

# bulletin

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

March 2014 | [www.rcslt.org](http://www.rcslt.org)



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underserved  
communities

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CONTACTS

## ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

2 White Hart Yard, London SE1 1NX  
Tel: 020 7378 1200  
Email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
Website: [www.rcslt.org](http://www.rcslt.org)  
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James Oconnell

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## PUBLISHERS

Redactive Publishing Ltd  
17 Britton Street, London EC1M 5TP  
020 7880 6200 [www.redactive.co.uk](http://www.redactive.co.uk)

## EDITORIAL

**Editor:** Steven Harulow  
**Deputy editor:** Raquel Baetz  
**Contributing editors:** Digna Bankovska, Sarah Matthews  
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## ADVERTISING

**Sales manager:** Steve Grice  
Tel: 020 7880 6220  
Email: [steve.grice@redactive.co.uk](mailto:steve.grice@redactive.co.uk)  
**Recruitment Sales:** Giorgio Romano  
Tel: 0207 880 7556  
Email: [giorgio.romano@redactive.co.uk](mailto:giorgio.romano@redactive.co.uk)  
**Display Sales:** Ben Nelmes

Tel: 0207 880 6244  
Email: [ben.nelmes@redactive.co.uk](mailto:ben.nelmes@redactive.co.uk)

**PUBLISHER**  
Jason Grant  
**PRODUCTION**  
Kieran Tobin  
**PRINTING**  
Woodford Litho

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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)



## Spring ahead this March

It's March again, already. We'll soon be gaining an extra hour as British Summer Time approaches and hopefully it will finally stop raining soon.

The 10th European Day of Speech and Language Therapy takes place on 6 March. Established by the Standing Liaison Committee of EU Speech and Language Therapists and Logopedists (CPLOL), the day aims to increase awareness of the profession throughout Europe. This year's theme of multilingualism and multi-ethnicity offers the perfect opportunity to marry the International Communication Project 2014 and Giving Voice together to promote the work you do with your multilingual clients. Visit: [www.cplol.eu](http://www.cplol.eu) for more information and please let us know what you get up to.

The call for papers for the RCSLT 2014 Conference closes on 14 March, so there is still time to put the finishing touches to your papers, workshop or poster submissions on clinical research, best practice in clinical practice and education, emerging innovations, entrepreneurial approaches to service delivery, new models of delivery and leadership. Visit: <http://tinyurl.com/k3ub7cp> to read the submission details.

### Steven Harulow

Bulletin editor

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

### Meet your RCSLT

#### Robin Matheou



I have been PR manager at the RCSLT for almost four years. My role is to raise awareness of speech and language therapy and the RCSLT through traditional media as well as our social media channels, such as Facebook and Twitter. I love that every day is different - from writing press releases and liaising with journalists to facilitating media training with RCSLT spokespeople and securing

high profile ambassadors for our campaigns. I am always on the lookout for more media spokespeople and positive case studies that demonstrate the value of speech and language therapy.

© If you would like to share your expertise or raise awareness of the fantastic work you do, please email: [robin.matheou@rcslt.org](mailto:robin.matheou@rcslt.org)

## UEA students Give Voice

The University of East Anglia (UAE) SLT Society held a Giving Voice week on campus in late January to raise awareness of the important work done by SLTs.

The week started with a pub quiz with an SLT-based round. We also took over campus, encouraging UEA staff and students to consider why communication is important to them by writing their answers on speech bubbles and having their photos taken for a display collage. At the 'Giving Voice Olympics' students completed SLT-based challenges, for example, saying 'p, t, k' as many times as possible in 30 seconds. We provided information on the relevance of the activities to speech and language therapy.

We ran a Giving Voice stand with a large canvas for students to answer questions about what they would miss most if they had speech, language or swallowing difficulties and how they would describe SLTs.

Our Giving Voice Twitter day encouraged people to tweet using #GivingVoiceUK. Local students, those from other universities, clinicians, charities and service users used the hashtag 200 times and we had tweets from as far afield as Australia - a fantastic end to a very successful week.

**Rachel Proctor, Elly Sampson and Laura Prime, UAE SLT Society**

## Excellent standards

Thank you so much to Dr Della Money and her colleagues for drawing together the Five Good Communication Standards (Bulletin, January 2014, pages 12-14). I work in a privately run residential unit for people with long-term, severe neurological conditions. Speech and language therapy screens each resident on admission. Communication guidelines/passports for each resident are devised and placed in their care plan, and staff receive training on how to implement these.

The five standards, while written for the adult learning disabilities population, are equally applicable to my client group, many of whom have cognitive impairment. The standards give credibility to all the indirect work we, as SLTs, have been doing for years - such as staff training, promotion of inclusion for our clients and enhancing quality of life. This against a backdrop of pressure for only impairment-based work.

Reading the article, I immediately saw the significance and showed it to my manager (a nurse), who has embraced it. I am now using the guidelines to provide written information to advise staff how we, as a unit, can ensure we meet these standards. Thank you for such an excellent piece of work, which will have the potential to have a hugely positive impact on many of our clients.

**Judith Dixon, Independent Specialist SLT and Associate Tutor, UEA**

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## RCSLT Honours 2014

*Nominate your colleagues for an RCSLT honour or Sternberg Award*



The 2013 award recipients in Birmingham

© GEOFF WILSON

Since 1945, the annual RCSLT honours awards have acknowledged the achievements of our 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 four categories available?

**Fellowship Awards** 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 the service, the clients and the profession. The work should have been in existence for at least six months and started within the previous three years.

The **Assistant of the Year Award** recognises the outstanding work of RCSLT assistant practitioner members. The criteria for eligibility for this award could include exceptional service, creativity and innovation, relationship building, sensitivity and genuine contribution to improving the quality of service to clients.

Nominations for the 2014 awards close on 30 May 2014. To nominate someone you must be a certified RCSLT member. For more information, visit: [www.rcslt.org/about/honours/RCSLT\\_honours](http://www.rcslt.org/about/honours/RCSLT_honours), email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel: 0207 378 3007.

## I CAN 125 celebrations continue

Children's communication charity I CAN held a gala concert at St. James's Palace, London, on 21 January in honour of its 125th anniversary and in support of the Million Lost Voices Appeal. Hosted by Her Royal Highness The Duchess of Cornwall, the event featured a concert by the London Chamber Orchestra, with a special appearance by I CAN's Meath School Choir, the 'Meath Singers'.

I CAN Chief Executive Virginia Beardshaw said, "I CAN has a proud history of supporting vulnerable children who otherwise would have been left out or left behind. This event celebrated how our Million Lost Voices Appeal, which our patron Dame Judi Dench OBE launched in 2011, is helping us to reach more nurseries and schools across the UK so that all children have the opportunity to develop the speech, language and communication skills they need to thrive in a 21st century world."

Christopher Holder, chair of the Million Lost Voices Appeal and an I CAN trustee added, "We are looking forward into the future, aiming to raise £1.25 million over three years to expand programmes and develop new services to help 65,000 children with communication difficulties aged three to 11 years."

📍 **Visit:** <http://www.millionlostvoices.org.uk>

### NEWS IN BRIEF

**Child care app:** A free app from the Northern Ireland Social Care Council aims to help those who work in early years and child care access high-quality information on child developmental norms. 'Understanding child development for 0-6 children' includes information on developmental milestones and the impact of child neglect on development.  
📍 **Visit:** <http://tinyurl.com/nolzqc>

**Dementia research:** Research-minded SLTs might like to look at the National Institute of Health Research in England, Dementia and Neurodegenerative Diseases Research Network. The website has pages for health professionals with information on current dementia research, how to join local networks and how to get involved.  
📍 **Visit:** [www.dendron.nihr.ac.uk](http://www.dendron.nihr.ac.uk)

**AAC skills:** NHS Education for Scotland has launched its IPAACKS (Informing and Profiling AAC Knowledge and Skills) framework, designed to support the learning and development of people working with individuals who use augmentative and alternative communication (AAC). It highlights the knowledge and skills workers should aspire to achieve in relation to the role they play in supporting individuals who use AAC.  
📍 **Visit:** <http://bit.ly/1eWpQeJ>

**CNS Tumour CEN:** Do you work with patients who have had a diagnosis of brain or central nervous system tumour? Would you like to find out more about these diagnoses or the services available for these patients in your area? King's College Hospital Neuro-oncology SLTs are interested in setting up a brain and CNS tumour clinical excellence network.  
📍 **Email:** [hilary.wren@nhs.net](mailto:hilary.wren@nhs.net) or [sairaawan@nhs.net](mailto:sairaawan@nhs.net)



**Robin Walker@RobinWalkerMP**  
Fantastic assembly today at Gorse Hill Community Primary on questions with the @RCSLT I was asked what animal I would like to be #givevoice

**West Mids RCSLT Hub @WestMidRCSLTHub**  
Many thanks to Roisin Sweeney from @RCSLT who has been brilliant supporting us to set up and run our first event! pic.twitter.com/FkGcCfMlJf

## Looking to the future for SLTs in Scotland

*Raquel Baetz reports on the first NES education and workforce report*

A growing and ageing population in Scotland is likely to increase the demand for speech and language therapy across the public, private and third sectors, according to the first education and workforce report for speech and language therapy by NHS Education for Scotland.

Published in late 2013, the report looks at trends in the demand, supply and use of speech and language therapy services. It sets out the expected demographic changes for Scotland up until 2021 and the knock-on effect they are likely to have on speech and language therapy demand. This includes a projected increase in the population by more than 5% and an increase in the number



**An ageing population in Scotland will increase demand for SLTs**

of people aged 65 and older by almost 25%. Managers might find the document helpful in workforce planning and service redesign.

The report shows that 1% of adults in Scotland reported

using an SLT each year between 1999 and 2008, and that the proportion of adults who reported using an SLT increased with age. Overall, children and older people access the services of SLTs the most. According to

the report, this is due in part to the fact that there has been an increase in the prevalence and survival rates for conditions that cause communication difficulties.

The report also shows that although the number of registered SLTs in the UK has almost doubled between 2001 and 2013, over the past four years the number in Scotland has remained steady. There was a reduction in the proportion of higher band posts, particularly at band seven. While the short-term vacancy rate for NHSScotland speech and language therapy staff increased between 2010 and 2012, the short-term vacancies have not translated into an increase in long-term vacancies.

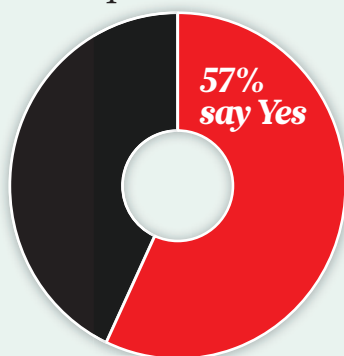
“This first report is a welcome start to better intelligence on speech and language therapy provision which, in turn, I hope will help make the case for commissioning that better matches the current and future needs of Scotland’s population,” said Kim Hartley, RCSLT policy officer for Scotland.

© Visit: <http://tinyurl.com/qax4q55>

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



Do you use apps in your clinical practice?



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

## Silence is golden in Leicester

Speech and language therapy students at De Montfort University took part in a silent Giving Voice flashmob on 10 January to highlight the challenges faced by people with speech and communication problems. The group performed their 10-minute silent dance routine in Magazine Square, in Leicester.

Organiser Georgia Frith (pictured front left), who is in her final year, said, “We’re supporting the national campaign to help raise awareness of the profession, communication difficulties and how speech and language

therapy can help transform lives.

“We were encouraging participants to cover different body parts to visually demonstrate communication difficulties we cannot always see.”



As part of the performance, a tree in Magazine Square was covered in messages, one of which was sent in by the family of a 10-year-old disabled child to illustrate the impact of his communication difficulty.

His message said, “If I could speak properly I could tell my mummy, my brother and my nana I love them. They like my version of hugs and kisses but it’s not the same as words.”

GETTY IMAGES/JASON SENIOR

**Kate Fallon@katefallonaep**

Interesting comments re fears about future commissioning arrangements from @rcslt [http://www.rcslt.org/news/docs/children\\_and\\_families\\_article...](http://www.rcslt.org/news/docs/children_and_families_article...)

**Karen Rowlandson**

**@KarenRowlandson**

@VSAlliance1 @MoJGovUK Input from speech and language therapists can build language skills and have an effect on re offending. #rcslt



**BRYONY SIMPSON & KAMINI GADHOK**

## Marjon celebrates 20 years of success



The University of St Mark and St John held its first annual SLT student conference on 24 January. The event celebrated the 20th anniversary of speech and language therapy at the university and the achievements of the first cohort of students to complete the remodelled three-and-a-half-year programme.

Sarah Watson-Fisher, managing director of Health Education South West, opened the conference. She described the recent changes in health education and training. Other speakers included a number of students presenting on a range of research projects, such as 'Developing an electronic resource for AAC users and their carers'; 'Carers' perspectives of managing dysphagia at home' and 'Living with aphasia'. Dr Lydia

Morgan, visiting speaker from the Bristol SLT Research Unit, described the 'Child Talk What Works' project.

Each final year student submitted a research poster on the conference theme 'Evidence-based practice in the workplace' and these were displayed and discussed during a poster session.

One of the highlights of the day was a presentation from Mark Scarrott, who recounted his own experience of having a stroke and living with aphasia.

The conference closed with the presentation of prizes – the best conference presentation to Kelly Doherty; the best poster to Kezia Hamlin; and the annual Tavistock Trust Student Prize for work in aphasia to second-year students Sarah Meehan and Hayley Groves.

## Adult rehabilitation is webinar focus in March

Leadership and outcomes are critical for the commissioning of improved, integrated adult rehabilitation services. In response, the RCSLT and Chartered Society of Physiotherapists are working with Improving Adult Rehabilitations Service to offer two webinars open to any commissioner or provider from all professions, agencies and sectors, interested in integrated

adult rehabilitation services. 'Everyone has a leadership role in commissioning and providing integrated care' will take place on 12 March and 'Who cares about my outcomes?' on 24 March. Both will run from 12.30 – 13.30. Register your interest now. Places reserved on a first-come, first-served basis.

For more information, visit <http://tinyurl.com/nacv530>

## FOCUSING ON THE FUTURE

The RCSLT continues to receive requests for support from services across the UK in the face of restructuring and funding pressures. We would encourage members to get in touch with us so that we can offer support when we can. We also ask that you look at the tools and resources available on the RCSLT website in the 'Cuts Toolkit' section, which services have found useful.

These resources include information to help you with decisions you are being asked to make around service structures and priorities. The RCSLT statement on the roles and responsibilities of registered practitioners reiterates your professional obligations. The toolkit also provides responses to the following questions you might have; for example, how can I influence local budget holders; what are my rights and responsibilities as an employee; and how can service users and their parents and carers challenge cuts? Visit: <http://tinyurl.com/p5klbqx> to find out more.

The changes to the policy context and service transformation have also provided opportunities for SLTs. An event

run by the Centre for Workforce Intelligence and hosted by the RCSLT on 23 January focused on horizon scanning for the future workforce. A key area of growth is how the profession is looking at new ways of working, such as the use of technology and apps. We hope the RCSLT 2014 conference in Leeds on 17-18 September will provide a platform for members to show how the profession is leading in these areas.

Another area of focus is the public health agenda. Dr Ann Hoskins from Public Health England recently stated that it is important for the NHS to consider prevention (predict and prevent) and early intervention (find and fix). Public Health England has appointed an allied health professional lead, Linda Hindle, and we have already met with her and started to support the work she is undertaking. Linda has asked for case studies from the allied health professions (visit: <http://tinyurl.com/mcczdq5>). The RCSLT will also send representatives to the AHP public health conference on 23 April.

