

bulletin

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

May 2015 | www.rcslt.org

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COMMUNICATES POLICY MAGAZINE

Your views loud and clear:
You tell us what you think about the RCSLT



NEW

MyNutilis

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

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

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

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

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



Transparent results

MyNutilis.co.uk

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Clear

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ISSN: 1466-173X



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Steven Harulow

EDITORIAL



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



We asked you, you told us

We live in an increasingly complex world where electronic communication is becoming ever more sophisticated, prolific and, to be honest, downright annoying. Witness the epidemic of emails, torrent of tweets and flood of Facebook posts that we seem to face every hour. With so many messages competing for our attention, it is clear to see why it is becoming increasingly difficult to extract the important signals from the background noise.

Against this environment of incessant electronic din, it is particularly pleasing to report that 3,815 individuals responded to our emails in October 2014, asking RCSLT members to complete our latest online survey. As you will read on pages 12-15, the survey asked for views on the RCSLT as a member organisation, the products we offer and the services we provide. The fact that around 24% of the membership responded, itself speaks volumes about the relationship members have with the RCSLT.

We are taking a good look at areas where you said we need to improve. Communication is one of these. Although many members rate our products and services highly, others say they don't know what we do or what is available. We aim to examine how we can make our communication more efficient and appropriate, so that more members can benefit from what their colleagues tell us are worthwhile and valuable resources and services.

Steven Harulow
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Your RCSLT

Kaleigh Maietta



I am the events and marketing assistant here at the RCSLT and my job encompasses all the administrative tasks associated with running an event – booking and liaising with venues, corresponding with speakers and delegates, and generally doing my best to ensure all RCSLT events are run smoothly and to the highest standard. I am frequently the main point of contact for

delegates, so don't be surprised if you receive an email from me in the future. My favourite aspect of my role is knowing that I help facilitate the professional development of SLTs across the board, via RCSLT events.

Remembering Jane Schofield

We were glad to see Jane Schofield's obituary in the March Bulletin (page 28) recognising her undoubted skills and empathetic personality. However, we regretted this did not include her early career and acknowledge the considerable impact she made to services for the hearing impaired.

After qualifying in 1984, Jane's first post was resident SLT at Birkdale School for the Deaf in Southport, where she stayed for three years. She then joined the Oxfordshire service after an outstandingly impressive interview, which she subsequently lived up to. She initially worked in Banbury, then moved to Oxford joining the Radcliffe Infirmary-based team for hearing impairment. At this time, she studied for the advanced specialist course and gained an MSc in 1994.

“The Oxford Cochlear Implant Programme began in 1995 and Jane was an invaluable founder member of the team”

The Oxford Cochlear Implant Programme began in 1995 and Jane was an invaluable founder member of the team. She forged excellent relationships with the teachers of the deaf, essential for the wellbeing of implanted children. She was greatly valued by the patients – adults and children – and their families.

Jane made several trips to Turkey with Morag Clarke, head of Birkdale School, to give advice at a school for the deaf. She also contributed the entry on Lionel Logue to the Oxford Dictionary of National Biography.

Jane's work for hearing impaired people was exceptional. Her early death was a tragedy. We send our sympathy to Phillipp, Bethany, Thomas and Jane's Father.

Janet Allan, ex-Chief Therapist; Barbara Hull, ex SLT Manager, Oxfordshire

On everyone's lips

Many thanks to the SLTs who contacted me about my opinion piece ('On everyone's lips?' Bulletin, September 2014, page 11).

The Scottish Lipreading Strategy Group's report ('Lipreading classes in Scotland – the way forward') and the full report from their 'On everybody's lips' project are now available: www.scotlipreading.org.uk ('News' tab). The online tools and resources developed as part of the project are in the 'Find out about classes' tab of the website.

Linda Armstrong, Research Officer, Action on Hearing Loss Scotland for the Scottish Lipreading Strategy Group

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VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





HCPC consultation on fees increases closes



Next deadline for RCSLT minor grants



RCSLT Study Day and AGM, University of Warwick

Have your say on CQ Live

There's still time to take part in the first online workshop before 8 May

You may be aware that we are on a journey to co-create the successor to Communicating Quality 3 – a set of standards and resources to support SLTs to deliver a high-quality service that integrates the Health and Care Professions Council (HCPC) standards of conduct, performance and ethics.

We launched the first online project workshop on 10 April, aiming to understand your views and provide



to join the conversation – which you will be able to do anytime, from any internet connected computer, tablet or smartphone until 8 May.

You will be able to share your views, look

at the views of others and offer feedback by voting and commenting on their contributions. We will anonymise your contributions to ensure ideas are judged on their merit. All

appropriate guidance that describes the HCPC standards in the context of the profession.

You may have received an invitation email from RCSLT CEO Kamini Gadhok on 10 April. This contained instructions on how

of this will help us to truly co-create our new standard, by gathering the views of any RCSLT member who chooses to have their say. We hope all members will get involved.

📍 **Visit:** <https://cqlive.clevertogogether.com> to join the online workshop. **Visit:** <http://tinyurl.com/CQLiveInfo> to find out more



Dr Eva Carlson died on 14 March in Stockholm after a long illness. Eva will be remembered throughout the profession for her pioneering work in voice, and particularly at St Thomas' Hospital. She was a high-profile member of the British Voice Association, receiving the Van Lawrence prize in 1993 for her contribution to research in the field of voice. The Bulletin will feature Eva's obituary later in the year.

The RCSLT has announced the latest Minor Grant deadline dates for the next 12 months – 10 June 2015, 16 September 2015 and 10 February 2016. The September date will also be the deadline for applications for the Catherine Renfrew Memorial Award. Find out more information on these awards and details of how to apply.

📍 **Visit:** <http://tinyurl.com/rcsltgrants>

Position Paper: The RCSLT has published the 'Fibreoptic Endoscopic Evaluation of Swallowing (FEES): The role of speech and language therapy' position paper online. This provides comprehensive best practice guidance for SLTs in the professional use of the instrumental assessment FEES. It also sets out a training and competency framework, detailing the knowledge and skills required to gain competence and safely perform FEES procedures.

📍 **Visit:** <http://tinyurl.com/uebn8x>

Dr Paul Conroy, Clinical Lecturer in Speech and Language Therapy at the University of Manchester, has been appointed as a new associate editor of the International Journal of Language and Communication Disorders. As a clinical lecturer, Paul has specific responsibility for adult acquired neurological disabilities modules within the BSc Speech and Language Therapy course.

RCSLT wins £150k grant

The Department for Education has awarded a £150,000 voluntary and community sector grant to the RCSLT to develop a programme that evaluates the effectiveness of services for children with speech, language and communication needs (SLCN).

Awarded under the National Prospectus Grant Programme for Special Educational Needs and Disability, the money will support data collection to ensure more meaningful measurement of services for children with SLCN.

It will also aim to identify how to support better collaboration and collation of data across education, health and care (EHC) sectors while giving children and families a greater say in agreeing their outcomes in EHC plans.

RCSLT CEO Kamini Gadhok MBE says, "This funding will really change the lives of children with speech, language and communication needs for the better. Effective evaluation and benchmarking of interventions, such as speech and language therapy, is crucial to ensure all children continue to benefit from them."



Theresa Redmond @
TheresaJRedmond

Love love love the article by Jane Stokes & Marian McCormick @ RCSLT Bulletin. Always up for a bit of professional challenge! #wespeechies

Speech Tools @SpeechToolsapps

April's @RCSLT Bulletin reminded me what a diverse and interesting profession #wespeechies are. And supported by a great College. Thank you

Healthy talk saves lives

AHPs are willing and able to engage in conversations about healthy lifestyles

Allied health professionals (AHPs) say their role should include an element of preventing ill health, according to a report published by the Royal Society for Public Health (RSPH) and Public Health England on 13 March 2015.

