We need to influence how our services are measured in a meaningful way

Communication is a laughing matter

Find out how to take part in the ICP2014 month of action

On the fast track: a new route to dysphagia competency for newly-qualified practitioners
Life’s little joys needn’t be so hard to swallow

Giving everyday food a cohesive consistency, Thick & Easy™ makes meals and snacks safe for patients who find food difficult to swallow.

Contact us today on 01928 533533 or visit www.fresenius-kabi.co.uk and find out how we can help make safe and pleasurable mealtimes a reality.
Dysphagia research

Would you be willing to take part in a research project to investigate current practice in the UK for screening patients with swallowing problems? I am conducting the study as part of my research masters in clinical practice at St George’s University, London. Taking part will involve completing an online survey (https://www.surveymonkey.com/s/NWFD2GX), which should take 15 to 20 minutes and, if you wish, a brief follow-up telephone interview. I will maintain all information in a strictly confidential manner and ensure your anonymity. Please inform any colleagues who you think would be willing to take part.

Aeron Ginnelly, Advanced Specialist SLT
Email: p1305404@sgul.ac.uk

Dementia campaign

As one of the SLTs in this country who pioneered work in the field of dementia, I was delighted to read that the College is launching an RCSLT Dementia Campaign (Bulletin, April 2014, pages 12-15). It was as a member of the Hammersmith Hospital Memory Clinic team in the late 1980s and 1990s, that I was able to demonstrate to the other professionals that speech therapy did have a role. In the memory clinic context at that time, the SLT role was mainly one of contributing to a team early-stage diagnosis. However, advice to sufferers and their carers was crucial, as communication breakdown was often one of their main concerns. More recently, the teaching and advisory role with staff in a variety of care settings has become more important, as has the management of dysphagia in those with dementia. I hope this will not be to the exclusion of work on communication.

I wish the College every success with its campaign, and hope that success will be measured by a greater number of specialised SLTs being available and employed in this field of work.

Sue Stevens, by email

A beautiful example

What an excellent and inspiring article by Janet Walmsley and her colleagues (‘Making time for your evidence’, Bulletin, April 2014, page 17). I’ve long been concerned that although SLT students may leave their degree well trained in research design, they may not have appropriate practical tools to incorporate research into a demanding clinical job, which has no earmarked research session. The Sheffield team’s account is a beautiful example of how teamwork, intellectual curiosity and learning can be an integral part of a busy clinical practice in the service of clients.

Christina Shewell, by email

All things seem possible in May

We live in a world of health observances – you know the sort of thing, World Parkinson’s Day, Migraine Awareness Week, Action on Stroke Month. These are defined as periods used to promote an issue and mobilise people for action. There are two periods this May that you might like to consider adding to your list of ‘great ideas to take part in now that it is staying lighter in the evenings’.

Firstly, the International Communication Project 2014 is holding a month of action in May to raise the profile and status of communication disabilities with international health bodies. We want as many people as possible to sign the ICP2014 pledge. Read pages 16-17 to find out more.

Secondly, the RCSLT is using Dementia Awareness Week (18-24 May) to launch our Giving Voice for People with Dementia campaign. Whether you work with clients with dementia or have more personal experience, please have a look at the Giving Voice website and see how you can take part in our major campaign for 2014. Visit: http://givingvoiceuk.org/dementia

Steven Harulow
Bulletin editor
bulletin@rcslt.org

Your RCSLT

Raquel Baetz

As the publications officer for the RCSLT, I work with Steven Harulow to produce your monthly Bulletin magazine. This includes everything from writing feature articles, to editing your submissions, to coordinating content for sections in the magazine, such as Book Reviews, Clinical Excellence Notices, Any Questions and My Working Life. I am also responsible for producing and updating many of the RCSLT’s popular guides, posters and brochures, including the newly-qualified practitioner guide, student guide, membership poster, and Seven Signs booklet. Please get in touch if you would like to contribute to the Bulletin.

Email: raquel.baetz@rcslt.org
RCSLT Cuts Survey 2014

How is your service faring in the face of financial pressures?

As part of our ongoing Giving Voice Campaign, the RCSLT is keen to have up-to-date information about the level of budget cuts across the UK and the impact these are having on services for people with speech, language, communication and swallowing needs.

As in previous years, we are asking service leaders to complete 20 brief online questions about their service, in terms of proposed and actual financial cuts. This will provide information on the effects these are having/will have on services (for example, reductions in staff numbers, downgrading of posts, abolition of services, raising of eligibility thresholds and increased waiting times). We are particularly interested to find out about any actions you may have taken to mitigate the cuts services face.

The information provided will be confidential and we will not use any results without seeking permission from the respondent. The data will help us to be more effective in our influencing work on behalf of the profession and service users.

The survey will remain open until 5pm on Monday 2 June 2014. If you have any questions about the survey, please email: robin.matheou@rcslt.org

Visit: https://www.surveymonkey.com/s/DN8GVD6 to take part

RCSLT Honours 2014

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

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

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

The £1,000 Sternberg Award for Clinical Innovation is for innovative work that is new to a location and of demonstrable benefit to the service, the clients and the profession.

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

Nominations close on 30 May 2014. To nominate someone you must be a certified RCSLT member.

For more information, visit: http://tinyurl.com/84d3as4, email: jo.offen@rcslt.org or tel: 0207 378 3007
Giving Voice: taking the campaign forward

Gemma Biles gives an insider’s view of life as part of the RCSLT’s Giving Voice Innovation Group

After two years at the University of Essex, leading the set-up of its SLT Society and subsequently taking the MSc SLT course through numerous Giving Voice events, I began my full-time post as a Band 5 therapist. Suddenly my Giving Voice input went from 100% to nil. I was swamped with competencies, assessments, multidisciplinary team meetings and had not even begun to consider how I would continue my Giving Voice input. When I heard that the Giving Voice Innovation Group (GIG) was recruiting more members, it seemed like the perfect opportunity to remind myself of the success of my campaign involvement, a chance to throw my passions back into the campaign and meet other SLTs who continue to campaign despite the strains on their day-to-day working.

This led to attending the GIG weekend residential in March, where we engaged in brainstorming forthcoming campaigning events for 2014, gave a detailed pitch into the benefits of speech and language therapy to an NHS manager and had a lesson on social media campaigning.

The things that struck me during the two-day residential were: everyone’s shared passion, the great creative minds of the team, and the way we pulled together to think up new and interesting ways to continue the campaign.

It highlighted the importance of continuing the message that speech and language therapy is essential for helping those with communication, and eating and drinking difficulties across multiple settings. It emphasised how vital this campaign is to our profession and its recognition in healthcare, social care and education.

My aim now is to link up with other SLTs in the South West, so our RCSLT Hub activity can begin to ingrain the same passion in others as we created at the GIG residential. Giving Voice events are now in the pipeline and I can’t wait to see what the GIG, the Giving Voice champions and all the wonderful SLTs who get involved in this campaign will bring to it in 2014.
Dementia is hugely misunderstood and more funding/research is needed!

Interesting points about #Dementia

in this month’s @RCSLT bulletin.

May 2014 | www.rcslt.org

The RCSLT position paper, ‘Speech and language therapy provision for people with dementia’, is now available on the RCSLT website. Written by SLTs who are experts in the field, the paper highlights the speech and language therapy provision that should be available to ensure equity of access for people with dementia. It also highlights the key role that SLTs have within multidisciplinary teams.

The publication of the paper is part of the RCSLT’s Giving Voice for People with Dementia Campaign. The launch of the campaign coincides with Dementia Awareness Week (18 to 24 May) and we hope to engage as many RCSLT members as possible in campaign activity over the coming months.

Giving Voice will be the platform for local activity and we will be working closely with our Giving Voice champions and RCSLT Hubs across the UK to spread our campaign messages far and wide.

The RCSLT is committed to developing clinical academic research capacity in the profession to undertake and implement research that has direct relevance and potential benefit to clinical services and service users.

From this year, we are offering two part-time studentships for members to carry out a Masters in Research. Institutions all over the UK offer masters programmes that focus on clinical research and provide an opportunity for SLTs to begin a career in clinical research alongside clinical practice.

Studentships will cover all fees for the course. To apply, members must have been practising clinically for a minimum of two years and have a place on a masters programme to commence in September 2014 or January 2015. The deadline for applications is 30 June 2014.

For further information and an application form, visit: http://tinyurl.com/rcslt-grants-awards or email: emma.pagnamenta@rcslt.org

RCSLT launches new masters studentships for members

Pledge your ICP2014 support

As you read your Bulletin, we hope many of you will already have plans to get as many people you know as possible to sign the International Communication Project 2014 (ICP2014) pledge. On pages 16–17 of this issue, we feature some of the activities people have already undertaken as part of the European Day of Speech and Language Therapy and suggest ideas for ICP2014.

We will be playing our part and I [Kamini] will be facing an ICP2014 CEO challenge. For example, the Communication Trust Director Anne Fox and I will drive around London in a special ICP2014 taxi cab in mid-May to obtain as many signatures from our partner organisations as possible.

While we trust that you will enjoy your own activities and come up with your usual creative ideas, we also want to remind you of the serious side to this work.

The International Communication Project 2014 ultimately aims to influence the World Health Organisation and put communication disability firmly on the map in terms of policy.

In order to do this – as a profession and professional body in the UK – the RCSLT Council has agreed we will play a more active role in supporting organisations or individuals in under-served countries who are seeking to develop services for people with speech, language and communication needs (read ‘It’s time to take a deeper look’, Bulletin, March 2014, p16–17).

For the RCSLT, this involves working with SLT colleagues in Sri Lanka to run the first South Asian Conference for SLTs as part of ICP2014. The conference will aim not only to cover clinical areas of priority, but also to support SLTs in countries in South Asia to develop their professional organisations and raise their profile to government and other decision makers.

For us as a profession in the UK, there is also an opportunity to learn from others (reverse innovation) and we would encourage members to look at the ICP2014 website and consider the opportunities for learning.

We will also be working with key experts, such as Manchester Metropolitan University’s Dr Julie Marshall, and would encourage you to look at the Communication Therapy International website (http://comtherapint.wordpress.com) if you want to get more involved.

Bryony Simpson, RCSLT Chair; Kamini Gadhok, MBE, RCSLT Chief Executive. Email: kamini.gadhok@rcslt.org
RCSLT Regional Hubs

What’s happening in the RCSLT Yorkshire and the Humber Hub?

The RCSLT Yorkshire and the Humber Hub is going from strength to strength. The Hub has received funding from the Yorkshire and Humber Local Education Training Board and this has led to a fixed-term, part-time post to coordinate the activities of the Hub between the University of Sheffield and Leeds Metropolitan University. Billie Lowe has taken this position and is based at the University of Sheffield. Our inaugural event took place in June 2013 and since then further events have followed, including a day focusing on outcome measures with Professor Pam Enderby and Marie Gascoigne as speakers. Delegates from around the region also inspired us with their own outcome projects.