We look forward to continuing our support to the profession and hearing about your innovative practices. ■

**Bryony Simpson, RCSLT Chair; Kamini Gadhok, MBE, RCSLT Chief Executive. Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**

## Unlocking the hidden mechanics of speech

### *Ultrasound improves speech production outcomes for profoundly deaf teenagers in Greenwich*

In an exciting collaboration with Dr Rachael-Anne Knight (pictured), senior lecturer in phonetics at City University London, 10 profoundly deaf teenagers had a rare opportunity to receive speech intervention using ultrasound equipment.

The teenagers, who attend Thomas Tallis Secondary School Deaf Support Centre in the Royal Borough of Greenwich, were aged between 12 and 16 years and experienced difficulty producing the velar consonants /k/ and /g/.

Ultrasound is a safe, non-invasive and easily transportable tool that can provide visual

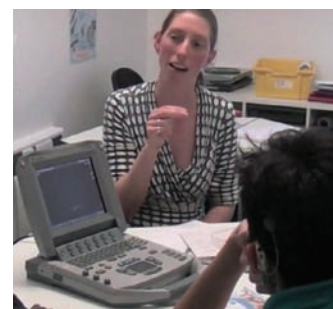
information about tongue position and movement during speech, particularly in the velar region. Holding a hand-held ultrasound probe in position underneath the chin allows the individual to view visual feedback on an accompanying computer screen.

The participants had not achieved accurate production of these consonants (despite motivation) with more traditional therapy approaches. The small-group sessions began with a description and demonstration of the articulation of velar consonants followed by individual turns to use the

equipment. As with traditional therapy approaches, this was supported by the use of articulo-grams, kinaesthetic feedback and Cued Articulation.

In the two, one-hour sessions, delivered a month apart, all 10 of the teenagers demonstrated an increased awareness and understanding of the mechanics of speech. Seven achieved accurate tongue placement and movement for one or both of the target consonants in isolation and consonant-vowel, vowel-consonant words.

The teenagers reflected: "It really helped me because it

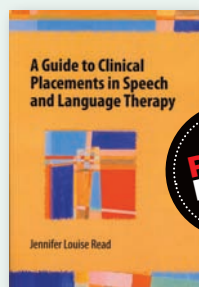


showed me how to use /k/ and /g/ with my tongue going up at the back. That really helped show – like ultrasound on your tummy – see inside my mouth"; "It was interesting to come here and to look at my voice – how it works and to make clear voice – looking inside."

The sessions provided a stimulating observation opportunity to the four speech and language therapy students from City University London who supported this work.

**Katie Ford, Specialist SLT, email: [kford@thomastallis.org.uk](mailto:kford@thomastallis.org.uk)**

**The RCSLT prize draw**  
*Win a book...*



Bulletin readers can win a copy of 'A guide to clinical placements in speech and language therapy'. Email your name, address and membership number to [prizedraw@rcslt.org](mailto:prizedraw@rcslt.org) and put 'March draw' in the subject line. **Entries close 14 March. January's winner was Roseanne Exell from Leicester.**

## Charity money to fund therapy for young people who stammer

Fully-funded intensive group therapy for young people aged 15 to 18 years who stammer will be available this summer, thanks to the charity Action for Stammering Children. Two-week courses will take place at the Michael Palin Centre from 28 July until 8 August, followed by a year of individual and group follow-up support.

Run by the centre's team of specialist therapists, the intensive programme includes speech management, confidence and resilience building, and social skills training. Therapy techniques will incorporate aspects of cognitive behaviour therapy, solution-focused brief therapy, neuro-linguistic programming and the Camperdown Programme. Young people who stammer with additional or complex needs may be included in the course and



referring therapists are welcome to visit.

Michael Palin Centre Head Elaine Kelman says, "We are so excited that the charity is making it possible for more young people to access group therapy. We are very aware of the impact of cuts in services and funding on services for young people who stammer and we are delighted that the charity is able to make this difference."

According to the MPC, referrals for young people who stammer can come from anywhere in the UK. The young person will attend a charitably-funded detailed assessment, following which the therapists discuss therapy recommendations with the individual and their parents. Therapy may be funded by Action for Stammering Children, the NHS or through self-funding.

☎ **Phone: 020 3316 8100, email: [mpc.admin@nhs.net](mailto:mpc.admin@nhs.net) or visit: [www.stammeringcentre.org/therapist-information](http://www.stammeringcentre.org/therapist-information)**

20

years since Marjon began its speech and language therapy course

1,559

signatories to the ICP 2014 pledge (www.communication2014.com)



Derek Munn

COLUMN

# Give your feedback on the Communciation Commitment

In response to teachers telling us that they need support to develop a long-term strategy to improve policy and practice, The Communication Trust (TCT) launched the Communication Commitment in October 2013. We are delighted that in the first 12 weeks, more than 650 schools have committed to developing their whole-school approach to communication.

The Commitment is an interactive website that follows a simple three-step process. It draws on evidence from the Better Communication Research Programme, links to the Ofsted Framework and will help schools prepare for the special education needs and disability (SEND) reforms. It's free to register, and once a school is signed up, it gains access to free information, toolkits, resources and a personalised action plan.

The input of members of RCSLT has been invaluable in the development of the Commitment. At TCT we are always keen to get feedback from practitioners. If you are an SLT working with schools, we'd love to hear your thoughts on the Commitment – particularly how



it could be improved and what resources you think your schools will need to best prepare for the SEND reforms. If you would be willing to be part of this survey, please contact Laura Steuart Fotheringham, email: [lsfotheringham@thecomunicationtrust.org.uk](mailto:lsfotheringham@thecomunicationtrust.org.uk) If you are working in a school with staff who you think may be interested in signing up please help us spread the word. Visit: [www.thecomunicationtrust.org.uk/commitment](http://www.thecomunicationtrust.org.uk/commitment)

**Catherine Hillis, Programme Manager, The Communication Trust**

## First BLA conference opportunity for SLTs

The British Laryngological Association (BLA) Scientific Conference on 26 June 2014 will include a parallel session for SLTs and an opportunity for SLTs to submit abstracts for short presentations.

This is the first time this type of opportunity has arisen at a BLA conference and there is a prize for the best presentation. According to Sue M Jones, head of speech,

voice and swallowing services at the University Hospital of South Manchester, this is a great chance to promote the profession. Sue would like to encourage all SLT colleagues interested in laryngology to consider making a submission and attending the conference.

Visit: [www.britishlaryngological.org](http://www.britishlaryngological.org) for further details or email: [suem.jones@uhsm.nhs.uk](mailto:suem.jones@uhsm.nhs.uk)

## WORKING THE SYSTEM

We spend a lot of time trying to influence or prevent or bring about change before it happens, and so we should. But it's important too to engage with new structures and systems once they're in place. In busy lives, reading and responding to surveys and consultations may not be a priority but it could be an opportunity missed.

A current example is the NHS England consultation on community pharmacy. You might not automatically make the link to speech and language therapy, but it pays to read on. There is talk of community pharmacies as 'healthy living centres', with 'a wide range of services available' including personalised care, integrated out-of-hospital services, the management of long-term conditions and a role bringing together services and professions so that a person 'only has to tell their story once.' We should be involved: <http://tinyurl.com/lhc8q7h>

Another case is the Better Care Fund. This is the latest name for the money local authorities and clinical commissioning groups (CCGs) will have to pool in budgets and integrated services.

Altogether it's £5bn, some of it payment for performance. Health and wellbeing boards will have sign-off of local plans. Conditions for the fund include protecting social care services, seven-day services to support discharge and joint assessments with an accountable lead professional. All providers are to be consulted – has anyone spoken to you?

Just closing is another NHS England call, this time around specialised services that are commissioned through NHS England rather than CCGs – for speech and language therapy, things like cleft lip and palate, head and neck cancer, gender identity and the most complex augmentative and alternative communication. Proposals to improve pathways are invited – where we have such ideas we must make sure we feed them in.

Consultations can sometimes get a bad press – but if we don't take the opportunities presented we have only ourselves to blame. ■

*“If we don't take the opportunities presented we have only ourselves to blame”*

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

## GIVING VOICE UPDATE

### Medway celebrates Giving Voice



Each year the speech and language therapy team at Darent Valley Hospital helps nearly 2,500 people from Dartford, Gravesham and the surrounding areas to develop and regain vital communication and swallowing skills.

To celebrate the work that they do, SLTs from Medway Community Healthcare took part in a week-long Giving Voice campaign at the hospital. The team invited multidisciplinary team members, patients and their families to find out more about how SLTs help people to regain communication and swallowing skills following illness or surgery.

The week consisted of raising awareness on the hospital wards and finding out exactly what colleagues believe the SLT's role is as part of the multidisciplinary team; two informal training afternoons for families/caregivers of swallowing and speech, language and communication needs; and a day of raising public awareness in the hospital foyer.

The celebration was a great success and revealed how positively the local community regards the role of speech and language therapy.

.....  
**Susanne Singh, Specialist SLT,  
Medway Community Healthcare**

### Research activity in Wales

The RCSLT's Research Champion Network connects SLTs with the RCSLT Research Team. It aims to support the profession with the challenges it faces in accessing, applying and adding to the evidence base in speech and language therapy.

The Wales group has been meeting quarterly since July 2013 to great effect. Its activities have included contacting local higher education institutions to investigate ways of working together; passing on relevant information from the RCSLT and local sources; developing links with local research and

development teams; and creating a questionnaire on SLT confidence around journal critiquing and the use of evidence-based practice.

The group is keen to hear from other local groups about their work and would welcome new members, queries and suggestions from SLTs. Email: [stephanie.peters@wales.nhs.uk](mailto:stephanie.peters@wales.nhs.uk)

.....  
**Steph Peters, Aneurin Bevan  
University Health Board; Vasiliki  
Saounatsou, Cwm Taf University  
Health Board; Sarah Hughes,  
Abertawe Bro Morgannwg  
University Health Board**

### Commtap celebrates 10 years

The Communication Targets and Activities Project (Commtap) is celebrating its 10th anniversary in 2014. The Commtap website is a free online resource developed by SLTs, specialist communication teachers and others to provide children's communication activities to schools and other locations. According to Commtap contributor Lora Lloyd, the site has more than 350 targets linked to the national curriculum and around 1,000 activities matched to these targets. Lorna says Commtap allows individuals to create ideas for communication that are tailored for specific lessons. Anyone can log in, create activities or add to existing ones, and choose whether or not to share them with the community.

◎ Visit: [www.commtap.org](http://www.commtap.org)

### An introduction to working abroad

Experienced SLTs might want to mark the International Communication Project 2014 by considering sharing skills in a low-income country. 'An introduction to working abroad, a study day for allied health professionals', run by members of Communication Therapy International, will take place in Leeds on 29 March. The day aims to offer a flavour of what to expect in this type of work and help individuals to consider what constitutes good practice. The event will see the launch of a new resource pack to support practitioners visiting low-income contexts.

◎ Visit: <http://tinyurl.com/ox774ek>

### Adult critical care revised

The RCSLT has published a revised version of the position paper 'Speech and language therapy in adult critical care'. Key updates to this document address developments in the evidence base and the changing climate of services. One of the most significant changes has been the publication of the RCSLT Tracheostomy Competencies as a separate document. Other revisions include a core tracheostomy competencies section and new areas covering head and neck, critical care, paediatrics, burns and community/long-term tracheostomy competencies.

◎ Visit: <http://tinyurl.com/nqu4wcd>

### Blackpool dysphagia telehealth trial

Blackpool's Victoria Hospital Speech and Language Therapy Department is trialling an innovative 'Video as a Service' solution. The pioneering use of video technology enables specialist staff to assess remotely the swallowing mechanism of nursing home clients post stroke; providing accessible care as well as a rapid response service should they experience difficulty when eating or drinking. Principal SLT Veronica Southern says, "The video solution offers great diagnostic clarity through high-quality video and audio links complete with zoom, pan and tilt capability. With this telehealth technology we're able to provide our patients with timely support and a high level of care, while reducing costly hospital admissions and time-consuming home visits by clinicians."

◎ Read more: <http://tinyurl.com/qa3kgyx>



**Keri  
Morrow**

# Opinion

**Keri Morrow on the dilemma of what to do when care home staff want to syringe feed residents with dementia**

## Swampy lowlands and dementia



ILLUSTRATION Trina Dalziel

I remember sitting in an advanced dysphagia lecture in 2007 listening to a lecturer describe the ‘clinical swampy lowlands’ (Schon, 1983). Schon describes that, “The therapist constantly faces unique situations and dilemmas, the unexpected happenings that occur in the swampy lowlands of practice.” Little did I realise how pertinent that quote would become to my future role of working with people with advanced dementia in a care home setting.

The evidence base is clear on

how we should approach our management of this client group; we are to continue to offer oral intake through to the end of life (Dehenny, 2006) and not usually consider alternative hydration and nutrition (Sampson, Candy and Jones, 2009).

People with advanced dementia sometimes do not open their mouths for feeding (Alzheimer’s Society, 2013). We know the reasons for this are manifold, including food refusal, lack of coordination, non-recognition of food and drink, lack of recognising hunger signs,

or other medical conditions.

The evidence base makes the management of people with eating and drinking difficulties and advanced dementia seem cut and dried. However, one local care home approached our team with a pressing problem; some of their residents continued to keep their mouths closed despite all the recommended feeding strategies. They had resorted to syringe feeding and sought our support in this decision. We began to walk in the swampy lowland.

Our first response was to look for evidence on which to base our advice. The Royal College of Physicians (2010) admits that a dilemma exists around whether to force-feed a patient with advanced dementia but does not take the discussion further. Lazarus and Kupla (1996) state that the only appropriate forum for syringe feeding is within the head and neck cancer population, where there is capacity to make an informed decision around feeding issues.

After consulting RCSLT advisers, we devised a risk protocol for this client group. The only alternative was to leave the resident with no route of hydration and nutrition. Our local safeguarding team views force feeding as abuse and so all attempts have been made when devising the protocol to rule out the implication of force feeding. Therefore, we have devised a pathway for syringe feeding within a care home setting, plus a risk management tool.

Our team does not recommend syringe feeding, but if a care home takes this decision then our protocol will minimise and manage risk. Our advice remains that at every attempt care home staff must offer spoon feeding as a first option. Only if this fails should they utilise the syringe-feeding protocol. The protocol also requests that the resident’s GP and next of kin/power of attorney support the decision in writing and that this

documentation is kept in the resident’s care plans.

We balanced the tough decision to support care home staff in this form of feeding as opposed to withdrawing treatment and maintaining a distance through a bioethical model. We first considered the autonomy of the resident. The resident without capacity should have a multidisciplinary decision made in their best interests and the opinions of their next of kin considered before they are syringe fed. We also weighed up whether not eating and drinking would cause more harm than syringe feeding and decided the path of least harm lies in some form of nutrition being preferable to none. Finally we looked at beneficence or doing our best for the patient. Attempting to feed the resident with no other option for alternative feeding must be seen in this light.

If this is something that your department has experience of, or if you have any advice on how to improve our practice, then please email me. ■

**Keri Morrow, SLT, Speech and Language Therapy Department, City Care Centre Peterborough. Email: [Keri.morrow@ccs.nhs.uk](mailto:Keri.morrow@ccs.nhs.uk)**



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# Understanding visual impairment

**Jenny Boulter** describes a multidisciplinary approach to the development of a visual screening tool for use with patients with acquired brain injuries

ILLUSTRATION BY James Oconnell

**V**isual impairments impact significantly on all aspects of functioning and particularly influence potential methods of communication with severely brain-injured clients. Many areas of the brain are involved in vision – for example the cranial nerves, thalamus, superior colliculi, and occipital lobe (Patestas and Gartner, 2009) – and as many as 70% of those with acquired brain injury will suffer visual disturbance (Kerkhoff, 2000).

Assessing and managing vision in this client group can be very challenging, because visual disorders can directly affect cognitive performance or exacerbate cognitive difficulties (Zihl, 2011). Many clients with severe brain injuries are not able to access standard ophthalmology department assessments.