'Healthy conversations and the allied health professionals' reveals the extent to which the 170,000 AHPs in England are willing to engage in conversations about healthy lifestyles with their patients and clients. Based on a survey of more than 1,000 AHPs, the report explores the types of healthy lifestyle conversations AHPs are confident in having with patients.

According to the report, the main barriers to having healthy conversations include not having the right skills or knowledge, inadequate time to support patients and feeling that



conversations are inappropriate for a patient at the time. It also shows that AHPs are most comfortable engaging in healthy conversations about physical activity, healthy eating and smoking cessation, and less confident about topics such as sexual health, domestic violence or substance misuse

The RSPH is calling for steps

to provide AHPs with support to overcome the barriers they may face in having healthy conversations, including:

- **Universities** – ensure pre-registration training includes optional modules on topics around having healthy conversations and lifestyle health advice.

- **Professional bodies** – ensure

curriculum standards include an element on public health and having healthy conversations, and provide members with accessible and timely information on public health topics.

- **Local authorities** – ensure the online information they provide is reliable and up to date so AHPs can signpost clients to websites with confidence.

- Explore whether AHPs could directly refer patients and clients to services.

- Further evaluate healthy conversations and the extent to which AHPs signpost the public to services.

- 📍 **Visit:** www.rsph.org.uk/ahps to read the full report.

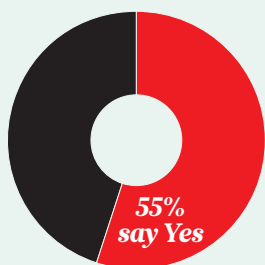
Does your SLT role already include an element of preventing ill health?

Email: peter.just@rcslt.org and let us know

RCSLT Web Poll
Have your say...



Would you prefer not to receive a paper copy of the International Journal of language and Communication Difficulties?



VISIT: WWW.RCSLT.ORG

Facial palsy: more than skin deep

Facial palsy, a condition affecting approximately 100,000 people in the UK, is often misunderstood by health professionals, employers and the public, and many patients experience difficulties in accessing specialist treatment. This is the message from a report released as part of the first global 'Facial Palsy Awareness Week' from 1-7 March 2015.

A study of more than 400 consecutive patients referred to the Facial Palsy (FP) Specialist Service at Queen Victoria Hospital, East Grinstead, showed that the average interval between the onset of facial palsy and referral to the specialist unit was more than five years, with only 46% of referrals coming from GPs and the rest from other hospitals/specialists. More than half of the patients reported significant symptoms of anxiety and/or depression.

According to Facial Palsy UK, treatments are available that can greatly improve a person's



quality of life, but there is an incorrect assumption that this is a cosmetic condition rather than one affecting the function of the face and psychological wellbeing.

- 📍 **Visit:** www.facialpalsy.org.uk to find out more about facial palsy

Kim Turner @SLT_Kimu76

@MoJGovUK: We're working with @Autism to improve how we rehabilitate prisoners with autism #StandOutForAutism <http://ow.ly/KSaUG>

ATMac Blog @atmacjournal

More than twenty apps listed with BIG discounts for Autism Awareness Day & still adding! #WAAD <http://buff.ly/1CuKXRZ>



MARIA LUSCOMBE & KAMINI GADHOK

No voice unheard, no right ignored

There is still time to add contributions to the consultation 'No voice unheard, no right ignored', before the 29 May deadline.

The consultation seeks views to strengthen the rights of people with learning disabilities, autism and mental health issues to enable them to live independently.

It explores options on issues, such as how people can be supported to live independently as part of a community; be assured that their views will be listened to; challenge decisions about them and about their care; and exercise control over the support they receive with a personal health budget. In addition, it looks at how people can expect different health and local services to organise themselves around their needs, and know that professionals are looking out for their physical and mental health needs.

The document also explores views on issues relating to the Mental Health Act, raised during the consultation on the revised Mental Health Act Code of Practice.



How can people be supported to live independently?

The Department of Health in England is, in particular, seeking views from people with learning disability, autism and mental health needs, and their families and carers; health and social care bodies responsible for the planning, commissioning and provision of related services; and individual health and social care professionals.

📍 **Visit:** <http://tinyurl.com/qd7tvpj>

HCPC audit begins in July

The Health and Care Professions Council (HCPC) will begin its next audit of SLTs in July 2015.

Organised to take place along with the renewal of your biennial HCPC registration, the audit will examine your continuing professional development (CPD) since your last registration period in 2013.

As with the 2013 audit, the HCPC will examine a sample of SLTs during this year's renewal process to check registrants are meeting its CPD standards. The HCPC will send out renewal notices and notification of audit selection at the beginning of

July. The deadline for both will be the end of September.

The HCPC will ask those it selects for audit to complete a profile that summarises their CPD activities from 1 October 2013 to 30 September 2015. You can use the information recorded in your online RCSLT CPD diary to put into your profile by copying and pasting the details from your diary to the HCPC pro forma.

📍 **For more information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile, visit:** www.hpc-uk.org/registrants/cpd

TIME TO TAKE PART IN CQ LIVE

As this Bulletin goes to print, we hope that many of you will have taken part in the RCSLT's journey to co-create the successor to Communicating Quality 3 – a set of standards and resources to support SLTs to deliver a high-quality service that also meets the requirements of the regulator for the profession, the Health Care Professions Council (HCPC).

You will have received a personal email informing you of the local events based in RCSLT Hubs, which were to take place in the week of 20 April. Each event will have conducted a deep dive into one area of the new draft HCPC standards. There are also additional opportunities to get involved, including through an online workshop. If you have not yet had a chance to engage in the workshop, it is not too late before it closes on 8 May.

The online workshop is more than a survey. You will be able to share your views, look at the views of others and offer feedback by voting and commenting on their contributions. You will also be able to come back to the conversation at any time while the workshop is live, to check what others think of your ideas and respond to queries or questions they may have.

What's more, we will anonymise all your contributions to ensure ideas are judged based on their merit. Using this process, we will be able to capture the views of hundreds, and hopefully thousands, of RCSLT members (we have nearly 16,000 members) and produce standards and resources that respond to your needs.

In this interactive conversation, we are inviting all our members to share their views on what guidance would help them better understand the new draft HCPC standards in the context of our profession and what support they need to abide by them. It will also give you an opportunity to inform our response to the consultation on the draft HCPC standards.

To get involved, simply visit: <https://cqlive.clevertogether.com> on any computer, tablet or smartphone and log in using your RCSLT member details. If you can't remember these, you can reset your password.

We believe that your expertise is essential to shaping our new standards and look forward to reading your contributions. ■

“You will be able to share your views and offer feedback”

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

‘Another Voice’ for tracheoesophageal speakers

A new rehabilitation programme is using singing and performance techniques to train the voices of laryngectomees who use a voice prosthesis.

Rehabilitation group, ‘Another Voice’, is the result of collaboration between Dr Thomas Moors, Specialist SLT Lizz Summers, and opera singers and voice coaches Laverne Williams and Lucie Davienne. The group sessions take part weekly in Cambridge and are helping laryngectomees from around the south of England to learn advanced voice techniques, such as diaphragmatic breathings and voice projection.

The rehabilitation programme aims to tackle some of the limitations



commonly experienced by tracheoesophageal speakers, including difficulty being heard over background noise, difficulty expressing tone and emotion, and lack of clarity and ‘smoothness’ in the voice.

The programme is in its

pilot stage and is open to any tracheoesophageal speaker by way of self-referral. Quantitative findings and qualitative feedback to date have been very encouraging, with laryngectomees reporting that previously difficult tasks such

as telephone use and raising the voice are now achievable.

According to Lizz, many promising developments are underway, with the project aiming to secure funding to undertake a full-scale research study and forming exciting partnerships with eminent performing arts institutions. The group is due to collaborate with rapper Scruffizer as part of a Wellcome Trust initiative linking health and music.

If you would like more information or you know a laryngectomee who would be interested in joining the group, please email Dr Thomas Moors (Thomas.moors@gmail.com) or Lizz Summers (Elizabeth.summers@city.ac.uk).