Our next event in April 2014, led by Professor Enderby, was a training day on her Therapy Outcome Measures. Representatives from across the region attended, including NHS clinicians, independent practitioners and other sectors. In light of the momentum to develop a profession-wide approach to outcome measures, this enabled us to take an informed role in the debate, as well as implementing appropriate outcome measurement tools within our own services. We are planning our next event, which will focus on how services are responding to the new Children and Families Bill.

Billie’s role in the Hub is to facilitate communication between all members, and to promote events around the region. We encourage all SLTs to engage with the Hub. Even if you are unable to attend events, you can keep in touch in various ways. Email Billie at: h.lowe@sheffield.ac.uk to join the email distribution list; email: hubs@rcslt.org to join the Yorkshire and the Humber Hub Basecamp group; or follow us on Twitter @YorksHRCSLTHub

Dr Judy Clegg, Senior Lecturer, University of Sheffield

The RCSLT prize draw

Win a book...

Bulletin readers can win a copy of ‘Adult Neurogenic Language Disorders’. Email your name, address and membership number to prizedraw@rcslt.org and put ‘May draw’ in the subject line. Entries close 15 May. March’s winner was Ruth Illingworth from Bradford.

Coming face-to-face with stroke

This image made up of 302 self-portraits created by the public using their non-preferred hand to increase awareness of stroke and what it might be like to carry out everyday tasks in a new, less-skilled fashion.

The mosaic creates a reproduction of Mike Austin’s self-portrait that featured on the poster for the University College London Communication Clinic exhibition, ‘Communicating without words’, held at the Lumen Gallery in October 2013. The artwork showcased the work of 13 people who had aphasia following stroke. It revealed that the artists had retained or acquired new ways to communicate using visual elements, even though many of them had physical difficulties that meant they were no longer able to create their artwork with their preferred hand.

Ruth Perry
Visit: http://tinyurl.com/mizhh6n

08-009_news.indd 8
17/04/2014 10:16
The NHS Fife area-wide speech and language service has designated 2014 as the year of Giving Voice throughout the region, with a number of initiatives planned at various sites.

North-east Fife based SLTs lent their voices to the Giving Voice campaign in April. From 7–9 April, therapists at Adamson and St Andrews Community Hospitals promoted the Giving Voice initiative across North-east Fife facilities and engaged with visitors to help raise awareness of the impact of communication problems on individuals and their families and carers.

Visitors to the Adamson and St Andrews Community Hospitals were able to access information about speech and language therapy, and campaigners invited them to write examples on coloured paper leaves of the numerous ways that they had communicated that day. The leaves went on to a display tree to provide a talking point, further highlighting the importance of communication.

Principal SLT Liz Fairweather said, “Giving Voice is a wonderful opportunity to highlight the importance of speech and language therapy, which can prove transformational in a person’s life.

“A number of successful initiatives have already been running across Fife to promote speech and language therapy, including the ‘let your hands support your talking’ information calendars. These are aimed at promoting communication and language development for all nursery-age children, and incorporate a useful sign each month, while also displaying a helpful tip at the bottom of each page to remind people about different aspects of signing.

“For example, January demonstrates the sign for ‘sit’ and reminds us that ‘Signing is one of the quickest and most convenient ways to communicate for children who have difficulty with spoken words’.”

Seven signs of speech and language therapy

Poster versions of the individual ‘Seven signs of speech and language therapy’ are now available to download from the Giving Voice website.

Visit: http://tinyurl.com/o28vvuu

3,088 signatories to the ICP2014 pledge

£168,000 awarded to Mark Jayes to carry out research on mental capacity assessment for patients with communication difficulties

Derek Munn

COLUMN

WIDER HORIZONS

The month of May sees international horizons come to the fore. Politically, it’s the European elections. Health is not an EU competence for the most part, but wider discussions around free movement of people to live and work across Europe, and what access EU citizens have to services in other states will certainly impact on the NHS in the UK.

As you will read elsewhere in Bulletin, the International Communication Project 2014 is stepping up a gear with a month of action and a focus on signing up to the International Communication Pledge. We are also launching this year’s Giving Voice awards, and as well as a general category for innovative ideas and actions there will be a special category for events and activities with an international theme.

It’s a busy time for RCSLT’s influencing work. May sees Dementia Awareness Week (18–24) and the beginning of activity to highlight what speech and language therapy can offer to people with dementia.

Back at Westminster, the issue of healthcare regulators has hoved into view. This is unlikely to be a burning general election issue, but for people like Bulletin readers, for whom Health and Care Profession Council (HCPC) registration is a part of life, it’s very relevant indeed.

The three law commissions that cover the four UK countries have produced joint proposals for eight of the UK’s nine healthcare regulators, of which the HCPC is one. After consideration by government, they will become a bill in due course.

The proposals are huge, including amongst others: allowing regulators to investigate someone without a complaint having been made; introducing revalidation, an ongoing assessment of a person’s fitness to practice as currently experienced by doctors; reconsidering cases already closed; and striking people off for not being able to communicate clearly in English.

Stand by for the debate on all these.

Derek Munn, RCSLT Director of Policy and Public Affairs

Email: derek.munn@rcslt.org
News

Illuminating awards

The Warwickshire team with RCSLT CEO Kamini Gadhok (centre)

Pearson Assessment, in partnership with The Communication Trust, held the third annual Shine a Light Awards in London on 3 April. The awards celebrate innovative work and excellent practice in supporting children and young people’s communication development.

Award winners included Shane Dangar, 20, who received the Communication Champion Award for his volunteering work to raise awareness of communication difficulties. The Life & Deaf Association and Artburst Ltd were joint recipients of the SLCN Innovation Award for their creative and engaging work with children and young people.

 Wentworth Nursery School in Hackney took home the Early Years Setting of the Year Award, while Peacelhaven Community School in East Sussex received the prize for Secondary School of the Year.

The new Children’s Workforce Development Award went to the Time to Talk campaign led by Warwickshire County Council and NHS Speech and Language Therapy Service. Every Sheffield Child Articulate and Literate won the new Working Together Award for their work in establishing a sustainable communication strategy across 15 primary schools in which more than 43 languages are spoken.

Visit www.shinealightawards.co.uk

NIHR money for mental capacity project

Mark Jayes has received a National Institute for Health Research (NIHR)/Health Education England Clinical Doctoral Research Fellowship to carry out research on mental capacity assessment. Mark, who works clinically as an SLT at Sheffield Teaching Hospitals, plans to use his PhD to develop and evaluate a clinical tool to support hospital multidisciplinary teams to carry out more accurate and inclusive mental capacity assessments for patients with communication difficulties.

Mark says, “The Mental Capacity Act 2005 requires health and social care staff to assess whether patients with neurological conditions are able to make fully-informed decisions about their care. I hope to develop an original, clinically useful tool to make this process easier and ensure patients can be more involved in decisions that directly affect them.”

Know your child health profiles

Public Health England has published Child Health Profiles 2014, developed by the Child and Maternal Health Intelligence Network. They present a picture of child health and wellbeing for each local authority in England using 32 key health indicators that help local organisations work in partnership to improve health in their local area. The profiles contain data on a wide range of issues affecting child health, from levels of childhood obesity, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

Visit: www.chimat.org.uk/profiling

Living well with brain injury

People living with traumatic brain injury need to live well in the context of persistent changes to physical, psychological, emotional and social life post injury. This is the key message from ‘Surviving is one thing: Living quite another’ a report commissioned by the Ajahma Charitable Trust. The report integrates first-hand knowledge from people who live with traumatic brain injury and their families, together with evidence from current research and specialist practitioners and service providers. It aims to identify the opportunities and outcomes associated with providing appropriate community support, the risks of failing to provide this support and examples of good practice.

Visit: http://tinyurl.com/qzo2l4t

Time to reduce need for restrictive interventions

The RCSLT, as part of the Learning Disabilities Professional Senate (LDPS), has welcomed the publication of ‘Positive and proactive care: Reducing the need for restrictive interventions’. This Department of Health guidance sets out a framework within which adult health and social care services can develop a culture where restrictive interventions are only ever used as a last resort and then only for the shortest possible time. It also sets out mechanisms to ensure accountability for making improvements, including effective governance, transparency and monitoring. According to the LDPS, the focus now is to translate the principles within the report into real and meaningful change for the lives of vulnerable people who are at risk of receiving restrictive, punitive and degrading treatment.

Visit: http://tinyurl.com/pcuvk4c

Neurorehabilitation award open for entries

The World Federation for Neurorehabilitation (WFNR) has announced that the WFNR Franz Gerstenbrand Award is open for entries from allied health professionals and researchers. Now in its second year, the £3,000 award recognises and rewards a neurorehabilitation project that has benefited patients. Entries can come from any aspect of neurorehabilitation. Examples include a patient or clinic management initiative, research project, best practice development or the use of a new technology. The prize will be in the form of a travel bursary to a clinical conference, a professional development course or a research project. Closes 3 November 2014.

Visit: www.wfnr.co.uk

IN BRIEF

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Visit: www.wfnr.co.uk
Su Vosper says dramatherapy approaches can complement the work of the SLT

Dramatherapy has much to offer

In the current political and educational climate, improved emotional and social wellbeing of children and young people is a key public health outcome. Dramatherapy enables clients to explore issues around identity, emotional states and communication through dramatic forms. The ‘acting out’ of scenarios provides an ‘aesthetic distance’ that allows clients to feel safe to engage, while also helping them to reflect on what is happening.

Dramatherapy holds some similar principles to speech and language therapy. In terms of theory of change, both disciplines are experiential and encourage the client to be active in their own changes. Like speech and language therapy, dramatherapy can occur on a one-to-one or group basis. Both disciplines aim to provide a safe environment and in creating a ‘container’, the client is able to explore their own ‘truths’ freely. Dramatherapy also provides the space for playing out scenarios, rehearsing the skills needed in everyday life and ‘trying on something for size.’ It essentially works through ‘images’ and play – SLTs understand the critical importance of play and play development on language and communication.

However, there are core differences in approach. Often within speech and language therapy, the sessions follow a task-oriented structure. In comparison, within dramatherapy, there is structure (‘Bridging in, main activity/event and bridging out’) but the focus is on the creative process and leaving ‘space’ for clients to explore and express themselves.

In dramatherapy, unlike speech and language therapy in general, the outcomes are not predetermined. For example, it may be a goal to explore the client’s sense of identity but the final outcome is left open to what the client discovers through the process.

Here are a few examples of how dramatherapy could help the SLT. The ‘Elementary Play’ drama model (Booker, 2011) is designed for clients with profound and multiple learning disabilities to help develop specific skills, such as intentional communication and emerging emotional intelligence. It involves several storytelling approaches and Booker draws many similarities to the intensive interaction model (Nind and Hewett, 1994).

