bulletin

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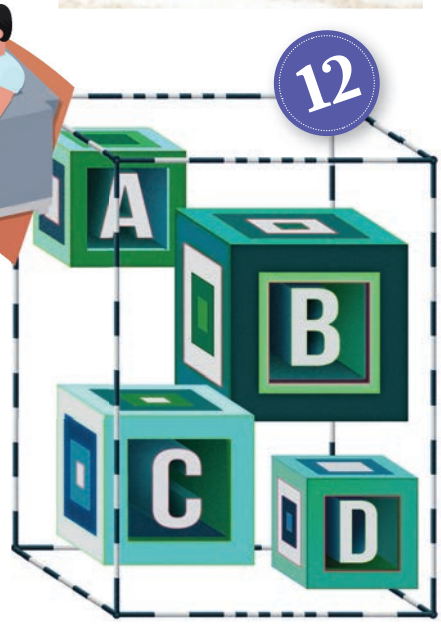

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EDITORIAL

Beyond the Post-it note

Over the many years I have been involved with the RCSLT I have noticed that whenever two or more SLTs get together to discuss a topic of common interest it tends to involve forests of Post-it notes. Usually at the end of each session, a poor soul has to decipher the many semi-legible handwriting styles and type up contributors' thoughts into some semblance of a logical order.

As you will see on the page opposite, we are about to embark on a rather large and potentially complex piece of work to replace Communicating Quality 3. Our aim is to develop a set of standards and resources to support SLTs to deliver a high-quality service that integrates the Health and Care Professions Council standards of conduct, performance and ethics.

Although I am sure sticky pieces of paper will still feature somewhere in this exercise, we have taken a step into the future of collaborative working. We will take a crowdsourcing approach, which involves empowering members, en masse, to suggest and develop ideas to take forward. Working with a forward thinking company called Clever Together, we will run two online workshops where you will be able to share your views anywhere, anytime, from any internet connected device. There will also be opportunities to work face-to-face at your RCSLT Hub level.

We will be in touch soon with many more details. I hope you will share our excitement about this ground-breaking project.

Steven Harulow
Bulletin editor
bulletin@rcslt.org

My RCSLT

Nasia Nazir

I am a third-year SLT student at Cardiff Metropolitan University. As the need for SLTs becomes more widespread, the role of the RCSLT in providing current knowledge and understanding to a student is invaluable. The Bulletin provides me with information on up-to-date techniques and resources, which I may use either as a student on clinical placement or as a future SLT. I find the latest research studies featured in the journals very useful in supporting both the theoretical and clinical aspects of my learning. The Bulletin also gives me an interesting insight into the varied range of work of those who are practising in the profession as well as their everyday challenges and achievements.

LETTERS

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

Exploring aphasia care pathways

As part of a professional doctorate research project entitled, 'An in-depth exploration of the aphasia care pathway', I am conducting a national survey of SLTs to scope their understanding and opinions of aphasia care pathways. The data collected from the survey will add to qualitative data collected from interviews and focus groups held for people with aphasia, carers, other healthcare professionals and commissioners.

If you work with people with aphasia and/or have done so in the past five years, I would be very grateful if you could complete the survey (https://www.survey.bris.ac.uk/portsmouth/aphasia). Please contact me directly if you have any questions or comments.

Lynn Dangerfield, SLT, Solent NHS Trust/University of Portsmouth. Email: Lynn.dangerfield@nhs.net

A quantum jump for SLTs?

With reference to the feature article by David Amos ('Generating additional activity through marketing', Bulletin, January 2015). He makes a number of valid points and I feel is endeavouring to support services to navigate some potentially very tricky waters.

However, I find the timing to be at odds with the present position of both RCSLT workstreams and the fluidity of the provider landscape. The feature is a quantum jump: these simple statements are the end-point of an enormous amount of work, skill-set acquisition and time to make the changes.

The RCSLT is currently reviewing 'Working in Harmony'. That debate includes the validity (necessity) of widening the working group remit to encompass the strategic issues involved in NHS services entering the competitive market place in the way described.

Services are at different stages along the journey, yet there are common themes that cause concern. Some SLTs report feeling ill-equipped and poorly guided to make business decisions, some question the ethics of working for the NHS (free at the point of delivery) and also being part of delivering a service for which a fee is charged. Others have concerns about the sustainability of a traded service delivered by staff on permanent contracts.

The RCSLT has always been visionary. There is huge potential here to take the initiative to support the membership by undertaking strategic environmental scanning, researching current models and providing a practical framework for best practice in this area. Only then will we be ready for the advice offered in this feature.

Diana McQueen, Independent SLT, Director Soundswell Ltd. Specialist Adviser Care Quality Commission

News

QUICK LOOK DATES »

06 MAR European Day of Speech and Language Therapy

26 MAR Building a business case for adult services webinar

30 MAR Deadline to register for the 2015 UK Parkinson's Audit

Join us on our journey of co-creation

Take part in our major collaborative project to replace Communicating Quality 3

The RCSLT is very excited to announce that we are embarking on a journey to co-create with our members the successor to Communicating Quality 3 – a set of standards and resources to support SLTs to deliver a high-quality service that integrates the Health and Care Professions Council (HCPC) standards of conduct, performance and ethics.

As you may know, the HCPC is in the process of reviewing its standards of conduct, performance and ethics. Our project aims to engage with and harness the collective intelligence of the speech and language therapy community in order to:

- Provide guidance that describes the HCPC standards in the context of the profession.
- Co-create a set of resources to support and empower speech and language therapy practitioners to adhere to the HCPC standards; provide high-quality services; and measure and evidence adherence to the standards.

We recognise that it is not up to us to decide what works best and what is relevant to you, so we want to give every RCSLT member the opportunity to contribute to this important conversation.

To gather your views and ideas without imposing additional burden on your time, we are planning to run two online workshops where you will be able to share your views anywhere, anytime, from any internet connected device. What's more, we will anonymise all your contributions to ensure ideas are judged based purely on their merit.

To our knowledge, this is the first time a professional body has used such a methodology. We are very excited to use this innovative approach and hope you will get involved when we kick off the first online workshop in April.

In addition to the online engagement, we will be holding a series of events based in RCSLT Hubs, each of which will conduct a deep dive into one area of the new HCPC standards. If you would like to attend your local event, please save the week beginning 20 April in your diary. We will share more information on these soon.

Your expertise is essential to shaping the outcomes of this important project and we look forward to learning from your valuable contributions.

◎ Visit: http://tinyurl.com/q38468j

NEWS IN BRIEF

SLTs are more likely than most to file a car insurance claim, according to financial services comparison website GoCompare.com. The profession comes in at number eight in the top 10 insurance claimants by profession, behind GPs at number one and hospital consultants at number two. According to GoCompare's research, 23.2% of SLTs have made a claim within the past three years.

myHCPC is a new app delivering the latest information, guidance and news updates from the Health and Care Professions Council straight to your mobile device. Created for HCPC registrants, students and prospective registrants, the app's key features include mobile-friendly access to HCPC standards, guidance on HCPC registration, plus the latest social media content. Find out more, search #myHCPC via Twitter and Facebook.
◎ Visit: http://youtu.be/SwUKgr6EZdI

Acquired neurological communication disorders are the theme of this year's European Day of Speech and Language Therapy on 6 March. The day is the perfect opportunity to refresh your local Giving Voice messages and activities. So, take this opportunity to spread the message about the importance of speech and language therapy. Visit: http://tinyurl.com/jwqm45a
◎ Twitter: #EuropeanDaySLT2015

Sad news: Gill Stuffins died in December 2014 after a long illness. Gill will be remembered for her work in the West Midlands area, particularly at the Dudley service where she spent 34 years. She was also an active member of the RCSLT retirement network and until recently was the editor of the network newsletter. The Bulletin will publish an obituary to Gill later in the year.

News

TWEET TALK »

RCSLT @RCSLT
Health Minister @drdanpoulter spoke about the role SLTs play in delivering better care in the community http://tinyurl.com/qzl9dal

SAGE Nursing @SAGENursing
RT @DementiaJournal: How speech & language therapists can help people with #dementia: http://givingvoiceuk.org/dementia/ @RCSLT

Giving Voice to Stoke-on-Trent's children

On 29 January, the RCSLT hosted an event to celebrate the continued success of Stoke Speaks Out, a ground-breaking initiative designed to tackle the high level of language delay in Stoke-on-Trent's children. Chaired by Joan Walley, MP for Stoke-on-Trent North, the event attracted an enthusiastic audience of Stoke City Councillors and staff from Stoke City Council.

Stoke Speaks Out trains and supports parents, carers, practitioners and anyone in contact with families to ensure children develop their communication skills confidently. When the initiative launched in 2004, as many as 64% of children starting nursery at three years of age had delayed speech and language skills. By 2010, this had fallen to 39%.

'Giving Voice to Stoke-on-Trent' acknowledged the impact Stoke Speaks Out has had in improving the lives of local children. There was also a discussion about how children can continue to benefit from Stoke Speaks Out and how the model can inform national policy and priorities.

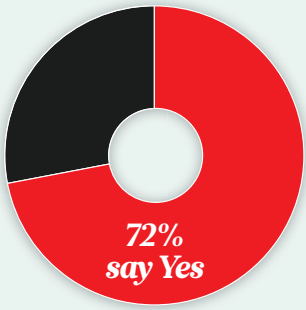
"I was delighted to chair the 'Giving Voice to Stoke-on-Trent' seminar," said Joan. "I am grateful to the RCSLT for facilitating a discussion of how, at a challenging time, we can best work together to see how Stoke Speaks Out can be safeguarded and local children can continue to benefit from it."

Councillor Shaun Pender, Stoke-on-Trent City Council cabinet member for education, added, "Receiving support from the RCSLT to showcase Stoke Speaks Out has a huge significance for our city. We are immensely proud that our work is ground breaking and is able to improve the lives of both our local children and other children across the country in similar circumstances."

From left: Joan Walley MP; Stoke-on-Trent City Council leader Councillor Mohammed Pervez; Leader of Stoke Speaks Out Janet Cooper; and RCSLT CEO Kamini Gadhok MBE

RCSLT Web Poll
Have your say…

Is the increasing use of smartphones and tablets hampering children's speech and social skills?



VISIT: WWW.RCSLT.ORG

Communication needs of people with a hearing loss

The communication needs of people with a hearing loss in the UK are becoming more varied, according to new research by national charities The Ear Foundation and Signature.

Researchers obtained responses from 153 users – representing a range of ages, age at onset, educational backgrounds and communication needs – and 137 providers of communication support – representing a range of those working in differing areas, including education, health and court work.

Providers of communication support said the needs of people with a hearing loss are more diverse than in the past and forecast them to become more so. The main reasons given are increases in the use of cochlear implants and an increasing number of people living in the UK whose main language is not English.

Sue Archbold, chief executive of The Ear Foundation, said, "This diversity of need results in changing roles and responsibilities for providers of communication and language support, particularly in education. They will need to consider how they deliver their services to take advantage of this diversity, which is only set to increase, and think about their changing training needs."

◎ Visit: www.earfoundation.org.uk/news/articles/454

CREDIT: MEPICS PHOTOGRAPHY

Tom Griffiths @TG_AT
Very interesting morning representing @Comm_Matters at @RCSLT - discussing joint working btw the college and user-focused groups

Kamini Gadhok @KGadhok
#labnhsplan recognition of SLT for children and need to move away from silo commissioning @andyburnhammp

The role of cohort data

'Born talking' is an Economic and Social Research Council (ESRC)-funded seminar series about using birth cohort data to address questions about speech, language and communication. I attended the first Born Talking event, in London on 15 January.

The audience learned about the large number of birth cohort datasets available, the value of studies of this kind to speech and language, and about how researchers and clinicians might access these datasets. There was also opportunity to engage with other professionals, particularly those with vast experience in birth cohort studies.

The University of East Anglia's Dr Jan McAllister began the day with an overview of the project. She reminded us of the value of birth cohort studies, particularly in speech and language, where samples traditionally tend to be clinical and relatively small.

The ESRC's senior policy manager, Bridget Taylor, introduced the Cohorts and Longitudinal Studies Enhancement Resource (CLOSER) – an excellent initiative launched by the ESRC Medical Research Council. This provides a single tool to enable researchers to explore a consortium of nine cohort studies. We also learned about many other support and opportunities that the ESRC offers.

The UK Data Service's senior training and support officer, Hershbinder Mann, drew our attention to a valuable resource called Nesstar – a tool that allows anyone who registers to download a wide range of survey data incorporating key datasets.

The Communication Trust Professional Director Wendy Lee provided an overview of the speech, language and communication needs landscape. She discussed the positive changes in services and existing examples of good practice, while emphasising the many remaining challenges and the important role birth cohort studies can play in addressing these challenges.

Better Communication CIC Director Marie Gascoigne looked at the complex issues involved in using data to identify need and support allocation of resources, using case studies to highlight the need for more sophisticated ways of looking at real time and population data.

The day ended with discussion regarding the direction and routes forward for the Born Talking series. The Born Talking team hopes to see the involvement of more stakeholders to maximise the benefits gained from cohorts' valuable data sets.

Lydia Morgan, Bristol Speech and Language Therapy Research Unit

◎ Visit: http://borntalking.org

MARIA LUSCOMBE & KAMINI GADHOK

IT'S TIME TO TALK STANDARDS

During 2015, the Health and Care Professions Council (HCPC) will review its standards for performance and ethics. The RCSLT has taken this opportunity to look at how we link this work to the update of the content of Communicating Quality 3 (CQ3), the guidance on best practice in service organisation and provision that we published in 2006.

As many of you will know, CQ3 includes not only professional and service standards, but also aspects of clinical practice and other information of benefit to the profession.

A steering group, chaired by the chair of the RCSLT Board of Trustees, has been meeting regularly to discuss how to take this potentially complex piece of work forward. We have also engaged with speech and language therapy managers and leaders to ascertain their valuable views.

"Our aim is to produce a set of resources to support and empower SLTs to adhere to HCPC standards"

Our aim is to provide guidance that describes the HCPC standards in the context of the speech and language therapy profession, and produce a set of resources to support and empower SLTs to adhere to HCPC standards and provide high-quality services.

We have come to an interesting point in the project where we aim to focus on the professional standards content of CQ3. We hope that as many RCSLT members as possible will engage in the exciting approach we have outlined on page 5 of this issue of Bulletin.