📍 Visit: www.shoutatcancer.org

RCSLT online resource of the month



The RCSLT’s International Journal of Language and Communication Disorders is available on the RCSLT website. RCSLT members can get free access to the entire back copy collection going back to 1966.

📍 Visit: www.rcslt.org/members/publications/publications_list

Food and drink to the fore in Medway

Medway Community Healthcare SLTs and dietitians joined forces to promote Nutrition and Hydration Week, from 16–22 March 2015.

Our aim was to emphasise nutrition and hydration as an important part of quality care and safety improvement. Together, we ran a display stand in the foyer area of the Medway Maritime Hospital to promote the work we do in the hospital and local community. On display boards, we included information on protected mealtimes, malnutrition, different food/liquid consistencies, feeding advice, the potential impact of swallowing difficulties on nutrition/hydration and how to contact our services.

Representatives on the stand (pictured) spoke to approximately 50 members of the public and health professionals, and answered questions on how to contact the two teams in the community, weight loss, dietary advice for people with diabetes, feeding advice for people with dementia, support for people with swallowing difficulties and healthy eating advice. People visiting



the stand also asked about issues unrelated to nutrition and hydration, but relevant to speech and language therapy, such as voice conditions.

The day was a great success in promoting the two services and allowing members of the public to obtain information and advice. We hope to do more promotional events to increase our profile further.

Kitty Peploe, Acute SLT Team Lead, Medway Community Healthcare

29

vanguard sites, one of the first steps towards delivering NHD England's Five Year Forward View

£150,000

DfE grant to RCSLT to evaluate the effectiveness of children and young people's services



Derek Munn

COLUMN

QUOTE UNQUOTE

As you read this – in the days before or after the general election – you will have been through many weeks of campaigning. As we go to press, we are digesting what each party is offering and it looks like our influencing work – along with that of others – has borne some fruit.

The Liberal Democrats have picked up on the goals of the 'Read On Get On' literacy campaign with which we are engaged. What is important here is the first milestone, now a Lib Dem manifesto pledge: 'All children should start school with good language skills by 2020.'

Making this a reality should keep us busy if it becomes government policy.

This follows an explicit reference by Nick Clegg in a recent speech on education, "We will increase

the Early Years Pupil Premium from £300

to £1,000 per child, per year – boosting the support you can give to these children. That could be specialist one-on-one support, bringing in more qualified staff with expertise in particular areas, such as speech therapy or training your workforce more widely."

Labour also recognises the importance of language development in its education manifesto: 'A child's language development at age two is a strong predictor of their reading ability in primary school and their later attainment. Disadvantaged children are arriving at school already behind in core language and literacy skills. Early intervention to give extra support to vulnerable or disadvantaged children is therefore an important part of an effective early years system. Successful early interventions are well targeted, delivered in high-quality settings and by highly trained professionals.'

Andy Burnham had this to say when launching Labour's health manifesto, "Labour will say that if you want to help build this new NHS and devote yourself to it, we will give you a ladder into it – not just to become a nurse or midwife but any of the disciplines that whole-person care will need in much greater supply – physios, occupational therapists, speech and language therapists, mental health nurses, dietitians, therapists and counsellors."

The Conservative manifesto is more understated, but at least goes beyond the traditional staff groups when it says, 'We will continue to ensure that we have enough doctors, nurses and other staff to meet patients' needs.' As part of those 'other staff', let's get ready to hold them to their pledge. ■

"It looks like our influencing work has borne some fruit"



The twilight sessions run after work, every two to three months and focus on a broad discussion topic

SLTs enter the twilight zone

Cardiff Metropolitan University saw the biggest turn out yet for its continuing professional development (CPD) twilight session, on 24 February.

The university's speech and language therapy department has been running the initiative since October 2013 to support CPD and develop closer links between the university and local clinicians.

The sessions run after work, every two to three months and focus on a broad discussion topic. Previous topics have included research in clinical practice, phonetics and phonology, and dysphagia. Registered SLTs within the local area can attend, regardless of their area of specialism, band or place of work.

More than 40 therapists, from a wide range of NHS, private and education-funded provisions, attended the most recent session on 'Dyspraxia/apraxia in children and adults'. Facilitated by Lecturer in Developmental Disorders Hannah Plumpton, Lecturer in Adult Acquired Kate Tucker and Lecturer in Adult Learning Disabilities Ria Bayliss, the session focused on current practice in dyspraxia/

apraxia assessment and therapy. During discussions on current research, therapists shared their knowledge and experiences in small groups and as a whole cohort.

One therapist commented, "I have found I have learnt more in those sessions (that I am using in my therapy every day now) than I have in any other training since beginning the job."

The staff involved in the sessions have been very encouraged by the response, and have found the sessions to be beneficial to support their own CPD. Hannah said, "Not only is it a pleasure to meet and have discussions with such a wide range of therapists, but it also supports my work with the students enormously, as I can reflect current trends and good practice from the local area."

The next steps will be to finalise a 'travelling twilight', which will allow staff to undertake the sessions over a wider geographical area within Wales.

If you are undertaking any innovative/unusual CPD activities email: bulletin@rcslt.org and let us know.

What about speech and language therapy?

I am a University of Strathclyde student and we recently set up a society called 'Speech Therapists @ Strathclyde'.

With the upcoming general election, politicians are highlighting areas of the NHS they intend to improve funding for and manifestos concentrate primarily on increasing doctors and nurses. This posed the question, 'What about speech and language therapy?' We set out to start a campaign to get people talking about speech and language therapy, and raise awareness of our professional role. We created a sign and registered our own hashtag #whataboutSLT.

Our plan was to spread our message through social media. What better way to start than on European Speech and Language Therapy Day on 6 March 2015? Through Facebook and Twitter, our message reached people as far afield as Australia. We were stunned to learn that a local stammering network received almost 3,000 additional viewers to their Facebook



page as a result of the message being liked and shared.

We hope our campaign will grow to ensure people are aware of the impact we have on people with speech, language, communication and swallowing difficulties, as well as the wider community.

With around one in five people having difficulty communicating at some point in their life, it is essential speech and language therapy services receive more investment to meet growing demands. Speech and language therapy transforms lives and we hope to spread the word one tweet at a time.

Megan Hart, on behalf of Speech Therapists @ Strathclyde

HCPC consults on registration fees

The Health and Care Professions Council (HCPC) has launched a consultation on proposals to increase its registration fees in 2015. It is proposing an increase in the renewal fee from £80 to £90 per year, with effect from 1 August 2015.

According to the HCPC, this increase has been instigated following the Government's decision that the Professional Standards Authority (PSA), which oversees statutory bodies that regulate health and social care

professionals in the UK, will be funded by the regulators' it oversees, based on registrant numbers.

The consultation closes on 6 May 2015. If the proposals are adopted, changes to the fees would be effective from 1 August 2015. Existing registrants would pay the new renewal fee when their profession next renews its registration.

© Visit: <http://tinyurl.com/pmw7ty2>

Are you an NHS England vanguard site?

On 10 March, NHS England chose the first wave of 29 vanguard sites – areas or organisations that will pilot its new models of care; one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. The sites will focus on integrated primary and acute care systems – joining up GP, hospital, community and mental health services; multispecialty community providers – moving specialist care out of hospitals into the community; and enhanced health in care. Email: policy@rcslt.org and let us know if your organisation is engaged in a vanguard site.

© Visit: <http://tinyurl.com/os25e67>

Bury Tavistock Award success

Congratulations go to SLT Gill Pearl and Bury Speakeasy, joint recipients of The Robin Tavistock Award 2015. The annual award goes to an inspirational individual or group, who has made a significant contribution in the field of aphasia. Celebrating its 30th anniversary this year, Bury Speakeasy, "stands as a beacon in the north west, offering one of the few places in the area dedicated to long-term support for people with aphasia". According to the Tavistock Trust, Gill has been a driving force in Speakeasy's survival and as CEO has helped to shape and ensure its invaluable contribution over the past 14 years.