‘Embodiment, Projection and Role’ (the EPR model, also known as the developmental model) (Jennings, 1992) includes the three elements, linked to child development theory. The use of projective tools, for example miniature toys, could particularly support children with language disorder and autism.

‘The Hero’s Journey’, a ritual theatre approach (Rebillot, 2006) could enable clients to develop narrative skills through exploring their own personal stories, with its often included structure of separation/challenge and initiation/revolution and transformation.

Mask work enables clients to explore their different persona in their everyday lives – and could be particularly useful for fluency and voice clients and young offenders. This links to Personal Construct theory. By its very flexibility, dramatherapy approaches could be drawn on to encourage a wide range of clients to develop ideas and concepts as well as metacognitive skills, emotional literacy and self-esteem. The SLT is a creative as well as clinical thinker; always looking for more effective ways and means to engage the child or adult client.

Dramatherapy approaches have much to offer.

I have recently started working independently, giving me the flexibility to trial dramatherapy approaches and collaborate with others. I would welcome any input from SLTs interested in this area. Thanks to the RCSLT for awarding me a minor grant, which contributed to my dramatherapy foundation course.

References & resources


On the fast track – a new route to dysphagia competency?

Laura Gratton and colleagues report on their project to equip newly-qualified therapists for dysphagia practice.

When all competencies for dysphagia practice were signed off as autonomous on the ‘Specialist Dysphagia Practitioner’ level of the Inter-professional Dysphagia Framework (Boaden and Davies, 2006), which relates to working autonomously with routine or non-complex dysphagia.

Clinical experience for graduates progressed through joint working, distant supervision, and independent working. Graduates and supervisors negotiated the level of independence depending on their level of competence and confidence at any given point.

We evaluated the attainment of the competencies through clinically-demonstrated skills, a written case report and an e-portfolio of evidence. This allowed for assessment to draw on competence demonstrated clinically, academically and through graduates’ own perceptions of their skills. The intention was to focus on mutual agreement of competency.

By the end of the pilot, all graduates had been signed off as autonomous on all competencies. It was a very
positive outcome for employability, with all the participants offered posts in adult services where they could put their skills to immediate use.

Participants’ reactions

Clinicians
“The Leeds adult speech and language therapy department is proud to have been involved in this pilot project. It did not come without its challenges for clinicians and highlighted the importance of clear communication channels between higher education institutions and supervising clinicians.

“The department considered it to have been a positive learning experience. The graduates soon became integral members of our team; they got excellent feedback from clinicians, patients and families. The graduateship provided an opportunity for growth in the service, by increasing capacity, and also for the clinicians, in developing their own supervisory skills. We would look forward to welcoming more graduates back in the department next year.”

According to Specialist SLT Nicola Martin, “Having the graduates working with us on the neuro-rehabilitation unit gave us enough staffing to carry out our ‘mealtime month’ – an awareness raising, training and audit exercise to promote safe and enjoyable eating and drinking for patients with dysphagia.”

Highly Specialist SLT Paula Adam added, “I was apprehensive at first about the responsibility of developing dysphagia competencies in this way but I found the graduates to be a real asset to the team. I discovered that the best way to learn in this area was to do and reflect rather than teach or tell the graduates.”

Graduates

“The participating graduates were overwhelmingly positive about the pilot. While recognising the challenges of integrating with a varied, busy and sometimes stretched service, they found the support from clinicians ‘fantastic’. They greatly valued feeling part of the team and contributing to the service. The graduates finished the pilot with a good level of confidence in their skills in dysphagia, and were excited to commence their first posts.

“Taking part in the pilot study was an invaluable experience that enabled me to develop core dysphagia skills through working intensely in a clinical setting. It has provided a great platform into working as a Band 5 adult SLT,” said graduate Abigail Walters.

Jessica Stockley added, “I was supported by an excellent supervisor who assisted me to develop my clinical skills, allowing me to begin a speech therapy job feeling confident and competent to work with a dysphagia caseload.”

Academics

“At Leeds Met, we are keen to match the skills of our graduates to the needs of employers. This pilot gave us the opportunity to do that, given the significance of dysphagia in the adult SLT caseload. “It was great to see graduates building on the knowledge they gained from our newly-introduced undergraduate ‘Eating, drinking and swallowing disorders’ module. Piloting this programme has highlighted the aspects of dysphagia theory that graduates must understand prior to commencing clinical practice. This is a timely project given the imminent publication of the new dysphagia competency framework.”

Future developments

As would be expected in a pilot programme, there were many challenges, but also clear benefits (table one). All involved have learned invaluable lessons (table two), which will enable the programme to move forward. We hope to expand to other trusts in the future, and are optimistic this pilot could lay the foundations for a new model of dysphagia training.

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Table two: Action points for the future

- Clear structure and timetabling
- Ensure graduates are confident with theory through refresher sessions and e-learning
- Consistent, mutually-agreed approach to assessing competencies
- Secure opportunities to build skills within non-complex caseloads
- Clear roles, such as key supervisor and graduateship coordinator
- Clear communication channels between clinicians, graduates and Leeds Metropolitan University
- Support for clinicians in their supervisory role
- Explore and identify projects that graduates can lead, to promote added value

References & resources

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This month’s resources reviewed and rated by Bulletin’s reviewers

APP
Talking Tips for Kids

AUTHOR: Fiona Barry
PUBLISHER: TalkingTipsForKids
PRICE: Free – £1.49
REVIEWER: Amelia Wong, SLT, Children’s Integrated Speech and Language Therapy Service for Hackney and the City, Homerton University Hospital NHS Foundation Trust and Hackney Learning Trust
RATING: App ●●○○○

The app/website gives families access to a range of videos covering what to expect in children’s speech, language and communication development, aged 0-5 years, with ideas of how to support development. Some videos are free and discuss different communication areas, including recommendations. Others that you pay for (£1.49 each) contain more detailed information, specific to ages/stages, with more practical examples. Each video contains a lot of information and is quite long. Viewers may benefit from written leaflets to accompany each video to recap information. Charging for videos will limit the access of some families, perhaps those who need it most. Nevertheless, they are not expensive and may also be useful in training sessions. A nice feature is that professionals can buy videos in a bundle and give families access to watch relevant ones, up to three times each.

BOOK
Handbook of Central Auditory Processing Disorder

AUTHORS: Frank E Musiek, Gail D Chermak
PUBLISHER: Plural Publishing
PRICE: £74.27
REVIEWER: Fiona Ford, Specialist SLT, The Orchards Primary Academy, Birmingham
RATING: Book ●●●●●

These books provide a wealth of evidence-based information to address the fact that, despite awareness of an auditory-specific perceptual disorder (APD or CAPD) in children and adults for more than 60 years, a consistent approach to diagnosis and treatment has yet to be determined.

Volume 1 provides information about the auditory neuroscience and clinical science needed for diagnosis; volume 2 details intervention strategies, rehabilitation and professional issues.

Both volumes emphasise the need for a multidisciplinary approach involving audiologists, SLTs, teachers, psychologists and physicians for assessment, differential diagnosis and intervention.

Case studies provide an invaluable insight for clinicians into how those with APD may present and provide a framework for assessment and intervention. Sharing relevant case studies with parents and carers could be a helpful way of offering support and hope in an area where I have found limited awareness as a clinician and parent.

BOOK
The Late Eight (Second Edition)

AUTHOR: Ken Bleile
PUBLISHER: Plural Publishing
PRICE: $79.75 (Amazon)
REVIEWER: Kirsty Bui, SLT, Berkshire NHS Foundation Trust
RATING: Book ○○○○○

This book focuses on the eight last sounds acquired by English speaking children – th, th, s, z, l, r, sh and ch – and aims to provide a comprehensive assessment and treatment package. There are helpful ‘quick glance’ information sheets for each sound stating typical age of acquisition, place of articulation, common substitutions and possible metaphors for explaining the sound. There are also step-by-step instructions for teaching each sound and 4,000 example words categorised by sound, including minimal pairs and some themed lists.

However, this book is really only useful for word inspiration as there are no materials provided to enable therapy. It comes with a DVD, which is only useable on a computer and simply repeats almost all of the information given in the book. It also includes a dry 16-minute video discussing how to give feedback during therapy, which is more appropriate for students than experienced therapists.

About Amazon Book Reviews

Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: www.rcslt.org

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.
FEATURE
INTERATIONAL COMMUNICATION PROJECT

It’s all gone international

RCSLT members came out in force to celebrate the European Day of Speech and Language Therapy. Find out how you can take part in the International Communication Project 2014

Speech and language therapists and students from across the UK joined forces with their European colleagues on 6 March to celebrate multilingualism, the theme of this year’s European Day of Speech and Language Therapy. Here is a roundup of some of their activities.

University of Strathclyde SLT Society: students set up a table in the university library with posters, banners, ‘community-cakes’ and Giving Voice leaflets. They explained the role of speech and language therapy and the importance of communication to their fellow students. Two SLT students also stationed themselves at Caledonian University and spoke to colleagues there.

The adult speech and language therapy team at University Hospital Aintree and Walton Centre in Liverpool used 6 March to promote the International Communication Project 2014 (ICP2014). Throughout the day, the team gave out ICP2014 stickers, flyers and balloons on wards and in the hospital reception, while explaining the role of SLTs to staff and visitors.

Birmingham City University (BCU) students hosted a range of activities to celebrate multilingualism and multiculturalism. According to one of the students, “Activities included asking people within the faculty to tell us about different cultural traditions and creating a poster to display them.” Students and staff had the opportunity to participate in a quiz to test their knowledge and raise awareness of the different languages used around the world and in the UK.

Brent Paediatric Speech and Language Therapy Service ran a stall at the Wembley ASDA superstore to raise awareness of speech and language therapy, and multilingualism in the diverse local community. According to Clinical Lead SLT Sunita Shah, “The response by the community was very positive. Parents were eager to engage the children in the activities while they had time to speak with the therapists. The ASDA staff were very helpful and supported the celebration. It was fantastic to see parents of children who we have helped attend and support the day.”

Students from City University London set up an ICP2014 stall outside Professor

| Table one: Activities you could undertake as part of ICP2014 |
|--------------------------|-----------------------------|
| Activity                  | Description                                                                 |
| ICP2014 pledge signing    | Find an innovative way to get people to sign the ICP2014 pledge online. Send us your photos and we will give a prize to the most inventive efforts. |
| ICP2014 social media      | Tweet, post on Facebook or share pictures of your involvement in the international campaign using the hashtag #icp2014 |
| Video blogs               | Why not upload a video blog showing your work in the UK and overseas?         |
| Service visits            | Invite MPs, MSPs, AMs, local councillors, commissioners, chief executives and other decision makers to visit your service and meet with SLTs and service users. This would be a great opportunity to ask individuals to sign the ICP2014 pledge. |
| Raise local awareness     | You’ve been very successful in using Giving Voice to raise local awareness of the importance of speech and language therapy. Use the ICP2014 brand to redouble your efforts. |
In May 2014, SLTs around the globe will take part in a month of activity to promote the International Communication Project (ICP2014). The project aims to:

- Raise the profile and status of communication disabilities with international health bodies and policy makers.
- Increase public awareness of communication disabilities and the severe impact they have on people’s lives.
- Encourage people around the world to join together and make a difference in the lives of people living with a communication disability.