The opportunity to engage will not only allow us to support members to recognise what it means to meet the standards of performance and ethics set by the HCPC, but will also identify any specific standards we should set as a professional body. It will also enable us to consult with you on the draft HCPC standards. We look forward to receiving your contributions. ■

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

News

FAST FACTS »

8,173 articles downloaded in 2014 from the RCSLT Journals Collection

100 registered intermediaries required by Ministry of Justice recruitment drive

Delicious dysphagia diets on the menu

Website aims to raise awareness of the importance of good food in rehabilitation

The website and charity, Eating with Dignity (EwD), has teamed up with River Cottage to work with local care homes, hospitals, carers and chefs/cooks involved in the provision of meals to those who are vulnerable or have poor access to tasty nutritious food.

Devon GP Dr Joe Kent and Community SLT Sue Renyard founded EwD in 2012 to educate people about the importance of food for staying well, maintaining health and enjoyment of life. They hope to raise awareness of the importance of good food in rehabilitation and care settings by offering a choice of recipes, some suitable for modified diets.

Joe says, "Through our website we strive to allow all patients and their carers access to something simple; absolutely fundamental to their existence, but too often overlooked – good food."

Left to right: Chris Griffin (River Cottage Head of Education), Dr Joe Kent, Sue Renyard and Rowena Moore-Jones (care home manager)

Sue adds, "Taste can be lacking in dysphagia diets, when the focus is on consistency, paramount for safety. Progressive or sudden unwanted changes sadly happen to the swallow function and it is our aim to support clients with dysphagia and their carers."

Head and neck dietitian Marie-Clare Oliver says, "There can be so many different issues around food and nutrition to try and deal with when somebody is ill. This charity is doing a wonderful job of trying to help with all of these issues, but also to make foods not only nutritious but tasty too. As a dietitian, I am delighted to be a part of this alongside doctors, SLTs and, very importantly, chefs."

EwD has teamed up with River Cottage, who have a shared desire to increase the use of sustainable, seasonal and local ingredients. The River Cottage team has also provided cookery training for carers through its River Cottage Chef's School.

◎ Visit: www.eatingwithdignity.org. Follow: @eatwithdignity

The RCSLT prize draw
Win a book…

Bulletin readers can win one of two copies of 'The Possibilities are Endless' DVD. Email your name, address and membership number to prizedraw@rcslt.org and put 'March draw' in the subject line. **Entries close 16 March.** *January's winner was Trudi Cook from Swansea.*

Dementia education initiative wins NI recognition

Congratulations go to Belfast Trust Dementia Care SLT Ruth Sedgewick, runner up in the Dementia Education Initiative category of the 2014 Northern Ireland Dementia Achievements Awards.

One of the judges, Age NI Chief Executive Linda Robinson, presented seven awards in Belfast on 4 February. These included Dementia Friendly Community Initiative, Dementia and the Arts, Family Carer of the Year, Staff Team of the Year and Dementia Design Project of the Year.

Ruth (pictured left with Linda) is lead author of the Public Health Agency guidance, 'Communicating effectively with a person living with dementia'. This aims to provide a general overview of the potential communication difficulties a person living with a dementia may experience and guidance on how to communicate more effectively with people with dementia.

Speaking at the launch of the guidance in November 2014, Ruth said, "People with dementia who find themselves requiring full-time care are already at a disadvantage as they have no voice and are therefore not included in decisions about their life and care. I believe SLTs have a significant role to play in advocating and helping these people to find their voice."

◎ Visit: http://tinyurl.com/qj6wvnd to read 'Communicating effectively with a person living with dementia'

8
the position of SLTs in the top 10 insurance claimants by profession

19%
increase in SLT student places in Wales next year

MoJ wants more RIs

Claire Moser finds out more from Ministry of Justice Criminal Justice Group Policy Manager Nick Peel

What are registered intermediaries? Registered intermediaries (RIs) enable vulnerable victims and witnesses to give complete coherent and accurate evidence by ensuring they understand the questions put to them and enabling them to give their best evidence in criminal investigations and at trial. In some cases, an RI will be the difference between a witness being able to testify or not.

Who do they work with? Registered intermediaries work with children under 18 and individuals with mental health issues, learning or physical disability. Legislation in 2009 extended the intermediary special measure to eligible defendants; however, this has yet to be implemented.

Who can be an RI? Registered intermediaries come from a wide background of professional occupations, including speech and language therapy, social work and the mental health professions. They bring skills and experience gained in these roles to their work as RIs.

How do I apply? The Ministry of Justice is aiming to recruit up to 100 RIs through a campaign

that is due to start in March/April 2015. Applications are particularly welcome from men, who are currently under-represented, and from those with skills in communicating with adults with complex mental health problems. There are also specific geographical gaps for RIs for Northumbria, Cumbria, Durham and Cleveland; Thames Valley and London; and North Wales, Dyfed-Powys, South Wales and Gwent.

◎ Find out more. Visit: http://tinyurl.com/lnpuol6. Email: Nick.Peel@justice.gsi.gov.uk to register your interest

Build your business case

'Building a business case for adult services' is the topic of the next RCSLT webinar, which will take place on Thursday, 26 March between 1pm and 1.45pm.

Chaired by RCSLT Chief Executive Kamini Gadhok MBE, the session will enable participants to familiarise themselves with the language of clinical business; learn about key data sources and how to apply these when planning their service; acquire an understanding of job planning; and learn how to evaluate the skill mix.

The webinar will also give participants an appreciation of the need to link aims to required outcomes and make them more aware of the importance of marketing for their service.

◎ Visit: www.tinyurl.com/BCadults to register to join the webinar

ALAMY

Derek Munn

COLUMN

UNTIL THE SINGER SINGS

Culture change takes a long time. When we set out to shift the political narrative from an easy focus on doctors and nurses to recognition of the whole health workforce, we knew it would not be an overnight job. However, a couple of important statements in the past month have been encouraging.

First, Shadow Secretary of State for Health Andy Burnham launched Labour's 10-year plan for the NHS. In his speech, he had this to say about developing access routes into the health professions:

"If you want to help build this new NHS and devote yourself to it, we will give you a ladder into it – not just to become a nurse or midwife but any of the disciplines that Whole Person Care will need in much greater supply: physios, OTs, speech and language therapists, mental health nurses, dietitians, therapists and counsellors."

"Mentions in speeches are neither policy commitments nor money in the bank, but we are on our way"

He went further when talking of the barriers to integration, speaking of, "silos in commissioning, where people argue about who should pay for the speech and language therapy while all the while the child slips behind".

Following our recent meetings with him and other Labour figures, this is good progress.

Meanwhile, Health Minister Dan Poulter, in a debate on GP services, chose to say the following in response:

"We have been talking about GPs today, but delivering better care in the community is also about nurses, physiotherapists, occupational therapists, pharmacists, speech and language therapists and the many other healthcare professionals who play a part in delivering high-quality care to patients in general practices and in the community every day through our NHS."

Of course, mentions in speeches are neither policy commitments nor money in the bank, but we hope we are on our way.

Finally, I mentioned last month the welcome increase of almost 4% in SLT student places in England next year. Not to be outdone, the Welsh Government has just announced a whopping 19% increase in SLT student places in Wales next year. Newyddion da. ■

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

News

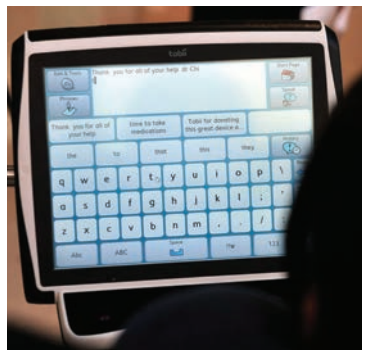
NEWS IN BRIEF

Condemned to silence?

People with motor neurone disease (MND) who have communication difficulties are not receiving the services they need, according to a new report from the All Party Parliamentary Group on MND.

'Condemned to Silence: Inquiry into access to communication support for people with MND' publishes the findings of an inquiry chaired by Madeleine Moon MP in autumn 2014, which attracted more than 1,700 submissions of evidence from across the UK. Rich in individual comments, the report says that although there are pockets of excellence, there are also areas where services are letting people down.

In relation to speech and language therapy the report comments, "Perhaps inevitably, evidence from people with MND focused on negative experiences of speech and language therapy, with more positive aspects perhaps left unspoken."



Speech and language therapy-related themes in individuals' responses include SLTs who are not expert in augmentative and alternative communication; those who cannot navigate the system to secure the support a person needs; and examples of where there is a focus on swallowing problems at the expense of communication.

◎ Read the full report: http://tinyurl.com/pdjuvdj

National strategy needed for children with cerebral palsy

Earlier diagnosis and intervention can improve the potential of children with cerebral palsy and reduce dependence on the state, according to the report of a parliamentary inquiry published on 27 January.

Led by Action Cerebral Palsy and supported by Paul Maynard MP, the inquiry aimed to identify the policy changes needed to help children with cerebral palsy achieve their full potential. The inquiry found that although cerebral palsy is the most common form of childhood disability in the UK, affecting 30,000 children, there is a lack of understanding of its effects among health generalists and educationalists.

The report comments that earlier diagnosis and intervention, and the resulting improved outcomes, are crucial for the child and the wider society; localism is often the enemy of consistent good practice; and families continue to struggle to gain appropriate levels of support and spend unnecessary time in the courts fighting for the right provision for their child at considerable expense to themselves and local authorities.

The inquiry's main recommendation is for the establishment of a multidisciplinary taskforce to develop a national strategy for children and young people with cerebral palsy. It also calls for nationally-agreed protocols around earlier diagnosis and intervention, improved awareness and training for health and education professionals, improved signposting and support for families, and greater funding for research into cerebral palsy to improve outcomes.

◎ Visit: www.actioncp.org; Facebook: www.facebook.com/actioncerebralpalsy; Twitter: @action_cp

HCPC seeks new chair of council

The Health and Care Professions Council (HCPC) is looking to recruit a new chair to its council. The successful candidate will chair and lead the HCPC Council and contribute to the strategic direction of the organisation as well as encouraging accountability to the public and the professions on the HCPC Register. The role also acts as the primary ambassador for the HCPC representing the interests of statutory regulation to outside bodies and the organisation at conferences, meetings and other events. Potential candidates will have experience of providing strong leadership and will be able to uphold the HCPC's principles of transparency and accountability. Potential candidates applying for the role must either be on the HCPC Register or be an existing council member. Closing date 23 March.

◎ Visit: www.hcpc-uk.org/aboutus/recruitment/council

Take part in the 2015 UK Parkinson's audit

Registration is now open for the new and improved 2015 UK Parkinson's Audit, the recognised quality improvement tool in the field of Parkinson's disease. The audit is listed in the Healthcare Quality Improvement Programme Quality Accounts, and is open to SLTs who provide services to people with Parkinson's, as well as medical specialists, physiotherapists and occupational therapists. It forms an integral part of the new Parkinson's Excellence Network, "the one-stop-shop for Parkinson's education, collaboration, evidence and resources to drive forward service improvement". For the first time, the audit includes a patient reported experience measure, so that the voice of the person living with Parkinson's can be heard through this process. Deadline for registration, 30 March 2015, with data collection running from 30 April to 30 September 2015.

◎ Visit: www.parkinsons.org.uk/audit or email: pdaudit@parkinsons.org.uk

Website targets language for life

A new Nottinghamshire website aims to provide parents and staff with advice about how they can support children with their speech, language and communication development. Developed by SLTs from Nottinghamshire Children and Families Partnership – consisting of Nottinghamshire Healthcare, Family Action and North Notts College – the site is part of the county's 'Language for Life' strategy. The online resource offers parents simple ways to help their children learn to listen and to talk, as well as providing information about the communication skills their children can achieve at different ages. The practitioner zone also provides a wealth of resources, tips and training information for all those who work with children.

◎ Visit: www.nottslanguageforlife.co.uk

GETTY IMAGES

Melanie Cross

Opinion

Melanie Cross says SLTs should be using video interaction guidance

VIG: A powerful tool

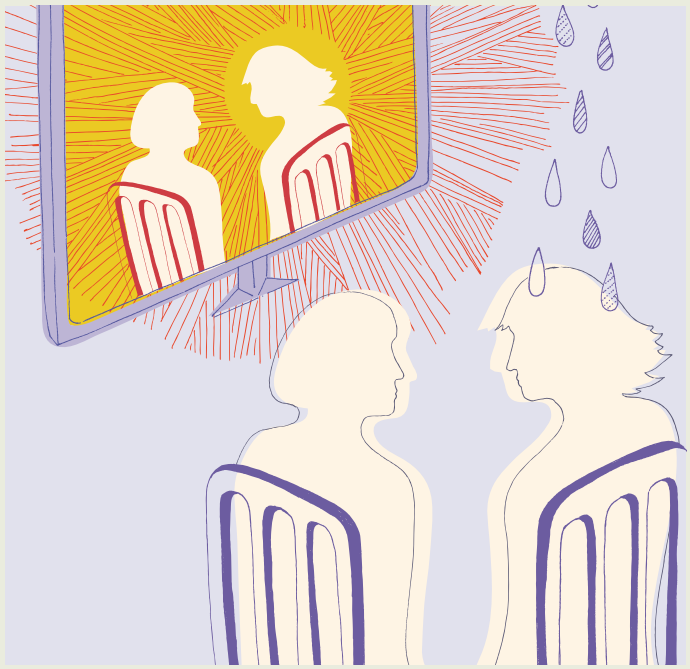


ILLUSTRATION **Trina Dalziel**

Video interaction guidance (VIG) is a well-evidenced, cost-effective method of improving relationships and communication in any setting. It considers micro moments of success in order to empower participants. A short video captures an interaction and a trained VIG guider edits the video to find examples of attuned interactions. This focus on positives (in the video) is crucial because it enhances learning and creativity (Siegel, 2011). It is particularly important when those involved are struggling to interact in an effective way or, as James, et al (2013) say, "when feelings of failure or weakness are most prominent".

Video interaction guidance offers opportunities to look at what we actually do, not what we say or think we do. In doing so, it enhances reflectiveness. Video enhanced reflection on practise (VERP) uses the principles of VIG for professional development and has proved useful for inter-agency working (Forsyth, 2014), teaching and lecturing (Cave et al, 2011) and for those working with people who have complex communication needs (Kennedy et al, in press).