© Visit: www.aphasiatavistocktrust.org

Bilingualism resource for Scotland

New evidence-based and RCSLT-approved guidelines on speech and language therapy in Gaelic Medium Education (GME) are now available online. Authored by leading bilingual experts Drs Carol Stow and Sean Pert, the guidelines cover the best practice in speech and language therapy assessment and intervention for children and young people in bilingual settings. There is also a useful summary document for colleagues outside of speech and language therapy. The RCSLT will share the guidelines with Scotland's GME leaders.

© Visit: <http://tinyurl.com/k8feucj>

Awards combine clinical and research

The Health Education England (HEE) and National Institute for Health Research (NIHR) Integrated Clinical Academic Programme is now open for applications. The programme provides personal research training awards for healthcare professionals outside of medicine and dentistry who wish to develop careers that combine clinical research and research leadership with continued clinical practice. Five levels of award are available – internships, masters, clinical doctoral research fellowship, clinical lectureship and senior clinical lectureship. Applications are now open for clinical doctorate research fellowships, and clinical and senior clinical lectureships. Deadline, 28 May 2015.

© Visit: <http://tinyurl.com/mrxh6v>

Opinion



Carys
Jenkins

Carys Jenkins says deficits in oral motor skills can affect the development of speech

Prompts for restructuring oral muscular phonetic targets



ILLUSTRATION Trina Dalziel

In October 2014, I went to Ontario, Canada, to undertake PROMPT (Prompts for Restructuring Oral Muscular Phonetic Targets) (Level 2) 'Bridging Technique to Intervention', making me one of only three SLTs in the UK trained to this level.

PROMPT looks at the oral motor skills of the individual and whether there are any deficits present that may affect the development of speech. Deborah Hayden (founder of PROMPT) describes the system as one that uses tactile cues of pressure, place and timing to promote and enhance effective neuro-muscular movements

and coordination for the learning of speech (Hayden and Square, 1994).

The three main uses of PROMPT are to develop:

- Awareness of oral communication.
- Receptive language and teach concepts by introducing the child to new sounds and words by using the technique.
- And rebalance the speech subsystem at sound, word and phrase level.

PROMPT supports a child's speech by providing specific tactile cues in addition to a vocal model to evoke a sound and/or word approximation. As the child's success at producing

a range of sounds and words increases, the aim would be to fade the PROMPTS (Hayden, 1984). Recent research suggests PROMPT therapy is not only effective in improving the accuracy of speech movements in children with severe speech disorders, but that the therapy can generalise across to words not directly targeted (Square et al, 2014).

PROMPT and autism

Lack of speech development is regarded to be one of the most concerning symptoms of children with autism (Rogers, et al, 2006). Recent research suggests children with autism have significant difficulties with a range of motor movements, including gross, fine and oral motor, and that in a subgroup of children there is a correlation between speech and language acquisition and motor skills (Belmonte et al, 2013).

Many of the children I work with present with a range of oral motor difficulties, which have a great impact on speech development. Therefore, in order to develop speech successfully it is important to address the oral motor difficulties. Children with autism seem to have difficulties at multiple stages of the PROMPT Motor Speech Hierarchy (including difficulties with controlling jaw, lips and tongue movement). PROMPT is able to provide input regarding where articulatory movements begin, how they feel and how

the sound should be produced (Grigos, Hayden and Eigen, 2010).

In addition to PROMPT, I am trained in Talk Tools (Level2) and The Nuffield Dyspraxia Programme and find that by combining these programmes, alongside applied behaviour analysis principles for teaching, functional speech can develop. ■

Carys Jenkins, SLT at Skybound Autism Therapies. Email: carys.jenkins@skyboundtherapies.co.uk; <https://www.facebook.com/carysjenkinsSLT>

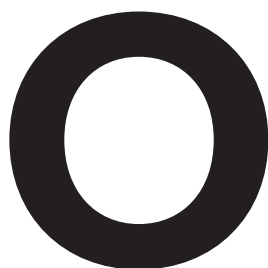


References & resources

- Belmonte M, et al. Oral motor deficits in speech-impaired children with autism. *Frontiers in Integrative Neuroscience* 2013; 7:47, DOI: 10.3389/fnint.2013.00047
- Grigos M, Hayden D, Eigen J. Perceptual and articulatory changes in speech production following PROMPT treatment. *Journal of Medical Speech Language Pathology* 2010; 18:4, 45-53.
- Hayden D. The PROMPT system of therapy: Theoretical framework and applications for developmental apraxia of speech. *Seminars in Speech and Language* 1984; 5:2, 139-156.
- Hayden D, Square P. Motor speech treatment hierarchy: A systems approach. *Developmental apraxia of speech: Intervention. Clinics in Communication Disorders* 1994; 4:3, 162-174.
- Rogers S, et al. Teaching young non-verbal children with autism useful speech: A pilot study of the Denver Model and PROMPT interventions. *Journal of Autism and Developmental Disorders*, 2006; 36:8, 1007-1024.
- Square P, et al. Multi-sensory treatment for children with developmental motor speech disorder. *International Journal of Language and Communication Disorders* 2014; 49:5, 527-542.

Integrating a new sound into words

- 1 Use Talk Tools exercises to practice correct oral motor placement
- 2 The Talk Tools Apraxia Kit supports the correct oral motor placement for a specific sound
- 3 Pairing up the PROMPT tactile cue supports accurate production
- 4 Use of the PROMPT tactile cues helps the child blend the sounds into words (The Nuffield Dyspraxia Programme can also provide visual support)
- 5 Fade PROMPTS as the child is able to produce the words independently



On 13 October 2014, we invited RCSLT members to take part in our online membership survey. The aim of the exercise was to

investigate your views and attitudes, and gain robust data from particular member groups, to see how well you think we are supporting you in your professional and working lives.

We wanted your thoughts on the relevance and value of our services and resources, gather insight into your future requirements and find out more about your involvement in the work of the RCSLT. The invaluable information you provided on a range of key performance indicators has allowed us to set benchmarks that we can measure ourselves against going forward. It will also focus the organisation's attention on areas where we can and will do better.

Outstanding response rate

Before discussing the survey findings, I would like to take this opportunity to say a big thank you to all who took the time to take part. We sent the invitation to participate to 15,869 RCSLT members and 3,815 individuals responded.

For those of you of a statistical bent, this represents an outstanding 24% response rate - with findings accurate to ± 1.38%



Your views loud and clear

We asked you what you think about the RCSLT, the products we offer and the services we provide. Steven Harulow looks at what you told us

ILLUSTRATIONS BY Alice Potter

(at 95% confidence level).

Almost all (97%) of participants were women and 95% classified themselves as 'white' (2% as 'Asian' or 'Asian British' and 1% as 'Mixed'). Four out of five survey participants were in the practising membership category; 189 newly-qualified practitioners, 219 students, 151 retired and 66 associate members replied. The average age of participants was 42 years, with three-quarters of participants falling into the age range of 26 to 55 years.

In terms of the geographical distribution of responses, 3,680 individuals (96%)

selected UK membership categories. Of these, 80% were from England, 9% were from Scotland, 4% from Northern Ireland and 4% from Wales.

The RCSLT's role

We asked for your opinion on the role of the RCSLT by asking you to agree/disagree with a number of statements. From the results, it is clear you value the RCSLT most for its role in providing professional standards and supporting professional development; as a membership body; and for providing support to members (agree/strongly agree: 91%, 91%, 83%, 83% respectively).

Eighty-one percent of respondents agree/strongly agree that they value the RCSLT's role in representing the profession to government and for promoting the issues of people with speech and language and swallowing difficulties. Three quarters also value the RCSLT for acting in an advisory/influencing role to policy makers/healthcare leaders.

You placed less value (69%) on the RCSLT's role in representing the profession to the media; monitoring and responding to external changes; and providing information to the public. Only half of respondents value the RCSLT for supporting services facing financial cuts and workforce challenges.