## Assessment frustrations

Marion was a patient on our unit in 2010. She was initially in a minimally conscious state following a road traffic accident (RTA), but gradually emerged from this prior to discharge. Although Marion's family felt her vision was impaired and asked repeatedly for a visual assessment, our ophthalmology colleagues felt unable to help her as she was unable to comply with their standard assessments and she left the unit without the assessment. After a few weeks in the

community, Marion was diagnosed with diplopia and began to use an eye patch. This improved her writing ability and object use. As a multidisciplinary team, we felt frustrated we had not been able to offer her a visual screening assessment. In order to address this unmet need, we began to develop one.

At this stage, we did not formally benchmark our activities against other units because of the length of time this would have taken. We have since had contact with occupational therapists from another unit in the process of developing a visual screen.

The multidisciplinary members involved met initially to define the needs of the client group and the service. Following this, occupational therapist Nickie Davies and I increased our knowledge of the assessment and management of visual deficits by reading the literature, attending practical training sessions with the ophthalmologist Dr Conor Mulholland and observing at an ophthalmology eye-clinic. The next stage was the collaborative drafting of the assessment, which we adapted after an initial pilot.

## Core visual skills

One model we found extremely helpful was the 'Hierarchy of visual perceptual skill development in the CNS' (from Warren, 1993) (figure one). The top four levels of the model can be grouped together under the term 'perception'. Our unit's occupational therapist and psychologist already assess these skills in those patients who are able to engage. Our assessment aimed to cover the lower three tiers of the model. The emphasis is on the



## Visual impairment

70% of individuals with acquired brain injury suffer visual disturbance

Many clients with severe brain injuries are unable to access standard ophthalmology assessments

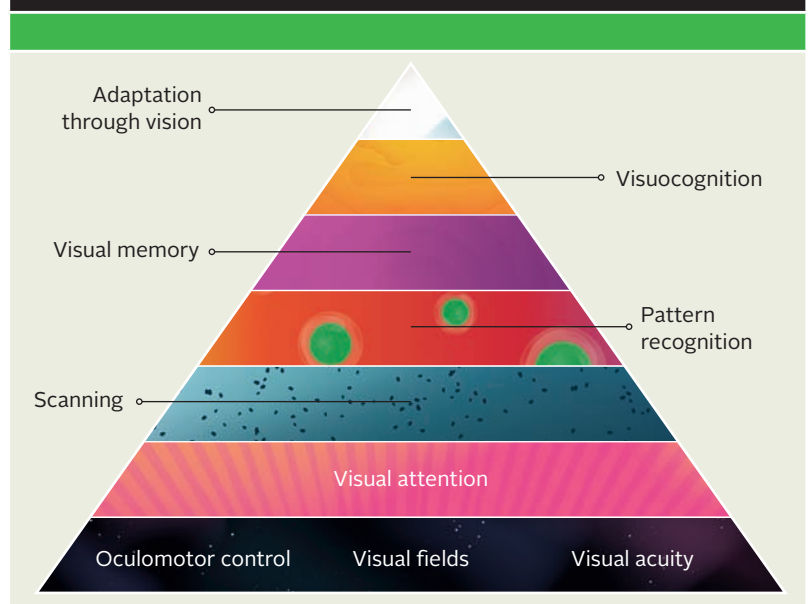
Rookwood Specialist Neuro Rehabilitation Unit developed its own multidisciplinary visual screen

The team has assessed 28 patients with a range of conditions

bottom tier, because impairments to these core visual skills affect all skills at higher levels in the model.

Table one shows the visual skills we assess. We can complete many sections (for example, pupillary and corneal response, oculomotor, eyelid examination, eye alignment, and 'dolls head manoeuvre') simply by observing the individual. We have adapted other techniques to enable patients with communication and/or cognitive impairments to respond. For

Figure one: Hierarchy of visual perceptual skill development in the CNS (from Warren, 1993)



example, there are two versions of the visual field assessment. The simpler one uses visual threat and is suitable even for patients with disorders of consciousness. In the acuity section, an adapted 'E-tran' (eye transfer low-tech, communication board) can be used for patients who are non-verbal or who have dysphasia.

**Progress so far**

To date, we have assessed 28 patients with a range of conditions, including disorders of consciousness, locked-in syndrome, severe cognitive impairment and severe aphasia. Although we originally intended to use the assessment with our most severe patients, it has proved so useful that we have also had requests to test higher-level clients.

Assessment findings have included visual field deficit (11 patients), diplopia (5), inattention (4), reduced acuity (4), impaired optic nerve (4), and reduced ocular-motor movement (3). Managements implemented include compensation for visual field loss/inattention (14), eye patch (3), joint visits to opticians to address acuity (3), and ophthalmology referral for registration as blind (3) or treatment of ptosis (1).

We have also developed an information sheet about the assessment for patients and their carers, and a simplified feedback sheet to provide findings and recommendations.

**Screening benefits**

The implementation of a visual screen means we can better provide information about visual impairments and enable patients and carers to understand their visual deficits. Increased awareness of deficits means patients can accept more readily the need for compensatory strategies and learn how to use them. The visual screen facilitates earlier and more focused intervention, and provides a means of sharing the results with multidisciplinary team members. It also provides a means of registering patients as sight-impaired, enabling them to access the various benefits this entails.

We are keen to liaise with other neuro-rehabilitation services and establish how they meet the needs of their visually-impaired patients. Our interventions are largely compensatory, partly a resource issue in that there is no visual rehabilitation service within our health board and no specific neuro-ophthalmology service in Wales. We would be particularly interested to hear about treatments offered.

From an SLT perspective, I have come to realise the extent to which visual impairments impact on the assessments and

**Table one: Visual skills assessed**

Visual skill	Rationale
Pupillary response	Allows for assessment of the integrity of the sensory and motor functions of the eye.
Corneal response	Cornea shields the eye from harmful matter. Abnormal response may indicate CNV impairment.
Visual acuity	Decreased acuity results in blurred vision, fatigue and eye strain.
Oculomotor: » Spontaneous eye movement » Focusing » Tracking	Ocular misalignment can cause diplopia, vertigo, clumsiness, confusion, poor spatial judgement.
Ocular motor: saccades	Required for scanning the environment/reading.
Eyelid examination	Indicates CN III palsy. Drooping eyelid will reduce visual field.
Eye alignment	Crucial to coordinated function of both eyes.
Elicited eye movement ('dolls head manoeuvre')	Used instead of tracking, if patient unable to comply with tracking.
Visual fields	Loss of VF can cause problems with mobility, collision, increased falls, reading problems.
Visual inattention	Affects literacy, spatial awareness in environment, all activities of daily living.

therapy we routinely use with our clients. It is vital we understand these impairments and their effects.

**Case study: Gerry**

Gerry, 28, was admitted following an RTA. He initially presented with a disorder of consciousness, but quickly improved. He commenced oral intake, had mild dysarthria, was wheelchair dependent but was able to use his arms and had reasonable cognition.

Gerry's visual screen in February indicated damage to his right optic pathway. He had poor acuity for near distance and delayed ocular movements to the left. His eyes were misaligned and his visual field was reduced to 1/8th. We liaised with the ophthalmologist, who felt further treatments would not be of benefit at this stage. He recommended teaching compensation strategies and referring Gerry for registration as blind.

We rehearsed compensation strategies with Gerry and noted gradual improvements in his functioning. By March, Gerry was able to use a 'Big Keys keyboard' when presented in his visual field and with minimal prompting he scanned to the left. He was also able to write legibly and use the full page left-to-right. By April, he was able to use his mobile phone for calls and texts, although this took time and he made some errors.

We reassessed Gerry in May. There was no change to his right optic pathway, but

slight improvement to his acuity and ocular movements to the left. His eyes remained misaligned but to a lesser degree. His visual field remained much reduced (2/8ths). He was assessed by ophthalmology and met the criteria for being registered as severely sight-impaired (blind). What we learned from Gerry's case is that function can improve significantly, despite a severely reduced visual field, if cognition is sufficient to learn compensation strategies. ■

**Jenny Boulter, Senior Specialist SLT, Rookwood Specialist Neuro Rehabilitation Unit. Email: jenny.boulter@wales.nhs.uk**



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Client names used in this article have been changed. The project involved collaboration between an SLT, occupational therapist, consultant in rehabilitation and consultant ophthalmologist.

## Stammering: Basic Clinical Skills

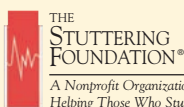
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- Transfer
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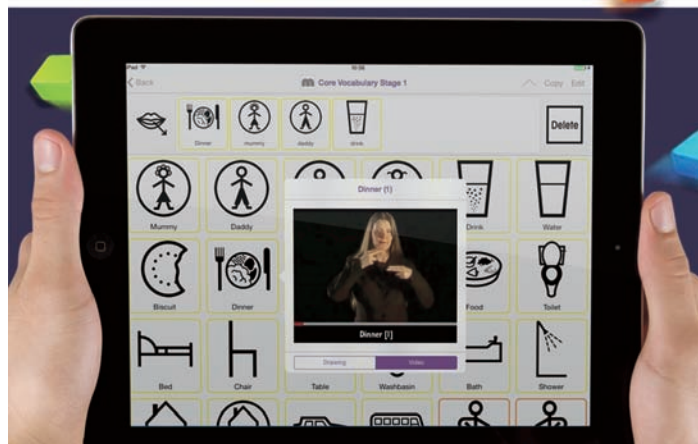
From Michael Palin Centre for Stammering Children, London: **Frances Cook**, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); **Willie Botterill**, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; **Ali Berquez**, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; **Alison Nicholas**, MSc,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



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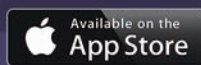
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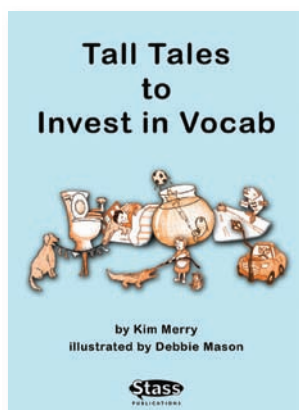
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**A**s the International Communication Project 2014 ([www.communication2014.com](http://www.communication2014.com)) gathers momentum, it is timely to consider strategies to increase equity of access to communication disability services for people with communication disabilities (PWCD) across the world. This article outlines reasons for SLTs to ‘take another look’ at speech and language therapy services and at how SLTs can engage with public health.

### Underserved communities

Globally, millions of PWCD are underserved in that they cannot access relevant services. The term underserved refers to communities in which the health workforce is insufficient and also those in which people may experience barriers (for example, distance, economic, cultural, attitudinal) to accessing available services. Underserved communities exist in both Minority and Majority<sup>1</sup> World countries. In many countries such services are scarce or non-existent. In others, services do exist (provided by SLTs and/or others) but there are communities that do not receive equitable access to them.

There is a lack of quality epidemiological data on communication disability, particularly in Majority World countries (Olusanya, Ruben and Parving, 2006). This is coupled with a shortage and uneven distribution of SLTs globally (table one). McAllister and Wylie (2011) profiled the wide range of speech and language therapy to population ratios between selected countries. They state that a number of sub-Saharan African countries are reported to have no services. In some Majority World countries, this lack of SLTs has been

**Table one: Estimated ratios of SLTs per head of population in selected countries**

	SLT: population ratio estimates
USA	1 : 2,454
UK	1 : 4,765
Uganda	1 : 2,253,097
Zambia	Approx 1: 6,000,000
Ghana	Approx 1: 4,000,000

Source: McAllister and Wylie (2011)

## It's time to take a deeper look

**Julie Marshall and colleagues say SLTs must accept challenges to established ways of thinking and working to improve access to services for underserved communities**

ILLUSTRATION BY Owen Davey

addressed by recruitment of volunteer or expatriate SLTs from Minority World countries. However, one or two SLTs in a country is not a sustainable way to increase capacity.

A number of Majority World countries have established SLT pre-registration programmes and others are considering doing so. While this is one way to support or build capacity and locally appropriate education and services, this approach has limitations. For example, if a country such as Kenya (currently with no SLT training) produced 100 graduates per year (an optimistic plan), all worked as SLTs with none leaving the country, retiring or dying and the population of Kenya did not increase, then it would take more than 90 years to attain a similar ratio of SLTs to population as in the UK. Clearly, educating SLTs to work in the one-to-one traditional intervention model services is insufficient to meet the needs of all PWCD.

### Population-based approaches

The Minority World also has underserved populations. Despite availability of speech and language therapy services within these countries, people continue to face barriers to equitable service access and uptake (Wylie

et al, 2013). While the attention of SLTs focuses only on the large unmet demand for individual services (for example, waiting lists) they may fail to understand the characteristics of whole populations and to address barriers to service equity and access. Constraints on public sector provision of intervention in many Minority World countries require new responses to the challenge of providing the best models of services to large and increasingly diverse populations. One response is to consider population-based approaches, that is, public health, as suggested by McAllister et al (2013) and Law et al (2013).

Public health may be defined as: “All organised measures (whether public or private) to prevent disease, promote health, and prolong life, among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on populations, not on individual patients or diseases.” (World Health Organisation, 2013, <http://tinyurl.com/plgzbhw>).

Public health approaches, with their focus on populations and communities, may contribute to preventing the onset of a communication disability or, probably more realistically, influence the severity





SLT practice, where the focus is typically on the needs of individuals with identified communication issues. The challenge for the profession is to find new ways to systematise and evaluate ways to prevent communication disability in the community.

‘Communication public health’ would focus on prevention of communication disability in both the general community and in groups considered to be at high risk of communication disability. It might also focus on strategies to minimise the impact of communication disability in the community, but would not focus on individuals. Is communication public health practice a role for speech and language therapy? Alternatively, professionals other than SLTs (possibly a new profession) could take on this public health role in relation to PWCD (McAllister et al, 2013).

At the 2013 International Association of Logopedics and Phoniatrics conference, we led a symposium on public health in speech and language therapy and asked the audience to provide examples of public health projects in the area of communication disability from their own countries. The 44 examples given (table two) offer a snapshot of work being undertaken across the range of prevention from primary provision (universal, whole population), secondary provision (for at risk groups) to tertiary provision (prevention focused on populations with existing communication disabilities, to minimise the impact of the communication or swallowing disability).

### Urgent dialogue required

It is evident that SLTs are engaging to some extent with public health approaches across a range of intervention levels. To improve access to services for underserved communities and individual PWCD, they

or impact of that communication disability in the community. Public health programmes can increase understanding about communication disability and result in a more inclusive society. Public health work was considered to be part of the SLT role in the UK as long ago as 1972 (Quirk, 1972). There are many examples of public health work, including input to Sure Start, World Voice Day and the International Communication Project 2014.

This type of preventative work is, however, not currently at the centre of

must be prepared to accept challenges to established ways of thinking and working, and address crucial questions. For example, is communication public health work the domain of SLTs or some other profession; what education is needed to develop the knowledge and skills needed for effective communication public health work; and how should the development of an evidence base for communication public health interventions be undertaken. We must begin this dialogue urgently. ■

.....  
**Dr Julie Marshall, Manchester Metropolitan University; Ms Karen Wylie, The University of Sydney, and Korle Bu Teaching Hospital, Accra; Professor Lindy McAllister, The University of Sydney; Associate Professor Bronwyn Davidson, The University of Melbourne**



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### Note

<sup>1</sup> The Majority World is a term used in preference to the largely inaccurate, out-of-date and/or non-descriptive terms: developing countries, third world and the South. [http://en.wikipedia.org/wiki/Majority\\_World](http://en.wikipedia.org/wiki/Majority_World).