> *"Video interaction guidance offers opportunities to look at what we actually do"*

The National Institute for Health and Care Excellence guidelines for social and emotional wellbeing, attachment and autism recommend the use of VIG (NICE Guidelines; PH40-2012, Children's attachment final scope-2013 and 170-2013.)

Video interaction guidance increases the confidence of support staff in dealing with challenging behaviour (Shaw and Martland, 2014). In this client group, it can also impact on language development. Brown and Kennedy's (2011) outcomes included an increase in children's ability to use linking statements to connect their ideas. There is also evidence that VIG helps adults increase behaviours that are likely to help children develop language and literacy skills (Ferguson et al, 2014). Furthermore, VIG has been used in the context of children with hearing impairment and with SLT students (James et al, 2013 (2)). There is also evidence that VIG can have a positive impact on verbal comprehension (Kennedy, 2001).

Speech and language therapists and educational psychologists have worked together using VIG to develop an effective early language intervention (Anderson et al, 2014) and research is underway to consider the effect VIG has on language outcomes.

Therefore, VIG is potentially a very powerful tool for SLTs and their clients. For more information visit: www.videointeractionguidance.net ■

Melanie Cross, Consultant SLT, RCSLT Adviser on Child Mental Health, Visiting Clinical Tutor. Email: melanie@melaniecross.co.uk

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The New RCSLT Dysphagia Training and Competency Framework

Sophie MacKenzie, Debbie Begen and Hannah Crawford look at developments in assessing and recording dysphagia safety and competence

ILLUSTRATIONS BY **Sam Chivers**

Dysphagia is now a well-established and important component of the SLT's role, particularly in the areas of adult neurological conditions, head and neck cancer, learning disability and paediatric special needs.

Earlier university pre-registration programmes dedicated little time to dysphagia and when newly-qualified practitioners (NQPs) applied for jobs where dysphagia knowledge and skills were required, they invariably went on short post-registration dysphagia training courses to obtain these. The RCSLT recognised that SLTs needed to graduate as well versed in dysphagia as they were in other aetiologies and in 1999 produced its 'Recommendations for pre- and post-registration dysphagia education and training'.

The remit of the SLT has grown and developed, as have university curricula. Students now receive a high level of dysphagia theory at undergraduate, postgraduate diploma and master's levels. Many placement educators, too, provide stimulating settings in which students can cultivate their clinical skills safely in a supportive environment and begin to synthesise dysphagia theory with practice.

New curriculum guidelines

In 2014, the RCSLT felt the profession needed to revisit how new SLTs learn about dysphagia and how we record competency. A working party, comprising SLT dysphagia practitioners, managers and university tutors, updated the curriculum guidelines to standardise the teaching of the theory of swallowing. It also created the 'Dysphagia Competency Framework' – a tool student SLTs would receive on day one of their training that they would add to throughout their career. The working party chose the 'Interprofessional Dysphagia Framework' (IDF) (Boaden et al, 2006) as a basis for this work. Although multi-professional in design, the IDF could be adapted for this uni-disciplinary enterprise.

The new curriculum guidelines will ensure all universities teach the same dysphagia theory. The aim is for all students to leave their pre-registration course with a theoretical knowledge of dysphagia at the level of specialist on the IDF, although their level of clinical competence will obviously vary, depending on the amount of hands-on dysphagia work experienced on placement. Some students attend placements where dysphagia is not a key component; others may attend a service that does not encourage students to practise their dysphagia skills. It is imperative that the profession is committed to giving student SLTs the maximum, optimal opportunities for clinical dysphagia management, »

Using the RCSLT Dysphagia Training and Competency Framework

Natasha graduated from the University of Sheffield in 2013. During the course, she attended an additional placement at the Northern General Hospital focusing on dysphagia. Having secured her first post with an adult service, Natasha started using the dysphagia competency framework.

Within three months, she was confident enough to work independently, with regular supervision, completing lunch assessments and patient reviews, where patients had already been assessed by a senior colleague. She also provided basic advice about diet modification to clients in their own homes.

By six months, Natasha was able to complete a swallow screening protocol independently with patients on the stroke unit. Currently, Natasha is completing full swallowing assessments on acute patients who are nil by mouth, under supervision, and is working towards completing Level C, which will include completion of a case study, before she is able to work independently with these patients.

Natasha says, "The dysphagia competency framework provided a structured format to continue to build my clinical skills. I was able to contribute to the dysphagia clinical caseload very soon after starting my first post, but my competency level and lines of supervision were clearly documented."

Natasha's supervisor adds, "We have used the dysphagia competency framework to develop an in-service programme, which is specific to our caseload. The graduate therapists gradually build up their clinical skills and confidence so that moving to more complex assessments becomes a natural progression."

The new competency framework

A robust method of recording clinical dysphagia experience and competence

–

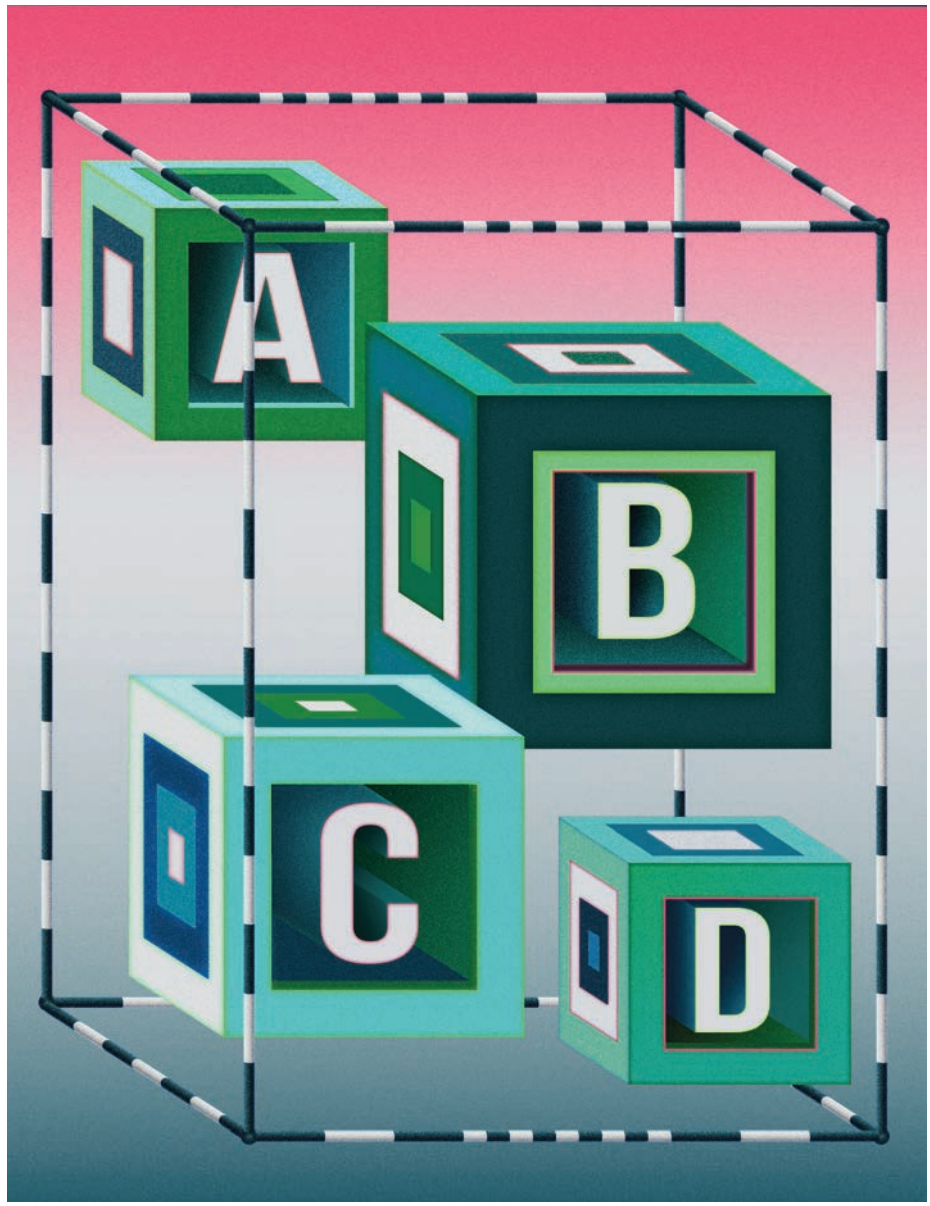
A national standardised way of assessing SLTs' safety and competence

–

Four competency levels (A, B, C and D)

–

A portable document to follow the practitioner from student through to consultant



within a safe and supportive environment. We hope higher education institutes will be in a position to include all the elements of the new curriculum guidelines within their pre-registration dysphagia training by September 2015.

How to use the framework

The new competency framework is a comprehensive and robust method of recording clinical dysphagia experience and competence. Prior to qualifying and during their career, individuals are encouraged to use the framework to log their developing clinical skills and competence in dysphagia, and to structure their supervision sessions.

As with the competency framework for NQPs, supervisors will sign off the dysphagia competencies once supervisees have supplied the evidence for the competencies and discussed them at supervision. Evidence may take the form of indepth discussion of a topic, written or spoken case studies etc. The document includes guidance and examples of types of evidence to consider.

The four competency levels (A, B, C and D) avoid the possible confusion of descriptive labels. For example, it is possible to be a Band 7 highly-specialist SLT, who in terms of dysphagia is functioning at level B. Similarly, a Band 6 practitioner who has been in a role where dysphagia has been prominent and who has met many of the competencies may be functioning at level C.

The document aims to follow the practitioner from student through to novice, specialist and consultant. Newly-qualified NQPs applying for their first jobs will be able to take the competency framework with them to interview and initial supervision sessions, where managers will be able to ascertain their level of clinical competency. The curriculum guidelines will also reassure managers that NQPs have reached a minimum level of theoretical knowledge. Individuals will be able to take the document with them as their career progresses, to show the competencies met in their various clinical roles.

A national document

We hope that as a national document, employing managers will find this a useful and standardised way of assessing SLTs' safety and competence, as well as for planning support, supervision and further training. Managers can then make decisions about an individual's level of competence. Of course, it will be their decision about what further training may be necessary – identified via the supervision process, using the competency framework as a guide. Managers may want to introduce or develop in-house dysphagia development schemes, or may decide that a formal, post-registration course is merited.

We valued feedback from clinicians, managers and universities during the consultation on the document draft and hope the framework will be a useful and user-friendly addition to the profession's policies and procedures. ■

Sophie Mackenzie, Programme Director of the PGDip Speech and Language Therapy, University of Greenwich and Canterbury Christ Church University; Debbie Begent, Adult Speech and Language Therapy Service Manager Buckinghamshire Healthcare NHS Trust; Hannah Crawford, Consultant SLT, Tees, Esk and Wear Valleys NHS Foundation Trust

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The RCSLT will review the framework in 2017. If you have any comments before then, contact RCSLT Project Coordinator Caroline Wright. Email: caroline.wright@rcslt.org

Visit: http://tinyurl.com/n6qkg83 for more information

A specialism in enabling

Rebecca Joseph and Denise Ainsworth say there are effective alternatives to the model of ongoing regular therapy sessions

ILLUSTRATION BY **James Boast**

We read with interest Gina Davies' article ('Making therapy meaningful', Bulletin, November 2014, page 11), which noted the growth of the consultancy model of therapy for children with autism and questioned its effectiveness. We want to share our service's recent and positive experience of using this model to support pre-school children with special needs (including those with autism) and their families.

In the past, we had long waiting lists and inconsistency in management approach between SLTs within the service and variable collaborative work with other autism spectrum disorder-specific agencies. The ongoing therapy sessions offered were sometimes not correctly paced for the child or family to absorb the strategies suggested and the practice of ad hoc reviews disregarded individual factors, such as progress, timeliness, individual need and health and family circumstances. This often resulted in parents feeling undervalued as a partner in intervention and the therapist querying the effectiveness of the input.

In 2010, the whole service underwent a clinical redesign due to changes in local authority funding. This exposed the extent of demand for speech and language therapy services across Birmingham and led to a new way of working with the caseload for pre-school children with additional needs. We have now been running our 'Problem-Solve' model for nearly two years. It is still evolving as we strive for best practice to support these families within our clinical commissioning group-commissioned service's remit.

The 'Problem-Solve' model

For pre-school children with speech and language difficulties in the context of wider developmental issues, we offer a first appointment at home within 18 weeks of referral. At the home visit, the SLT provides advice and strategies to the parents by demonstrating activities and modelling approaches. The SLT tailors the session to suit individual parent's knowledge and skills so they can work on the primary presenting communication needs of their child at that time. A follow up visit takes place four to six weeks later at the child's home or in the educational or day care setting, ideally with other professionals involved in supporting the family. At this visit, we clarify targets, parents discuss their experiences with initial implementation and additional recommendations are finely tuned to suit the family. Parents and support staff receive a report summarising the child's current communication development needs, clearly explaining their role in supporting them to reach the next step.

We discharge the child after two to three visits, once the family and setting staff are sufficiently enabled and equipped to implement and generalise the speech and language therapy recommendations. We also provide clear 'triggers' to indicate when the family should contact us again, when families feel ready to take on new strategies or if they need further help to implement advice previously given. Parents call a central number and a therapist contacts the family to discuss their needs and advise. If a visit is appropriate, we aim to see the child within six to eight weeks. The responsibility is for the parents to contact us again; a new referral is not necessary.