Achieving RCSLT goals

We asked you to rate how effectively you believe the RCSLT is achieving its main goals, using a scale of 1 to 7 (where 1 = not at all effectively and 7 = very effectively). The percentages overleaf show those who scored 5, 6 or 7: »

Table one: Awareness and use of RCSLT benefits and services

Benefits and services	Aware of	Used in past year
Bulletin magazine	100%	98%
Members-only website areas	99%	84%
International Journal of Language and Communications	96%	87%
CPD online	96%	71%
Professional indemnity insurance	85%	13%
Jobs website	81%	24%
Grants and awards	73%	4%
Member enquiries service	68%	20%
Online journals	66%	33%
Legal fees insurance	58%	6%
Discounted/free events	56%	9%
Retired members directory	35%	2%
Online Research Centre	34%	11%
Leadership resources	32%	11%

AWARENESS RELEVANT SLT
SUPPORT WEBSITE
THERAPY RESEARCH
ISSUES CPD SPEECH
VOICE CAMPAIGN
PROFESSIONAL
LANGUAGE ACCESS
ONLINE ACCESS
STANDARDS QUALITY
PEOPLE INFORMED
COMMUNICATES POLICY MAGAZINE

- Supporting RCSLT members in their professional lives (65%).
- Developing the influence and profile of speech and language therapy and the RCSLT (61%).
- Being an innovative and outstanding professional body (59%).
- Improving access to speech and language therapy services and outcomes for people with communication and/or swallowing difficulties (49%).

Benefits and services

The survey asked you to indicate if you were aware of particular member benefits and services, and if you had used them within the past year (table one).

We also asked you to indicate the degree to which you personally valued each benefit, (using a scale of 1 to 7, where 1= very little value, 7 = very high value). The four most valued benefits and services (rated 5, 6 or 7 out of 7) were:

- The Bulletin magazine (84%).
- Professional indemnity insurance (84%).
- Legal fees insurance (80%).
- The members-only area of the website (75%).

Events and webinars

One in three survey participants said they had taken part in an RCSLT event or webinar within the past two years. Those working in a university and those located in Northern Ireland were significantly more likely to have taken part (56% and 54% respectively). Two-thirds of those attending events had been to just one event in the past two years; 20% had been to two and 10% had been to three or more. More than 80% of those participating in webinars had taken part in just one webinar in the past two years.

The main reasons for not attending RCSLT events or webinars related to lack of time, awareness and funding. Around a quarter of

respondents indicated that the content was not relevant and 18% said they did not get leave from work.

We asked you what types of events and/or webinars you would like to see the RCSLT provide. We received 1,410 responses under the general themes of clinical practice and clinical excellence; sector-specific or general business/workplace skills; standards, service delivery, legislation, policy and ethics; research and evidence-based practice/outcome measures; professional issues; building relationships with local providers/regional specialists and clinical commissioning groups; and collaborative work with other bodies and influencing.

Involvement in RCSLT work

In terms of participants' levels of engagement in the work of the RCSLT, 25% said they are currently involved in clinical excellence networks and 20% are involved in RCSLT Hubs. While only 6% of participants (around one in 16) are currently involved in RCSLT campaigns, 20% said they had done so in the past five years.

Thoughts on membership

What do you think about being a member of the RCSLT? More than three-quarters (77%) of respondents indicate they are proud to be a member; 80% see membership as worthwhile; and 84% value the benefits, resources and services on offer. Seventy-six percent know how to access support and information, and 70% feel communication from the RCSLT is appropriate to them.

In terms of professional development, 75% of members agree their membership assists them with their CPD and 61% agree that RCSLT professional resources support them in being the type of professional they wish to be.

Almost all respondents (97%) agree

or strongly agree that it is important the profession has a collective voice and 66% agree that the RCSLT is working hard on their behalf. While 87% of members support the RCSLT's goals and 62% agree the RCSLT is shaping the future of the profession, only 52% believe the RCSLT is fit for the future.

Communication issues

We invited those who disagreed/disagreed strongly with the statement 'the RCSLT communicates with me appropriately' (around 7% of participants) to respond to the follow-up question: 'What improvements could be made to the way the RCSLT communicates with you?' There were 167 responses, which we grouped by theme:

- Improve email communications – for example, targeting/personalisation, content, upcoming events and frequency.
- Respond to enquiries – be more timely, accurate, polite and consistent.
- Online access instead of paper copies.
- Improve the RCSLT website.
- Update the Bulletin.
- Use social media better.

Some of you may be aware that the RCSLT is investing in a new customer relationship management (CRM) system that will help us to store, access and cross reference information on our members. The CRM system will allow us to better target and personalise email correspondence, and improve the way we track enquiries.

Simultaneously, we are developing a new website that will allow us to personalise online content for particular member groups and better enable members to contribute to online collaborative work. We will keep members updated about the new digital developments as work progresses.

At its March 2015 meeting, the RCSLT Board of Trustees approved the International Journal of Language and Communication going online, with members being able to opt in for a hard copy if they so wish. This will commence in early 2016 and we will provide details about how members can choose to opt in later in the year.

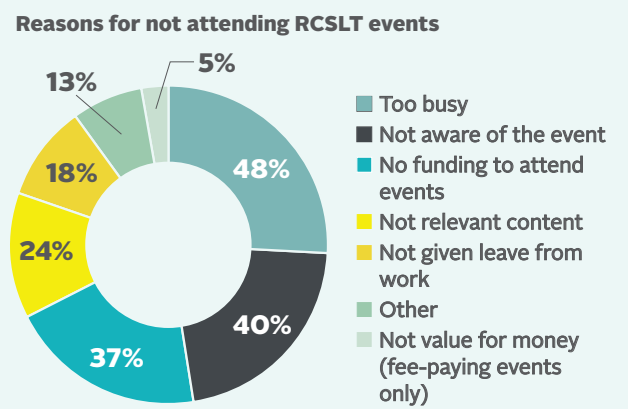
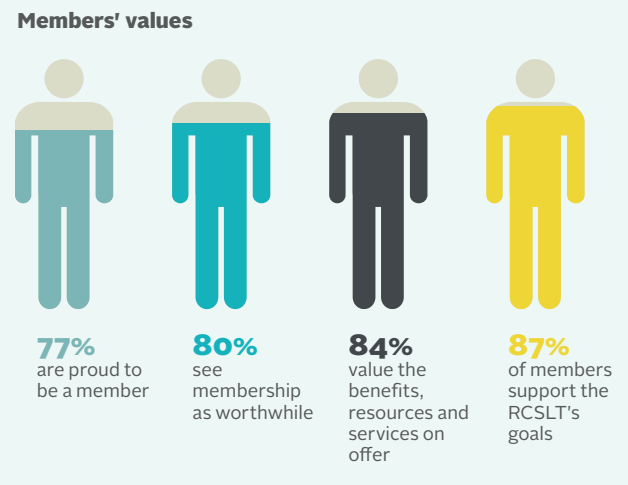
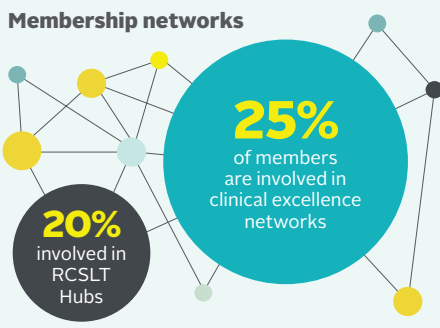
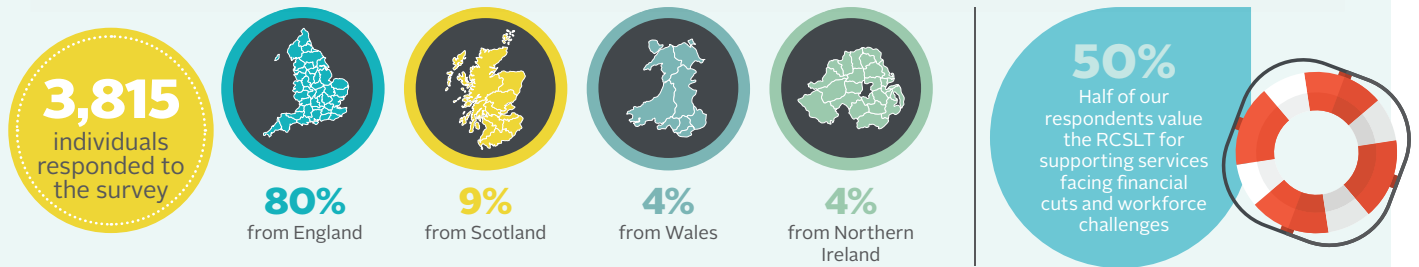
On the back of the survey results, we aim to look at the way the whole organisation communicates with the membership to ensure that we do so efficiently, appropriately and with a consistent message.