Here in the UK, the RCSLT will be taking part in some attention-grabbing activities to draw attention to the campaign and to emphasise its key message – that the opportunity to communicate is a basic human right.

Specifically, we want the UK month of action to:

- Highlight the work that the RCSLT is doing to support the development of speech and language therapy services internationally.
- Increase public and decision-maker awareness of the role of SLTs in managing communication difficulties in the UK and around the world.

We would like you to take part too. Table one shows just some of activities you could take part in either during the month or later during the year. You could enter your ICP2014 activities into this year’s Giving Awards (see page 19 for details) as part of the new International Campaigning Award. So, get your video cameras ready to roll.

Emma Barnes
RCSLT Giving Voice Coordinator. Email: emma.barnes@rcslt.org

For more information on the ICP2014 campaign, visit: www.communication2014.com
For information on the ICP2014 week of action, visit: http://givingvoiceuk.org/icpaction
Communication is a laughing matter

Voice Box competitions in England and Northern Ireland continue to raise communication awareness

Did you hear the one about the baby balloon who let his family down? This was part of the joke from budding comedian Jack Johnson, winner of the first England Voice Box competition at Mr Speaker’s House in Westminster on 17 March.

Already in its third year in Northern Ireland, where the event goes from strength to strength, the RCSLT’s Voice Box Awards are a fun joke-telling competition for schoolchildren, with a serious message to highlight the importance of communication.

In 2013, we asked primary schools across England to hold their own Voice Box competitions and teachers sent us the winning joke from their school. We shortlisted the 10 best entries and invited the children to come to a final in London in October 2013. Unfortunately, the St Jude Storm disrupted everybody’s travel plans on the day, so we rescheduled the event for 17 March.

William Ma, aged six, was another of the finalists. His SLT, Tanya Hampton, said, “William had a fantastic day and I am sure he will remember it forever. His confidence is sky high and I think for William, this is the best prize from the day.”

Sir George Young, MP for North West Hampshire, assisted with the judging at William’s primary school and attended the final to continue to show his support. Following on from Voice Box, Sir George is planning to visit a speech and language therapy service in his constituency.

Commenting on the event, Lee Mack said, “I was expecting tears and tantrums but luckily all the MPs were very well behaved. I was pleased to see such an important and worthwhile cause as communication needs given a platform at Westminster. I definitely think my job is under threat by this new wave of comedians.”

RCSLT CEO Kamini Gadhok added, “The aim of Voice Box is to remind people that in every classroom, there are children who need support to help them speak and understand what is being said to them. We are very pleased that Westminster provided a platform to support this important issue.”

Meanwhile, the third Northern Ireland Voice Box final took place in Stormont on 1 April. Twenty primary – and secondary – age children displayed their joke-telling abilities along with their MLAs. The overall Voice Box champion was Stuart Craig, a pupil from Longstone Special School in Dundonald. Niall Rafferty from Holy Family Primary School, Magherafelt, won the primary section while the post-primary award went to Joshua Kelly, from Glastry College, Ballyhalbert, Co Down.

Kindly hosted by Mr Speaker, Rt. Hon John Bercow MP; the final took place in the Speaker’s Chambers. Nick Smith, MP for Blaenau Gwent, was a welcoming master of ceremonies. The judging panel comprised comedian Lee Mack, The Communication Trust Director Anne Fox, RCSLT CEO Kamini Gadhok and nine-year-old Conor Heavron, last year’s Northern Ireland Voice Box winner.

Members of parliament from the children’s constituencies – including Rt Hon Alan Johnson MP; Shadow Secretary of State for Education Dr Tristram Hunt MP and Graham Brady MP – lent their support to the children and their families on the day and joined in the fun by telling their own jokes.

Jack Johnson, aged eight, who attends Swanwick Primary School in Ripley, took the main prize, an iPad mini. He said, “My classmates are calling me Joker Jack. I’m excited to tell them I won.”

Visit: http://tinyurl.com/mzhzv2g to find out more about the Stormont event.
This year, the RCSLT will be awarding two sets of campaign awards, recognising the innovative, exciting and high impact ways RCSLT members and others have contributed to both the Giving Voice campaign and the International Communication Project this year.

**THE INTERNATIONAL COMMUNICATION PROJECT AWARD 2014**

The International Communication Project Award aims to recognise the new, innovative and exciting ways that RCSLT members have contributed to the International Communication Project 2014. From student groups organising events on campus, to teams organising a week of campaign awareness raising, all RCSLT members who have participated in ICP2014 activity can take part.

**THE GIVING VOICE INNOVATION AWARD 2014**

The 2014 Giving Voice Innovation Award is open to anyone who has made a significant and innovative contribution to the Giving Voice campaign since September 2013. This could be an SLT, assistant or student, a service user, a parent or carer, a politician, journalist or a celebrity. This category is open to individuals and teams.

**Deadline for entries: 6pm, 20 July**

**Judging: 22 July 2014**

**Awards presented: 17 September 2014 (at the RCSLT Conference 2014 in Leeds)**

Visit: [http://givingvoiceuk.org/awards2014](http://givingvoiceuk.org/awards2014) for details of how you can apply
As the prevalence of dementia rises, prioritisation of the disease has been increasing on a national scale, raising its public profile.

Although newly-created dementia-specific health care roles both reflect this agenda and push it forward, such roles tend to be oriented towards those with nursing backgrounds. It is still rare that a new post advertisement calls for a dementia specialist SLT.

However, in addition to their more routine dementia-related dysphagia intervention roles, which can indeed be very complicated, SLTs are increasingly demonstrating their invaluable aptitude for assessing and providing effective interventions for the complex behavioural symptoms of dementia that so often occur due to memory and communication-related impairments.

The indispensable need for this type of expertise is resulting in greater attention to our profession. As SLTs, we are now at a point in time where we have the opportunity to be marked as dementia care leaders, fundamental to implementing best practices and invaluable as clinical and strategic consultants.

Over the past few years, I have pursued opportunities to develop my skills in working with older adults with dementia and their families in a variety of healthcare sectors, while utilising my knowledge and experience as an SLT in leadership roles to improve dementia care.

Initially, I led the development of an acute care dementia strategy in a Canadian provincial health authority as a project manager and clinical educator, introducing new clinical tools to junior doctors, nurses and allied health professionals. These included a person-centred care plan that outlined communication abilities and preferences; swallowing needs, feeding and nutrition preferences; and other personal information a person with dementia may find difficult to remember or communicate to staff. I also initiated the use of a behaviour observation system tool to help staff detect intended and unintended changes in behaviour, and introduced a confusion assessment method – a delirium screening tool to assist staff in differentiating between dementia and delirium. I designed and delivered dementia education that helped introduce these tools and emphasised communication skills to clinical and non-clinical staff members.

I am doing similar work as the dementia service improvement lead and project lead for a new therapeutic activities programme I created at Kingston Hospital NHS Foundation Trust. I am helping implement a forget-me-not scheme to identify patients with dementia so staff and volunteers are able to take a special, person-centred approach. I also create and connect hospital dementia initiatives with staff, carers and community members via a dementia and delirium team; design and implement the delivery of therapeutic activities, such as reminiscence therapy on older adult wards to facilitate cognitive function and prevent delirium; and provide dementia education to staff and volunteers across the trust.

Frequently, others are surprised to find out that I am an SLT and not a nurse. As I mentioned, nurses commonly carry the dementia specialist role in acute care settings, but it is increasingly clear that SLTs have crucial expertise and experience in a range of dementia intervention areas that should be utilised.

We are essential to helping inform differential diagnosis, conducting assessments to optimise communication between people with dementia and their communication partners, assessing and managing eating, drinking and swallowing difficulties, training a broad range of care staff and families, and contributing to research and development (RCSLT Dementia Position Statement, 2014).

It is our responsibility and privilege to use our expertise to help people with dementia and their families to attain and maintain an optimal quality of life. Now more than ever, as the population of people with dementia increases, we need to step up and advocate for people with dementia and the vital speech and language therapy services that can support them. It is time to connect with dementia leaders within and outside our organisations and utilise our experience, expertise and education to become dementia leaders in our own right.

Sasha Wade says SLTs should utilise their experience, expertise and education to become dementia leaders in their own right.

Illustration by James Boast

The RCSLT’s Giving Voice for People with Dementia campaign kicks off during Dementia Awareness Week (18-24 May 2014). For more information, visit: http://givingvoiceuk.org/dementia
It’s time to stand and act together

Gaye Powell, the RCSLT’s new outcome measures project manager, says we need to influence how our services are measured in a meaningful way – while we still can

I thought it would be good to introduce myself as the RCSLT’s newly-appointed project manager for your outcomes project. To those of you who thought I had taken early retirement, I had, but the chance to be part of this crucially important piece of work to secure speech and language services for the future for individuals with communication and swallowing difficulties was just too tempting. I hope you will consider that my previous experience as a clinician, researcher, service manager and clinical lead for commissioning is appropriate to facilitate the membership with this ground-breaking project.

A commitment to designing, delivering and commissioning services that are efficient, effective and make a positive difference to children, adults and their families in as timely a way as possible is what the outcomes project is all about.

As many of you know, it is vital that we drive this project forward as soon as possible and work proactively with budget holders, policy makers and commissioners to determine the outcomes we know are important for the people we work with. If we do not, contracts will focus on processes and outputs – for example, waiting times, numbers treated, number of sessions per individual and blocks allocated – rather than real needs and outcomes.

We need to provide consistent evidence of outcomes across the profession to prove the long-term positive impact speech and language therapy has on people’s lives. This is essential to prevent further inequity in service delivery and the de-skilling and erosion of the workforce.

We must grasp this moment and take the lead in this current climate of change, while we still have the opportunity to influence how our services are measured in a meaningful way.

As agreed at the Birmingham Hub Summit in October 2012, the consensus was that the profession could not afford to wait for a tailor-made solution. The first step will be to identify an existing tool urgently, evaluate it based on the criteria agreed, including reliability and validity, and then recommend it for use as soon as possible. We will be asking people who are familiar with one or more tools to give us feedback on how well they match the criteria. If you haven’t already contacted us, please email hubs@rcslt.org to be part of this process.

The project has two phases. The first is to identify a tool that meets the criteria as far as possible and is able to collect core outcome measures across the profession. The second, which is happening in parallel and has started using theory of change methodology, is to reach consensus on what is required to be measured at a condition, care pathway, setting and service level.

As stressed at the summit, the principles underpinning the project are that:

■ Any tool recommended would be ‘opt-in’ and it is acceptable if services wish to use their current tool/system for the short term.
■ No tool will be perfect, but will be refined over time.
■ The approach must effectively link clinical, policy, research and business drivers.