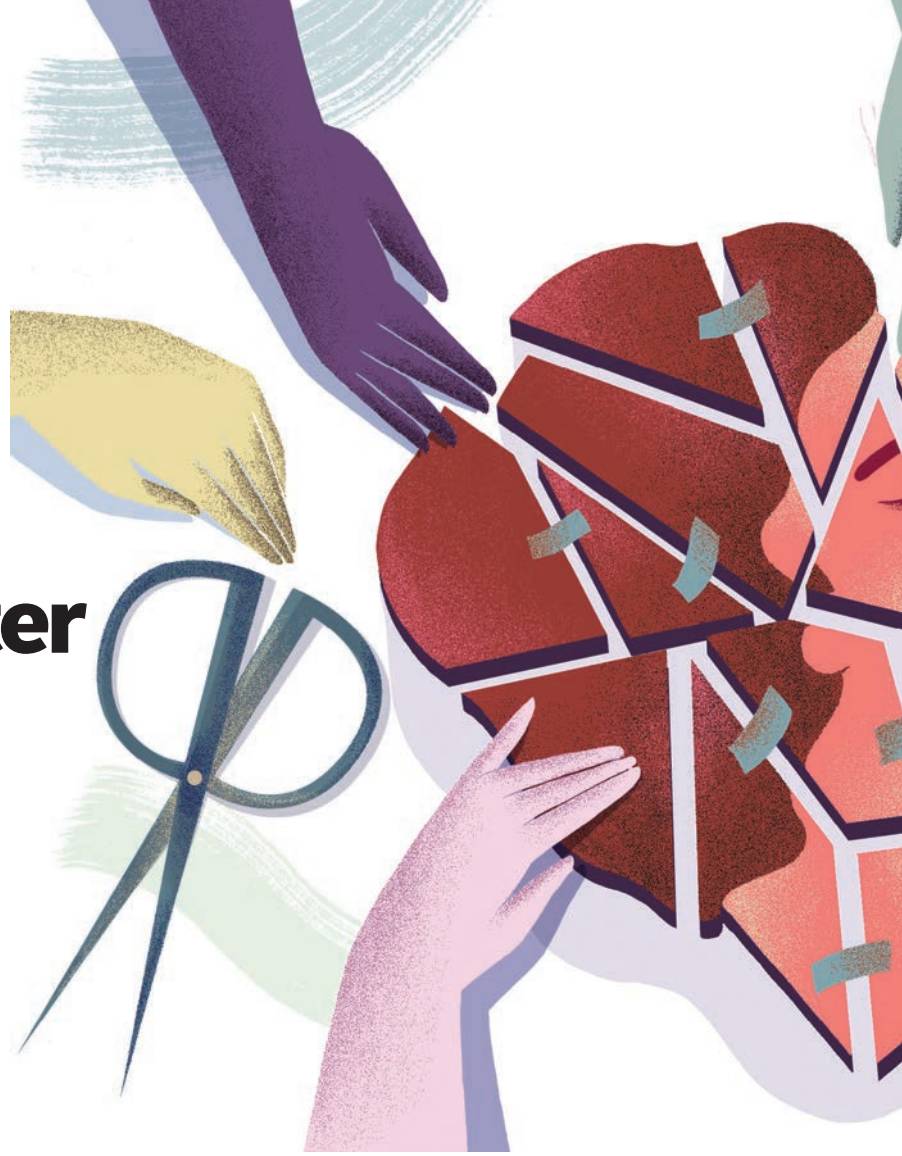
Parents are helped to understand that as their child has long-term communication issues, speech and language therapy may need to be involved throughout childhood and will 'dip in and out' at their request, as a 'value-added' service, providing communication-specific guidance over and above the specialisms of other services provided by the wider children's workforce.

Feedback from parents and colleagues across agencies has been positive. Parents take ownership of when their next SLT appointment occurs. This signals readiness for more guidance and creates a real feeling of valued partnership and empowerment within their child's communication journey. This model is of course not without its flaws, but we continue to work on ways to ensure all families and settings understand when to initiate contact in order to re-access the service.

This style of approach should not be viewed as a 'cheap panacea' for all needs, neither is it a diluted service provision that is purely commissioner driven. Our feedback from stakeholders is that this approach is responsive to individual need and leads to meaningful outcomes for the child and their family.

We would agree with Gina that our profession has the expertise and training to develop skills, but feel there are effective alternatives to the model of ongoing regular therapy sessions for some client groups and propose the clinical value of skilled work in enabling others. ■

Rebecca Joseph and Denise Ainsworth, SLTs, Birmingham Community HealthCare NHS Trust. Email: Denise.Ainsworth@bhamcommunity.nhs.uk



Community integration after brain injury

Naomi Saul evaluates the impact on community integration outcomes following brain injury

ILLUSTRATION BY **Marina Muun**

In 2011, I embarked on an MSc in Brain Injury Rehabilitation at the University of Birmingham. The part-time programme involves completing six modules over two years and culminates in a research project. This offered the opportunity to investigate a topic I felt was pertinent to my clients from a speech and language perspective.

In my current role, as specialist SLT within an NHS interdisciplinary community brain injury rehabilitation service, the primary aim is to enable our clients to maximise their community integration outcomes. McColl (1998) describes three common principles of community integration; namely relationships with others, independence in one's living situation and participation in meaningful activities. As an important measure of participation, successful community integration after brain injury is vital.

A proportion of the individuals we work with present with cognitive communication disorder (CCD) following brain injury (Hagen, 1984). This refers to the problems that stem from the relationship between commonly occurring cognitive difficulties following traumatic brain injury and their effect on language processing, language use and communication behaviour. Individuals typically set goals that focus on returning to pre-injury roles within the workplace, social settings or within the family. From experience, I have identified that those who present with CCD often struggle with resuming and maintaining relationships. Similarly, the challenge of CCD produces a barrier for some in their attempts to return to work, particularly where their work roles place high demand on both oral and written communication.

I hypothesised that individuals with a diagnosis of CCD following a moderate or severe brain injury do less well in terms of community integration outcomes when compared to those without CCD. Specifically, I proposed that individuals with CCD achieve less favourable outcomes for return to work and relationships when compared to living skills outcomes, such as the degree of support needed to carry out activities of daily living.

Previous research

Previous research has focused mainly on injury severity, length of acute care, period of post-traumatic amnesia and functional disability (Doig et al, 2001). Kim (2011) found older men, low levels of education, low Glasgow Coma Scale scores at the time of injury and duration of coma are all indictors of poor outcome. Return-to-work studies suggest pre-injury unemployment and employment category to be influential (Walker et al, 2006; Felingham et al, 2001). Other studies conclude that cognitive and behavioural difficulties after brain injury

Table one: T-test results for comparison between Groups 1 and 2

Sydney Psychosocial Reintegration Scale	Mean scores	95% confidence intervals	t-test results
Relationships	Group 1 = 12.5 Group 2 = 10.44	Lower = 0.98182 Upper = 5.42626	P value = 0.066
Work and leisure	Group 1 = 10 Group 2 = 7.77	Lower = 0.15321 Upper = 4.26422	P value = 0.160
Living skills	Group 1 = 13.86 Group 2 = 12.83	Lower = 0.86322 Upper = 3.94655	P value = 0.192
Total	Group 1 = 36.38 Group 2 = 30.78	Lower = 1.29065 Upper = 12.4851	P value = 0.104

are more predictive of negative outcome to return to work than physical impairments (Benedictus et al, 2010). There are limited studies on impact of communication changes on return to work after brain injury, despite many authors acknowledging the need. Wehman et al (1993) found needing to ask for assistance, speaking aggressively and inappropriate responses to non-verbal cues all led to problems gaining or maintaining employment.

The study

I obtained ethical approval from the North West Ethics Review Committee and my NHS trust's research and development department to approach trust clients. I initially sent an invitation to participate in the research to individuals known to the community brain injury team who met the criteria study inclusion criteria – moderate/severe acquired brain injury as an adult; living in the community, excluding care home settings; no history of drug and/or alcohol abuse; employment or in education prior to brain injury; absence of mental health diagnosis; and able to consent to being involved in the study.

The 17 participants had all received specialist brain injury rehabilitation or were currently receiving community rehabilitation. The first group of eight participants met the eligibility criteria but did not have any form of acquired communication disorder. For this group, the mean time since injury was 36 months (range, seven to 53 months). The second group of nine met the eligibility criteria and assessment by an SLT using the Measure of Cognitive Linguistic Abilities (Ellmo et al, 1995) identified existing CCD with no other communication disorder. For this group, the mean time since injury was 37.6 months (range eight to 63 months). I excluded individuals with aphasia or a significant motor speech disorder from the study because I felt it was likely they would have significantly different outcomes and this needed to be controlled.

I used the Sydney Psychosocial Reintegration Scale (SPRS) (Tate et al, 1996) to measure community integration outcomes. Carrying out the SPRS 'Change since injury' assessment – by interviewing participants and agreeing the relevant scores – revealed the impact that brain injury had on their employment, relationships and life skills. Each subsection has a score out of 16 and the scale generates a total score out of 48.

The results

When I compared the scores for Group 1 (those without CCD) and Group 2 (those with CCD) (table one), there were no statistically significant differences in relationships, work and leisure or living skills. Interestingly, when I compared scores across outcomes in those participants with CCD only, significant differences were found. Scores for living skills were higher than those for relationships ($t = -1.889$, $p=0.008$) and work and leisure ($t= -4.556$, $p=0.003$). This suggests that individuals with CCD achieve less favourable outcomes with relationships and work and leisure compared to living skills.

Relevance for clinical practice

For our service, completing this study has highlighted the value of measuring community integration. The team has trialled using the SPRS with our clients as a measure of outcome. It has also raised questions regarding how we use the CCD label, and how it relates to psychology terminology, such as social cognition.

There were a number of limitations to this study. In addition to the low number of participants, there was a discrepancy across the sample in relation to the time since injury and the stage of recovery. For example, some individuals were more recently injured and receiving community neuro-rehabilitation; while others were years post-injury and no longer receiving rehabilitation. However, the two groups did have similar mean times since injury and the ranges were comparable. The participants also presented with a wide variety of cognitive communication symptoms that ranged in severity.

It is essential that vocational rehabilitation programmes address communication demands within the job role. An interdisciplinary approach to return-to-work programmes is vital to achieve the best outcomes.

We need further studies to explore this area in more detail, specifically the outcomes for individuals with CCD within each of the three areas of community integration. Studies to explore the impact of specific features of CCD – such as the impact of verbosity, inappropriate utterances and poor topic maintenance – would also be informative. ■

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Are we meeting communication and information needs?

What do people with communication and information needs think about the proposed NHS England accessible information standards? Clare Mander reflects on an inclusive consultation process

In autumn 2014, NHS England released a consultation document, 'Making health and social care information accessible'. The proposed standards set out the expectations for health and social services to support people with communication and information needs. The aim is to ensure service users and carers receive information in the right format, with the support they need to help them communicate. All NHS organisations and organisations that provide NHS and adult social care services will have to follow the standard.

Support requirements

Within the field of accessible information (AI) the focus has been on the accessible resources themselves, yet the delivery of these resources has been somewhat neglected in both clinical and academic arenas. As SLTs, we have insight into the diverse and varied support requirements of people with communication and information needs. We know that many individuals may require one-to-one support during the delivery of information that has been both simplified and produced in an alternative format.

People with speech, language and communication needs can provide valuable insight and feedback on a range of topics, in particular AI. However, inclusive communication approaches must be utilised to fully support their participation.

Potential challenges

Within Solent NHS Trust, we wanted to provide inclusive feedback for NHS England. Our feedback was informed by consultation with service users on a one-to-one basis and a small focus group for individuals with communication and information needs. Here, we highlight some of the poignant messages they shared and provide insights into some of the potential challenges of meeting the new standards.

The standard uses terms such as 'disability', 'impairment' and 'loss', which can have disempowering effects. We were particularly interested to find out what service users thought of these terms. Many disliked the term 'disability', commenting that: "I'm not disabled; I'm the same as everyone else in the community"; "I'm not disabled, I just need some help" and "People need to be careful using the word disabled. I prefer 'special needs'. People should be treated normally".

It is important to recognise that AI is a sensitive topic for some. Research shows there is often a stigma attached to the use of AI and frontline staff may be reluctant to talk to patients and service users about their information and communication needs (Mander, 2013).

Too simplistic

The standard recommends "asking people if they have any information or communication needs". However, SLTs within Solent NHS Trust felt this was too simplistic. Many people with AI needs

ILLUSTRATION BY **Martyna Wójcik-Śmierska**

would have difficulty describing their communication and information needs. Less verbally-able service users struggled to describe their individual needs in detail and frequently were only able to comment that they "need help". As we know, some individuals with complex communication or information needs may require a specialist assessment and individualised support (van der Gaag, 1998). Once individual needs have been identified, there is frequently a training need to enable communication partners to support the individual confidentially and competently.

Another standard recommends asking the individual if they need an advocate or sign interpreter. Clinical staff felt this support needed to be broader and rephrased to find out who the best people are to help with specific information. The individual's response may vary depending on the nature of the health or social care information being delivered and should therefore be reconsidered with each significant piece of information.

One service user raised this by commenting, "Some information is private, isn't it? I wouldn't want just anyone to help me; I'd want someone I trust. There are lots of nosey people out there and I don't want everyone knowing my business."

Research highlights that there is often little consideration given to 'who' delivers the accessible resource. For example, for a complex health issue, such as cancer screening, it would be more appropriate to have a skilled professional to support someone going through the information rather than a lay person who may not have the knowledge to expand the topic and add additional information as required (Jones et al, 2007).

Once an individual's communication and information needs are identified, the standards recommend that professionals share this information with consent. One service user commented, "I'd rather tell people myself". She felt strongly that she should be supported to share information about her communication and information needs independently. An empowering model of information sharing was preferred, rather than a process that occurs between professionals. However, it was acknowledged that individuals would need support with this, for example using an AI alert card.

Pivotal role

Anecdotally, there appear to be reservations within the profession about becoming actively involved with AI at a local level. There is a notional anticipation that we will be swamped by requests to translate standard information into Easy Read resources. However, with a focus more on the delivery of AI and the importance of identifying individual needs, SLTs are in a unique position to provide specialist assessment and education on the use of inclusive communication strategies, which includes the delivery of accessible resources.

We also need to think functionally about the information we provide within our communication reports. Do we support the readers to connect our assessment findings to national standards? Do we make specific recommendations in line with the national standards based on our assessments? SLTs have a pivotal role in supporting this cultural change and empowering service users to ensure everyone meets their communication and information needs. ■

Dr Clare Mander, Adult Learning Disability Lead SLT/Community East Team Lead/ Accessible Information Trust Lead, Solent NHS Trust. Email: Clare.Mander@solent.nhs.uk

RCSLT Policy Officer Claire Moser adds:

The RCSLT responded to the NHS England consultation in November 2014. We generated our response following wide member engagement. We are waiting for the government reply to the consultation and details of the next steps in terms of the timeframe for implementation.