Meeting expectations

How well does the RCSLT meet your expectations? Almost 75% of respondents indicated that RCSLT membership had met their expectations over the past year and 4% even indicated it had exceeded their

“This research has already established a robust set of benchmark figures that we will revisit to measure our progress”

THE RCSLT MEMBER SURVEY IN FIGURES



expectations. We asked those who indicated that the RCSLT had partially or not met their expectations (23%) to outline the reasons why.

From the 618 individuals who responded, the main themes were communication issues; not enough representation of the profession/promotion of RCSLT as a professional body; doesn't relate to/support members in their daily work/in their specific role; only of minimum benefit (eg, individuals use only one of the resources/services on offer); and cost

prohibitive (for part-time workers and students etc).

Recommending the RCSLT

We asked survey participants to indicate how likely it was that they would recommend RCSLT membership to a friend or colleague who was not a member. (Scale: 0 to 10, where 0 = not at all likely to 10 = extremely likely.) Forty-five percent were loyal enthusiast promoters (scoring 9-10); 28% were satisfied but unenthusiastic passive members (scoring 7-8); while 27%

were unhappy detractors (scoring 0-6).

Going forward

This research has already established a robust set of benchmark figures that we will revisit to measure our progress. Meanwhile, we have a rich vein of comments to act on. We are already looking at the areas where we performed less well and are investigating ways that we can do things better. ■

Many thanks to Ashridge Communications for carrying out this survey on our behalf.

After the publication of the Bercow Report in 2008, Hackney was named as one of 16 speech language and communication needs commissioning pathfinder sites. This provided us with an invaluable opportunity to focus time and research on the application of outcome measurement theory to our service. The Hackney Outcomes Project (HOP) has continued to grow and develop and we are keen to share our thinking, learning and experience with others in our profession. The HOP has taught us that it is important to take one 'hop' at a time. Rather than trying to prove that speech and language therapy can change the world, we aim to focus on those things that can effect real change and make a difference to service users and the sustainability of our service.

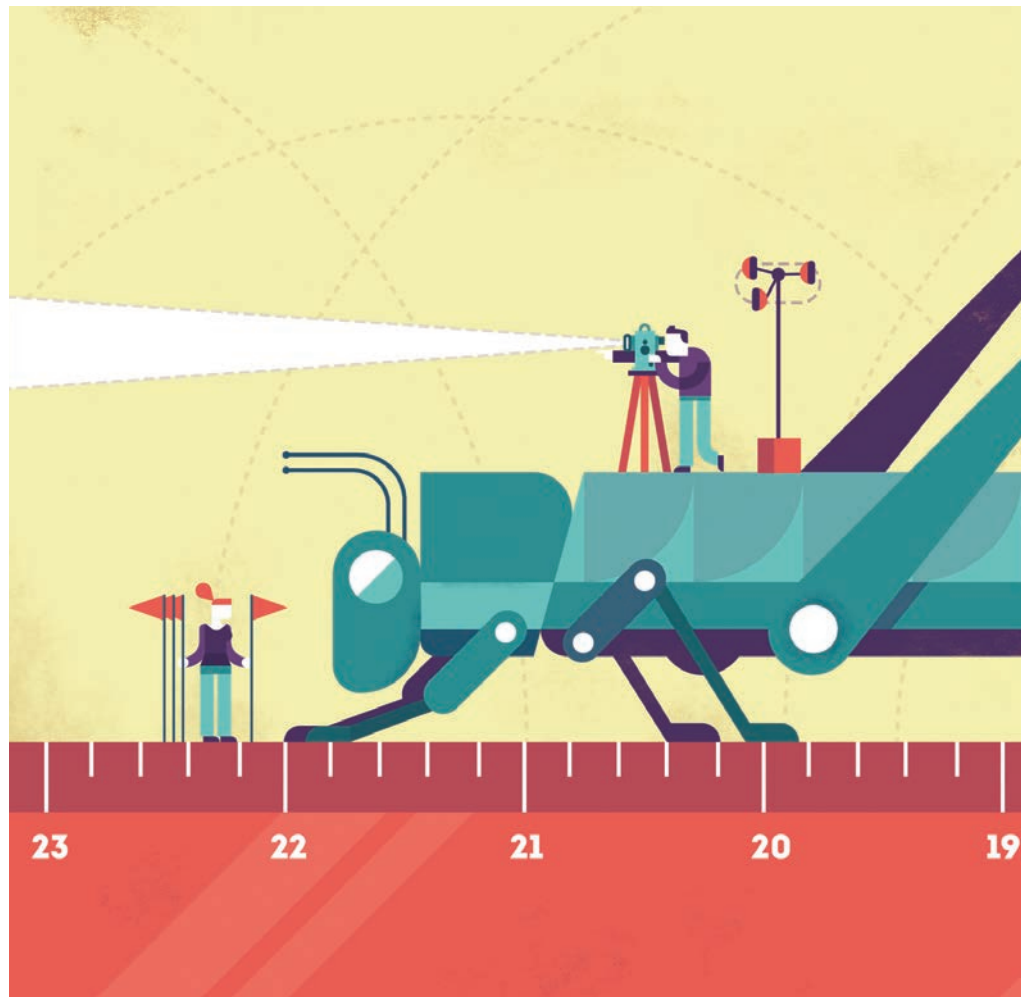
Fundamental questions

In our research around theory of outcome measurement, we found Mark Friedman's work (www.resultsaccountability.com) to be the most enlightening. Friedman asks three fundamental questions, which underpin our HOP framework: What did we do? How well did we do it? Is anyone better off?

In order to measure what we do in speech and language therapy, we have to define clearly all the packages of intervention we are offering. What are we actually doing? This simple question has taken our service on a vital journey, a process of defining what we do and continuing to change and develop. Through our discussions with commissioners, it soon became clear that the important questions were whether what we were doing was cost-effective and, more crucially, were we making a difference?

At HOP, we do not use one singular outcome measurement tool to measure the effectiveness of our packages of intervention. Each package of intervention has its own integral methods of monitoring quality and effectiveness. We cannot use the same tool to measure the effectiveness of our teenage stammering group intervention and our one-to-one package of parent-child interaction therapy. What we collect and collate is whether each intervention package has been successful in making a difference to children or families.

