @RCSLTPolicy

Research and development @RCSLTResearch

Giving Voice activities @GivingVoiceUK

### You can also find out what's happening in:

Northern Ireland @RCSLTni

Scotland @RCSLTScot

Wales @RCSLTWales

Follow our feeds for the latest news and information



# Christine Hickey

OCCUPATION: SLT DUMFRIES AND GALLOWAY

## *“The Winston Churchill Travelling Fellowship is an opportunity for citizens within the UK to travel abroad”*



I had never heard of the Winston Churchill Travelling Fellowship until it became the topic of conversation in our office one afternoon during tea break. After being encouraged by my colleagues to look into it, I never expected that my application would be shortlisted for interview, never mind to be one of the fellows selected.

The fellowship is an opportunity for citizens within the UK to travel abroad to learn and acquire new and innovative ideas within their field of interest. The trust then encourages the individual to return to the UK to disseminate their findings for the benefit of their community and profession.

Last year, more than 1,000 applications were submitted for the fellowship and I was one of 150 individuals who received the award. I am currently working as an SLT in Dumfries and Galloway in Scotland and the grant enabled me to travel to Ontario, Canada, for five weeks in September 2015.

Given the emphasis within the profession on early intervention and prevention, I had a particular interest in furthering my skills and knowledge in the field of early years, so I spent my fellowship investigating early intervention programmes in Simcoe County, Ontario. In this area, the programmes implemented rely heavily on the successful partnership of parental engagement and involvement. Before embarking upon my journey, I was keen to find out more about the services offered and how they are provided to promote health, wellbeing and early education.

During my five-week visit, I participated in a range of learning experiences and



activities. I worked alongside children and families, collaborated with various professionals in the team and had the opportunity to meet with specialists in the field. These were extremely valuable opportunities to share experiences and learn from new perspectives.

I was able to experience Simcoe County’s, full service delivery model, one which is based on current research and evidence, and supports children from birth until pre-school age. An area of particular interest which I was keen to learn about further was a solution-focused ‘parent coaching’ approach that is currently implemented within their children’s development services intervention care pathway. The approach has been designed to educate parents and families on how to support their child’s communication skills in their everyday, home environments. Coaching parents allows therapy to be provided

effectively on a daily basis and has proven to be much more effective than traditional input. The parent coaching model is a practical hands-on system to educate parents in early interaction and play; skills which, when implemented appropriately, empower them to have a significant impact on their child’s communication skills.

Since my return to the UK, I have been able to share my experiences and findings with the paediatric SLT team who work to support children and families throughout the Dumfries and Galloway region. We are now working closely together to use these learning experiences to further develop our service delivery model to ensure we can provide the most efficient and effective level of care to those we work with.

The travelling fellowship was an incredible achievement for me, personally, while also providing countless opportunities for further professional development. I would really encourage others to take advantage of this experience, as the value of learning from others cannot be underestimated.

I’m excited now to use the knowledge and skills I have learnt to shape my practice here in the UK and I know the opportunities that I have been given will continue to inform and influence my clinical skills in the years ahead. I am extremely grateful to the Winston Churchill Memorial Trust for their support and guidance throughout the fellowship process. ■

**You can read my full fellowship report <http://tinyurl.com/jjcpzma>. Further details of the Travelling Fellowship can also be found on this website.**

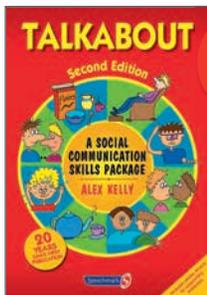
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# PRACTICAL RESOURCES CREATED BY EXPERTS TO HELP DEVELOP SPEECH AND LANGUAGE SKILLS



**OUT NOW**

## Talkabout 2e

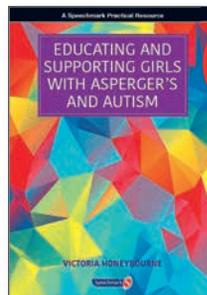
Alex Kelly

May 2016 | ISBN: 9781909301542 | Age 7+ | **£39.99**

Now designed specifically for adolescents or adults with special needs, this practical resource is packed with activities and games for developing social skills.

The book includes:

- Over 60 activities to develop social skills in body language, the way we talk, conversations and assertiveness.
- An assessment of social skills and planning sheet for intervention.
- Ideas for group cohesion activities to use within your groups.
- Forms and evaluation sheets to help with the smooth running of groups.
- All activities available to download to print out and use.