To support organisations in implementing the standard, we recommend using the RCSLT's 'Five Good Communication Standards'. These will help commissioners, service managers and professionals to plan for the information standard and to know if a service has made reasonable adjustments to their communication practice. Visit: http://tinyurl.com/moc2gz8

We are also developing an inclusive communication (IC) position paper, due to be finalised later this year. This will include core standards of evidence-based, inclusive communication practice, agreed definitions of IC; a description of the need for IC practice; the role of the profession in developing IC and recommended methods for evaluating, sharing and developing good practice. Visit: http://tinyurl.com/kmnv6o8

In Scotland, RCSLT members and service users have co-produced a pamphlet to drive a debate on making Scotland the first inclusive communication nation. This will be available in March 2015. (Email: kim.hartley@rcslt.org for details.)

These resources should help to support individuals with communication and information needs across all NHS and social care services. For more information, email: claire.moser@rcslt.org

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Ask the experts

"How can we best assess the language skills of bilingual children? How can we offer therapy for bilingual children in their home language in light of limited resources?"

Dr Sean Pert, University of Manchester and Dr Carol Stow, Consultant SLT

If an SLT does not share a child's home language, this can present a set of unique challenges. The SLT has no direct access to the child's home language and cannot use their previous experiences to inform their clinical decision making (RCSLT SIG Bilingualism, 2006). The SLT must identify typical development patterns of the child's home language and evaluate the child's current abilities in the main community language (often English), without comparing them to the monolingual normative data for either language (RCSLT, 2007).

Bilingual assessment and therapy is an area many SLTs find challenging due to minimal training opportunities and relatively few available resources (Stow and Dodd, 2003). Most of the world's population is bilingual – it is the monolingual English-speaking person who is unusual.

The majority of SLTs working in England have at least one bilingual child on their caseload (Winter, 1999). Many children may be monolingual in their home language and expected to acquire English or another community language, such as Welsh or Gaelic, as an additional language on school entry (Afasic, 2007). Other children may be exposed to two languages from birth. In this article, we refer to all children who hear or are expected to use two or more languages as 'bilingual' (RCSLT, 2006; RCSLT, 2010; Afasic, 2007).

Bilingual assessment

Without assessment in both/all the child's languages, it is very difficult to differentiate normal additional language acquisition from a central speech, language and communication need (SLCN) (RCSLT, 2007). If the child's home language skills match those of their peers, they have demonstrated that they have mastered the mechanisms to acquire communication skills for one code (language). With enough exposure, they will develop the additional language with no professional intervention. Additional language learning is, therefore, not the remit of SLTs (RCSLT, 2010). This is important because school staff are often focused on English proficiency for educational purposes and therapy may be inappropriately requested for a typically developing child who simply has not yet had enough exposure to the additional language to become proficient (RCSLT, 2006).

Bilingual children are just as likely to experience SLCN as their monolingual peers (RCSLT, 2010; RALLI, 2013). However, a bilingual child will experience SLCN affecting both/all their languages. SLTs should seek to identify children who have not successfully acquired any of their languages (RALLI, 2013).

Home language therapy

The evidence shows treatment in the child's home language is clinically effective and therefore more cost effective than English-only therapy (Stow and Dodd, 2003). Parents will provide the best language model in their home language (ASHA, 2014). Other psycholinguistic factors also come into play. For example, phonology therapy for a sound in English is unlikely to transfer to that phoneme in the child's home language (Stow and Pert, 2006).

The goal of home language therapy is to restore the end-point that children would have reached if they hadn't experienced an SLCN, ie bilingual proficiency or the child's potential proficiency in both languages. A bilingual child has the advantage of being able to communicate with their extended family and community, which provides cultural and religious dimensions and reinforces concepts of identity (Stow and Dodd, 2003). These are important for children and young people's development of self. Bilingual adults have an advantage in the workplace and so bilingualism confers economic benefits (RCSLT, 2010).

There are few assessments available in languages other than English (Stow and Dodd, 2003). However, there are some notable exceptions (see reading list). Bilingual children acquire skills in two or more languages. To get a clear picture, the SLT needs to consider skills across all languages and not compare skills in any one language to normative data describing monolingual development in that language (RCSLT, 2006). There will never be a definitive set of standardised assessments for bilingual children because of the complexities of speech and language acquisition, and the large number of possible language combinations. Bilingual adults are rarely completely 'balanced'. They use each language within a particular context, eg one language with family and another at work or school. Children may acquire early language concepts in their home language and complex ones in their additional language.

Assessment should profile the

"All children should receive therapy in their home language"

Illustration by **Bethany Walrond**

child's abilities in all their languages descriptively and show the child's abilities and possible needs. There are some normative developmental data available with which to compare patterns of development. However, it is important to use your clinical judgement as to whether the child has sufficient skill across their languages or if they have a delay or disorder affecting both/all their languages. The aspect of differentiating diversity from disorder is the most challenging aspect and SLTs need to use all their training about SLCN, especially in the areas of linguistics and phonology.

Implications for practice

All children should receive therapy in their home language (RCSLT, 2006; RCSLT, 2010; Stow and Dodd, 2003). For most in the UK this is English and shared with the SLT. For an increasing number, this is another language they do not share with the SLT.

Therapy in English alone tends to disrupt bilingual language development and lead to a monolingual English-speaking child. This may satisfy concerned colleagues in education; however, children may be cut off from at least one of their parents and the extended family. This may have an extremely negative impact on their identify and interpersonal relationships. Parents must be informed of the long-term risks of choosing English-only therapy because they may be under the impression that children will become proficient bilinguals without regular exposure. This is not the case.

All services must have access to interpreters both for communicating with parents and for planning and delivering assessment and therapy in the child's home language (Stow and Dodd, 2003). It is unlawful to fail to provide interpreters and the employing organisation has a duty to fund them. Interpreters should be employed not only for the face-to-face sessions, but also for telephone triage to check that the referral has correctly identified the family's language(s), planning of sessions and de-brief at the end of the session to allow time for discussion with the SLT, and translation of any language and speech samples. Bilingual clients will require approximately twice as long as monolingual clients to take into account the pre-planning of the session, translation process and debriefing following the session (RCSLT, 2006; RCSLT, 2010).

Services with a high level of bilingual children (more than 10% of the triaged referrals) should consider setting up a care pathway with a specialist SLT. Bilingual SLTs, although powerful advocates for bilingualism, cannot provide services for all bilingual clients alone. They often speak one or two languages other than English and need the skills to work with interpreters of languages not known to them, in the same way that monolingual SLTs do. It is important that service managers support the team to develop a skill set rather than relying on one bilingual individual (RCSLT SIG Bilingualism, 2007).

Individual SLTs should familiarise themselves with typical bilingual language acquisition. Skills can be developed in SLCN in bilingual contexts by discussing cases at clinical supervision and accessing e-learning. A suggested curriculum has been developed for undergraduates and this may be used as a framework for SLTs wishing to become more confident in this field (RCSLT SIG Bilingualism, 2010).

Should colleagues in education require information and resources on additional language learning, direct them to the National Association for Language Development in the Curriculum (NALDIC), the national subject association for English as an additional language.

Speech and language therapists are ideally placed to advise parents and support them to value their home language skills. An SLCN should never be a barrier to successful bilingualism. ■

References & resources

Standards and guidelines

Royal College of Speech and Language Therapists. *Communicating Quality 3*. London: RCSLT; 2006, 268-271.

Royal College of Speech and Language Therapists SIG in Bilingualism. *Good practice for SLTs working with clients from linguistic minority communities*. 2007. http://tinyurl.com/ptnzn97

E-Learning

Royal College of Speech and Language Therapists. *Working with bilingual children e-learning package*. 2010. http://tinyurl.com/o34jyvk

See page 32 for remainder of references and resources...

Emma Black & Emma Pagnamenta

Emma Black shares her NIHR internship and Masters in Research experiences with Emma Pagnamenta

It's your clinical academic career: go for it

Developing a workforce skilled in both clinical practice and research is vitally important to the future of our profession. This 'clinical academic workforce' is made up of a growing number of SLTs who have the skills and expertise to ask and answer research questions that are embedded with clinical practice, and closely linked to improving services and outcomes for our service users.

All four UK nations invest in clinical academic training for healthcare professionals (http://tinyurl.com/m5e24c7). In England, the National Institute of Health Research (NIHR) predominantly funds this. SLTs providing care for NHS patients are eligible to apply for a whole range of clinical academic training opportunities – from short internships to Masters in research, clinical doctorates and clinical lectureships (http://tinyurl.com/punmlgd).

Here, Emma Black talks to RCSLT Research Manager Dr Emma Pagnamenta about her experiences:

How did you get to this stage in your clinical academic career?

After I graduated, I volunteered on a PhD project doing assessments. I heard about a research associate position on the 'Enhancing Language and Communication in Secondary Schools' (ELCISS) project, which offered both research and clinical experience. Because it was a clinical research project with lots of assessment and training of teaching assistants, I was able to complete my competencies. I was also able to do my Masters conversion project using ELCISS data.

After this, I felt I really needed to focus on clinical work because I had always wanted to do a mix of clinical and research rather than full-time research. I worked in Islington for a year and then moved to Devon in 2010. While I was employed as a full-time clinician, I still had an interest in research and I took all the opportunities available, such as leading on a small audit.

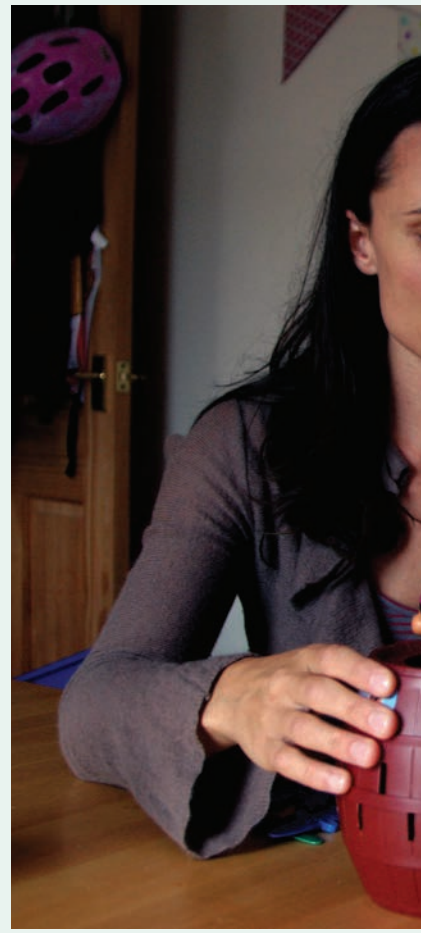
In 2012, I received an NIHR funded internship that provided me with £10,000 to develop a research training package and thereafter I applied for an NIHR Masters in Research at City University London, which I completed in September 2014.

Tell us about the research you carried out for your Masters

My research project addressed 'The use of care plans to support mainstream primary school children with speech difficulties', following an interest in the care planning adopted by my clinical service. I wanted to explore how all the stakeholders involved experienced the process.

What were your experiences of applying for an internship and Masters?

Following an interview in Bristol, at which I gave a presentation, I received the money to create my own learning package. This was challenging. I contacted the universities in the South West and had to pitch my ideas to them. However, because they were not NIHR accredited it was back to the drawing board. I got in touch with Professor Vicky Joffe and signed up to an 'Introduction to research methods and applied data analysis' course at City University London.



The NIHR internship gave me a great opportunity to spend time developing a well-considered research question with support from an academic supervisor. Applying for an internship was less competitive than applying for a NIHR-funded Masters and less of a commitment (one day a week for a term).

After this, I had a great research question but the internship funding could never stretch to doing the research. Either I had to find funding to do the research or do the Masters, so I applied for the Masters. When I was accepted onto the course, I found having the research question ready enabled me to apply for ethics approval quickly. I was fortunate to receive extra funding to help

Research and Development Forum

"The internship gave me good experience of pitching ideas and confidence that I could cope at MRes level"

with travel costs to enable me to join the NIHR Masters in Clinical Research course at City University London.

What have been the benefits of the internship and Masters?

The internship gave me good experience of pitching ideas and confidence that I could cope at MRes level. I also benefitted from academic supervision and networking opportunities with local research teams and researchers. I think the best thing was taking the time to step back and reflect on my clinical practice while studying.

The Masters also gave me the opportunity to attend an NIHR workshop on applying for a clinical doctorate. This was a great insight into the application process and how I need a year to prepare this, in addition to lining up a support team and the finances.

What about the wider benefits to your clinical practice, service and colleagues?

My project was clinically relevant and so I aim to present the findings at a whole-service day. I will also write a report for the trust research and development department and hopefully publish a paper. Doing the research has certainly influenced my own practice because the participants were very honest and frank about the good and bad things about care planning.

What have you found challenging?

When I was away from clinical work, I felt very enthusiastic about engaging in lots of small research projects when I returned to my job. Returning to practice has reminded me that while there is a huge drive for clinical research it can be difficult to fit this in with such busy caseloads, especially when SLT departments have staff shortages.

Career progression is difficult in the South West and I am still working as a Band 5, eight years after graduating. There are few permanent Band 6 opportunities, especially in my area of clinical interest (specific language impairment, speech and voice) and this presents challenges in how to progress as a clinical academic. I feel that slightly more influence is needed in a service to be able to drive clinical research forwards. This would also mean that should I embark on a clinical doctorate, my salary would remain at Band 5 for the duration of the funding.

What do you think clinical academic SLTs have to offer the profession?

I see clinical academics in a bridging role between academics with specialist research knowledge and clinicians who know what is happening on the ground. They have the ability to ask clinically-relevant questions, and translate this into research of a high standard with the support from academic colleagues.

What are your career aspirations?

Ideally, I would have loved to join a clinical academic job pathway locally to continue with my clinical and research work. However, as yet this doesn't exist. Eventually, I hope to apply for a clinical doctorate, as this is the best way to provide time and resources for research and will give me the opportunity to develop something clinically relevant within our service. I would like to develop what I did for my Masters with a more intervention-based study, with opportunities for other clinicians to input into the project.

What advice do you have for other SLTs thinking of embarking on a similar pathway?

Go for it. It is challenging but very rewarding and the quality of the teaching and mentoring is so high and so supportive. There is a real benefit from being part of a small group and building very strong working relationships with your peers. You also learn so much from studying with students from different clinical disciplines.

Think carefully about whether you want to do the course part time or full time. Personally, I would have found it difficult to juggle the pressure of clinical work alongside academic deadlines. I have heard people say, 'I couldn't do that, it is too difficult for me'. If you do feel like that, go for the internship before you decide it is too difficult for you. ■

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

PMLD interventions lack evidence

A study investigating SLTs' decision making around communication interventions for people with profound and multiple learning disabilities (PMLD) has found that they seldom use empirical research evidence to underpin their decisions.