There is already great work going on in the RCSLT Hubs and clinical excellence networks in moving this work forward, but – and this is a big but – the success of this work is dependent upon us continuing to stand and act together, accepting that there will be robust discussion along the way. The bottom line is that our service users need us to do this.

I look forward to meeting, speaking and working with you all very soon.

Dr Gaye Powell, RCSLT Outcome Measures Project Manager.
Email: gaye.powell@rcslt.org

“We need to provide consistent evidence of outcomes across the profession”
Disseminating your research messages

It seems fitting and appropriate at a time when spring has definitely sprung that we focus attention on dissemination information. The word originates from the Latin root, sēmināre, meaning to sow, and is defined as scattering or spreading widely, as if scattering seeds. This describes perfectly the potential effects of dissemination and its essential place in the research process.

Little, if any, research is unique and new; most ideas and activities develop from existing projects and research, and allow us to stand on the shoulders of giants.

The purpose of disseminating research is to achieve impact. Dissemination of results and/or good practice is not a ‘nice to have’ or simply a recommendation. It is an essential aspect of any research. Researchers have an ethical obligation to disseminate research findings to study participants, as well as to other individuals and institutions with a shared interest. Yet, despite its importance, researchers often neglect the dissemination of findings. Thankfully, this trend is slowly dissipating and most funders now require detailed dissemination plans for every research grant. It is in the dissemination of research findings and the sharing of the main implications and impact of research that we can best diminish the gap between researchers and clinicians.

**Posters and papers**

Many of you will already be disseminating good practice in a variety of forums, including your own staff meetings, allied health profession (AHP) research networks and clinical excellence networks. The introduction of RCSLT Hubs brings another way to share good practice and research. Many have already held workshops where members have showcased what is distinct and robust about their clinical practice. These local and national practice network groups provide an interactive forum and opportunities for discussion and feedback on research. They are often looking for people to volunteer to share their work, so look out for these opportunities.

Some of you will have a small-scale research study data, perhaps from your undergraduate or postgraduate thesis, that you might like to share with a wider audience. Consider the possibility of submitting the work as a poster or a talk for a conference.

Conferences are a good way to reach people who are working in your field. They can provide a forum for more preliminary findings and opportunities for feedback on the research. You can submit abstracts for ‘papers’ (verbal presentations) or posters or both. Posters may be more suitable for early-stage research or small-scale projects. They are on display either for a particular session or for the duration of a conference, with specific time slots for the authors to accompany their posters and discuss their work. Poster presentations are an excellent way of getting detailed feedback, of getting your name known in the field and for networking and meeting others interested and working in similar areas. Posters and leaflets are also some of the best ways to reach patients and the public. Reviewers look for abstracts that are relevant to the audience, that add to the knowledge base, have used appropriate methods and will have an impact on practice. You can find templates for abstracts and posters in ‘Getting involved in research: A pocket guide for AHPs’.

**Further afield**

Those of you who have already presented your work in these forums may be looking for ways to disseminate your work further. Sharing your research and evidence-based clinical practice through published articles can capture the attention of many. You could choose to write for your school or trust’s publication, or for a local newspaper to publicise a new evidence-based service or a local Giving Voice campaign activity. You might also like to submit a synopsis of your research, a review of the literature around a specific topic or a thoughtful critique of recent trends or developments in your field.
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anonymously, by experts in the field. Many journals invite a range of submissions, including research reports, reviews of theoretical or clinical topics, short reports on preliminary or interesting results or a small-scale study, clinical forums on clinical issues, discussions and editorials or commentaries and letters. Check the key journals that cover your areas for the types of articles they encourage.

Choosing the most appropriate journal is an important part of the dissemination process. You may want to choose one that includes the highest number of papers you make time to read and which publishes similar studies. You might also consider the impact factor of the journal – often taken as an indication of the importance of the journal. This refers to the number of citations that articles receive. The impact factor may be one criterion you look at, but also consider the readership of certain journals and which journal will attract the people you want to reach.

If you are planning to write up a study for a journal, look carefully at the guidelines for authors and read other papers already published. If this seems daunting, seek advice from someone who is experienced in writing in this way, such as a mentor or supervisor. Some of the AHP Research Network hubs provide writing workshops, and all offer individual support (http://tinyurl.com/cpxkguj).

It’s all about the audience

Here, we have provided a range of different opportunities and media to disseminate research and excellence in clinical practice. The avenues you choose will depend on the nature of what you have to disseminate, your experience in the research and dissemination process, and importantly, who your audience is.

It is no good submitting an article in a key high-impact journal if your primary aim is to inform your research participants about the main findings of your study. In this case, it would be far better to send a letter with a synopsis of the findings. It is important to keep in mind who the audience is and consider carefully the main goals and objectives of your dissemination and what impact you hope to have.

Having a clear idea of the purpose and audience will assist you in deciding what the most effective medium will be and how to put together and carry out the most effective dissemination plan.

References & resources

American Psychological Association.
Giving presentations: http://tinyurl.com/odhagjn

Chartered Society of Physiotherapy.
Getting involved in research: A pocket guide for AHPs. http://tinyurl.com/mujie2

The Chartered Society of Physiotherapy has a wealth of further information and resources on the dissemination of research. http://tinyurl.com/9g8g4v2


Delivering a bad presentation – spot the mistakes. http://tinyurl.com/qrq3c2g and http://tinyurl.com/p7zmudy


Wiley (http://tinyurl.com/eq3jdwf) and Elsevier (http://tinyurl.com/mpg3hkh) have videos explaining the Research Council UK's open access policies for authors.

Professor Victoria Joffe, RCSLT Councillor for Research and Development. Email: vjoffe@city.ac.uk. Dr Emma Pagnamenta, RCSLT Research Manager. Email: emma.pagnamenta@rcslt.org

Finally, we must not forget the effectiveness of social media and online resources in reaching wide audiences, enabling collaboration and discussion. The Research Information Network has published a guide to social media for researchers (http://tinyurl.com/4huokol) and the London School of Economics has a guide to using Twitter (http://tinyurl.com/3tg69sc).

Peer-reviewed publications

If you have completed a research study, consider writing this up for a peer-reviewed journal. Such articles usually have a higher status because they have met stringent criteria set by the journal’s editorial board. Those accepted for publication are peer reviewed, usually

Illustration by Duncan Beedie
MESSAGE FROM THE CHAIR OF COUNCIL

“I mentioned in my column in December 2013 Bulletin that we would be carrying out a review of RCSLT governance. I am pleased to say that this is now progressing rapidly.

The Council have been considering their legal responsibilities as directors of the RCSLT, the strategic view that they need to take, their responsibilities for approving key policies, and the need to ensure that more operational matters are dealt with at the appropriate level.

There is still much detailed work to be done, but it is already apparent that changes are needed in the composition of Council and in the underlying board/committee structure. This will entail changes to the Articles, which will require approval by members at the annual general meeting in September.

More details will be given in the July Bulletin, which will enclose the formal papers for you all to read and which will be considered at the AGM.

We have taken external professional advice during this review, and I am confident that the end result will be a stronger, more focused Council that will be better equipped to continue to lead the RCSLT into the challenges that face us in the future. I look forward to giving you more details in due course.”

RCSLT Chair of Council Bryony Simpson

Formal notice of councillors retiring at the next annual general meeting

As required by Article 38, notice is hereby given of the following councillors who are due to retire at the next annual general meeting on 16 September 2014.

Ashleigh Denman – the role of councillor for membership and communications is being reviewed as part of the governance review and is not being re-advertised at this time. A new role will be created, and recruited to after the necessary changes are approved at AGM.

Janet Harrison – the role of councillor for service management is being reviewed as part of the governance review and a new role will be created, and recruited to after the necessary changes are approved at AGM. Council have decided that, exceptionally, Janet will be allowed to stay on Council for up to one more year, under the authority of Article 36(7), in order to provide continuity with her particular engagement and leadership of RCSLT Hubs. In the absence of an England country councillor, RCSLT Hubs have become a crucial communication vehicle with member, particularly in England.

Emma Mays – the role of councillor for policy and public affairs is being reviewed as part of the governance review and is not being re-advertised at this time. A new role will be created, and recruited to after the necessary changes are approved at AGM.

Janet Harrison – the role of councillor for service management is being reviewed as part of the governance review and a new role will be created, and recruited to after the necessary changes are approved at AGM.

Formal notices: method of communication

The default method of communicating formal notices to RCSLT members is through the Bulletin and on the RCSLT website. Any member is entitled to receive formal notices in hard copy; if you wish to receive notices in hard copy please write to The Company Secretary, RCSLT, 2 White Hart Yard London SE1 1NX. Those members who have already informed us in previous years of this wish do not need to write again.

DEPUTY CHAIR, LEADING TO CHAIR OF THE RCSLT

Do you have the vision and enthusiasm to help lead the profession over the next four years?

We are looking for an SLT who can represent the profession at the highest level. Whether a manager, clinician or an academic, you should consider standing for this post if you have leadership qualities and a wide knowledge and passionate interest in the working lives of SLTs.

We are looking for someone with experience and an interest in improving outcomes for people with speech, language and communication needs. Likewise, you should be able to demonstrate your aptitude to increase the influence of speech and language therapy in politics and the media, and your desire to make the RCSLT an outstanding professional body.

This is a four-year position, starting in September 2014, with two years as deputy chair followed by another two years as RCSLT chair. The role of chair involves a commitment of approximately one day a week and there are arrangements to reimburse your employer for your time.

You would be expected to attend four council meetings, the AGM and the bi-annual conference, and to participate in various other events and work streams during the course of the year.

The role description and role specification are on the RCSLT website www.rcslt.org/about/howwearerun/councillors_and_trustees.

Closing date for applications 30 May 2014

If you are interested in this key role, please contact the Chair of Council Bryony Simpson, (email: bryony.simpson@nhs.net) in the first instance for an informal discussion, so as to be able to appreciate fully the requirements of the office before putting yourself forward.
Tongue-pressure training

Tongue-pressure strength and accuracy training contributes to improved tongue strength with variable results for swallow function in adults with dysphagia, researchers in Canada suggest.

Researchers saw six adults with chronic dysphagia following acquired brain injury post onset for 24 sessions scheduled twice weekly over 12 weeks. They measured tongue-to-palate contact pressure during strength, accuracy and saliva swallowing tasks. Outcome measures included measures of tongue pressure across tasks and penetration-aspiration, and pharyngeal residue ratings based on videofluoroscopies.

While all participants achieved increased tongue strength in resistance tasks, there was variation in the functional swallowing changes observed: improvement in aspiration scores was observed for most participants, yet residue scores remained largely unchanged with some participants evidencing deterioration in bolus clearance function.

The researchers acknowledge that their results suggest, “a need to better understand the role that tongue pressure generation plays in relation to other functional aspects of swallowing physiology, such as pharyngeal bolus clearance.”