**Table two: Examples of public health interventions**

Prevention level	Example activities
<b>Primary</b>	<ul style="list-style-type: none"> <li>» Health information dissemination – using printed resources, print media, radio and public video screenings</li> <li>» Health promotion events (eg, European Union SLP Day)</li> <li>» Group training of health and education workers on specific communication development techniques</li> </ul>
<b>Secondary risk groups</b>	<ul style="list-style-type: none"> <li>» Education for criminal justice system workers</li> <li>» Environmental enrichments (eg, guided book reading programmes with indigenous children at risk of language delay; phonological awareness skills training for high-risk children)</li> </ul>
<b>Tertiary</b>	<ul style="list-style-type: none"> <li>» Inclusive practices such as creating accessible environments for PWCD</li> </ul>

In 2013, our PG Dip SLT Programme at the Universities at Medway was oversubscribed with offers for our clinical placements. Consequently, the allocation of placements was within target, information was shared effectively and evaluations recorded a 90-100% student and placement provider satisfaction rating. This was the first time we had been in such a position since our programme began in 2007. Despite working closely with our local partners in practice in the development and delivery of our programme, and training more than 200 placement educators, we had continually struggled to find sufficient offers for all our placements.

The 2013 improvement was as a direct result of taking our concerns to a range of speech and language therapy teams in South East England. Together, we identified the barriers that were causing the shortfall of offers. I aimed to find workable solutions to these challenges and demonstrate how in many instances having students could even benefit the services.

### Attitudes and beliefs

During 2012-2013, I visited 12 paediatric, adult acute, community and adult learning disability services teams and met all team members personally.

At each meeting, I delivered a presentation based on research by Sydney University's Professor Lindy McAllister. She set out to explore the range of attitudes and beliefs among those who had an interest in clinical education, recognising that at "both systemic and individual levels, some clinical educators hold onto beliefs and clinical education practices which are outmoded and impede the development

# Working together to find placement solutions

**Fiona Fowler** says a collaborative approach between higher education institutions and services can increase the provision of clinical placements

of alternatives to the provision of clinical education" (McAllister, 2005). I also included feedback gathered from students, placement educators and service managers from the previous five years, together with information I received from completed questionnaires at each visit.

The first part of my questionnaire asked those present to rate the level of importance they attached to a range of clinical education roles and responsibilities (table one).

It was interesting to note the response to the question relating to job requirement, career advancement and productivity and I discussed these issues during my presentation. The RCSLT (2006, 1.6) states, "all members must facilitate the development and education of students"

and for most SLTs it is a requirement within their job description.

The issue of career advancement highlights the fact that we have no accreditation scheme for clinical educators in the UK, unlike occupational therapy, physiotherapy, social work and nursing. Such a scheme would ensure professional and national recognition of this role and in turn, possible career development opportunities. At the Universities at Medway we are in the initial stages of developing such an accreditation scheme and have received a significant level of interest from our local placement educators.

Respondents also considered participation in clinical education to be an important professional development activity. "The skills developed during clinical education are precursors or similar to those required to be an effective manager of staff" (Lincoln and McCabe, 2005). With regard to the cost to services upon which placements may have a negative impact, a number of studies indicate students on placement can increase productivity (Bristow and Hagler, 1997; Ladyshewsky and Barrie, 1995). This is particularly evident when we visit our final placement students who are managing their own caseload and are working with a significant degree of autonomy and independence. They are frequently referred to as 'one of the team' and a number of services have recently indicated that their client contacts have increased during the placement.

**Table one: What motivates SLTs to offer clinical placements? (n = 138)**

Roles and responsibilities	% low	% medium	% high
Continued learning and professional development	0	8	92
Students bringing new knowledge and information	0	18	82
Opportunities for students to support project development and/or research	12	36	52
Developing and maintaining links with universities	13	27	60
Supporting future development of the profession	0	4	96
A requirement within my job description	30	39	41
Enjoyment of interaction with students	1	26	73
Career advancement	38	7	45
Increased productivity within the team	23	38	39

Table two: What stops SLTs from offering placements?

Challenges and barriers	Solutions
Time constraints (eg, planning for placement, supervision, arranging own caseload and non-clinical duties)	<ul style="list-style-type: none"> <li>» Higher education institutions (HEIs) provide good advance notice of placements and student requirements</li> <li>» Plan placement well with all placement educators (PEs) involved (eg, timetable, visits, activities) and offer on annual basis to avoid need for re-invention</li> <li>» Teams develop placement workbooks and tasks to prepare students for and support them during specific placements</li> <li>» Encourage autonomous and independent working (while being aware of student's professional limitations)</li> <li>» Offer paired placements and encourage peer supervision</li> <li>» Encourage students to write supervision agendas, take notes and agree a time limit to sessions</li> <li>» Flexible start/finish times for students and home working agreed to prepare resources, write session plans and carry out research and additional reading</li> </ul>
Large numbers of part-time staff	<ul style="list-style-type: none"> <li>» Involve more than one PE (full and part time) in each placement</li> <li>» Students carry out agreed work and have contact person without part-time staff member being present at all times</li> </ul>
Team/service is short staffed or being restructured	<ul style="list-style-type: none"> <li>» Consider how students can support service needs and involve them in all aspects of clinical working, eg screening assessments, running groups, data collection, carrying a caseload</li> <li>» Share placements across teams</li> </ul>
Lack of space and access to computers	<ul style="list-style-type: none"> <li>» HEI and services prepare students not to expect a desk or computer and have a flexible approach to where they work</li> </ul>
Highly-specialised work	<ul style="list-style-type: none"> <li>» Offer a mix of specialised and non-specialised sessions within a placement</li> <li>» Negotiate with student which learning opportunities they can engage with and how this can be managed and achieved</li> </ul>
Managers not involved in placement issues	<ul style="list-style-type: none"> <li>» Managers are aware PEs need additional time to work with students</li> <li>» Coordinators may require ring-fenced time for planning and allocation of placements</li> <li>» Organisations are now receiving additional placement support funding and managers involved in ensuring this is used to uphold agreed standards of placements</li> </ul>
Lack of confidence or training to become a PE	<ul style="list-style-type: none"> <li>» HEI supports individual or team who requires PE training in addition to the annual programme provided</li> <li>» Development of an accreditation scheme by the HEI allows teams to have 'placement experts' who support colleagues</li> </ul>

“We have no accreditation scheme for clinical educators in the UK”

### Learning opportunities

I asked everyone to identify the learning opportunities their teams could offer. Responses covered inter-professional and multidisciplinary team liaison and working; assessing, intervention planning and delivering therapy to a varied caseload. They also included a wide range of therapeutic approaches; working within a specialist service; working with families and carers; caseload management; running groups; development of knowledge; a well-resourced department; involvement in project work and research opportunities; training others and attending interest groups and in-service training.

This demonstrated the exciting and innovative range of learning opportunities our students have been experiencing. However, many respondents only identified two or three from this list. This may indicate teams are not considering a more creative approach to placements – for example, project work, training others, running groups, research work – that not only extends the students' learning, but can also benefit services.

### Barriers, challenges, solutions

The remaining questions explored the possible barriers and challenges to offering placements and suggested solutions (table two). The responses closely reflected the issues identified by McAllister and my presentation sought to explore ways in which we could work together to identify both practical and creative suggestions to the challenges. ■

.....  
**Fiona Fowler, Placement Lead, PG Dip Speech and Language Therapy Programme, Universities at Medway. Email: fiona.fowler@canterbury.ac.uk**



### References & resources

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# Writing up your evaluations for the Bulletin

Emma Pagnamenta and Steven Harulow offer some useful advice for anyone thinking of submitting an article



**A**re you contemplating carrying out an evaluation of outcomes and/or cost effectiveness – for example audits, service evaluations, single case studies/case series, qualitative projects, group studies, before-and-after studies as well as dissertation projects of clinical relevance? If so, please consider writing up your results as an article for the Bulletin.

The Bulletin aims to highlight research and provide a means of disseminating small-scale projects carried out alongside clinical practice. These studies will not only be of interest to members but may encourage others to carry out similar evaluations.

It is a good idea to contact the editor before starting your article ([bulletin@rcslt.org](mailto:bulletin@rcslt.org), 020 7378 3004). Articles should be your original work, with all material used from

other sources referenced in full. They should be of interest to SLTs in clinical practice and provide a 1,200-word summary of what you have done, using a narrative style.

Specifically, your article should include:

- A brief outline of the existing evidence base (with references), giving a clear context to your evaluation.
- A clear question – what were you interested in finding out?
- The aims of your evaluation.
- A description of what you actually did.

You will need to include enough detail so the reader can understand how the evaluation was carried out, interpret your findings and relate them to their own practice. They must understand enough of your methods to be able to replicate what you have done. For example, what was your client group; what was the intervention (reference any published interventions); how and where did you deliver it?

Don't forget to include the basics – for example, the number of participants;

their nature (age, gender, diagnoses etc); recruitment methods; and brief details of ethical approval/consent (if appropriate).

Importantly, you must discuss how you measured the outcomes. What measures did you use (reference published measures) and how did you score them? When did you carry out your outcome measures (baseline before the intervention, directly before, directly after, after a period of follow up)? How did you analyse your data?

Provide a clear description of your quantitative and qualitative results. Make sure the number of participants is clear for each part of your evaluation. Provide numbers as well as percentages when describing how many participants showed change. One or two tables, charts or diagrams can be useful but think about whether they add value for reports on very small studies. Please ensure you number and caption your illustrations.

It is also important to consider what your findings mean, linking them to clinical practice. Make sure your conclusions are measured and that you can back them up with the evidence you provide. It is useful to discuss the limitations of the evaluation in terms of extrapolating it to a broader context. Please also talk about your proposed next steps.

Finally, at the end of your article provide your name, job title and employer. List the references you mentioned in the text and resources, such as journal articles, books, therapy manuals and websites readers can use to find out more on the subject.

Photographs are useful ways to draw in readers to your article, but they must be clear and of good quality. Visit: <http://tinyurl.com/qcgkwdl> for more information on writing for the Bulletin and the use of photography. You will find tips on how to write in a clear and accessible style, and examples of how to reference material.

Send your article to [bulletin@rcslt.org](mailto:bulletin@rcslt.org). 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.

We will acknowledge receipt of your work within one month and will inform you whether it has been accepted within six to eight weeks (we may send your work for expert review).

If we accept your article the editor will contact you with queries either when accepting it or at a later stage when doing detailed editing. We aim to publish feature articles within nine to 10 months of receipt. ■



# Dysphagic Patients Needed to participate in a Swallowing Treatment Study

We are currently recruiting adults with dysphagia post stroke or with Parkinson's Disease for clinical studies assessing the effects of a swallowing treatment that uses pharyngeal electrical stimulation. Studies will involve visits to a clinical research facility for the electrical stimulation treatment and assessments of swallowing function.

If you want more information about being part of this study please contact us.

**Call 0161 820 95 69**  
**Visit [www.phagenesis.com](http://www.phagenesis.com)**  
**Email [chronic@phagenesis.com](mailto:chronic@phagenesis.com)**

This study has been approved by the  
MHRA and an NREC.



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## Victoria Joffe

**Victoria Joffe challenges researchers to consider how service users can meaningfully shape and contribute to their research agenda**

# Patient and public involvement: integral to research

In the last forum, we discussed the importance of involving service users and the wider public in our clinical practice and in research. This month, I want to explore in more depth patient and public involvement (PPI), specifically in clinical research.

Carer and user involvement allows for a powerful shift in the more traditional relationship between researcher and participant. Service users become our partners in the research process and bring to it their specific strengths and unique perspectives to enhance the research, its implementation and overall impact. This eradicates the perception of researchers being the somewhat aloof experts doing research unto others and builds mutually-beneficial partnerships where research is conducted in exciting and innovative collaborations.

Partnership working is not about involvement in passive prescriptive processes or about

people being the subjects of research. Rather, it is about research that is done with or by service users.

### Great expectations

It is no longer sufficient to include service users simply at the dissemination stage of research. Expectations from grant bodies are for PPI to appear in a meaningful way across many components of the research process, including prioritisation of needs and defining the research questions and outcomes. In my role as a National Institute for Health Research (NIHR) grant reviewer, I have more recently observed applications failing for not sufficiently considering PPI, and for including it as a tick box exercise in a tokenistic manner.

None of us have any excuses for not involving service users in our research, particularly those clinical researchers who work with service users daily. Certainly, it is more



of a challenge for full-time academics; however, this highlights another important reason for developing strong connections between academics and clinical researchers. Researchers experiencing difficulties accessing appropriate volunteers will find it helpful to look to national and local third sector organisations that represent and champion the needs of service users.

I attended an inaugural lecture given by my colleague, Professor Amanda Burls. It was a powerful presentation on PPI in health research. She summarised the key reasons why community engagement is in the best interests of both researchers and the public. From a researcher's perspective, PPI undoubtedly has the potential to lead to better health research. It

ensures we ask the most relevant questions and that we include outcomes that are important for the people who are going to benefit – outcomes that really matter.

Involving our clients in our research will improve recruitment of participants as well as long-term retention in a study. Research undertaken by Staley (2009), reviewing 89 published research studies that involved the public in health and social care research, reinforces these benefits. She identified a number of impacts, including improved research design and relevancy of research questions, development of more ethically-acceptable research, improved recruitment and response rates, enhanced collection and analysis of data, and greater dissemination of findings in an accessible way to the general public.

# Research and Development Forum



ILLUSTRATION BY Duncan Beedie

## Service user benefits

How do service users benefit from being involved in research? Certainly, their involvement reinforces the strong and important message around 'no decision about me without me'. It also ensures the research is important and relevant, and that public money for research is spent in an appropriate way. Involvement in the research process has the potential to demystify research, build confidence and trust and help service users become more discerning and better at making informed decisions. It can lead to the public being more astute to bogus health claims. How many anxious parents still ask you if they really need to give their children the MMR vaccine?

For me and the work in which I am involved, one of the key factors in involving service users and members of the public

is the opportunity to empower marginalised or disadvantaged groups. It is also an effective way of accessing and appealing to those 'hard to reach' communities.

## Resources and support

Clinical researchers are fortunate to have a wealth of resources and support to guide them in meaningfully involving the public in research. We gave examples last month. INVOLVE is the NIHR-funded national advisory group that promotes and supports the development of greater PPI in health and social care research. You will find here a wealth of suggestions and advice on how to step up community engagement in your research.

Be mindful that there are various opportunities for and levels of community engagement and not every level will be appropriate for every service user or even every research project. Consider the helpful spectrum of involvement provided by INVOLVE with consultation (where researchers ask service users and members of the public for their views and use feedback to inform decision making); collaboration (an active, ongoing partnership between researcher and service users and the public); and user control (where research is actively controlled and managed by users and the public) – all key components of the spectrum (Hanley et al, 2003).

I would urge you to also look at ThinkWell, founded and directed by Professor Burls, a novel internet-based research programme that aims to help the public understand health information so they can make informed health decisions and help to design and participate in research.

My City University London colleague, Professor Alan Simpson, has put together

an informative, instructive and interactive website on community engagement. The website includes guidelines, suggestions, top tips and case studies of successful and varied ways of utilising the expertise and experiences of our service users, who bring to the research agenda invaluable individual personal accounts and experiences.

One case study on the site describes a research event organised by the City University London Aphasia Research Team that aimed to facilitate a forum for feedback and to ensure active involvement in all stages of the research process. More than 80 people attended, bringing together individuals with aphasia, stroke group coordinators, academics and research project volunteers. Research participants gave first-hand accounts of being involved in research, reflecting on why research matters, and the positive impact it had on their own lives. Participants discussed what future research they felt would be most relevant, ideas for developing a research community of interested participants and the most effective ways of disseminating information.