Fifty-five therapists working with children or adults with PMLD in the UK completed a survey that asked about the interventions and assessments they used, their clinical experience and the setting they worked in.

The most commonly used interventions were not necessarily those with the most extensive empirical research base. Participants' rationale for selecting an intervention often focused strongly on client-centred reasons. They also reported practical and organisational reasons for selecting a specific intervention.

The authors comment, "there is a mismatch between the approaches reported as used by SLTs and people with PMLD and those evaluated in published research." The results show a need for an increase in research to evaluate other approaches with this client group and the need for education to highlight the research evidence base to clinicians.

Reviewed by Izy Utley, Highly Specialist SLT, Lewisham and Greenwich NHS Trust

Reference

Goldbart J, Chadwick D and Buell S. Speech and Language Therapists' approaches to communication intervention with children and adults with profound and multiple learning disability. *International Journal of Language and Communication Disorders* 2014; 49:6, 687–701.

Recovery in late talkers

Researchers in the UK have found that resolved late talking toddlers are no more at risk of later language difficulties than age-matched controls scoring similarly below average on language measures at age four.

Drawing on data collected for a longitudinal study of twins from age 2, 373 children met the criterion for recovery from early language delay. They were matched for age, gender and age-4 vocabulary with control children who did not have a history of early language delay. Researchers used a variety of language measures, including parental report, telephone and web-based testing to track the children's language development at ages 4, 7 and 12.

At all ages, the language measures did not show significant group differences, signifying no evidence of elevated continuing risk of language difficulties for the recovered late talkers. The results call into question the widely accepted notion of illusory recovery; ie that recovered late talking toddlers have an elevated risk of later language difficulties. The researchers recommend periodic monitoring of recovered late talkers as well as screening children performing in the low-normal range at school entrance for signs of later language difficulties.

Reviewed by Kelly Moran, Research Champion

Reference

Dale P, et al. Illusory Recovery: Are Recovered Children with Early Language Delay at Continuing Elevated Risk? *American Journal of Speech-Language Pathology* 2014: 23:3, 437-447. http://tinyurl.com/qy8692z [Open access article]

Paediatric voice clinics and dysphonia

A dedicated multidisciplinary paediatric voice clinic is the most optimal form of service provision for assessing and managing children with dysphonia. This is the view of researchers who carried out an audit of 195 appointments at a paediatric voice clinic in Glasgow; examining referral patterns, diagnosis, demographic factors and socioeconomic variations.

GPs were the main source of referral and 56% of new patients were boys. Half (52%) of children were diagnosed with nodules, with a peak in presentation between 5-6 years of age, and a male predominance. Muscle tension dysphonia (MTD) was the third most common diagnosis, with a mean age of 10.4 years, and females were more commonly affected. The other most common diagnoses included no abnormality, vocal cord palsy and intracordal cyst.

Children with MTD were more likely to come from higher socioeconomic backgrounds, although the reason for this was unclear. Children with dysphonia from more deprived backgrounds tended to present at an earlier age. The authors hypothesise that this may be related to early voice misuse associated with family size and personality traits.

The authors conclude that, "further research is required to evaluate outcomes in this challenging group of patients and to establish the true value of the paediatric voice clinic".

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.

Reviewed by Charlotte Craig, Specialist SLT, Sunderland Royal Hospital

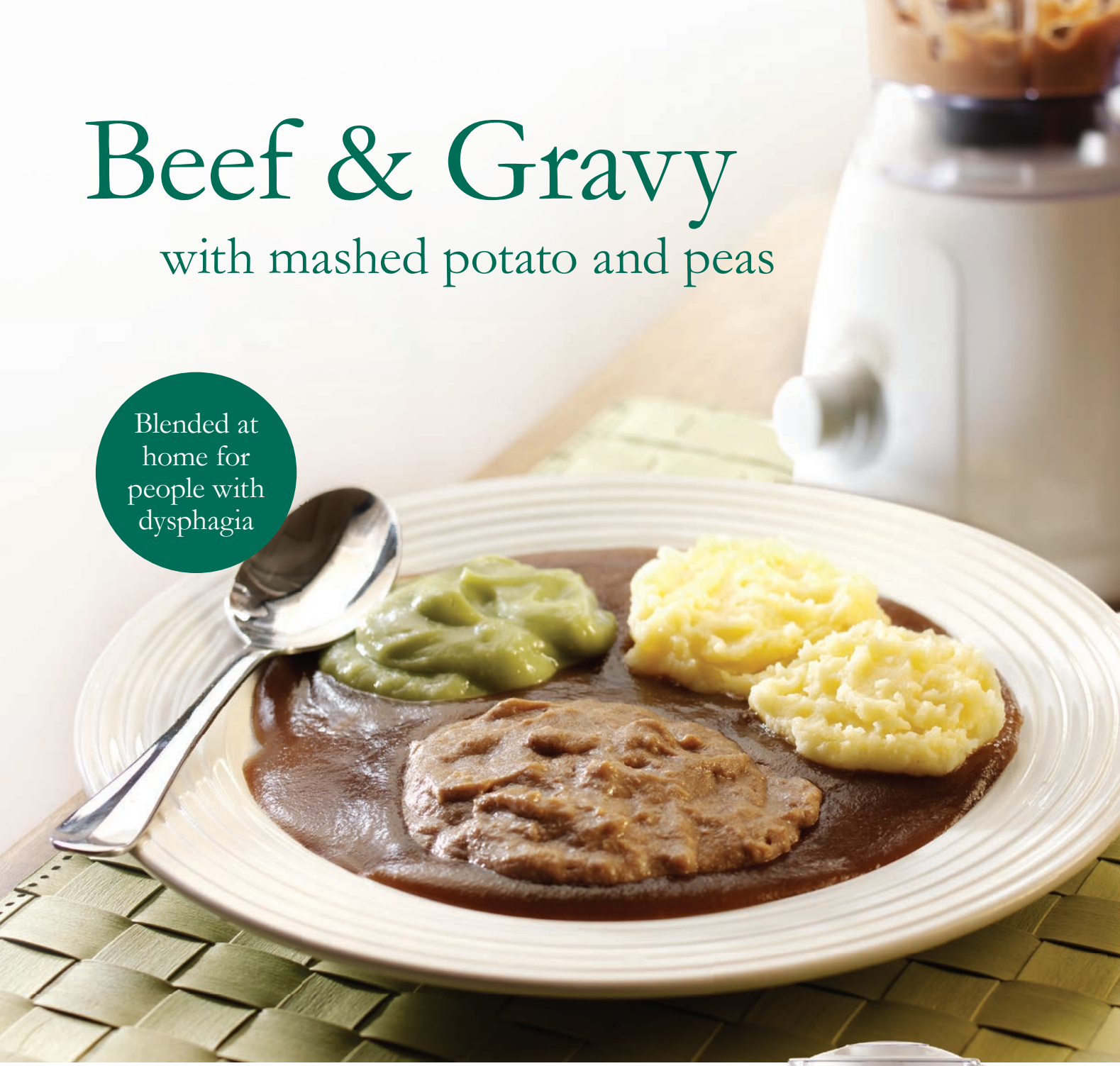
Reference

Smillie I, et al. The paediatric voice clinic. *Archives of Disease in Childhood* 2014; 99, 912-915. http://tinyurl.com/kzd9wzo

Beef & Gravy

with mashed potato and peas

Blended at home for people with dysphagia



Made in a blender at home

Staying well-nourished can be a challenge for patients who have difficulty chewing or swallowing. Those on a puréed diet are faced with:

- The danger of not blending to a safe consistency
- Messy and dissatisfying results
- Reduced nutritional content
- Time-consuming food preparation
- Reduced choice – unable to enjoy high-risk foods like peas

Unsurprisingly, patients can often lose their desire to eat and may try to avoid mealtimes altogether.

The good news is there is a more appetising alternative...

The RCSLT Journals Collection one year on

Emma Pagnamenta looks at the continuing success of this valuable resource for members

The RCSLT Journals Collection launched in March 2014 in response to direct member feedback. You told us about the difficulties you were experiencing in accessing research articles and we recognised that we had to help you overcome this barrier to accessing and applying evidence to practice.

One year on, our collection continues to grow. We currently subscribe to 730 journal titles and have negotiated trial subscriptions that have provided access to hundreds more titles over the past year. You can see from our top 10 titles that members are using a wide range of journals, reflecting the breadth of our profession. Across the collection you have downloaded thousands of articles.

Our trial with Springer was in response to the need for specific dysphagia journal titles in the collection. By the end of 2014 'Dysphagia' was the most popular title, calculated from articles downloaded, and we are in discussion with the publishers to secure this as part of our ongoing collection. Our current trial with Cambridge University Press will provide us with further information. We know that there are gaps in our collection, so please continue to tell us about these and we will continue to work with publishers to bring you the best resources that we can.

"I'm so pleased and relieved that the RCSLT has negotiated our access to loads of journals. Before this, it was a mystery to me how I was to do literature searches without having to pay hundreds, especially as I'm not affiliated to an institution or library," Juliet Chubbock, independent SLT.

A valuable resource

5 publishers

730 journal titles

4,149 online views in 2014

8,173 articles downloaded

Top 10 most popular titles (downloads per month)

1. Dysphagia
2. International Journal of Language and Communication Disorders
3. Child Language Teaching and Therapy
4. Autism
5. International Journal of Speech Language Pathology
6. Journal of Neurology
7. Current Physical Medicine and Rehabilitation Reports
8. Journal of Autism and Developmental Disorders
9. Otolaryngology: Head and Neck Surgery
10. Review Journal of Autism and Developmental Disorders

How to use the collection

You can access the RCSLT Journals Collection from our homepage or directly from our Research Centre (http://tinyurl.com/pdvqtxg). It is worth familiarising yourself with the key titles in the collection listed. Clicking on these titles will give you full text access (for journals published by SAGE use the password provided). Click on the PDF icon for the article you want to save or print. As we subscribe to all journals published by SAGE, following the link to the SAGE Journals website will enable you to search and access all their content.

Searching databases, such as speechBITE and PubMed, is a really useful starting point when looking for research evidence. When your search brings up an article of interest, click on the link to see if you can access the full article directly. If not, note the title of the journal that the article is published in, go to the RCSLT Journals Collection and see if you can find it there. Visit our Journals Library Service to find out about other ways you can access evidence (http://tinyurl.com/lkp8l29).

Make the most of the collection

Our collection will help you to find evidence to support your clinical decision making for individual clients or to address questions that relate to how you deliver your service. You can also use it for your continuing professional development, for example by carrying out a critical appraisal of a research article. Choosing an interesting client you are working with and looking into the evidence base for your diagnosis and management could be the starting point for a useful case study. ■

Dr Emma Pagnamenta, RCSLT Research Manager

If you have any queries or comments please email: emma.pagnamenta@rcslt.org

Wiltshire Farm Foods
taking care of mealtimes

Beef & Gravy

with mashed potato and peas

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Phil Rimmer, Head Chef

REMEMBERING

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

Obituaries

Jane Schofield

1962 – 2013

Jane came to work with our small rural team in Ceredigion from the busyness of Oxford in 2001, after she and her husband, Phillipp, moved to Llanon in 1999, following his appointment to the University of Aberystwyth. She immediately settled in and became a well-loved and respected member of our team.

She was soon able to pursue her specialism working with children with hearing impairment and worked closely with colleagues in the education department as part of their sensory team. We considered ourselves to be very fortunate to have such a highly-skilled and supportive colleague in our department, who was also such a lovely lady. She made a huge difference to the lives of the children and parents she supported at home, in clinics and in schools.

While continuing to work part time, Jane was also able to lead a full and happy family life with Phillipp and their two children, Bethany and Thomas. We were always pleased to hear the latest news of outings, successes and holidays.

Jane was always interested in others and was blessed with a very caring nature, which she brought to all aspects of her life. She was full of fun and happiness and it was with great sadness that we learnt of her brain tumour in the summer of 2012. Fortunately, she was able to join us for our annual Christmas dinner that year. There was a huge Jane-shaped hole at our last one.

Jane is still much missed in the department and remembered daily for her warmth, kindness and the support she gave us as colleagues.

"Jane was always interested in others and was blessed with a very caring nature"

Viv Newman, Highly Specialist SLT, Team Leader, Ceredigion SLT Department (acting)

Mary Warren-Smith

1930 – 2014

Mary Warren-Smith died peacefully in her sleep on 9 November 2014 at the age of 84. She studied at the Department of Speech Disorders at the West End Hospital for Nervous Diseases, London, and after qualifying as a speech therapist in 1951, worked in a number of contexts until 1986.

As well as posts at St Margaret's Hospital in Epping and Warlies School in Upshire, she spent a number of years at Woodcroft Independent School for children with profound and multiple difficulties, in Loughton. While there, she became known for her work linking music with the intonation and emotive qualities of expressive language. Her 'Songs of speech', produced with Donald Spinks, was broadcast on the BBC in 1977.

In both her professional and private life, Mary had a capacity of combining sensitivity, insight and compassion with a little twist of humour and verve, which served her well because she lost two of her four children to cancer in recent years – the eldest, Caroline Wyndham having followed Mary into the profession and who will be remembered by many for her work in the Norwich area.

"Mary had a capacity of combining sensitivity, insight and compassion with a little twist of humour"

Anna Kot

Calling SLTs and their clients:

Do you have a story to tell?

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

In order to raise awareness of the amazing work done by SLTs, we need to share real-life stories of the service users and families/carers whose lives have been transformed.

We are looking for all types of examples, both adult and children, in particular in relation to:

- Dementia
- Motor neurone disease and other neurological issues
- Selective mutism
- Young offenders

If you have clients and families who are willing to share their experiences, please get in touch.