The monitoring methods we use are constantly changing and improving but we do ensure consistency across the service, for



Changing the world, one hop at a time

Annabelle Burns discusses the development of the Hackney Outcomes Project

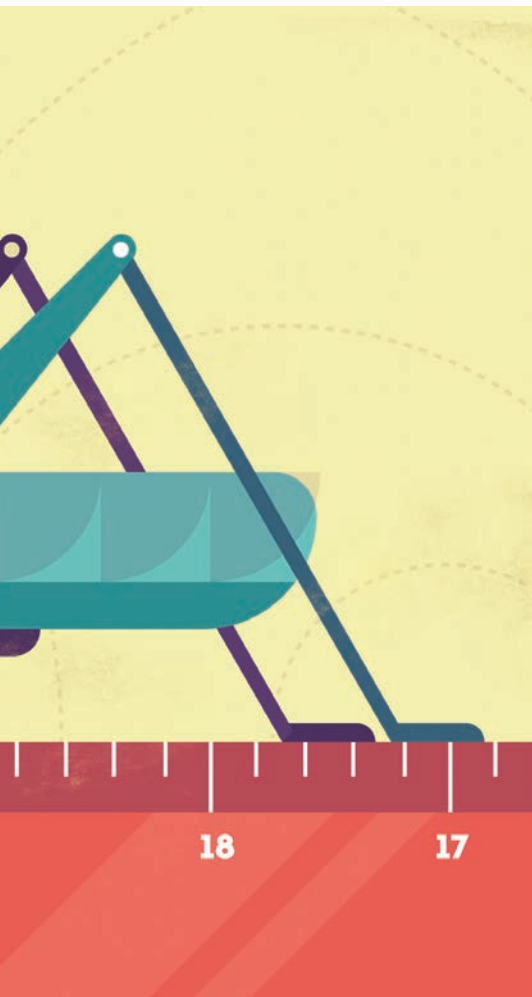
ILLUSTRATION BY Edu Fuentes

example we use the same pre- and post-questionnaire following a training course. We recognise the importance of educating commissioners about our outcome measure tools and involving them to some extent in their selection. This is essential in order to avoid the setting of inappropriate key performance indicators linked to our specific tools due to poor knowledge and understanding. Monitoring outcomes in this way is the means by which we reach our end. Our ultimate aim is to provide our commissioners with the information that what we do works.

Ends to means thinking

This is the concept of first achieving clarity about the required result, before making a plan about how to achieve it. When thinking about outcome measurement, it is important to think about why we are measuring outcomes, how we are going to collect and collate them, who the audience is and what we would like the outcome measurement to achieve for us.

Ends to means thinking helped us at HOP to determine the ways in which to collect and collate information that are both practical and meaningful for clinicians.



“Rigorous evidence to prove the effectiveness of speech and language therapy is vital, but it is not enough”

Population versus performance

Speech and language therapy certainly makes a contribution towards population-wide outcome measures, such as educational attainment or emotional wellbeing, but we should be wary of attempting to establish a cause and effect relationship.

Broad-based social programmes, such as Sure Start, understand that all agencies need to work together in a joined-up way to address the holistic needs of children and families. Each partner has a contribution to make by providing a particular programme of activities. However, no partner should seek to use population measures to judge the success of their individual programme. This is bound to fail.

For example, the quality and effectiveness of a speech and language therapy service providing transition to reception groups cannot be measured by the foundation stage profiles of children across the whole borough, although it does make a contribution. Children’s results are affected by a plethora of other factors, such as deprivation, housing and maternal mental health. Additionally, a distinction must be made between improvements made in the target population (those at whom the speech and language therapy service was aimed), the service population (those who actually attended the service) and the whole population.

Building an evidence base

At HOP, we separate commissioner-focused outcome measurement into two steps (or hops) – convincing commissioners of the fact that speech and language therapy has a significant contribution to make to wider population outcomes, and proving that we are the best speech and language therapy service to provide this contribution.

It is the duty of the whole profession to

share and disseminate evidence that backs up the first of these steps. Raising the profile of speech and language therapy through campaigns such as Giving Voice, as well as building and collating an evidence base through projects, such as the What Works database, is essential. At a local level, influencing the right commissioners in the ways described above, using a mixture of fact and art, is an important role that SLT managers have.

Thinking and reflecting

The HOP project has enabled us to spend time thinking and reflecting on our response to the issue of outcome measurement. Our priorities continue to be to focus on the quality of the service we provide, to ensure that all who need evidence-based effective speech and language therapy receive it. We also seek to continue to promote the importance of speech and language therapy to our commissioners, making the link between speech and language therapy and wider population-wide outcomes through reporting, influencing and communicating on every level we can.

We continue to develop a wide and varied basket of monitoring methods for outcome measures, which we can use to measure the effectiveness of our service provision. Finally, we continue to refine and develop the ways in which we collect and collate information to enable more and better reporting for the purposes of our current and future commissioners and stakeholders. ■

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Annabelle Burns, Speech and Language Therapy Service Manager, Children’s Integrated Speech and Language Therapy Service for Hackney and the City.
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Outcome measurements give us a clear picture clinically of the effectiveness of our therapy and enable us to reflect on and adapt our practice. Any tool for measuring outcomes also has to be intuitive and easy to use for SLTs.

The ends to means relationship between outcome measurements and commissioners is slightly less straightforward. At HOP, we have found Friedman’s statement to be true that the commissioning world is, “a mixture of fact and art, politics and persuasion, discipline and pure hunch” (<http://tinyurl.com/mnajyfk>).

In Hackney, we are commissioned by nurseries, schools, the clinical commissioning group, the local authority and neighbouring local authorities, and we are beginning to be approached by individual parents. Each of these commissioners require proof and persuasion, but often a friendly face, a series of anecdotes or an article in the right newsletter is enough to achieve sign up.

Rigorous evidence to prove the effectiveness of speech and language therapy is vital and we need more and better research, but it is not enough. We also need the power of persuasion and influence, the ability to market and promote our services, and a positive and open attitude to change. We need to know what commissioners are interested in and how to report to them in ways that achieve our ultimate aims.

The Royal College of Physician’s (RCP) Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in the NHS and aims to improve the quality of stroke care by auditing stroke services against evidence-based standards across England, Northern Ireland and Wales.

The RCP publishes the audit results quarterly to benchmark services locally and nationally, support clinicians to identify room for improvements and provide patients with data to enable them to ask questions about their care.

SLT service data

Data collected on speech and language therapy provision includes the time taken to carry out a swallow screen, formal swallow and communication assessments, as well as the frequency and intensity of treatment patients receive. From the latest results, we know that 202 stroke services participated in the audit. Table one shows the increase in the proportion of services meeting almost all of the standards related to speech and language therapy over the past four quarters.

The number of speech and language therapy services achieving the top two performance levels (A and B) across all the

Make a SSNAP decision

Emma Pagnamenta and Claire Moser urge all services providing stroke care to take part in the Sentinel Stroke National Audit Programme

speech and language therapy standards is increasing (up from 12% in October to December 2013 to 23% in July to September 2014) and the number achieving the lowest performance level (E) is decreasing. However, the audit is still grading 46% of services at the lowest level and 20 services had insufficient data or did not participate in the latest audit.

Speech and language therapists saw 94% of patients during their inpatient stay. The median time between arrival/onset of stroke in hospital and assessment is 29 hours. There has been progress on the intensity of

therapy provided; however, there are days when patients do not receive any therapy, which may reflect the limited weekend services available.

Many hospitals are operating with less than one whole-time equivalent SLT per 10 stroke beds, which was one of the 2008 RCSLT stroke campaign calls. This is evidence of reduced capacity and has an impact on the ability of speech and language therapy services to meet the standards.

Complete the audit

We urge all services to complete the audit. The value of the data is clear – SLTs can use the results to identify how their therapy intensity compares with the national average and with other teams. The results also allow SLTs to, “highlight where patients could be getting more face-to-face therapy, where they could receive more therapy over a greater number of days and to consider how this can be achieved” (RCP 2015, p14: <http://tinyurl.com/o2gzw4m>).

The audit data can also provide the information you need to argue the case for measures to improve care; for example, increased staffing or reorganisation of local services.