## Shaping future research

Another example of PPI in research, which has important implications for shaping and informing future research into children with speech, language and communication needs, is the study conducted by Professor Sue Roulstone and colleagues as part of the Better Communication Research Programme. This aimed to listen to the views of parents about outcomes they value for their children with the purpose of informing future intervention and outcomes of interventions. Researchers

used focus groups and surveys to gain parental perspectives on important outcomes for their children. The outcomes that parents valued the most included independence, staying safe, communication, inclusion, coping with change, building friendships and being socially confident. Interestingly, but perhaps not surprising to many, academic achievement was rated far less important by the majority of parents.

Patient and public involvement in research brings a greater understanding for researchers of what is important to service users, supports researchers to devise more relevant and functional interventions, and is critical in driving forward and steering our future research agenda. We know many of you are involved in research with unique and different PPI involvement. Get in touch and let us know about your activities, so we can share, disseminate and strengthen our community engagement together. ■

**Professor Victoria Joffe, RCSLT  
Councillor for Research and  
Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk)**



## References & resources

Simpson A. *Community Engagement – User and Carer Involvement*. <http://blogs.city.ac.uk/communityengagement>

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Staley K. *Exploring impact: Public involvement in NHS, public health and social care research*. Eastleigh: INVOLVE, 2009.

ThinkWell: The International Network for Knowledge about Wellbeing – putting patients at the heart of research. [www.ithinkwell.org](http://www.ithinkwell.org)

# Mind the Gap: Putting research into practice

17-18 September 2014, University of Leeds

Royal College of Speech and Language Therapists **Conference 2014**

## Book your place today

This event more than all others in the RCSLT portfolio focuses on the challenges and opportunities facing the profession and will provide a platform for dissemination of new innovations for evidence-based practice.

'Mind the Gap: Putting research into practice' will give delegates the opportunity to come together to focus on how the profession can survive and thrive.

The economic reality has set the context for the conference. It is vital that the profession shows evidence of what works. Following on from the RCSLT Hub Summit 2013, Mind the Gap will look at the current drivers – translating research into practice to inform service delivery and design, outcomes for service users, outcome measures and the need to strengthen the business case for commissioning services.

The conference will feature two days of oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. Topics will cover a range of adult and children specialisms. Mind the Gap promises to be a busy interactive event providing delegates with the opportunity to share:

- Clinical research
- Best practice and skills in clinical practice and clinical education
- Emerging innovations and collaborations
- Entrepreneurial approaches to service delivery
- New models of employment
- Leadership

### Book early and save money

Early bird fees (up to 18 July 2014)	One day (£)	Two days (£)
RCSLT member	£150 (£125 + VAT)	£230 (£191.67 + VAT)
Non-member	£180 (£150 + VAT)	£260 (£216.67 + VAT)
Fees from 19 July 2014		
RCSLT member	£180 (£150 + VAT)	£260 (£216.67 + VAT)
Non-member	£210 (£175 + VAT)	£290 (£241.67 + VAT)

Terms and conditions apply

For further information visit [www.rcslt.org](http://www.rcslt.org)



# Giving Voice needs YOU (and your clients)

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

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

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



## Come Here Go Further

Newcastle University offers a range of flexible CPD pathways in Speech and Language Sciences designed to be accessible to the busy practitioner.

These include a Masters programme in Evidence Based Practice in Communication Disorders, a range of standalone Masters level modules, and a number of flexible routes to a postgraduate Certificate, Diploma or Masters qualification.

Translating research and best evidence into:

- Service innovation
- Client benefit
- Quality improvement
- Career development

To find out how to take the next steps in your career development visit

[www.ncl.ac.uk/ecls/slscpd](http://www.ncl.ac.uk/ecls/slscpd)

Email: Helen.Stringer@ncl.ac.uk or Cristina.mckean@ncl.ac.uk  
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## Communication and language resources Helping settings to meet EYFS standards

The Early Years Foundation Stage (EYFS) recognises communication and language as one of the three prime areas for learning and development that must shape educational programmes in early years settings.

I CAN, the children's communication charity, has created a range of resources that help childminders and early years practitioners meet these requirements.

From a 'Progress check pad' for sharing development with parents of children between 24-36 months to Toolkits that offer a one stop solution for practitioners and parents to explore communication needs together. From birth to getting children school-ready, there's something for every age and stage of development.

Order online at [www.ican.org.uk/shop](http://www.ican.org.uk/shop) or by phone on 0845 225 4073

# RCSLT NATIONAL STUDENT STUDY DAY 2014

Tuesday, 15th April  
The University of Sheffield  
Western Bank,  
Sheffield S10 2TN



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

The event will also give delegates the opportunity to meet and network with other SLT students from across the UK, as well as learn more about their professional body and meet staff and trustees from the RCSLT.

This study day will help you to:

- Take advantage of a unique networking opportunity to help you begin your journey in the profession.
- Hear the latest tips and trends from managers recruiting NQPs.
- Hear from SLTs whose careers have taken them into a range of varied clinical areas and related roles.
- Find out about a range of projects the profession is developing through the RCSLT and how to get involved.

- Learn which essential skills and knowledge will be in demand for the future from latest data predictions.
- Find out what essential information you will need to know to support you to complete your RCSLT NQP framework in your first role/s.
- Meet SLTs representing a range of RCSLT Hubs and clinical excellence networks that you can join.

## BOOKING YOUR PLACE

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

Places are limited, therefore priority will be offered to final-year students until Monday 24th March 2014. Students from other years of study are invited to book (with payment) prior to this date; however, their booking will be confirmed, and payment processed after 24th March 2014 (subject to availability of places).

For more details about the event and how to book, visit:

<http://tinyurl.com/student-day-2014>

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

# Obituaries

REMEMBERING

## Clifford Hughes

1936 – 2013

Clifford was a great natural communicator who lost his speaking and beautiful singing voice when he became a laryngectomee in 2001. He often described his grief at the loss of this critical instrument of previous careers, and how he then felt his 'useful life' was over.

Through his own hard work, support of family and friends, and with speech and language therapy, Clifford regained an attention-grabbing speaking voice (using gastric air) which, from around 2006, he used to build his fourth career as a pioneering champion of the 250,000 people with communication disability in Scotland.

With his gentle humanity, passion and poetic humour, Clifford gave hope to and galvanised many individuals with diverse communication support needs across age groups, across conditions and across Scotland.

Combining his skills as an inspiring orator with his ongoing experience of

communication disability, Clifford worked tirelessly to enable society at large to understand the common experience of those who have difficulties understanding or expressing themselves easily. His work on four national projects enabled thousands to learn how they might reach out and include communication-excluded people.

As a pioneer, Clifford had many 'firsts' in his fourth career. He broke new ground in speech and language therapy education by giving regular seminars for working therapists and undergraduates at Queen Margaret and Strathclyde Universities, even when ill and as recently as September 2013.

Between 2007- 2011, he was a leading contributor to the Scottish Government's first civic participation project for people with communication support needs. This involved him in developing and promoting the still used 'Talk for Scotland' toolkit (and later 'Principles of Inclusive Communication') to hundreds of policy



makers and public sector staff from the Borders to the Highlands. Casting his net even wider, Clifford can be viewed today acting as anchorman for an online tool for all NHS staff describing how they can 'Make Communication Even Better'.

Clifford was quite possibly the first person with a communication disability to present 'Time for Reflection' in the Scottish Parliament in June 2012. Between all these activities he also appeared in the press and on national radio and television several times, presented frequently at Scottish Parliament events, and wrote numerous letters to newspapers.

In 2009, in recognition of his brilliant advocacy for people with communication support needs, he became the first user of speech and language therapy services to receive an honorary fellowship from the RCSLT.

Clifford was a missionary and a remarkable champion who made a difference for thousands of people who quite literally have little or no voice.

In the field of communication support needs, Clifford's legacies are the enduring hope and inspiration he gave to many who feel excluded by their communication disabilities and the insight, skills and solid body of practical resources he gave to all those who seek to establish an inclusive and more equal society. ■

*“With his gentle humanity, passion and poetic humour, Clifford gave hope to and galvanised many individuals with diverse communication support needs”*

Kim Hartley, RCSLT Scotland Officer

# RCSLT FINANCE AND ORGANISATIONAL RESOURCES BOARD (FORB)



The FORB has a vacancy:

- 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?**

If the answer is 'yes', you could be interested in joining the RCSLT Finance and Organisational Resources Board (FORB). This is a chance to be part of the vital governance of the RCSLT, which will take you into the areas of finance, investments, HR, IT, contracts, performance management and facilities 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 board meets four times a year. There is also an induction day and further training will be given if required.

**You would serve for two years as a member of FORB, with opportunity for a further two years if selected. For details, please email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel 020 7378 3007 for an information pack. The deadline for all completed applications is 4 April 2014.**

**The FORB terms of reference are on the RCSLT website. Visit: [www.rcslt.org/about/howwearerun](http://www.rcslt.org/about/howwearerun)**



# JOIN THE RCSLT POLICY AND PUBLIC AFFAIRS BOARD

## Play your part and enhance your CPD experience

The RCSLT's Policy and Public Affairs Board is responsible for strategic management and policy development, and activities related to UK and devolved government policy.

One position is now available on the Board for a representative from Northern Ireland.

You will join the board for two years initially and the estimated time commitment is about eight days per year. Boards meets three/four times annually, usually at the RCSLT headquarters in London. The other time is for preparing for meetings, attending an induction day, and attending other RCSLT events, eg conferences/AGM/launches.

**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 4 April 2014**

[www.rcslt.org](http://www.rcslt.org)

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

# Reviews

## BOOK

### Can I tell you about stammering?

**AUTHOR:** Sue Cotterell  
**PUBLISHER:** Jessica Kingsley  
**PRICE:** £7.99  
**REVIEWER:** Kate Williams, Clinical Lead SLT in Disorders of Fluency, Sheffield Children's NHS Foundation Trust  
**RATING** BOOK ●●●●○

This short, easy-to-read and beautifully-illustrated book tells of 11-year-old Harry's experience of stammering. Harry describes what happens when he stammers, how he feels and what he thinks as he communicates with people in a range of everyday situations. We learn that Harry's older brother also stammers and hear ways that teachers, friends and family have provided help and support to each sibling, according to their individual needs.

More formal support is referred to indirectly when Harry's brother uses a "special breathing technique every time he speaks". Counselling and visiting an SLT are mentioned briefly.

While Harry tells us that he will get on with his life, stammer or no stammer, I felt slightly concerned about the inconsistent messages offered from the 'How to help' section at the end of the book. It is the responsibility of SLTs to provide children who stammer and their parents with a clear and consistent message about the negotiated goals of therapy and how best to provide support. However, overall I feel this book provides therapists, students, other professionals and parents with a useful tool to enable discussion of an often sensitive topic.

## BOOK

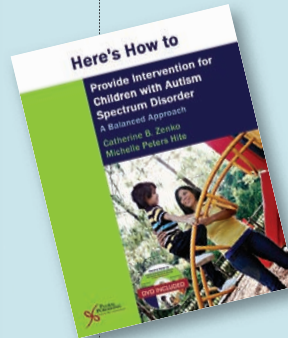
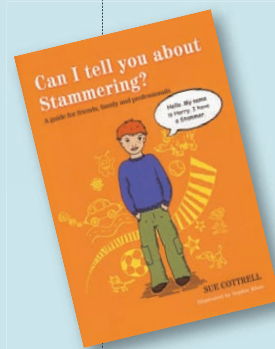
### Let's Get Talking!

**AUTHORS:** Michael Jones and Jo Belsten  
**PUBLISHER:** Lawrence Educational  
**PRICE:** £15 (Amazon)  
**REVIEWER:** Simon Henderson, SLT, South Tyneside NHS Foundation Trust (Gateshead)  
**RATING** BOOK ●●●●○

'Let's Get Talking!' is a user-friendly and accessible manual that provides creative and fun ways to get children talking. The book begins with a straightforward overview of childhood speech, language and communication needs (SLCN). It then outlines 41 tried and tested activities to enrich language and communication skills.

The authors have helpfully divided the activities according to different skill areas, eg vocabulary development, role play and story sharing. For each activity, the rationale, resources required and instructions are provided. Harder and extension activities are also given which makes the manual particularly helpful when planning and tailoring therapy packages. Some of the activities also come with helpful tips about ways to create a language enriching environment which could easily be applied within educational settings for children with SLCN.

The manual will appeal to SLTs working with children both in groups and individually. Most of the activities could be replicated outside of therapy, although some could potentially be quite time consuming in terms of preparation of resources. Overall, I would recommend this book to SLTs, SLT students, teachers and parents.



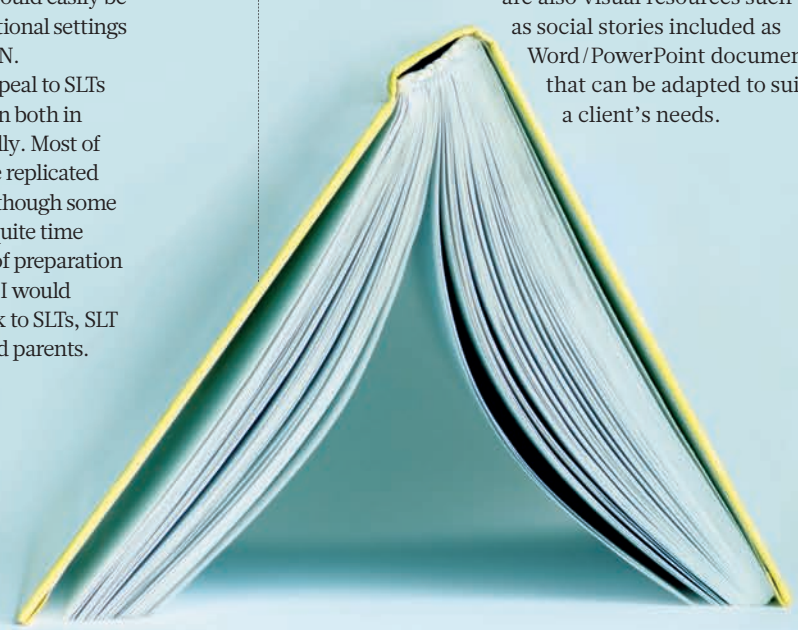
## BOOK

### Here's how to provide intervention for children with ASD

**AUTHORS:** Catherine B Zenko and Michelle Peters Hite  
**PUBLISHER:** Plural Publishing  
**PRICE:** \$71.95 (Amazon)  
**REVIEWER:** Samia Malik, SLT, Mid Yorkshire Hospitals NHS Trust  
**RATING** BOOK ●●●●○

This is a practical guide to providing intervention for children with autism spectrum disorder. Written in a clear and accessible style, it is packed full of useful ideas, tips and advice. The layout and design of the book means you can pick it up at any stage and find helpful information without the need for any prior reading.

Every chapter provides case studies so you can clearly envisage the application of described strategies. However, what makes this resource truly unique is the supplementary DVD. It includes four case studies of children with varying needs. Not only are there video examples showing how to implement therapy ideas, there are also visual resources such as social stories included as Word/PowerPoint documents that can be adapted to suit a client's needs.



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# 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)

## Promoting change in speech

Clarification of speech using the incorrect production of a word by a conversational partner could be more powerful in promoting change in a child's speech sound system than using the correct production of a word, researchers in Australia suggest.

Four children with phonological impairment aged between 3;10 and 5;4 participated in two single- and two connected speech tasks in which responses to requests for clarification using the correct production of the polysyllable were compared with responses using a specified incorrect production.

The case series found children spontaneously revised their own production in response to requests using incorrect productions and that in 75% of the revisions the child produced the word with increased accuracy. In contrast, researchers saw no revisions when the adult used the correct production of the word when asking for clarification.

The authors acknowledge the need for a larger study to test these preliminary findings. Nevertheless, these data provide a rationale for the use of incorrect models of polysyllables in requests for clarification as a clinical tool.