We may use your examples:

- On the RCSLT website
- As real-life cases when briefing decision makers and politicians
- In newspapers, on the radio or on television (we can provide training for SLTs, service users and families/carers who are interested in sharing their stories with the media)

For more information on what makes a great story, and how we use them, please contact RCSLT PR Manager, Robin Matheou:
robin.matheou@rcslt.org
or tel: 020 7378 3013

RESOURCE® ThickenUp™ Clear - a taste free food and drink thickener for your patients with dysphagia

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- Amylase resistant[1]
- Does not continue to thicken over time[1]

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ANDROID APP ON Google play

Developed for patients and healthcare professionals this new app includes: Dosage calculator, Mixing instructions and Product information

For more information please call the Nestlé Health Science Careline on 00800 68874846 or 0800 000030 or visit nestlehealthscience.co.uk

References: 1. Data on file

NestléHealthScience
NOURISHING PERSONAL HEALTH

MARCH CEN NOTICES
CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 6 March for April, by 7 April for May, and by 8 May for June. Venue hire at the RCSLT – special rates for CENs (formerly SIGs). For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

South West Brain Injury CEN
5 March, 11am – 4pm

'Brain injury claims explained – a client and an expert's perspectives.' Opportunities for sharing knowledge, networking and more. Withy King, Midland Bridge House, Midland Bridge Road, Bath BA2 3FP. £4. Includes coffee and lunch. To book, email Ashleigh Denman: adenman@natstar.ac.uk

Scotland CEN for Voice
6 March

Jane Shaw: Managing the ageing voice and laryngopharyngeal reflux disease. Perth Royal Infirmary, The Steele Lecture Theatre. Members £25; non-members £35; students £25. Email: clare.tarr@nhs.net

London Adult Neuro CEN
10 March, 9am – 5pm

'Mental capacity – whose role is it anyway?' Focusing on mental capacity, advanced directives, power of attorney and deprivation of liberty and how these influence the SLT role and remit. £30 (£10 student). National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG. Visit: www.londonadultneurocen.weebly.com

Yorkshire and Humberside Dysfluency CEN
11 March, 9.30am – 12.30pm

Discussion topics will be on outcome measures and how we use them, and exploring competencies at different SLT bandings. There is no journal club running at present. Leeds Stammering Support Centre. For queries, tel: 0113 843 4331

Midlands FEES CEN
12 March, 9am – 12pm

FEES interpretation workshop + exploration of swallowing manoeuvres. Small groups will interpret the same FEES recording to compare and contrast interpretation forms and methods from around the region. Live FEES will be performed to study a variety of manoeuvres and how they are visualised. + AGM. Members and students £5; non-members £10. Paybody Building, Coventry Health Centre, Stoney Stanton Road, Coventry, West Midlands, CV1 4FS. To reserve a place, email: debra.wilson@uhcw.nhs.uk

Adult Acquired Communication Disorders CEN
19 March, 9.30am – 4pm

Includes Scotland's Dementia Strategy, creative engagement in an inpatient setting and sharing best practice. Attending in person: members £20; non-members £25 (includes lunch and refreshments). Attending through VC: members £15; non-members £20; students £15. Queen Margaret Hospital Education Centre, Dunfermline, KY12 0SU. For more information, email: Helen.Maclean@lanarkshire.scot.nhs.uk.

CJS and Secure Settings CEN
30 March, 9.30am – 4pm

EBD, mental health difficulties and communication difficulties across the lifespan and the implications for assessment and therapy. Members free; non-members £10. City University. Contact: offendersig@gmail.com

SALTIBAD
30 March

The CEN for SLTs, Deaf practitioners and students working with Deaf people who use sign language. NatSIP Language Planning in Deaf Education, research update + AGM. £20. Chandler House, London, WC1N 1PF. To book, email: joanna.hoskin@nhs.net

Counselling and Therapeutic Skills CEN
17 April, 9.30am – 4pm

Art psychotherapist Julia Britton: 'Art psychotherapy: using the arts and creativity as communication', an experiential workshop and lecture with case presentations. Music therapists Eleanor Tingle and Abigail Stain will present. Birmingham City University, Edgbaston, Birmingham. Email: ruth.phillips.sig@hotmail.co.uk

Central Paediatric Dysphagia SIG
21 April, 9am for 9.30am – 4pm

Membership £15. For more details, visit: www.cpd-sig.co.uk, email: secretary@cpd-sig.co.uk

Computers in Therapy CEN
29 April, 9.45am – 4pm

Focus on visual impairment and telerehabilitation. David Light from Seeability ('Identifying VI and adopting useful compensation strategies'); Waseem Sharif from Patients Know Best ('Innovators in NHS-approved electronic patient-controlled records and video conferencing'). + app share and journal review. Hosted by Seeability: Tadley and District Community Association, Newchurch Road, Tadley, Nr Basingstoke, Hampshire RG26 4HN. £7.50 day fee. To reserve place, email: shelagh.benford@salisbury.nhs.uk

Surrey SLI CEN
12 May, 1pm – 4pm

Professors Penny Roy and Shula Chiat: language in socioeconomically disadvantaged preschool children. Members will discuss findings related to own posts and problem solve together. Moor House School, RH8 9AQ. Email: nicolll@moorhouseschool.co.uk

Tracheostomy CEN
19 May, 9.30am – 4pm

'Working with ventilator-dependent patients: All you need to know' with an opt-in brush up session on assessment skills. Queen Square, London. £20, (£10 for students). Includes lunch. Email: romahoney@thechildrenstrust.org.uk

Central Region Secondary School SIG
8 July, 1.30pm – 3.30pm

'Measuring effectiveness of intervention and exam vocabulary.' Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill DY5 1RU. £2. Email: Farah.Hawa@bcpft.nhs.uk

CEN formally known as SIG DOM

Following years of successfully organising study days for SLTs working with adults in the community, mainly in the SE of England, the committee of SIG DOM has decided to stand down, leaving the field open for a new CEN. If any community-based SLTs are interested in starting such a CEN, the previous committee is happy to offer support and guidance. Contact the current chair by 31 March, email: kate.balzer@nhs.net

Continued from page 21...

Suggested learning framework and curriculum

Royal College of Speech and Language Therapists SIG in Bilingualism. *Guidance on teaching bilingualism*. 2010. http://tinyurl.com/nbjt4sk

Advice for parents and carers

Afasic. Glossary 28: *Bilingualism*. 2008. http://www.afasic.org.uk/download/28

American Speech-Language-Hearing Association. *Learning two languages*. http://tinyurl.com/p6u7onj

Comité Permanent de Liaison des Orthophonistes-Logopèdes de l'UE (CPLOL) – posters for parents, outlining typical speech and language development in children from birth to four years. Available in 18 languages. www.cplol.eu/eng/posters.html

National Literacy Trust – bilingual advice leaflets as part of their Talk To Your Baby Quick Tips series in 17 languages (http://tinyurl.com/mywyxth) and FAQs on bilingualism (http://tinyurl.com/qaer66d)

British Stammering Association. *Stammering and the bilingual child*. http://tinyurl.com/mx6m8rh

Baker C. *A parents' and teachers' guide to bilingualism* (4th edition). Bristol: Multilingual Matters, 2014.

Raise Awareness of Language Learning Impairments (RALLI) *Campaign videos. Introduction to bilingualism: Dispelling the myths* (http://tinyurl.com/ohmj596); *Bilingualism and SLI* (http://tinyurl.com/ooua8qc)

Reading list: Assessments and therapy resources

Ethnologue: information on 7,106 known living languages. http://www.ethnologue.com

Speech – assessments and data on the development of languages other than English

Dodd B, et al. *Diagnostic evaluation of articulation and phonology (DEAP)*. Pearson 2006. Includes data on English phonology of Pakistani-heritage children

McLeod S (ed). *The international guide to speech acquisition*. New York: Thomson Delmar Learning, 2007.

Stow C, Pert S. *Bilingual speech sound screen: Pakistani heritage languages*. Bicester: Speechmark, 2006. http://tinyurl.com/ox3959k

Zhu Hua, Dodd B. *Phonological development and disorders in children: A multilingual perspective*. Clevedon: Multilingual Matters, 2006.

Language – assessments and data on the development of languages other than English

Functional Language Across Countries (FLAC) is available in four languages. http://tinyurl.com/pgva4wg

Mueller Gathercole VC, Mon Thomas E, Hughes E. Designing a normed receptive vocabulary test for bilingual populations: A model from Welsh. *International Journal of Bilingual Education and Bilingualism* 2008; 11, 6, 678-720.

The New Reynell Developmental Language Scales include a multilingual toolkit: http://tinyurl.com/q5wt4kz

Other references

Grosjean F. What parents want to know about bilingualism. *Bilingual Family Newsletter* 2009; 26:4, 1-3 and 6. http://bilingualfamilynewsletter.co.uk

Stow C, Dodd B. Providing an equitable service to bilingual children in the UK: A review. *International Journal of Language and Communication Disorders* 2003; 38:4, 351-377.

Winter K. Speech and language therapy provision for bilingual children: Aspects of the current service. *International Journal of Language and Communication Disorders* 1999; 34:1, 85-98.

Further information

Bilingualism and home language assessment and therapy: www.bilingualism.co.uk

English as an additional language: www.naldic.org.uk

London SIG Bilingualism: www.londonsigbilingualism.co.uk

Any questions?

Want some answers, why not ask your colleagues?

iPad vs others

Do you think there is any benefit of using Apple iPads vs other makes of tablets as a therapy tool? Which apps would be your current top five?

Grace Rowley
Grace.Rowley@nottinghamcitycare.nhs.uk

Assessing fork-mashable diet patients

What do you use in the hospital setting to assess patients on Category E, ie fork-mashable diet? It is not possible to see all patients at mealtimes and we struggle to and find appropriate foods in the kitchens.

Karen Miller
Karen.miller@pat.nhs.uk

Total Communication training

How do you ascertain whether the knowledge gained on the Total Communication training course delivered in Bolton is implemented by those who attended?

Kathleen Lopuszansky
kathleen.lopuszansky@bolton.gov.uk

Conversation partners

Do you have a Conversation Partner scheme? We want to develop one to help relieve waiting list pressures and provide the opportunity for supported conversation while awaiting further ongoing therapy.

Liz Perrott
lizperrott@hotmail.co.uk

Feedback questionnaire

Do you have a questionnaire for speech and language therapy specific user feedback at the end of an episode of care?

Claire Cahoon
c.cahoon@nhs.net

EPG training course

Do you use electropalatography in your clinical setting? Can you recommend an EPG training course?

Victoria Grey
v.grey@maryhare.org.uk

Apps in neuro-rehab

Do you use iPad apps for assessment, therapy and AAC purposes in an inpatient intensive neuro-rehabilitation setting? Which apps have you found most useful and how have you set them up in your setting? How are you measuring their effectiveness (if used for therapy purposes)?

Emily Antoniadou
emily.antoniadou@nhs.net

Attachment and trauma

Do you work with children, teens or young adults with attachment difficulties? Do you know of any useful resources? Can you recommend any books or training courses, etc.?

Louise Gilmartin
Lgilmartin@wkrs.co.uk

Email your brief question and any replies to anyquestions@rcslt.org.
www.rcslt.org/discussion/forum

Appointments

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BIRT Brain Injury Rehabilitation Trust
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The Disabilities Trust
www.thedtgroup.org

We are looking to recruit a specialist speech and language therapist to join our interdisciplinary team to provide specialist rehabilitation to adults with acquired brain injury.

You will:

- Have a recognised SLT Degree and hold HCPC licence to practice
- Be trained in assessment and rehabilitation of dysphasia in adults
- Be experienced in working with adults with cognitive, physical and behavioural difficulties, including adults with cognitive communication disorders
- Be able to work autonomously to provide specialist assessment and treatment to this complex and challenging client group
- Experience of working with adults with dysphagia is desirable; further training can be provided.
- Have excellent communication, organisational and interpersonal skills
- Be committed to your own professional development.

Informal visits and discussions are encouraged.
BIRT provides opportunities for further training and Continuing Professional Development. The ability to work in a busy, challenging environment is essential. The Disabilities Trust is an Equal Opportunities Employer. This position is subject to a Disclosure

For initial discussion and visits please contact Wendy Fletcher – Service Manager. Applications will be considered for full and part time working depending on level of experience

To apply visit our website **www.birt.co.uk**
The closing date for all applications is **Monday 16th March 2015.**
www.thedtgroup.org
Registered Charity No: 800797

INVESTORS IN PEOPLE

Band 7 Speech and Language Therapist
Part time: 17 hours a week (over 3 days)
Salary: £33,089 - £37,710 FTE

ins neuro-support, for life

Integrated Neurological Services (INS) is a highly regarded charity, based in south west London, offering long-term rehabilitation, education and emotional support to adults with neurological conditions.

We are looking for an experienced, enthusiastic and person-centred Speech and Language Therapist (SLT) who will work as part of an integrated multi-disciplinary team.

You will be working alongside and supervising two Band 5 SLTs, driving forward the development of the SLT service within the organisation and working with complex neurological clients. Experience of all of these is essential.

Closing date: 31st March 2015 **Interview: 8th April 2015**

For application pack contact us on 020 8755 4000 or email: admin@ins.org.uk.

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www.ins.org.uk

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(Equivalent Band 5/6 – subject to experience)
22.5 hours per week permanent contract with a possibility of increasing

An established practice based in West Yorkshire and now looking for a person to be home based to service the North West and Merseyside.

We are looking for:

- Someone who has experience or is keen to develop experience in ABI.
- Who is prepared to travel - car driver is essential.

Full support will be provided. Flexible hours available.

Please forward a copy of your CV in the first instance

Closing date for applications: 23 March 2015
Interviews week beginning: 13 April 2015

15 Queen Square,
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t: 01924 271739
e: enquiries@ jasspeech.co.uk
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SPEECH AND LANGUAGE THERAPISTS (full and part time)

The London Children's Practice is a team of highly skilled therapists who work with a paediatric population in the London area. We provide quality services to children at school, home and in our clinics.

We are currently recruiting for part-time and full-time speech and language therapists to join our increasingly expanding team on a permanent or sub-contractor basis.

Salary negotiable, dependent on experience. Please submit an up-to-date CV with letter or email of interest.

For enquiries and applications please contact Alison O'Brien
T: 020 7467 9520 E: **alison.obrien@londonchildrenspractice.com**

Closing date for applications: 15th March 2015

London Children's Practice

Speech and Language Therapist

Orchard Hill College

Join the team at this Ofsted Outstanding College for students with learning difficulties.