Reviewed by Kelly Moran, Research Champion

Reference


Group idiom intervention

Groups of primary school-age children with autism spectrum disorders (ASD) can learn idioms effectively, according to Pennsylvania researchers.

Ten children with ASD, aged seven to 12 years, were involved in a study to examine the effectiveness of group idiom intervention. Researchers assessed participants on the first day of a two-week summer holiday social skills programme for children with ASD and approximately two weeks after the group finished. Assessment involved participants defining idioms embedded within short paragraphs.

Nine treatment idioms were matched to nine control idioms based on initial assessment scores, level of complexity and familiarity within the participant group.

Treatment idioms were taught daily during 15-minute sessions led by group staff. Staff told a short story containing an idiom then facilitated group discussion. Participants recorded the daily idiom meaning in their own words and drew a picture. At the end of each morning, the group staff asked each child individually to tell them what the idiom meant. Results showed the children made significant progress in their ability to define treatment idioms. This skill did not generalise to the control idioms. The authors say it is important to prioritise the building and evaluation of interventions to support learning and awareness of idioms.

Reviewed by Lucy Nicoll, SLT, Moor House School

Reference


Vowel-targeted intervention

Targeting vowels can increase the percentage produced correctly within monosyllabic words and, to a lesser extent, improve intelligibility ratings.

This is the finding of collaborative research that studied the impact of vowel-targeted intervention (VTI) with two children with severe and persisting speech difficulties aged 10;7, attending a specialist speech and language unit within a mainstream school.

Researchers collected pre- and post-intervention data detailing percentage of vowels correct and peer intelligibility rating. Analysis of the vowel errors revealed mistakes commonly seen in normal development and others considered atypical. Following analysis, the researchers devised psycholinguistic activities. They used Stockhouse and Wells’ (1997) speech processing profile to guide therapy using similar tasks to those frequently devised for consonant intervention. Activities addressed discrimination, production and metaphorological skills. Both children received individual intervention three times a week over six months with a six-week break for holidays. Post-intervention assessments revealed significant improvement in correct percentage of vowels produced and increased intelligibility ratings.

The authors suggest the study, “highlights the importance of incorporating VTI into children’s intervention” and that a range of listeners should contribute to the rating of intelligibility, rather than relying on the SLT in the role of an “expert” listener.

Reviewed by Jennie Vitkovitch (lecturer) University of East Anglia

Reference

MIND THE GAP
Putting research into practice

17-18 September 2014
University of Leeds

Royal College of Speech and Language Therapists 2014 Conference

This event, more than all others in the RCSLT portfolio, focuses on the challenges and opportunities facing the profession and will provide a platform for dissemination of new innovations for evidence-based practice. ‘Mind the Gap: Putting research into practice’ will give delegates the opportunity to come together to focus on how the profession can survive and thrive.

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

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

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

Attending the conference will help delegates to:

- Improve their services to users
- Inform and enhance their clinical practice with the most current and robust evidence
- Apply understanding of the emerging commissioning and provision environment to identify opportunities for service development
- Understand how work around the development of outcome measures and the evidence base is essential to supporting the effective commissioning and provision of services
- Discuss ways of developing the existing evidence base to support commissioning and provision of needs
- Develop a business case based on existing evidence-based practice and in the context of financial pressures and the changing national and local priorities
- Share emerging innovations and approaches to client management and service delivery
- Develop a business case for innovative and emerging practice that informs service redesign
- Develop the business case for new models of employment
- Inform, appraise and share knowledge of the evidence base – in order to apply to their own practice and disseminate wider
- Develop their roles as advocates for their clients and families, and the wider profession
- Identify new partnerships and collaborations and enhanced ways of working with others to meet the needs of our service users

BOOK EARLY AND SAVE MONEY

<table>
<thead>
<tr>
<th>Early bird fees (up to 18 July 2014)</th>
<th>One day (£)</th>
<th>Two days (£)</th>
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<tbody>
<tr>
<td>RCSLT member</td>
<td>150 (125 + VAT)</td>
<td>230 (191.67 + VAT)</td>
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<td>180 (150 + VAT)</td>
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<td>Non-member</td>
<td>210 (175 + VAT)</td>
<td>290 (241.67 + VAT)</td>
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Delegate fees include refreshments, lunch and conference materials

Terms and conditions apply

Book nine places, and receive a tenth place free. Applies to two-day, member-rate bookings only.
Announcing the conference programme
Programme details subject to change. Full details will be announced on the RCSLT website. Visit: [www.rcslt.org](http://www.rcslt.org)

### 17 SEPTEMBER 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>08.30 – 10.00</td>
<td>Registration, exhibition and poster display</td>
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<tr>
<td>10.00 – 10.10</td>
<td>Welcome</td>
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<tr>
<td>10.10 – 10.20</td>
<td>Aims and objectives</td>
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<td>10.20 – 11.00</td>
<td>Keynote address</td>
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<td>11.00 – 11.45</td>
<td>Refreshments, exhibition and poster display</td>
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<td>11.45 – 13.15</td>
<td><strong>Parallel sessions/workshops</strong></td>
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<tr>
<td></td>
<td>■ Working with diversity, deprivation and multilingual settings</td>
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<td>■ Service delivery: Using technology and telehealth</td>
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<td></td>
<td>■ Clinical education</td>
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<td>■ Evaluation of interventions for speech, language and literacy difficulties in children and young people</td>
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<td>■ Workshop: What works and who cares? The professional response to development of a database to promote the adoption of evidence-based interventions</td>
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<td>■ Workshop: Late talking two-year-olds: A new care pathway</td>
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<td>■ Workshop: Into the Dragon's Den: Developing your clinical business skills</td>
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<tr>
<td>13.15 – 14.30</td>
<td>Lunch, exhibition and poster display</td>
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<tr>
<td>14.30 – 16.00</td>
<td><strong>Parallel sessions/workshops</strong></td>
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<tr>
<td></td>
<td>■ Management of SLCN in the early years</td>
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<td>■ Acquired neurological disorders</td>
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<td></td>
<td>■ Speech and language therapy: Past, present and future perspectives</td>
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<td></td>
<td>■ Workshop: Developing effective SLT services for individuals with dementia-related communication difficulties</td>
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<td>■ Workshop: Including the excluded... the opportunities and challenges of a randomised control trial in 36 mainstream secondary schools</td>
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<td>■ Workshop: An evidence-based framework for preschool children with primary speech and language impairment</td>
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<td>■ Workshop: Evidence-based practice for school-age children with language impairments: Using the evidence to select intervention pathways</td>
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<td>16.05 – 16.45</td>
<td>Keynote address</td>
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<td></td>
<td>Information and communication technology, and social media in speech and language therapy</td>
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<td></td>
<td>Dr Caroline Bowen PhD, Speech-Language Pathologist</td>
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<td>16.45 – 17.00</td>
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### 18 SEPTEMBER 2014

<table>
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<th>Time</th>
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<tr>
<td>08.30 – 09.30</td>
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<td>09.40 – 10.20</td>
<td>Keynote address</td>
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<td>10.20 – 11.05</td>
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<td>11.05 – 12.35</td>
<td><strong>Parallel sessions/workshops</strong></td>
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<td></td>
<td>■ Measuring outcomes: Multiple perspectives</td>
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<td>■ Dysphagia</td>
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<td>■ Assessment and management of child language</td>
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<td>■ Workshop: Is there a treatment of choice for early stammering?</td>
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<td>■ Workshop: Research in developmental speech impairment – what questions should we be asking?</td>
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<td>■ Workshop: New routes, new horizons</td>
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<td>12.35 – 13.50</td>
<td>Lunch, exhibition and poster display</td>
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<td>13.50 – 15.20</td>
<td><strong>Parallel sessions/workshops</strong></td>
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<tr>
<td></td>
<td>■ The use of AAC and technology in clinical education and clinical practice</td>
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<td></td>
<td>■ Management of severe and complex speech, language and communication difficulties</td>
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<td></td>
<td>■ SLCN in children: Perspectives on development, partnership and engagement</td>
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<td>■ Persisting speech difficulties in children</td>
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<td></td>
<td>■ Workshop: The King's Model of Acute Speech and Language Therapy – prioritisation, streams and outcomes</td>
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<td>■ Workshop: Practical applications of using information and communication technology, and social media</td>
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<td>15.20 – 16.00</td>
<td>Keynote address</td>
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<td>Neil Churchill, Director of Patient Experience England</td>
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<td>16.00 – 16.15</td>
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Stammering: Basic Clinical Skills

Dynamic 2+ hour DVD demonstration of stammering therapy techniques by experts from around the world to help you work effectively with children and adults who stammer. DVD No. 9600

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

DVD CHAPTERS INCLUDE:
- Explore talking and stammering
- Identification
- Explore stammering
- Explore change
- Tools for change
- Soft starts
- Changing rate
- Voluntary stammering
- Holding/tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

To order:
StutteringHelp.org
Click on "store" and then click "professionals"

WORKING IN HARMONY:
RCSLT Lead Guidance Developer Role

Paid consultant role

The update of the RCSLT Working in Harmony guidance will soon begin with the establishment of a Core Guidance Development Group and wider reference group to ensure all stakeholders from the profession are involved. The lead guidance developer will lead the group to ensure the RCSLT process for developing guidance is followed in a robust and timely manner. This will be a paid consultant role. Timeframes and costs will be agreed during the development of the project plan.

Key responsibilities
- Lead the development of the Working in Harmony guidance following the approved RCSLT process
- Work with RCSLT programme manager to prepare a proposal, scope and project plan for submission to the RCSLT
- Be the lead writer/editor of the guidance document supported by the rest of the guidance development group
- Prepare, co-chair and facilitate guidance development group meetings with support from the RCSLT project coordinator

You must be able to demonstrate the following:
- Excellent written skills
- Strong analytical and problem solving skills
- Excellent stakeholder management skills

If you are interested in this role, please email gemma.lotha@rcslt.org before 23 May. A phone conversation will then be arranged with RCSLT CEO Kamini Gadhok and Programme Manager Gemma Lotha.

CYCLE NIGHT OR DAY FOR I CAN

Join Team I CAN in our two brand new cycling challenges this summer and support children struggling to communicate.

We’ll be with you from registration to the finish line to ensure you achieve your goal!

Nightrider London
7-8 June 2014
Prudential Ride London to Surrey 100
10th August 2014

Contact Krista on kdixon@ican.org.uk or 020 7843 2525

We’ll be with you from registration to the finish line to ensure you achieve your goal!

StutteringHelp.org
Click on "store" and then click "professionals"

StutteringHelp.org
Click on "store" and then click "professionals"
Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituaries

Coralie Spencer (formerly Rafferty, née Bates)
1948 – 2013

Corrie trained at the Audrey Fleming School of Speech Therapy. After working in London and Hertfordshire, she moved to Devon in 1972. While district head in Exeter, she met and subsequently married John, working for a time in Milton Keynes. After the birth of their son, James, in 1986, they returned to Devon.