Reviewed by Yvonne Wren, Senior Research SLT, Bristol Speech and Language Therapy Research Unit



### Reference

Masso S, McCabe P, Baker E. How do children with phonological impairment respond to requests for clarification containing polysyllables? *Child Language Teaching and Therapy* 0265659013516330, first published 20 December 29, 2013. DOI: 10.1177/0265659013516330

## Decision-making capacity

Researchers in Australia have identified that speech-language pathologists' (SLPs') scope of practice is unclear in relation to assessment of decision-making capacity for adults with aphasia and related neurogenic communication disorders.

Fifty-nine SLPs completed a survey covering the context and frequency of speech and language therapy involvement in capacity assessment; features of the assessment process; methods used by SLPs to interpret and report on findings; satisfaction and confidence of SLPs with their current knowledge base and capacity assessment practices.

Findings indicate SLPs are most commonly involved in capacity assessment with clients affected by stroke and traumatic brain injury. Researchers cited health or medical decisions as being the type of decision SLPs were most frequently involved in. Information provided through structured discussion with multidisciplinary professionals was very significant in SLPs interpreting assessment findings and forming their opinion of capacity.

While participants identified that speech and language therapy is well-suited to capacity assessment, many also feel that the SLPs' input is under-valued in the workplace.

Reviewed by Louise Kelly, SLT, Lincolnshire Community Health Services



### Reference

Aldous K, et al. Speech-language pathologists' contribution to the assessment of decision-making capacity in aphasia: A survey of common practices. *International Journal of Speech-Language Pathology* 2014; early online, 1-11. <http://tinyurl.com/o7pl8zd>

## Lidcombe outcomes

Outcomes for the Lidcombe Programme in the general community may be comparable to those obtained in clinical trials when SLPs receive formal training and support, according to Australian researchers.

Although the Lidcombe Programme is recognised as an evidenced-based treatment for young children who stammer and has been assessed successfully in clinical research settings, its effectiveness has not been assessed in real world settings. O'Brian et al investigated the outcomes of the programme when implemented by SLPs in general community practice.

Thirty-one SLPs delivered the programme in community clinics across Australia. Fourteen had received formal training in Lidcombe; the other 17 acquired their knowledge via informal methods, such as access to the treatment manual, conference presentations and mentoring from colleagues. Fifty-seven children (50 boys; seven girls, aged two to six years) received the intervention. SLPs were instructed to conduct treatment as they normally would.

Researchers collected percentage syllables stuttered (%SS) at nine months. The authors found the %SS for children treated by SLPs who had completed formal training was 54% lower than children treated by non-Lidcombe trained therapists. The authors say the formally-trained therapists' demonstrated closer adherence to the treatment guide, which appears to have a significant influence on the outcomes achieved.

Reviewed by Lorna Smart, Specialist SLT, East Cheshire NHS Trust



### Reference

O'Brian S, et al. Effectiveness of the Lidcombe Program for early stuttering in Australian community clinics. *International Journal of Speech-Language Pathology* 2013; 15:6, 593-603 <http://tinyurl.com/qzfwy6>

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

## MARCH SIG/CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS/SPECIFIC INTEREST GROUPS

Send your SIG notice by email: [sig@rcslt.org](mailto:sig@rcslt.org) by 4 March for April, by 3 April for May and by 2 May for June. Venue hire at the RCSLT – special rates for CENs/SIGs. For further details or to arrange to view our refurbished rooms, email: [venuehire@rcslt.org](mailto:venuehire@rcslt.org)

#### AAC SIG day

**4 March, 9.30am for a 10am start – 3.45pm**

What would we do without low tech? Includes AGM. Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7LD. Members free (remember to pay £20 renewal); non-members £15 (includes lunch). To book, email: [julie.atkinson@bhamcommunity.nhs.uk](mailto:julie.atkinson@bhamcommunity.nhs.uk)

#### Central (West Midlands) Neuro-Rehab CEN

**5 March, 8.45am – 12.30pm**

'Facial palsy study day'. Discussion and case studies of facial palsy in a range of neurological/surgical client groups. Speakers include specialist physio Sally Glover and ENT consultant Mr Richard Irving. Queen Elizabeth Hospital. Clinicians £20; students £10. Includes annual membership. Registration by 21 February to: [alison.smith@uhb.nhs.uk](mailto:alison.smith@uhb.nhs.uk)

#### Adult Acquired Communication Disorders SIG (Scotland)

**6 March, 9.30am – 4pm**

Thrombolysis, awake craniotomy, language impairment in MND, the LASCA assessment of cognition. Queen Margaret Hospital, Dunfermline. For further information, email: [victoria.mayer@nhslothian.scot.nhs.uk](mailto:victoria.mayer@nhslothian.scot.nhs.uk)

#### London SLI SIG

**6 March, 1pm for 1.30 start – 4.30pm**

The links between language and literacy. Speakers tbc. See [londonlisig.org](http://londonlisig.org) for updates. Members free; non-members £10. Includes refreshments. Whittington Education Centre, N19. To book your place, email: [londonlisig@yahoo.co.uk](mailto:londonlisig@yahoo.co.uk)

#### North East Young People's CEN

**6 March, 1.30pm**

AGM at the Campus for Aging and Vitality (CAV) Newcastle General Hospital, Westgate Road, Newcastle upon Tyne NE4 6BE. No charge for visitors. Email: [barbara.storey@stft.nhs.uk](mailto:barbara.storey@stft.nhs.uk)

#### Yorkshire and Humber Dysfluency CEN

**13 March, 9.30am – 12.30pm**

Includes 'Working with schools' and 'Raising awareness of the difficulties met by people who stammer'. 1pm: Journal Club. Leeds Stammering Support Centre. Contact Laura Gibson/Jo Holmes to confirm details, tel: 01138 434 331 or email: [stammeringsupportcentre.nhs.net](mailto:stammeringsupportcentre.nhs.net)

#### SIG Aphasia Therapy

**14 March, 9.30am reg for 10am – 4pm**

AM: 'What next for naming and sentence production therapies in aphasia?' with Dr Paul Conroy. PM: workshop. Freemasons Hall, Bateman St, Cambridge CB2 1NA. Members £20; non-members £30. Email: [deborah.stanton@addenbrookes.nhs.uk](mailto:deborah.stanton@addenbrookes.nhs.uk) tel: 01223 217 723

#### Emotional and Behavioural problems SIG

**17 March, 9.30am – 4pm**

Ingrid Cleaver – specialist teacher for inclusion and educational psychotherapist. Education Centre, Room 3 Mile End Hospital, Burdett House, Bancroft Road, E1 4DG. Membership £25 for this and the two further meetings. Email: [sylviasugarman@ntlworld.com](mailto:sylviasugarman@ntlworld.com) or [ruthl@blossomhouseschool.co.uk](mailto:ruthl@blossomhouseschool.co.uk)

#### South West Brain Injury SIG

**18 March, 11am – 4pm**

'Assessment in acquired brain injury: new

perspectives and old favourites'. Guest speaker Dr James Tonks, clinical psychologist specialising in neuropsychology. Opportunities for sharing knowledge, case studies and more. Hannahs at Seale-Hayne, Newton Abbot TQ12 6NQ. £4. To book your place email: [adenman@natstar.ac.uk](mailto:adenman@natstar.ac.uk)

#### Counselling and Therapeutic Skills SIG

**21 March**

'An introduction to counselling approaches relevant and useful to SLT'. Will focus upon two different counselling approaches and involve presentations from two speakers. Further details tbc. Email: [ruth.phillips.sig@hotmail.co.uk](mailto:ruth.phillips.sig@hotmail.co.uk)

#### Head and Neck Oncology CEN (North)

**24 March**

'Managing long-term dysfunction in head and neck cancer'. York Hospital. Members £15; non-members £30. Multidisciplinary team members welcome. To book/for details: email: [jo.patterson@chsft.nhs.uk](mailto:jo.patterson@chsft.nhs.uk)

#### South Wales Paediatric Dysphagia SIG

**26 March**

Study day. Venue tbc. To book a place, email: [s.walespaediatricdysphagiasig@gmail.com](mailto:s.walespaediatricdysphagiasig@gmail.com)

#### SIG SALTIBAD

**31 March, 10am – 4pm**

Reading and sign language users – research evidence and case presentations. Room G10, Chandler House, 2 Wakefield Street, London WC1N 1PF BSL interpreters present, so Deaf colleagues welcome. £20. For more information or to book, email: [joanna.hoskin@nhs.net](mailto:joanna.hoskin@nhs.net)

#### Central Paediatric Dysphagia SIG

**1 April, 9am reg for 9.30 start – 4pm**

Reflux study day. Annual membership £15 due. For more details and full agenda, visit: [www.cpd-sig.co.uk](http://www.cpd-sig.co.uk). Contact the secretary via the website by 7 March to secure a place.

#### South-West CEN in Autism

**1 April, 10am – 4pm**

'Attention autism': Gina Davies, plus other speaker tbc and AGM. The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. £20 to renew membership (two meetings); non-members £15 for day. Email: [juliet.keighley@nbt.nhs.uk](mailto:juliet.keighley@nbt.nhs.uk)

#### Trent Dysphagia SIG/CEN

**2 April, 9am for 9.30am – 1pm**

Dysphagia competencies from assistant to expert. E-learning as a teaching mechanism for dysphagia training. Dr Sue Pownall plus further speaker tbc. Duncan Macmillan House, Porchester Road Nottingham NG3 6AA. Members £5; non-members £10. To book, email: [joanna.lurati@nuh.nhs.uk](mailto:joanna.lurati@nuh.nhs.uk) or [heather.whitehouse@nottinghamcitycare.nhs.uk](mailto:heather.whitehouse@nottinghamcitycare.nhs.uk)

#### SIG in Clinical Education

**8 April, 10am – 2.30pm**

Agreed topics include reasonable adjustments on clinical placements, dysphagia training for SLT students, research into clinical education, preparing final year students on clinical placement for employability. Email if you have a topic to present. Cardiff Metropolitan University. AGM. Membership renewal needed for those who have already attended two SIG days. Email: [raman.kaur@bhamcommunity.nhs.uk](mailto:raman.kaur@bhamcommunity.nhs.uk)

#### UK MSI / VI CEN

**29 April, 9.15am – 3pm**

Topics include Sense's 'Tuning In' programme. Also AGM. Bristol. For information and bookings, email: [denisecharnock@nhs.net](mailto:denisecharnock@nhs.net)

#### South Wales Paediatric Dysphagia SIG

**30 April, 9am – 4pm**

Revised date for cerebral palsy and palliative care study day. Serennu Children's Centre, Newport. To book, email: [s.walespaediatricdysphagiasig@gmail.com](mailto:s.walespaediatricdysphagiasig@gmail.com)

#### Yorkshire Adult Dysphagia SIG

**1 May, 9.30am – 4pm**

The Poppleton Centre, York, YO26 6JT. £10 member-renewal fee due. Email: [ellie.girdwood@york.nhs.uk](mailto:ellie.girdwood@york.nhs.uk), tel: 01904 725 768

#### SLT in Children's Centre SIG

**12 May**

Workshop: 'Making ends meet... building competences in an era of decreased capacity'. Streetly Children's Centre, Foley Road East, Streetly B74 3HR. Members £10; non-members £20 (to include membership until 31 August 2014). Pay on the day (cheque or cash). Places limited. To book, email: [nickilees@nhs.net](mailto:nickilees@nhs.net)

#### Surrey SLI CEN

**14 May, 1pm – 4pm (please note change of time)**

Lisa Campbell: 'SLI post 16'; Susan Ebbels: 'Research on the effectiveness of 1:1 therapy in the school setting' and discussion 'Terminology relating to SLI'. Moor House School, Mill Lane, Hurst Green, Oxted, Surrey RH8 9AQ. Members free; non-members £10. Email: [nicoll@moorhouseschool.co.uk](mailto:nicoll@moorhouseschool.co.uk)

#### Tracheostomy CEN

**20 May, 9am – 4pm**

Update on national tracheostomy initiatives and case presentations (adults and children) £20. Includes tea/coffee and lunch. Queen Square, London. To secure place, email: [romahoney@thechildrenstrust.org.uk](mailto:romahoney@thechildrenstrust.org.uk)

#### Essex SLI SIG

**22 May, 9am – 4.30pm**

Word Aware Training: a whole-school approach to vocabulary training. Stephen Parsons and Anna Branagan. Training Room 1, The Lodge, The Chase, Wickford SS11 7XX. SIG membership renewal £25 – to include this and autumn meeting. To confirm place, email: [kfarrow@nhs.net](mailto:kfarrow@nhs.net)

#### Early Years SIG/CEN (Western)

**13 June, 9am – 5pm**

We are pleased to welcome back to Exeter Dr Caroline Bowen for a study day on childhood apraxia of speech. Email: [lucy.bomford@nhs.net](mailto:lucy.bomford@nhs.net)

#### South East and London Stammering SIG

**13 June, 9.30am – 4.30pm**

Explore psychological and counselling techniques used with stammering in a full study day at a London venue. Will involve presentations from specialists working in the area, followed by workshop discussing cases and techniques. Email: [pipsteers@gmail.com](mailto:pipsteers@gmail.com)

#### Central Paediatric Dysphagia SIG

**3 July, 9am registration – 4pm**

Postural care study day. For more details visit: [www.cpd-sig.co.uk](http://www.cpd-sig.co.uk). Contact the SIG secretary via the website before 31 May to secure your place



*"I think they are miracle workers.  
They have transformed my child's life and ours."*

**Parent of student at Bradstow School**

Bradstow School, 34 Dumpton Park Drive, Broadstairs, Kent, CT10 1BY

Tel: 01843 862123 Fax: 01843 866648

Website: [www.bradstow.wandsworth.sch.uk](http://www.bradstow.wandsworth.sch.uk)



## Speech and Language Therapist

**37 hours per week, all year round Salary Scale £32,072 to £34,894 (NHS Band D Equivalent)**

### BRADSTOW SCHOOL

#### Living and learning together in a culture of gentleness

Bradstow is a residential special school maintained by the London Borough of Wandsworth for children with severe learning difficulties who are on the autistic spectrum continuum. Many of our pupils have associated communication difficulties and emotional/behavioural challenges associated with their disabilities and medical problems. At Bradstow our primary aims are to enable young people to develop their communication skills and the skills needed to manage their own behaviour, thus enabling them to access everyday opportunities in the community and to live ordinary lives. We endeavour to provide as many reciprocal inclusive opportunities as possible.

The school is situated on a large site in the seaside town of Broadstairs in East Kent. Our facilities include an amphitheatre, library, swimming pool, parents' flat, interactive soft play and sensory rooms, interactive bicycle track, pottery, all-weather football pitch, sensory garden, and extensive grounds and horticultural projects.

Judged 'Outstanding' by Ofsted, Bradstow is a specialist school for communication and interaction. The school offers a range of specialist support and expertise, particularly in the areas of Gentle Teaching, Positive Behaviour Support and Functional Communication. Bradstow School has received international recognition from the European Foundation for Quality Management (EFQM), being a prize winner in the areas of Customer Focus, Leading with Vision, Inspiration and Integrity and Succeeding through People. Bradstow School is also an Investors in People 'Champion'.

Our vision for the future is to offer extended provision for our pupils by establishing a continuum of flexible support, ranging from day placement to 38-week residential up to 52-week residential to meet individual needs.

If you would like to join our community as the Speech and Language

Therapist we are confident that you will find this both the most fulfilling and challenging job you have ever undertaken.

The successful candidate will lead a specialist Communication Team to support children and young adults on the Autistic Spectrum Continuum with Severe Learning Disabilities and associated challenging behaviours. This will be carried out in close collaboration with all staff, to develop the students' overall functional communication and language skills with a focus on functional skills in everyday life. Also to take the lead on all communication and language issues at Bradstow School, acting as the point of reference for educational and residential staff teams at all levels, and providing support, guidance and professional development to child contact staff and families on developing functional communication skills.