**PRE-ORDER**

## Educating and Supporting Girls with Asperger's and Autism

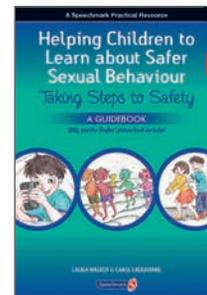
Victoria Honeybourne

June 2016 | ISBN: 9781909301870 | All ages | **£34.99**

This resource is designed to support education and health professionals to better understand how autism (including Asperger's syndrome) can present in girls; explaining the various difficulties and disadvantages that girls on the autism spectrum can face in educational settings.

The book includes:

- Illustrated throughout with real-life quotes and case studies
- Guidance on best practice when working with girls with autism spectrum conditions.
- Activities and resources for young females on the autism spectrum to support them in developing self-awareness, coping strategies and learning skills.



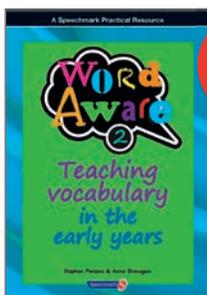
**OUT NOW**

## Helping Children to Learn about Safer Sexual Behaviour: Taking Steps to Safety and Billy and the Tingles

Laura Walker & Carol Laugharne

May 2016 | ISBN: 9781909301740 | Age 4+ | **£29.99**

This unique resource comprises a therapeutic workbook and storybook, designed to be used as an early intervention with children within the school setting who display concerning sexual behaviour. The workbook contains a series of activities with accompanying user-friendly advice including how to broach difficult subjects, how to engage with children who have additional needs and how to create conditions of safety to enable the necessary conversations and activities to happen. The accompanying storybook, Billy and the Tingles, employs narrative therapy, telling the story of a child with sexually concerning behaviour and addressing contemporary issues of exposure to pornography.



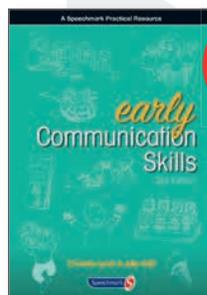
**PRE-ORDER**

## Word Aware 2: Teaching vocabulary in the early years

Stephen Parsons & Anna Branagan

June 2016 | ISBN: 9781909301672 | Age 4+ | **£45.99**

This is a highly practical, comprehensive resource designed to support Early Years practitioners in the provision of effective vocabulary development in preschool children of all abilities. It is based on the same theory as the existing *Word Aware* resource but is adapted for Early Years. This rigorously tried and tested approach is an outstanding resource that will be an essential addition to any early years' setting or preschool classroom. It is also an important addition to the materials used by speech and language therapists.



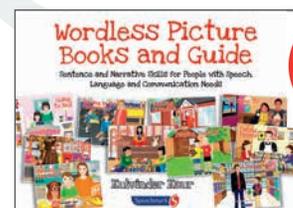
**PRE-ORDER**

## Early Communication Skills 3e

Charlotte Lynch & Julia Kidd

June 2016 | ISBN: 9781909301610 | Age 0-5 | **£37.99**

*Early Communication Skills* has been a popular and widely used publication since becoming available in 1991. Now in its third edition, the resource retains its original approach to communication, providing a source of fresh educational and therapeutic ideas for pre-school children. This new edition of *Early Communication Skills* has been updated to include more activities and resources, including a new section on 'Putting Words Together'.



**OUT NOW**

## Wordless Picture Books and Guide

Kulvinder Kaur

May 2016 | ISBN: 9781909301603 | Age 4+ | **£49.99**

This series of wordless picture books aims to help children with speech, language and communication needs (SLCN) to develop their expressive sentence and narrative skills, through learning to tell each story. There are 10 stories that will be separated into two levels, geared towards advancing the child from simple to intermediate and complex sentences. The accompanying guide will have strategies on how to teach and progress the child through each level and stage, and will have an additional skills section.

To order direct or to see more details on these and our other speech, language and SEN resources go to [www.speechmark.net](http://www.speechmark.net) or email [sales@speechmark.net](mailto:sales@speechmark.net) and don't forget to **quote RC20** to receive your **20% discount\***

\*Offer ends 30th June 2016