Corrie joined the South Devon team, specialising in adult dysfluency in which field she showed great skill and empathy. As deputy head, one of her responsibilities was as student coordinator. She always brought the future of the profession to every meeting and is remembered with great affection.

A wonderful sense of fun, occasionally wicked sense of humour, Corrie loved clothes and had a delight in colour. She thought very clearly, exceptionally so, her logic and wit were second to none. She was also extremely lucky in her wide range of interests and many friends. Post-retirement, she successfully ran her own business, ‘Positively Speaking’, helping people in the public eye to improve and gain confidence in their communication skills.

Corrie’s funeral on a most beautiful, sparkling day, seemed a fitting tribute in itself. The building was crammed, not only with family and work colleagues, but so many friends from all walks of life. Her presence and the overall sense of affection were tangible. Always so justifiably proud of James, she certainly would have been that day. He has all our loving thoughts now, as then.

Corrie’s brother, Colin, to whom she was very close, gave a wonderful tribute, raising laughter in our sadness, and ending with, “Corrie believed in guardian angels and whoever ends up with her as theirs is an extremely lucky person.”

Rosemary Parker on behalf of the South Devon and Exeter SLT Teams

Elizabeth Forsythe (née Bill)
1925 – 2013

Elizabeth Forsythe, died on 9 December 2013 in Caerleon, South Wales, long after retirement from a career in speech and language therapy.

In 1950, Agnes Mary Elizabeth Bill attended the West End Hospital for Nervous Diseases Speech Therapy Training School as a mature student and became a licentiate of The College of Speech Therapists in July 1953. She married the same year. In January 1954, she was the first speech therapist in County Antrim, Northern Ireland, where she showed a flair and enthusiasm for her work. This resulted in a good foundation for the speech therapy service in the county.

From 1955, she brought up her family and was employed on a sessional basis with the School Health Service in Belfast. She subsequently specialised in the treatment of children with orthodontic abnormalities and those with special needs. Her colleagues particularly noted her original approach to her work and her gift for Improvising gadgets to help in individual cases.

She added another string to her bow in December 1971 to teach public speaking as a licentiate of the Guildhall School of Speech and Drama. In her social life, she was always fascinated by performance and creative writing, having worked as an assistant stage manager in repertory in the late 1940s, regularly attending Shakespeare seminars in Stratford-upon-Avon in the 1980s and continuing with creative writing courses.

In 1974, she moved to Newport and was based in Llanfrechfa Grange Hospital, treating adolescent and adult patients with special needs. She subsequently developed particular expertise with people who stammerer of all ages, and stroke patients. She ended her career at the age of 65 in the Springfield Unit in St Woolos Hospital, Newport, which specialised in ailments of older people.

In her retirement, she led a full and active life. She was an enthusiastic member of many societies, where her effervescent personality was much appreciated.

She is sorely missed by her many friends from student days onwards, and of course by her elder son and two daughters. Unfortunately, her younger son died on 20 May 2013, following a long illness.

Joan Mooney
Send your CEN notice by email: cen@rcslt.org by 2 May for June, by 6 June for July and by 4 July for August. Venue hire at the RCSLT – special rates for CENS/SGs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

South West Specific Speech Impairment CEN 2 May, 9.30am – 3.40pm
Sharlyne MCleod, Assessing children’s speech: the big picture. Jane Speake, Speech production and intelligibility in children with persisting speech difficulties. Third speaker TBC. Flybe Conference Centre, Exeter. Members and students £25; non-members £30. Email leafarrow@nhs.net to reserve place. For enquires, email emmablaisspeach@gmail.com or mimiriam.seifert@nbt.nhs.uk

SIG/CEN Children and Adults with Down Syndrome 7 May, 9am – 4pm
Kieran Corcoran, Assessment and early intervention with children with Down Syndrome. Richard Womack, Developments in the assessment of apraxia. Third speaker TBC. Members and students £25; non-members £30. Email julie.atkinson@bhamcommunity.nhs.uk

West Midlands ALD SIG 8 May, 9.45am – 3.30pm
RCSLT’s five good communication standards, comprising a research project and prioritisation systems/checklists + AGM. Brooklands Hospital, Copley Hill, Marston Green, Birmingham, West Midlands B37 9HL. Free. Contact Amy Dafon: 01384 353 018; email: westmidlandsaldisg@gmail.com

Psychology of Old Age (Southern) CEN 13 May, 9.30am – 4.30pm
Dr Jill Rasmussen, clinical community specialist in neurodegenerative diseases and dementia. RCSLT London. To book: SIGPOA@nhs.net

North West AAC CEN 14 May, 10am – 3.50pm
Includes highlights from Communication Matters National Conference, plans for specialised AAC Services in North West, local AAC Pathways, caseload management, working in the community (MMU), and being an AAC role model (PWUAAC). Members £10; non-members £15 (to include membership until 31 August 2014). Pay on day (cheque/cash). Places limited. To book: nickilees@nhs.net

South East in Deafness 14 May, 9.30am – 3.40pm
Study day and AGM Room 801, Chandler House, 2 Wakefield Street, London WC1N 1PF. Annual fee £5; non-members £8. Email: jenny.yeattman@barthshc.nhs.uk

Surrey SLI CEN 14 May, 1pm – 4pm (note change of time)
Lisa Campbell, SLI post 16. Susan Elias. Research on the effectiveness of 1:1 therapy in the school setting: discussion on terminology relating to SLI. Moor House School, Mill Lane, Hurst Green, Oxted, Surrey RH8 9QA. Members free; non-members £10. Email: Nicolll@moorhouseschool.co.uk

East Midlands SLI CEN 19 May, 9.30am – 3.40pm
AP speaker: Stephen Parsons on vocabulary; PM specific language impairment in the East Midlands, update on CEN’s project and definition of SLI.

Rehabilitation and Dietetics Department, Outpatients, Corridor B, Grantham and District Hospital, 101 Marthorpe Road NG2 4DS. £5. Contact: sarah.hasan@lincs.nhs.uk or 01522 547814.

SLI SIG/CEN Scotland 16 May, 9.30am – 3.30pm
Scotland Spring study day. Speakers: Professor Dorothy Bishop and Dr Jan Bloomfield. To register: http://tinyurl.com/05jv2qpa

Autism CEN (Northern) 20 May, 12.30pm – 4.45pm

Tracheostomy CEN 20 May, 9am – 4pm
Update on national tracheostomy initiatives and case presentations (adults and children). £25; tea/coffee and lunch. Queen Square, London. Email: romahoney@thechildrenstrust.org.uk

ESSEX SLI SIG 22 May, 9.45am – 4.30pm
Word Aware: Training a whole-school approach to vocabulary training. Stephen Parsons and Anna Branagan. Training Room 1, “The Lodge,” The Chase, Wickford SS11 7XX. SIG membership renewal £25, including this and autumn meeting. Email: Marrowyn@nhs.net

Scottish Hearing Impairment SIG/CEN 27 May
Study day and AGM Queen Margaret University, Musselburgh. Email: jean.mclure@nhs.net or alyson.hogg@nhs.net

AAC SIG Meeting 3 June, 9.30am for 10am – 3.45pm
Confused about AAC assessment and funding? Presentation on NHS funding for assessment. Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7LD. Members free; non-members £15 (includes lunch). Send questions to: book.julie.atkinson@thamcommunity.nhs.uk

London Voice CEN 5 June, 9.30am – 5pm
Practical voice therapy techniques. Workshops: Jacques Lieberman, postural assessment and manual therapy; Kierren Lock, aspects of Estill; Fiona Robinson, vocal fold palsy management; Francesca Cooper, neurolinguistic programming for STIs. Nuffield House, London, W1H JU. Members £40; non-members £60; students £25. Visit: http://tinyurl.com/palconv

Early Years SIG/CEN (Western) 13 June, 9.30am – 3.30pm
Programme (social skills for toddlers with developmental and autism spectrum disorders). Introduction and feedback on use. PM: Theraplaybox, Park Hall Autism Resource Centre, Bestwood Village, Nottingham NG6 BT24. To meet: Email: sarah.williams@sutherlandschool.org.uk

South East and London Stammering SIG 13 June, 9.30am – 4.30pm
Explore psychological and counselling techniques used with stammering. Presentations from specialists working in the area, followed by workshops discussing cases and techniques. Michael Pálin Centre, 13-15 Pine Street, London EC1R 0LP. Email: pirsteves@gmail.com

Acquired Brain Injury CEN (formerly HESIG) 20 June, 9am – 4.30pm
Explore brain injury: SIG members working with families of people with acquired brain injury. Friends Meeting House, Euston, London, NW1 including lunch. Email: headinjury1965@hotmail.com

South West CEN in Deafness 30 June, 10am – 3.30pm
Topics: HTF and Paas. New Brunswick United Reformed Church Hall, Bristol, BS10 6DZ. CEN members £10; non-members £15. Email: ncole@solon.ac.uk

Central Paediatric Dysphagia SIG 3 July, 9.30am for 9.45am – 4pm
Study day. For more details visit: www.cpdydsg.org.uk. Email: contact for secretary to secure place. Membership £15

London SLI SIG 10 July, 9.30am – 5pm
Whittington Education Centre, N9. Speaker TBC. Email: londonslisig@yahoo.co.uk to reserve place. Visit: www.londonslisig.org for updates

ADULT NEUROLOGY SIG 17 July, 9.30am – 4.30pm
RIMS: the effect of stroke on communication, swallowing and related domains. Opportunities for sharing knowledge, case studies and more. Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS16 9SB. To book: adman@natttor.co.uk

South West Brain Injury SIG 17 July, 10am – 4pm
Low-level arousal states. Assessment, treatment and new guidelines. Opportunities for sharing knowledge, case studies and more. Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS16 9SB. To book: adman@natttor.co.uk

Research on vocabulary; PM specific language impairment in the East Midlands, update on CEN’s project and definition of SLI.