You will be provided with an extended and ongoing package of induction and training. We believe that staff training and professional development, together with the other staff well being support systems in place, are essential in our specialised field and are at the core of the outstanding success of the school.

If you would like to join our team, and help us to continue to transform the lives of these children and their families, please contact us. Working at Bradstow will be challenging and you will need to be committed to the needs of the young people and the school. In return we offer you a highly rewarding and satisfying career which will continue to develop your skills - with quite a bit of fun thrown in as well!

**For an application form and information pack please call 01843 608727 (24 hour recruitment answer machine), or email [personnel@bradstow.wandsworth.sch.uk](mailto:personnel@bradstow.wandsworth.sch.uk)**

**Please note that CV's will not be considered.**

**Applications should be received by 5pm, 31st March 2014**

Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HSI 2AF

Speech and Language Therapy Department

## Specialist Speech and Language Therapist

**Band 6: £25,783 - £34,530 pro rata**

**Plus Distant Islands Allowance £947 per annum pro rata**

**22.5 hours per week – Maternity Cover for one year**

**Ref: W1992A**

Are you looking for an opportunity to explore the beautiful Western Isles of Scotland? Would you like the opportunity to experience working in a remote and rural area? We are looking for an experienced and dynamic Speech and Language Therapist who can support the department to cover a period of maternity leave.

This post has responsibility for a caseload, ranging from birth to 18 years, with a wide variety of difficulties associated with ASD, social communication and learning difficulties. As well as providing an assessment and consultation service, this post affords the opportunity to work with families and deliver therapy in a range of settings. Some training or experience in ASD diagnostics would be an advantage.

The post will be 22.5 hours per week for the period of a year preferably, but a more flexible approach to covering the post could be considered, e.g., term time working.

The post holder will:

- be based in the Western Isles Hospital on the island of Lewis.
- have access to training on and off the island or via video conference.

- have access to study facilities available within the University of Stirling Campus, which is housed in the Western Isles Hospital, and Departmental access to the internet.

Temporary Health Board accommodation may be available.

Return fare and subsistence for period of the interview will be provided.

A car driver is required for this post due to the spread of locations across the islands.

This post is not eligible for relocation expenses.

For more information on the Western Isles visit the following sites:

[www.visitthebrides.com](http://www.visitthebrides.com), [www.virtualbrides.co.uk](http://www.virtualbrides.co.uk)

For further information please contact Christine Lapsley, Speech and Language Therapy Manager, tel: 01870 603 241, email: [christine.lapsley@nhs.net](mailto:christine.lapsley@nhs.net) SHOW website: [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

*An application form and job description can be obtained from the Human Resources Dept., Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis HSI 2AF. Tel: 01851 762005. Email: [wi-hb.recruit@nhs.net](mailto:wi-hb.recruit@nhs.net) Closing date: 24 March 2014.*



[www.jobs.scot.nhs.uk](http://www.jobs.scot.nhs.uk)

**The National Autistic Society** is the leading charity for **500,000** people in the UK with autism and their families. We provide information, support and pioneering services, and campaign for a better and fairer world for people with autism.

**Radlett Lodge** School is a National Autistic Society residential and day school for pupils aged 4-19. We are currently looking for:



## SPECIALIST SPEECH AND LANGUAGE THERAPIST (Full Time)

Salary Range £25,528 – £30,460 dependant on experience plus location allowance

Based on 5 weeks holiday (9 weeks would be considered)

An exciting opportunity has arisen for an enthusiastic Specialist Speech and Language Therapist to join our friendly multidisciplinary team including a Speech & Language Therapy Assistant, Occupational Therapist and Clinical Psychologist.

Applicants must be prepared to work across the school, residential and short breaks settings which will include providing sessions and activities in the holidays as well as being flexible in their working practice. Experience in working with Autism and in school settings is essential. The successful candidate will have experience of working with children that have significant language communication and social interaction difficulties and will be confident in working directly with those who demonstrate challenging behaviour.

This challenging and exciting position requires someone who is dynamic, passionate about improving the lives of people with autism, has excellent communication skills, is flexible and is used to working collaboratively as a member of a team. They should have proven

training skills, be interested in research and be excited by innovative practice and new technology. They should be able to support practice, inspire others and bring new ideas to a continually evolving outstanding school.

Some of the exciting initiatives we have recently been involved include:

**Young Campaigners advocacy project**  
**Research with Birmingham University: using innovative technology to support the development of social skills**  
**Joint working with teachers to develop communication specific autism friendly curriculum**  
**Developing Autism specific play curriculum**  
**Parent workshops and supporting early intervention**  
**Sharing best practice on ipad use**  
**KASPAR project with Hertfordshire University**  
**Autism Accreditation learning sets (sharing best practice)**

We will provide you with a supportive nurturing environment with excellent CPD opportunities.

**The NAS is committed to safeguarding and promoting**

**the welfare of all children and adults who use our services and as such expects all staff and volunteers to share this commitment.**

**Satisfactory references will be obtained prior to interview. All appointments are subject to a satisfactory enhanced DBS check.**

**Applications are sought from all suitably qualified sections of the community but particularly welcome from those with a diagnosis of autism or Asperger Syndrome.**

**For an informal discussion or to arrange a visit please contact Jo Galloway, Principal on 01923854922 or email [radlett.lodge@nas.org.uk](mailto:radlett.lodge@nas.org.uk)**

**Application packs are available from: Radlett Lodge School Tel: 01923 854 922 or email: [linda.jack@nas.org.uk](mailto:linda.jack@nas.org.uk).**

**Closing date: 21st March (interviews 31st March)**



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



**Better futures for young  
lives with epilepsy**

Young Epilepsy is the leading national charity, which exists to improve the lives of children and young people with epilepsy and related neurological conditions. Our aim is to be the voice of childhood epilepsy through excellent information, awareness and support programmes and campaigns which will enable children and young people to fulfil their potential and ensure they have the best quality of life. With over 100 years of experience, we offer world-class services, including Residential Services, Education and Health Care to children and young people in the UK and nationally.

## Speech and Language Therapists

**Bands 6 and 7 Full-time and part-time hours  
Based in Lingfield, Surrey Job Ref: SLT-02-14**

With support from other senior therapists, you will manage an allocated caseload of students, with complex developmental or acquired needs, and co-ordinate provision of suitable augmentative communication support. You will also provide supervision/training for SLT Technicians and Junior Therapists. At Band 7, you will be part of a multi-disciplinary Therapy Leadership group.

You must have an RCSLT Certificate to practice, be a member of RCSLT, and registered with HCPC. Substantial clinical experience is essential, including paediatrics, learning disability or acquired disorders. Postgraduate dysphagia training and experience is required for the Band 7 post.

**For further details, or to download an application pack,  
please visit our website [youngepilepsy.org.uk](http://youngepilepsy.org.uk).  
Alternatively, email [recruitment@youngepilepsy.org.uk](mailto:recruitment@youngepilepsy.org.uk) or  
tel: 01342 831234. Closing date: 21 March 2014.**

We welcome applications from all sections of the community and guarantee to interview all applicants with a disability who meet the minimum criteria. We are committed to safeguarding and promoting the welfare of children and young people. An enhanced Disclosure and Barring Service check (formerly CRB) will be required.

[youngepilepsy.org.uk](http://youngepilepsy.org.uk)



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INVESTORS  
IN PEOPLE

East Sussex Healthcare   
NHS Trust

Acute Service - Eastbourne/Hastings

## Senior Specialist Speech & Language Therapist

Job Ref: 374-ND.NH670

Salary: Band 7 £30,764 - £40,558 pa (pro rata for part time)

Hours: f/t 37.5 pw, (part time considered)

## Specialist Speech & Language Therapist

Job Ref: 374-LY.NH684

Salary: Band 6 £25,528 - £34,189 pa pro rata

Hours: p/t 34.5 pw

This is an exciting opportunity for experienced Acute Speech and Language Therapists to work at our Trust; these newly reconfigured posts will work alongside the Clinical Lead to provide a comprehensive service across two hospitals and also outreaching into the community. You'll have in-depth knowledge and experience of dysphagia and be responsible for supporting staff in gaining their dysphagia and NQP competencies. You'll also supervise students on placement.

This is an exciting time to join a developing acute team and be part of shaping the future of our team. In return for your investment in us, we can offer you professional development, clinical supervision, and annual Personal Development Plans.

**For more information please contact Anita Smith, Acute Lead  
for SALT on 01424 755255 ext 8639 or Christine Jones, SALT  
Therapy Service Manager on 07879 840865.**

Apply on-line: [www.esht.nhs.uk/recruitment](http://www.esht.nhs.uk/recruitment) using job ref.  
Closing date: 19 March 2014

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# bulletin



## Working Harder for YOU



A single call to our expert Speech & Language Therapy team will enable you to access some of the most rewarding, varied & exciting opportunities within your profession today.

- ✦ **LOCUM**
- ✦ **PERMANENT**
- ✦ **NATIONAL & INTERNATIONAL**
- ✦ **NHS, EDUCATION, INDEPENDENT SECTORS**

For on-going personal, honest & accurate support please contact us at:

**0800 917 5887**

info@sugarmanmedical.co.uk



**LONDON**

**SYDNEY**

### Kiki's Children's Clinic in London seeks

#### Paediatric Speech and Language Therapist

Experienced, dynamic, flexible therapist sought for busy clinic to deliver speech, language and communication therapy to children of all ages in clinic and clients' homes and schools. Enjoy a varied, stimulating and challenging case load.

Join an international team of experienced SLT, PT and OT therapists dedicated to early intervention and multidisciplinary support.

Key skills and interests may include:

- Early intervention • Autism • CP • Dysphagia • Diverse AAC experience • Talk Tools • PODD books • Complex communication issues
- Qualifications, HCPC & RSLT registration, references & enhanced DBS checks required.

Call Kiki Tel: 020 7207 4234 email: Kiki@kikisclinic.com or  
Kirsty Tel: 020 7450 1708 email: Kirsty.Curtis@kikisclinic.com

www.kikisclinic.com



### PAEDIATRIC THERAPISTS FULL/PART-TIME



ChatterBug Ltd provides a range of speech and language therapy services across England. We have a reputation for providing a family centred approach, tailoring our service to meet the needs of our clients. As a rapidly expanding service we are seeking full/part-time paediatric therapists to cover Leeds, Rochdale, Luton and their surrounding areas. The role consists of a mixed caseload, ranging from community, clinic and schools.

This is a flexible role including working weekends and some working from home. We offer a supportive work environment with regular supervision.

We require individuals who are confident and thrive on providing a service that delivers results. The ability to support and coach parents and professionals is a must.

Salary is dependent on experience.

For an informal discussion or further information please contact Asma Khanum on: 07826 749 442. For an application pack email info@chatter-bug.com



### SPEECH AND LANGUAGE THERAPIST

**Grade SO1, Scale point 29-31**

**28 hours per week term time only.**

**Required from April 2014**

**Hours of work: Monday, Wednesday, Thursday:**

**8.45am-3.45pm, Tuesday: 8.45am - 5.00pm**

We are looking to appoint a Speech and Language Therapist to join our multidisciplinary team at the East Specialist Inclusive Learning Centre (SILC) John Jamieson School and Technology College. The East SILC is an outstanding 2-19 generic special school with 206 pupils on roll. The successful candidate will be an organised individual, with experience of working in a dynamic and inspirational manner. The successful candidate will work across the school; on 1:1 sessions, group work and in class support, liaising with our teaching staff, families, carers and external professionals. This new post is integral to our vision to deliver high quality school based speech and language therapy across the whole school.

The East SILC 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 candidate will be subject to providing a current DBS (Disclosure and Barring Service) and must be prepared to apply for an ISA registration if required. Visits to the East SILC are welcome. To arrange a visit or to request an application pack please contact Janet Simpson on 0113 293 0236 or email janet.simpson@eastsilc.org

Closing date for applications: **17th March 2014**

Interviews on **27th March 2014**

[www.eastsilc.org](http://www.eastsilc.org)



**Primary & Community Services**

**Borders General Hospital**

### Professional Lead – Speech and Language Therapy

**Band 8a: £39,239- £47,088 per annum pro rata**

**37.5 hours per week, fixed term for 1 year**

**Ref: PCS909**

We are seeking to appoint a Clinical Lead for our Speech and Language Therapy Service in the Scottish Borders. You will be surrounded by a friendly, experienced and professional AHP Team and you will take an active role in service strategy, governance, management and service development in line with the AHP National Delivery Plan.

To achieve this you will be a Speech and Language Therapist registered with the HCPC with proven leadership skills. You will have a passion for high quality, be a confident communicator and be able to demonstrate initiative and flexibility.

The Borders is one of Scotland's most scenic areas. It is situated near to both Edinburgh and Newcastle with excellent schools and the opportunities for recreation are wide and varied, including walking, cycling and golf.

Informal enquiries are welcomed, please contact Karen McNicoll, Associate Director for AHPs for NHS Borders and Scottish Borders Council, Borders General Hospital, Melrose TD6 9BS on 01896 826455.

**Closing date for completed application forms by 5pm on Friday 14 March 2014.**

**Interviews will be held on Thursday 27 March 2014.**

**For an application pack, please contact 01896 827728 or email recruitment@borders.scot.nhs.uk**

**Please quote appropriate reference number.**

**(Please note: if you are e-mailing your completed application forms some web based e-mail services are blocked by NHS Borders firewall e.g. hotmail and yahoo.) If you have not heard from us within 4 weeks of the closing date, then we regret that your application has not been successful on this occasion.**

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



# bulletin

# 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)



## BOBATH CENTRE FOR CHILDREN WITH CEREBRAL PALSY

### Band 6/7 Bobath Speech & Language Therapist - FT or PT (minimum 3 days a week)

Are you a highly motivated, paediatric speech and language therapist with a particular interest in dysphagia? Whether you are Bobath qualified or not, we would like to hear from you as we are willing to provide Bobath training for the right person.

The Bobath Centre is a world-renowned treatment and teaching Centre. It provides a friendly, supportive and professional environment. You will be encouraged to develop your clinical skills within an environment that strongly supports CPD and values the unique contributions of all its therapists. Ideally, you will have successfully undertaken an accredited postgraduate dysphagia course as well as have a keen interest and experience in the implementation of augmentative communication.

The Bobath Centre offers mirror NHS terms and conditions and continued membership of the NHS pension scheme.

**Further information and an application pack can be found on our website [www.bobath.org.uk](http://www.bobath.org.uk) or contact Vanessa Wilde, PA to the Directors, tel: 020 8442 2263.**

**Closing date: 11.00 am Thursday 20 March 2014**

Registered Charity number: 229663

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

### SPEECH AND LANGUAGE THERAPIST

The Woodmill, Cullompton, Devon  
15 Hours per week, salary full time equivalent  
£25,550 per annum

We are seeking a Speech and Language Therapist to join our interdisciplinary team providing specialist rehabilitation to adults with acquired brain injury. This post provides an exciting opportunity to work with service users with a range of communication needs.

Diploma or degree in Speech and Language Therapy and dysphagia training either as undergraduate or post graduate is essential.

**Closing Date: 28th March 2014**

For further details and an application pack visit our website at  
[www.thedgroup.org/brain-injury/our-services/the-woodmill/work-for-us.aspx](http://www.thedgroup.org/brain-injury/our-services/the-woodmill/work-for-us.aspx)

The Brain Injury Rehabilitation Trust (BIRT) is a division of The Disabilities Trust and the means by which The Disabilities Trust provides its brain injury services. Registered Charity No 800797



## ils Rehabilitation Solutions YOUR FUTURE. YOUR CHOICE

### Speech and Language Therapist Opportunities available now

#### Do you have the following:

- Experience working with adults/children with complex needs (minimum five years)
- Skilled in dysphagia and/or alternative augmentative communication assessment and management

Independent Living Solutions (ILS) is an established case management company. In response to the needs of our clients we are further developing our therapy teams.