36 hours per week, Monday-Friday
£37,950 - £41,613 per annum
40 days annual leave

To apply please visit our website: **www.orchardhill.ac.uk/jobs**
and download the application form.
Please email completed forms to
jobs@orchardhill.ac.uk

This College is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

Ofsted Outstanding College 2013 2014

www.nhslothian.scot.nhs.uk

NHS Lothian

Speech & Language Therapist

Adult Acute Speech and Language Therapy Service
Western General Hospital, Edinburgh
Band 7, 37.5 hours, Permanent Ref: AHP/WGH/SLT/1415/06

Due to the retiral of the current post holder, an exciting opportunity has arisen for a permanent full time Band 7 post holder to join the SLT team at the Western General Hospital.

The caseload will comprise primarily neurosurgical and medical neurology patients in the Department of Clinical Neurosciences (DCN) at the WGH. The post holder also has a leading role in the surgical wards, ITU and HDU. The applicant should be independent in the assessment and management of dysphagia, including patients with a tracheostomy.

Candidates should be aware that the base of this post is likely to change to the Royal Infirmary of Edinburgh in 2017 when we expect our brand new regional neurosciences facility to be completed.

For further information, please call Diane Fraser, Clinical Lead in Neurosurgery and Neurology on 0131 537 1295 (mornings).

For an application pack please contact our Recruitment Line on 0131 536 3030 or email: recruitment@nhslothian.scot.nhs.uk

Closing date: 27th March 2015.

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LONDON SYDNEY

Speech and Language Therapist

LEAF ACADEMY TRUST LOVE ENTERPRISE ASPIRATION FAITH

LEAF Academy Trust is a small and growing academy family based in Leeds and consists of the David Young Community Academy and two primary academies: Manston St James and Rothwell C of E. The LEAF Academy Trust is dedicated to serve its community and is founded upon the principles of Love, Enterprise, Aspiration and Faith.

LEAF Academy Trust is seeking a speech and language therapist to work across all of our academies which are within a short travelling distance from each other in East Leeds.

The successful candidate will be experienced, motivated and committed to providing excellent speech and language therapy to students/pupils. Benefits include: a fantastic working environment, an exceptional CPD programme, pension scheme and on site restaurant.

Salary: Equivalent to NHS Band 6: £25783-£34530 (Pro rata for term time only + 5 days, 32 hours per week).

For information about the trust and our academies please visit our website: **www.leafacademytrust.org.uk** or telephone 0113 2739149.

To apply, please download the application form from the website, complete and return with accompanying letter to **recruitment@leafacademytrust.org.uk**

Closing date for applications: Monday 13th April, 2015 at noon.

The LEAF Academy Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

All appointments are subject to an enhanced Disclosure and Barring Service (formerly CRB) check.

LEAF ACADEMY TRUST LOVE ENTERPRISE ASPIRATION FAITH

LEAF ACADEMY TRUST
Love . Enterprise . Aspiration . Faith

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Qualified ADHD private primary tutor!

I need a qualified ADHD private primary tutor to work for us in Riyadh Saudi Arabia.

The tutor will have a private residence in compound and a great salary depending on qualification. The tutor needs to have at least 10 years of experience and available to teach all subjects.

We do have 3 lovely children. The eldest is 9 and he is an ADHD student. The youngest are twins, a boy and a girl 6 years old. They are ok when it comes to the educational part but I need the tutor to work for all three.

The salary starting from £600 per week, 5 times a week 3 studying hours each day (each child one hour or less depending on the tutor suggestions, except vacations it will be every day if needed). If we travel then we will be responsible for expenses.

Weekends are not free since my children study at the weekend and vacations depends on our calendar. Christmas and New Year are not included.

To apply please email **seba19812@gmail.com**

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MY WORKING LIFE

Danielle Tinker & Annabel Davis

OCCUPATION: UNIVERSITY OF EAST ANGLIA SPEECH AND LANGUAGE THERAPY SOCIETY

"The SIGs have proved an invaluable experience and we would recommend other SLT students across the country engage in similar projects"

The University of East Anglia Speech and Language Therapy Society began in 2013–2014 and following its initial year, decided that one of its objectives should be to encourage professional development, specifically reflective and collaborative learning. The committee of 2013–2014 proposed a special interest group (SIG) model. This year it has flourished beyond our expectations.

In the workplace, clinical excellence networks provide opportunities for clinicians to share good practice and expertise in their field. By emulating this at university level, we felt students would have an opportunity to lead and attend sessions on specific interests. We opted to run the project under the previous title 'SIG' as we felt this reflected what we hoped to achieve.

The students who led SIGs had completed the relevant academic module and expressed a 'special interest' in their chosen topic. Students identified areas they were willing to lead on and worked together on the planning and execution of sessions. The areas covered by the SIGs during this academic year include traumatic brain injury, speech sound delay and disorder, and mental health. Leaders expanded on taught knowledge through the use of case studies, journal articles and placement experience. This made the sessions accessible for all three of the course year groups, regardless of whether they had completed the module. In addition, SIG leaders provided glossaries in advance to allow students to establish a baseline knowledge.

Another way in which students demonstrated their topic interest was through making contact with local clinicians. For example, local SLTs with diagnostic experience co-led the Autism SIG and demonstrated a Picture Exchange Communication System intervention. This provided students with a practical insight into therapy. Similarly, we also made use of a newly-qualified SLT with experience of working with cleft palate children in a developing country. This enabled us to gain understanding about cultural priorities.

Through these events, students had the opportunity to build professional relationships with clinicians and ask questions. They also proved to be beneficial for clinicians who enjoyed presenting to an enthusiastic group of students with a keen interest in their subject.

Leading a SIG has proved to be a valuable and enjoyable experience for students. Comments include: "it made me think how to explain complex information to a group with mixed knowledge levels... it will really help me clinically when I have to share information with clients, family members, teachers and colleagues".

It has provided an opportunity for students to facilitate discussion and reflect on practice placement experiences. One leader shared relevant knowledge gained from a specialist placement in voice/ENT and obtained peer feedback on her clinical reasoning. Planning, implementing and evaluating are essential for leading a SIG. These skills are also extremely beneficial in future employment.

SIGs are also beneficial for the participants: "the SIGS have provided a really good opportunity to explore subject areas further and get some insight into areas we are yet to study."

There is a high level of participant involvement during sessions to promote shared learning. One of the society's aims has always been to promote cohesion between cohorts. Attending SIGs also helps students to engage in professional development activities, which contribute to their professional development portfolio at university and enhance employability prospects.

The SIGs have been hugely successful, creating a promising model for the future. Attendance and interest in this project has far exceeded our expectations; demonstrating their value in student learning and professional development. The SIGs have proved an invaluable experience for University of East Anglia Society members in general and we would really recommend other SLT students across the country engage in similar projects. ■

Danielle Tinker, President; Annabel Davis SIG Coordinator, UEA SLT Society. Email: Annabel.Davis@uea.ac.uk

Various dates and locations

Picture Exchange Communication System (PECS) Level 1 workshops

Bournemouth, Dundee, Belfast, London, Peterborough, Bristol, Leicester and more. PECS Level 2 – Sheffield and London. SoSAFE! Sexual/Social Safety Training – London and Bristol. Teaching Critical Communication Skills – Birmingham. PECS in Your Curriculum –, Manchester. Visit: www.pecs-unitedkingdom.com tel: 01276 609 555

Neuromuscular electrical stimulation (NMES) for dysphagia

NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research. (http://tinyurl.com/mf92t3q). This VitalStim Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Contact: training@ vitalstim.co.uk, www.vitalstim.co.uk

18 March, Manchester Conference Centre

How to use the Therapy Outcome Measure (TOM)

One-day training workshop with Professor Pam Enderby. Delegate fee: £145 for RCSLT and CTN members; non-members pay £175. For further details and to book, visit: www.communitytherapy.org.uk or email: info@communitytherapy.org.uk

10 April

Treating dysfluency in pre-school children, with Daniel Hunter

Equips SLTs with materials to treat dysfluent children under five, based upon evidence-based practice. Fulfils commitment to clinical governance and encourages SLTs to employ audit tools to become proactive evidence collectors. £75. Tel: 01908 614 479, visit: www.bookwhen.com/magicwordsspeechtherapyforschools

16 April, Birmingham

Cervical auscultation course run by Quest Training

A practical, skills-based course. £135. Further information from the website: www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: Jofrost29@gmail.com

20-23 April, Birmingham

Post-registration paediatric and ALD dysphagia course

This four-day taught course plus work based learning develops skills and competence in dysphagia assessment and management. £580. Jo Frost Quest Training, tel: 07904 981 462, visit: www.quest-training.com

21 April, London (other dates/venues available)

ASLTIP: Developing your independent practice

Already working independently? This course will provide business development advice and ideas to help you to expand your practice, including taking on staff and tendering for contracts. Visit: www.helpwithtalking.com, email: asltip@eg-training.co.uk

23-24 April, RCSLT London

TalkTools feeding therapy: A sensory motor approach

Guided workshop. Watch Lori Overland's DVD course with expert supervision to address questions and facilitate activities. Fully accredited TalkTools course. £220. Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

27 April, Manchester; 28 April, Birmingham; 1 May, London

Tablets, teachers and technology

Richard Hirstwood and Carol Allen show you how to use all tablet technology effectively to enhance the curriculum, match technology to learners needs, create sensory stories/trails and immersive sensory learning opportunities whilst assessing and recording evidence of progress. £225 + VAT. Email: lois@hirstwood.com, visit: hirstwood.com, tel: 01524 426 395

30 April - 1 May, City Lit London

Mindfulness for SLTs

Experiential introduction to key elements of mindfulness with reference to mindfulness-based stress reduction and mindfulness-based cognitive therapy. Relevant to wide range of adult/paediatric client groups and has personal stress management/wellbeing benefits for therapists.£146. Email: carolyn.cheasman@citylit.ac.uk, tel: 020 7492 2578

6 May, Raphael Medical Centre, Tonbridge, Kent

PTSD following brain injury

This one-day workshop aims to look at assessment, diagnosis and intervention of PTSD following TBI. It will also consider the issues of Combat TBI and PTSD. Further details and to book, visit: www.raphaelmedicalcentre.co.uk

6-7 May, Bristol

Understanding and implementing effective autism programming from toddlers to teens

Two-day workshop presented by Mary Lynch Barbera, PhD, RN, BCBA (Author of: 'The Verbal Behavior Approach'). For information or online booking, visit: www.skyboundtherapies.co.uk

11 May, Manchester; 12 May, Birmingham; 15 May, London

Making 'sense' of multi-sensory learning

Hirstwood Training present three dynamic sessions, exploring how to expand your repertoire of multi-sensory activities in a variety of teaching and learning environments. Each demonstrates easy to replicate, but very effective, ideas to expand your multi-sensory 'tool kit' focusing on multi-sensory environments, 'safe' spaces and resonance boards. £225 + VAT. Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

15 May, 9.30am – 4.30pm, Brentwood Community Hospital

West Essex Independent Practitioners Group study day

Assessment and management of auditory processing disorders. Speakers include Maggie Vance (SLT/lecturer), Josephine Marriage (audiological scientist), Sarah Worsfold (SLT) and Phonak. Refreshments only provided. £50. Email: anne.springate@btinternet.com

16 May, Warwick University

NAPLIC Conference: SEND Reforms and SLCN

Good practice to support children and families. Keynotes include: Christine Lenehan, Anne Fox, Sue Roulstone, Marie Gascoigne. Seminars/exhibition. Prices from £95 for members. Non-members welcome. Information: www.naplic.org.uk or carol.lingwood@btopenworld.com. Tel: 01273 381 009

21-22 May

Paediatric tracheostomy for the SLT

Aimed at paediatric clinicians working in a hospital or community setting. Workshops involve familiarisation with different tubes and problem-solving application. Contact: ICH Events, tel: 020 7905 2699, email: info@ichevents.com

27 May

Colourful semantics, with Alison Bryan

Explores a visual way of coding information content of language, used to support learning cross-curriculum. SLTs will have access to the underlying theory but the focus is on application with lots of practical examples. £75. Tel: 01908 614 479, visit: www.bookwhen.com/magicwordsspeechtherapyforschools

1-5 June (five days) SLT Sheffield

Paediatric eating, drinking and swallowing course

+ Follow-up day: March 2016. RCSLT registered. £500 inc lunches. Course details available from: tory.paxman@nhs.net (please email where possible). Tel: 0114 271 7615

11-12 June

Managing paediatric voice problems

This course is aimed at SLTs working with voice-disordered children in a community or educational setting. Also has relevance for SLT voice specialists. Contact: ICH Events, tel: 020 7905 2699, email: info@ichevents.com

17 June, London; 19 June, Birmingham

iPads and switch access

iOS devices (iPad/iPhone/iPod) have opened up access to communication, environmental control and entertainment to people with physical/sensory impairments, but what happens when you can't touch the screen to control the apps? Russell Smith will guide you through what you need to know to start developing switch access with your pupils/students/adults using your iOS device. £195 + VAT. Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

22-23 June, RCSLT, London

TalkTools level one guided DVD workshop

View the DVD, 'TalkTools level one: A three-part treatment plan for oral-motor therapy' in a group, supported by Helen Woodrow, Level 4 TalkTools SLT. Accredited Course. £220 Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

22-24 June, City Lit London

Effective counselling skills for SLTs

Highly relevant to work with any client group; practical and experiential. Topics include developing the therapeutic relationship, boundaries, hearing the story, confronting, immediacy, self-disclosure and loss. £340. Email: rachel.everard@citylit.ac.uk, tel: 020 7492 2579

29-30 June, RCSLT London

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. Covers pre-intentional to early intentional communication skills. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

29-30 June, RCSLT London

Elklan total training package for under 5s

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

2-3 July, RCSLT London

Elklan total training package for 5-11s

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

2-3 July, London

Elklan total training package for 11-16s

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

NEW MyNutilis

Nutilis Clear has been designed to maintain the original appearance of drinks, which may support compliance and improved fluid intake.

The new **MyNutilis.co.uk** website aims to inspire patients and carers to cook delicious meals with Nutilis Clear.

Visit the website for recipes, news items and videos of Chef Neil making meals that look and taste appealing to patients.

	Tin Size (g)	FP10 Price*	Cost per Stage 1 drink**	No. of Stage 1 drinks** per tin
Nutilis Clear	175	£8.46	£0.15	58
Nutilis Powder	300	£4.92	£0.13	37
Thick & Easy™	225	£5.06	£0.20	25
Resource ThickenUp® Clear	125	£8.46	£0.16	52

*MIMS, February 2015; **200ml drinks as per manufacturer dosage instructions.

Transparent results

MyNutilis.co.uk

NUTRICIA Nutilis Clear