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Topics: HTF and Paas. New Brunswick United Reformed Church Hall, Bristol, BS10 6DZ. CEN members £10; non-members £15. Email: ncole@solon.ac.uk

Community and Domiciliary (Adult Neuro) SIG 2 July, 9.30am – 4.30pm
AM: Bilingualism and aphasia with Jane Marshall and others; PM: Acquired reading and writing difficulties with Caroline Bruce UCL. CHandler House, Room 108. £20 (£10 for students). To register or for info, email: contactsgs@gmail.com with ‘July’ in subject line or contact Hannah Luft on 07919 320 655

Central Paediatric Dysphagia SIG 3 July, 9.30am for 9.45am – 4pm
Study day. For more details visit: www.cpdydsg.org.uk. Email: contact for secretary to secure place. Membership £15

London SLI SIG 10 July, 9.30am – 5pm
Whittington Education Centre, N9. Speaker TBC. Email: londonslisig@yahoo.co.uk to reserve place. Visit: www.londonslisig.org for updates

ADULT NEUROLOGY SIG 17 July, 9.30am – 4.30pm
RIMS: the effect of stroke on communication, swallowing and related domains. Opportunities for sharing knowledge, case studies and more. Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS16 9SB. To book: adman@natttor.co.uk

South West Brain Injury SIG 17 July, 10am – 4pm
Low-level arousal states. Assessment, treatment and new guidelines. Opportunities for sharing knowledge, case studies and more. Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS16 9SB. To book: adman@natttor.co.uk

Disorders of Fluency National CEN 17 July
Therapy for teenagers who stutter; beyond technique. Dr Patricia M. Zebrowski, Department of Language and Speech Pathology, University of California, Los Angeles. To book: adman@natttor.co.uk

North West Mainstream Schools CEN 18 July, 9.30am – 4.30pm
Susan Edsells, Moor House School. Shape coding + Q&A on interventions for language impairment. Sale West Conference Centre, Sale (aka Trafford Conference Centre). Email: ireenecscian@can.org.uk or tel: 0191 281 7995

17/04/2014 10:37
Southern Health NHS Foundation Trust

Totton/Eastleigh or Southampton

Speech and Language Therapists

Salary: Band 7 £30,764 - £40,558 pa pro rata
Hours: p/t 30 pw - f/t 37.5 pw

Applicants will be involved in a range of clinical activities and service development and will have a designated caseload. This is an excellent opportunity to support clients with learning disabilities and to work in collaboration with other health and social care colleagues.

You’ll work as part of multi-disciplinary teams completing assessment and treatment as well as managing a team of therapists. There will be a leadership role as part of the senior clinical team working in the service. The successful applicants will be offered regular supervision, appraisal and opportunities for continued professional development.

For more information on the post please call Jayne Jazz on 02380 294420 or Mary-Helen L’Heureux 01256 776150 or 01962 764560.

To apply visit www.jobs.nhs.uk using the Job Ref 348-0414-LD010

Closing Date: 30 May 2014

Therapies and Stroke Business Division

Truro Health Park, Infirmary Hill, Truro, Cornwall TR1 2JA

Adult Speech and Language Therapy

Band 6 (development opportunity)

£25,783 to £34,530 pa pro rata Ref: 817-14-0247

An experienced and innovative speech and language therapist is required for this part-time post based at Truro Health Park. You will form part of the Adult Speech and Language therapy team based at Truro Health Park and the West Team. You must be dysphagia trained and competent in working independently with swallowing and communication disorders. There are opportunities to work with out-patients, domiciliary patients, and within nursing homes. Voice groups are run on a regular basis and training is provided to nursing homes and others.

In exceptional circumstances a Band 5 who can demonstrate relevant experience and commitment to self-development may be considered for the post and would be supported to develop necessary skills.

Adult Speech and Language Therapy is a county wide service including staff in Acute and Community sectors. There is access to regular CPD, Team Meetings and supervision. Specialist staff exist in Dysphagia, Progressive Neurological Disorders, Head and Neck Oncology, Stroke and Specialist Palliative Care.

This is a part-time post working 22.5 hours per week.

For further information please contact Georgina Willis, Team Leader on 07740 706009 or Margaret Ray, Head of Adult Speech and Language Therapy on 07768 166440.

To access the job pack and apply on-line for any job, go to www.jobs.nhs.uk and enter the reference number 817-14-0247.

Closing date: 18 May 2014.

Oakington Manor Primary School

Required as soon as possible

Speech Therapist

Band 5-7 (dependant on experience)

Full time or Term time (pro rata)

Oakington Manor Primary is a three form entry school based in Wembley. We have 35 children in our specialist unit (LCC) who have Speech, language and communication disorders. We are committed to the development of quality learning and communication opportunities in our LCC and across the school.

This is an exciting opportunity to work with children in an outstanding primary school with excellent facilities and resources. You will;

• Work alongside an experienced Special Educational Needs team including a speech therapist
• Work as part of the whole school team, be innovative, flexible and passionate about this area of work
• Be registered with RCSLT and HCPC
• Have an interest in or experience of:
  • Speech, language and communication disorders
  • Autism
  • Makaton

Applications are invited from experienced and newly qualified speech therapists. We offer a highly supportive team of teachers, classroom assistants and Learning Support Assistants and training and development opportunities.

Contact Karen on karent@oakmanor.brent.sch.uk to arrange a visit or to request an application pack.

Closing date: Monday 2nd June 2014
Interviews: Thursday 5th June 2014

Oakington Manor is committed to safeguarding and promoting the welfare of our pupils.
APPOINTMENTS
CALL GIORGIO ROMANO ON 020 7880 7556

St Mary’s School and 6th Form College is on an exciting journey building on its successful past and the skills of its experienced staff.

Do you want an exciting ride?
If so, get on this bus!

Head of Therapy, Health and Well-Being
Salary £47k-£52k

St Mary’s School and 6th Form College is a non-maintained, residential special school for children and young people with Speech, Language and Communication difficulties, many with other associated needs such as ASD, complex physical and medical needs.

The Head of Therapy, Health and Well-Being role is pivotal in ensuring the highest level of integrated therapies and multi-disciplinary support to children and young people between 7 – 19 years.

We are seeking an experienced manager with a proven track record of leading a multi-disciplinary team with:
- the vision to lead a service and school to ‘outstanding’
- passion and commitment to deliver the very highest level of integrated Therapy in a residential school setting and as a centre of excellence
- a Speech & Language Therapy qualification
- registration with the RCSLT and HCPC

Closing date: 16th May 2014 at 16:00
Interview: 22nd May 2014
For an informal discussion, please contact Sharon Menghini, CEO on 01424 730740. Informal visits welcomed.
For an application form, please contact the HR Department on 01424 730740 / hr@stmarysbexhill.org or download from our website www.stmarysbexhill.org

All successful applicants will be required to undergo an enhanced DBS check.

www.nhslothian.scot.nhs.uk
Service Lead for Community and Rehabilitation Services
Adult Speech and Language Therapy Services
Full time, Band 8a

A great opportunity for an experienced therapist to professionally lead and manage our friendly Community and Rehabilitation Speech and Language Therapy Service.

The post is based at the Astley Ainslie Hospital in Edinburgh and covers Adult Community, Rehabilitation and Mental Health Teams across NHS Lothian.

For further information/discussion, please contact Lucie McAnespie, Head of Adult Speech and Language Therapy on 0131 446 4151 / 07713 091952.
e-mail: lucie.mcanespie@nhslothian.scot.nhs.uk

There are currently three ways of applying for vacancies within NHS Lothian:
• On-Line – www.jobs.scot.nhs.uk
• Telephone (hard copy) – 0131 536 3030
• Email – recruitment@nhslothian.scot.nhs.uk

If you are applying by ‘hard copy’ please use black ink and write clearly in block capitals quoting:
AHP/SLT/CR/1314/01

Closing date: 30th May 2014.

www.papillonhouseschool.co.uk

“Making a difference for children with autism”

Speech and Language Therapist
Band 5/6 equivalent depending on experience
Part Time (3 days a week)

Papillon House School is an independent specialist provision in Surrey for children and young people aged 4 to 19 with profound autism and associated challenging behaviours. We are looking for a highly motivated Speech and Language Therapist to join our developing therapy team.

This is an exciting opportunity to work alongside speech and language and occupational therapists and teaching staff in providing a blended and integrated therapy service.

You will have experience of working with children with autism and will be dynamic and creative in your approaches to assessment and provision of therapy. In return you will receive regular supervision and training opportunities will be provided.

Benefits include paid school holidays.
Visits to the school are essential and we have an open day for interested applicants on 16th May.

To arrange a visit to the school and request an application pack please contact Susan Winter at: admin@papillonhouseschool.co.uk / 01322 303663

For further information please contact Jean Wilson (Speech and Language Therapist) at: ot@papillonhouseschool.co.uk or 01322 303663

Closing date for applications: 16th May 2014
Interviews: 11th and 12th June 2014

www.papillonhouseschool.co.uk

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Positions nationwide

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e: info@piersmeadows.co.uk
www.piersmeadows.co.uk

www.nhslothian.scot.nhs.uk

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May 2014 | www.rcslt.org
Craig y Parc School’s new management are looking for highly skilled therapists with enthusiasm and drive to join our dedicated Therapy team. We are looking for people who enjoy working in a trans-disciplinary way to enhance what we offer. CyP is a Centre of Excellence for Mobility Opportunities Via Education, an ideal place for pupils to learn, live and maximise on life. Come and join us.

Joining our dedicated team, you’ll plan, coordinate and deliver outstanding specialist speech and language services throughout the school. You’ll assess and treat a caseload of students too, while supporting junior staff and helping develop new policies that will shape our services for the future.

As such, you’ll need to be a proven leader with a degree in speech and language therapy and membership of both the RCSLT and the HPC. You must also have solid research and report writing skills, along with the ability to manage risks and work effectively in a multidisciplinary team.

For more information and to apply please visit www.scope.org.uk/jobs

Closing date: 23 May 2014.

Scope is a registered charity, number 208231
In May 2013, we met with representatives from all AHP groups across Tayside to discuss what their awareness was of the EYC. There was mixed awareness across each of the groups. We found there was a willingness to invest in the EYC to develop an early and preventative role within services. However, a particular challenge was repeatedly raised: how could AHPs find the time needed to build relationships and to test new ways of working?

We each joined a workstream and reported back to that workstream lead, managers and designated staff in each of the localities on collaborative work being carried out by AHP colleagues and ourselves across Tayside.

During our six months as early years coordinators, we learned there is a lot of enthusiasm across a broad spectrum of agencies to work with others to ensure Scotland is the best place to grow up. We also learned about making small tests of change and scaling this up to work with larger numbers of children and their families. An important lesson was that there is as much to learn from a failed test of change as there is from a successful one.

Planning and evaluating tests of change through ‘Plan, Do, Study, Act’ (PDSA) was useful and we are now more confident about using the PDSA format. More recently, we have learned to formulate charts as a way of collecting data and recording our work.

The need to disrespect operational boundaries, to collaborate with others, to help people feel they belong, to use language people understand, and to learn from others were important messages we learned when attending the EYC learning sessions in Glasgow. We hope we have been able to share this learning with our colleagues and look forward to continuing to collaborate with and to learn from others.

The importance of attachment as a human requirement to meet and overcome challenges and difficulties in life is the highest-ranking factor we have learned about during our time as EYC coordinators. This is now being raised as one of the main areas to focus on within workstreams.

We are now aware that people who have had more than four traumas in their childhood are likely to have health and social problems in later life, although those with strong attachment fare better. We look forward to continuing to work with others to improve this vital process.
Nutilis **fills the nutritional gap** in patients with dysphagia

*For thickening powders and all 3 stages of pre thickened oral nutritional supplements. Nutricia Ltd, White Horse Business Park, Trowbridge, Wilts BA14 0XQ. www.nutriciaons.co.uk. For further information call 01225 751098.