#### What we have to offer you:

- Attractive fee rates, including travel time and mileage
- Self employed status, flexible hours, working from home, combines well with existing employment
- Initial training, ongoing mentorship and free ongoing development opportunities
- Established company name and reputation

Contact us to find out more: [hr@indliv.co.uk](mailto:hr@indliv.co.uk), or telephone 01722 746625 quoting ref: LO/003

## Leading the way in Speech and Language Therapy

We are seeking two highly skilled Specialist Speech and Language Therapists to join our established team at The Wellington Hospital – the UK's largest private hospital.

### SPECIALIST SPEECH AND LANGUAGE THERAPIST - REHAB (equivalent to NHS Band 7)

You'll have experience of working with adults with acquired cognitive, communication and swallowing difficulties within rehabilitation services, including instrumental swallowing techniques and tracheostomy management. Having previously worked in interdisciplinary teams, you'll be confident providing training to other team members and have supervisory experience.

### SPECIALIST SPEECH AND LANGUAGE THERAPIST - ACUTE (equivalent to NHS Band 7)

You will provide specialist services to patients with complex neurodisability – including cognitive, communication and swallowing problems. Highly proficient in the provision of instrumental swallowing assessments and tracheostomy management, you'll work as part of an interdisciplinary team and manage an independent caseload, including coverage of patients on our ENT ward, Acute Admissions and Intensive Care Units. Working alongside the Lead Therapist, you'll promote high quality treatment and implement quality initiatives.

Both roles offer opportunities to develop specialist skills in neurological rehabilitation, oncology care, instrumental swallowing assessments, complex tracheostomy management and complex communication.

To find out more and to apply, please visit [www.hcacareers.co.uk](http://www.hcacareers.co.uk) and search for the role using HCA00562



CAREERS AT HCA HOSPITALS



## Speech and Language Therapist

£22,698 per annum

We are a thriving paediatric speech and language therapy practice in South East London. We are committed to providing a high quality and effective service that is tailor made for our clients. We place a high importance on clinical skills development and are supportive of continuing professional development for our team.

We are looking for highly motivated, enthusiastic therapists who can contribute to the growth of our practice. This is a full time permanent position (35 hours per week, 48 weeks per year) that would suit a newly/recently qualified therapist.

Please see our website for application details.

Closing date: **Wednesday 12th March 2014**



**Sarah Buckley**  
Therapies Ltd

t. 020 8313 1939

e. [jobs@sarahbuckleytherapies.co.uk](mailto:jobs@sarahbuckleytherapies.co.uk)  
w. [sarahbuckleytherapies.co.uk](http://sarahbuckleytherapies.co.uk)

## Paediatric Speech & Language Therapist, Essex

Allen Speech & Language Ltd is looking for an experienced, dynamic and motivated SLT to join the team. The post is initially to cover maternity leave, on a part time basis, although likely to be extended. The successful applicant will support pre-school and school aged children in their homes and schools across Essex.

Applicants must have at least 2 years experience and access to a car. Relevant qualifications, HCPC, RCSLT registration and enhanced DBS checks required.

To discuss the post further please contact Jessica on 07739 128433 or e-mail [Jessica@AllenSpeechandLanguage.co.uk](mailto:Jessica@AllenSpeechandLanguage.co.uk)

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



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## SPECIALIST/HIGHLY SPECIALIST SPEECH & LANGUAGE THERAPIST

(Competitive salary pro rata and 8-10 weeks paid annual leave)

Would you like to be part of a motivated, dedicated team and make a hands-on difference with a small Specialist caseload?

PACE is a growing organisation committed to helping children aged 0 - 18 who have motor and sensory disorders to reach their potential through an integrated approach based on Conductive Education.

You are an enthusiastic therapist (HCPC registered) interested in maximising and furthering your expertise with children with Cerebral Palsy and other motor disorders. Working in a supportive transdisciplinary environment, you will provide integrated classroom programmes, detailed assessments, intensive and individual therapy, as required. You will have significant opportunities to expand your knowledge base and integrate your specialist expertise. Our ideal candidate will have experience of AAC and Dysphagia.

Permanent full time preferred, part-time considered, term time only. We provide excellent in-service training, access to other CPD opportunities and supervision with a Bobath-trained SLT.

**For further details and/or an informal visit, please contact:**

**Laurel Allen, Clinical Lead SLT, [laurel.allen@thepacecentre.org](mailto:laurel.allen@thepacecentre.org), or 01296 614287**

**Application pack: [www.thepacecentre.org/vacancies](http://www.thepacecentre.org/vacancies)**

**Applications to: [vacancies@thepacecentre.org](mailto:vacancies@thepacecentre.org) or Susan Muir, HR Manager, The PACE Centre, Philip Green House, Coventon Road, Aylesbury, Buckinghamshire HP19 9JL.**

**Closing date for applications: 24th March 2014**

*The PACE Centre is committed to the wellbeing, safety and protection of all our pupils. An enhanced DBS will be required.*





# Ruth Hayes

**OCCUPATION:** SLT IN THE ISLINGTON CHILDREN'S CENTRE TEAM, WHITTINGTON HEALTH NHS TRUST; VOLUNTEER, LIVELY MINDS

*“The key to the sustainability of these projects is training and empowering mothers”*

**E**ngaging parents from local communities is part of my everyday role working as an SLT in a children's centre in London.

This provides me with opportunities to deliver a traditional service, which would typically be run within GP practices and health centres, in a way all families may access. The service includes promotion of language development and parent-child interaction strategies, providing parents and staff members working with children with important information early on to help prevent the onset of communication needs that children may experience later in life.

I also work on key campaigns, such as 'Keeping Your Language Alive', which encourages families to talk to their children in their strongest language(s) to provide a solid foundation upon which children can learn additional languages. A typical day can involve visiting 'stay and play' sessions, running parent workshops and language enrichment groups, and training nursery staff. Delivering speech and language therapy in this manner is extremely rewarding, particularly when parents and staff members report increased confidence, knowledge and skills to support children's language development.

I have been fortunate to be able to take the concept of the universal speech and language service even further - to Tamale, North Ghana, with overseas development charity Lively Minds. It was through a conversation over lunch at work that I first learned about Lively Minds. A colleague was talking about the work they were doing with families in poor, rural communities when another pointed out: "This is your job but in Ghana." I was immediately intrigued and wanted to learn more about Lively Minds and how I could get involved.

My colleague was right; the charity was a great match for my own professional skills



Ruth teaching sensory games to the mothers at a Lively Minds Play Centre

and knowledge with its flagship projects: community-run play centres where young children can learn and develop key skills - such as numeracy, literacy and creative thinking - through play. After a few planning meetings and completing a half marathon to raise money, I headed off to Tamale in October 2013. Over three weeks, I monitored projects supporting communication development in different village play centres. Across all the communities, I was truly overwhelmed by the mothers' commitment and desire to make changes for their children by running the centres.

The mothers revealed what a rewarding experience it was for them to hear the children use new words while describing the pictures in books and to discover the extent of their children's imagination by listening to them talk about models they had built from wooden blocks. This protected time during the sessions was when mothers were able to give the children space to talk, and give them encouragement and praise for talking. The mothers were experiencing the benefits of a different style of interaction to what they had

experienced during their own childhoods, setting the stage for my workshop on parent-child interaction. The mothers shared their memories of growing up in a culture where children should be 'seen and not heard', which they felt persisted.

During the workshop, I could see how practices - even those engrained in their culture and forming part of their own experiences - can be changed when mothers are offered new solutions and they truly believe in the benefits it will have for their children. Lively Minds staff are now continuing to deliver the parent-child interaction workshop in all their centres. From my experience with the communities in Tamale, it is strikingly apparent that the key to the sustainability of these projects and their ability to implement positive change is by training and empowering mothers from the communities to use their own skills and give them the confidence to run the play centres themselves. ■

📍 Visit: [www.livelyminds.org](http://www.livelyminds.org) for more information

**Picture Exchange Communication System (PECS) Level 1 Workshops – various dates**

Leeds, Glasgow, London, Derby, Darlington, Bristol, Brighton, Belfast, York, Aberdeen, Sheffield, Birmingham SoSAFE! (Social-Sexual Safety) workshops – various dates London, Cardiff, Liverpool, Newry, Newcastle.

**24-25 March + 26 March, Salford; 14-15 July + 16 July, London, RCSLT  
Elklan total training package (TTP) for under 5s (3-5s)**

With optional day covering TTP 0-3s. Both courses equip SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £435 pp for 2 days; £635 pp for all three days. Optional third day for existing therapists, £200. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**24-25 March, Salford; 17-18 July, 10-11 November, London, RCSLT**

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

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**27-28 March, Salford; 13-14 November, London RCSLT**

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

Equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. It covers pre-intentional to early intentional communication skills. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**29 March, Leeds**

**An introduction to working abroad: a study day for AHPs**

For SLTs, physiotherapists, OTs and students considering sharing skills in low/middle-income countries for the first time. Provides a flavour of what to expect and support to consider what constitutes good practice in this rewarding and challenging work. £45 (£35 unwaged), includes lunch and a substantial new resource pack. Visit: www.facebook.com/communicationtherapyinternational

**31 March – 3 April, Follow up day 17 or 18 June**

**Extending knowledge and skills in working with adults with acquired dysphagia**

A post-registration course for SLTs. £700. UCL. CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: http://tinyurl.com/kqz5bco

**1 April, Newcastle University  
British Aphasiology Society  
Research update meeting**

One-day CPD event, presenting ongoing research studies on 'Digital technology and aphasia'. BAS members: £10; student members/individuals with aphasia: £6. Email: christos.salis@ncl.ac.uk

**3-4 April, 13-14 November, London, RCSLT; 24-25 March, Salford**

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

Equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**9 April, Yorkshire**

**TalkTools study day**

New to TalkTools? Come along and find out more. Already using TalkTools? Share experiences and expand your knowledge. Seminars on TalkTools for feeding, speech and ABA programmes. £20 Xscape, Castleford. Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

**11 April**

**Counselling skills, caring and maintaining boundaries**

Practical and friendly, basic course focusing on strategies therapists can use on a daily basis in their clinical settings. Central London venue tbc. £80 (students £70) Contact Sally Newman at TSTA (Therapy Skills Training Alliance). Email: speechsallynewman@gmail.com tel: 07821 250 312 for information and bookings

**30 April**

**Working with selective mutism part 1: effective approaches to assessment and management**

Maggie Johnson and Alison Wintgens. £130. UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: http://tinyurl.com/psqudb7

**1 May**

**Working with selective mutism part 2: Extension Level – Supplementary Approaches to Assessment and Management**

Maggie Johnson and Alison Wintgens. £130. UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: http://tinyurl.com/pu7prvr

**1 May**

**Sound to words**

Looking at the progression and function of three babies, born profoundly deaf and implanted around their first birthday, you will be expected to think diagnostically and plan for the next steps. £85, The Ear Foundation. Email: sam@earfoundation.org.uk

**9 May, AVuk London**

**Why so wobbly? Balance and deaf children**

Many deaf children are late to sit up and walk even then remaining wobbly; this course looks at why and practical strategies for developing better balance through early years. £95. Email: sam@earfoundation.org.uk

**11 May, Birmingham Conservatoire  
Fair Exchange**

A course for voice teachers (speaking voice) and SLTs to explore their professional boundaries and share skills and techniques. Will examine the similarities and explore the differences. There will be interactive group work using case studies. Visit: www.britishteachersvoiceassociation.org.uk (Courses & Events)

**12 May, Derby**

**Advanced course – management of Parkinson's disease**

For all grades of AHP who have some experience of treating people with Parkinson's. Covers management of the four stages, diagnosis, maintenance, complex and palliative, emphasising the latter two stages. £130. Visit: www.ncore.org.uk

**21-23 May, Derby**

**More than Words Hanen Training**

Suitable for experienced clinician or new graduate, this certification workshop will enrich the service offered to families of children with autism spectrum disorder. Learn to involve parents in effective early intervention for young children on the autism spectrum. £660. Visit: www.ncore.org.uk

**22 May, Dementia Study Day, Derby**

Trainer: Mary Heritage. Essential training for SLTs in non-specialist settings. Mary Heritage is an SLT with more than 15-years of specialist experience working with people with dementia in hospital and community settings. She will share information on the condition with ideas, tools and techniques for SLT staff and discussion on best practice in the profession. £120, lunch included. Email: trainingforhealth@dchs.nhs.uk, tel: 01773 599 4750

**22-23 May, Swindon, Wiltshire**

**The Lidcombe Program of Early Stuttering Intervention**

This workshop equips SLTs to use the programme with children up to around six years of age. Includes practical skills, the evidence base and post-course support. Tutors: Rosemarie Hayhow and Claire McNeil. £275. Tel: 01793 466 790, email: gsmith@swindon.gov.uk

**2-6 June + follow up day in March 2015**

**Paediatric eating, drinking and swallowing course**

Speech and Language Therapy Sheffield/RCSLT Registered. £500 (including lunches) – Ryegate Children's Centre, Tupton Crescent Road, Sheffield S10 5DD. Email: tory.paxman@nhs.net (please email where possible), tel: 0114 2717 615

**3 June**

**Cervical auscultation**

Trainer Alison Stroud. Learn the 'How, what and where' of Cervical Auscultation, participate in a practical session, identifying swallowing sounds. Review of current research, clinical evidence and future developments. £130. Full details at: www.ncore.org.uk. Email: dhft.ncore@nhs.net

**3 June**

**Working with children and families from diverse communities with speech, language and communication needs**

Dr Merle Mahon, UCL and Sunita Shah, CLINICAL LEAD SLT/bilingual specialist. £130. UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: http://tinyurl.com/p5g7qzb

**16-17 June, Manchester**

**TalkTools Level One**

Level One: A three-part treatment plan for oral-placement therapy: A general introduction to the TalkTools programme. £360. The Palace Hotel, Manchester. Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

**18-19 June, Manchester**

**TalkTools Level Two**

Level Two: Oral-placement therapy: assessment and programme plan development. Designing TalkTools programmes based on client's diagnoses. The Palace Hotel, Manchester. Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

**1-3 July  
Learning Language and Loving It  
Certification Workshop - The  
Hanen Centre**

SLT or Early Childhood educator who trains or consults to other educators. £680 (£612 paid by 30/4) UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: http://tinyurl.com/paxeegn

**14-16 July, London, RCSLT**

**Elklan TTP speech and language support for post 16s**

The proposed changes to the SEN code of practice makes attendance at this course essential. It equips SLTs, specialist FE tutors and teachers to provide practical, accredited training to staff supporting students with SEN and SLCN in post-16 establishments. £435 for SLTs; £495 for non-SLTs where additional Elklan qualifications may be required. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**17-18 July, London, RCSLT**

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

This course equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**5 November, London, RCSLT**

**Elklan specialist training package: Supporting children and adults using AAC**

Equips tutors to provide practical, accredited training to those supporting all users of AAC. Cascade the training to colleagues, assistant and education staff. SLTs who are not existing Elklan tutors can attend but will be licensed to train others on the AAC course only. £225. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**5-6 November, London, RCSLT**

**Elklan total training package for pupils with SLD**

This new course uses innovative material to equip SLTs and teaching advisers to provide practical, accredited training to develop communication in children and young people with severe learning difficulties in all settings including mainstream. Teacher/therapist teams welcome. £435 per person. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**6-7 November, London, RCSLT**

**CPD for SLTs and SLTAs from Elklan**

Supporting children and adults using AAC. Andrea Kirton, highly-specialist SLT, will develop your skills and knowledge about low and high tech AAC. Accredited at level 4, you will be supported to complete your portfolio of evidence. £325 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**10-11 November, London, RCSLT**

**Elklan total training package (TTP) for under-5s**

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/Therapist teams welcome. £435 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

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