You can access the audit tool and view the results on the SSNAP webpages (<http://tinyurl.com/mx5mrnn>). Join our new Stroke Network or find out more by emailing claire.moser@rcslt.org. Read the statement on SSNAP by Rosemary Cunningham and Sue Pownall, RCSLT representatives on the RCP Intercollegiate Working Party for Stroke (<http://tinyurl.com/km45tb7>). ■

Dr Emma Pagnamenta, RCSLT Research Manager; Claire Moser, RCSLT Policy Officer

Table one. Summary of SSNAP data related to speech and language therapy

Key Indicators	Benchmark	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of applicable patients who received a swallow screen within 4 hours of clock start		64.2%	65%	67.3%	69.2%
Proportion of applicable patients who received a formal swallow assessment within 72 hours of clock start		79.3%	80.9%	82.1%	83.6%
Proportion of patients reported as requiring speech and language therapy	50%	47.8%	48%	46.9%	47.6%
Median number of minutes per day on which speech and language therapy is received		30	30	30	30.8
Median % of days as an inpatient on which speech and language therapy is received	70%	27.9%	26.6%	35.3%	39.9%
% of the minutes of speech and language therapy required which were delivered	45 minutes of therapy per day five days a week	25%	23.9%	30.9%	36.4%



Knowledge is power

Pam Enderby says understanding local health needs and priorities will help you to raise awareness of the wider benefits of speech and language therapy

ILLUSTRATION BY **Marcus Butt**

Making an explicit link between the wider benefits of speech and language therapy services to local priorities is important because these are not always obvious to managers and the commissioners of services. This article provides details about how to find out about local health needs and priorities so you can use the information to raise awareness of your contribution in addressing these.

Joint strategic needs assessments

A good starting point is the locally produced joint strategic needs assessment (JSNA), which analyses the health needs of the local population to guide commissioning of health and social care services. The public health department within the local authority usually writes the JSNA using a combination of national and local data alongside local intelligence.

The JSNA provides the evidence for the development of the joint health and wellbeing strategy (JHWS). This outlines the key shared local priorities for action

and informs the delivery plans of local authorities, health boards and clinical commissioning groups (CCGs). If you believe there is a local health need that the JSNA does not address and have evidence to back up your assertions, the public health team will want to hear from you.

These documents are publicly available online; however, you may also wish to obtain softer intelligence about the local health challenges in order for you to make clear how you can contribute. A good place to start with this is attending the public meetings of health and wellbeing boards, CCGs or health boards, as well as following local health leaders on social media.

Local health profiles

Public health organisations in the UK develop local health profiles at a national level. These vary in format and content, are less detailed than JSNAs and aim to bring together existing information into one place to provide a snapshot of health and wellbeing across each local authority or health board.

They contain data on a range of indicators for local populations, such as the proportion of children in poverty and levels of child and

adult obesity. The profiles highlight local issues and priorities to local government and health services and include:

- 'At a glance' summary descriptions of people's health in the area.
- Maps and charts that show how the health in the area compares to the national and local view.
- A 'spine chart' health summary showing the difference in health between the area and the national average.

There are many online tools that you can use to build a bespoke local health picture, which will help you when you are preparing reports. These allow you to focus on a particular health issue or client group. Public Health England has developed a tool with health information presented in an easy way (www.localhealth.org.uk). This allows you to choose a geographical area you wish to focus on and the indicators you are interested in. It then builds maps, graphs or reports to suit your needs.

A wealth of resources

In addition, there are issue-specific data sets developed to allow easy access to and interpretation of data. One example is the National Child and Maternal Health Intelligence Network (CHIMAT) (www.chimat.org.uk). This site provides information and intelligence to improve decision making about children's health; it combines local health data with up-to-date evidence and policy. You can also sign up to e-bulletins, which keep you up to date with new evidence and data. There is so much information available, it is impossible to cover it all here. The websites in the table below give a flavour of the enormous range of information available for us to use. ■

Pam Enderby, Professor Emeritus, University of Sheffield

UK national websites

- Public Health England Data and Knowledge Gateway
<http://datagateway.phe.org.uk>
- Scottish Government Community Care and Older People - Datasets and Publications
<http://tinyurl.com/nnmemfv>
- Public Health Wales Data and Health Intelligence
<http://tinyurl.com/nqo7wpd>
- Northern Ireland Neighbourhood Information Service
<http://tinyurl.com/onkwrh7>

Ask the experts

Can you provide signposts for treating adults with acquired apraxia of speech?

Professor Nick Miller

Speech and Language Sciences
Newcastle University

The opening paragraphs sketch some broad aspects of apraxia of speech (AoS), drawing out several key hurdles that render signposting problematic. Notwithstanding some dispiriting caveats around what we (do not) know about AoS, the later content suggests possible principles and directions for successful intervention.

Characteristics and caveats

Diagnostic criteria for AoS remain contentious (Miller et al, 2011). The view here is that at the core of AoS stands a difficulty with the spatio-temporal control of speech movements. The person with AoS experiences problems achieving the appropriate pattern of open-close gestures across the vocal tract (spatio) to produce target speech sounds and the ability to control the phasing (temporal) of these open-close combinations to produce connected speech (Ziegler et al, 2012). This leads to the characteristic segmental derailments, but also the dysprosodic features that typify apraxic speech. One consequence of the varied definitions is that participants can diverge considerably across studies, with resultant confusion over validity of results and/or generalisability of findings. The perspective used here implies that treatment focuses on spatio-temporal variables and embraces both suprasegmental and segmental performance.

Severity ranges from rendering

an individual practically mute to changes scarcely detectable by the listener. Interventions must encompass this range, remaining mindful that treatments for one level of severity or aspect of speech may not be appropriate for others.

Apraxia of speech typically co-occurs with (but independently from) aphasia and other disturbances. Accordingly, rehabilitation must balance priorities for speech with prerequisites for success from treatment of other disturbances, while AoS intervention methods must be deliverable in the context of diverse accompanying disorders. There exists a paucity of studies addressing the interaction AoS-aphasia (Wambaugh, 2014).

Single case methodologies dominate AoS treatment reports – not in itself negative, but lack of replication with larger series and randomised trials leaves open how robust and generalisable findings are. Few studies consider long(er) term follow-up or manipulate variables around dose size, intensity, and duration of therapy. Current consensus considers intervention should be intensive, with opportunity for extensive (hundreds) of practice exemplars (Ludlow et al, 2008).

An additional constraint on recommendations is that most investigations employ articulatory-kinematic methods and restrict judgements on success to narrow impairment outcomes. Studies centred on prosody and communicative success are few. Most studies ignore whether improvements on narrow aspects of sound production influence

intelligibility, psychosocial impact and communication overall, despite these being ultimate tests for efficacy of interventions.

These introductory remarks highlight some important factors to consider in evaluating evidence around AoS interventions. Despite the uncertainties, there are therapeutic directions to suggest.

Signposts to intervention

Apraxia of speech represents a disorder of controlling gestural scores (open-close combinations and phasing) across the vocal tract. In therapy then, progression commences with syllables employing minimal adjustments, gradually freeing more degrees of freedom to control. As illustration, *we-V /βi/-bee-pea; mam-man-mad-mat-match* are all consonant-vowel (CV) or consonant-vowel-consonant, but within the series words increase in total articulator adjustments required to say them.

Apraxia of speech affects sound movement combinations and transitions, not producing isolated places or manners of articulation, even though particular places or manners may, for a variety of reasons, be more difficult.

Therefore, practise of static postures and sounds in isolation is contraindicated. Since sounds and contrasts are learned and happen in context, minimal pair approaches play a role (Wambaugh et al, 2006), not just to stabilise segmental contrasts (*her-hair, tie-pie, pie-buy*) but for prosodic contrasts too (*a RED car-a red CAR, yes?-yes!, Deeside-decide*).

Even if in severe cases someone is restricted to indistinct vowels, intervention focuses on developing a contrastive element (eg, *air-our; her-hair*) rather than producing isolated /u/, /e/ or whatever without reference to other vowels. Likewise, to (re)establish consonants one employs contrastive pairs (eg, *E-we; or-your*) to gradually shape vocalic elements into CV syllables. Later steps increase the consonantal precision demands (*we-V, we-be*). Progressive derivation (*I, 2-want to; Friday-Freddy*) can support advances here.

Apraxia of speech represents a motor speech disorder. Therefore,



ILLUSTRATION BY David Doran

interventions incorporating principles of *motor learning* (Ludlow et al, 2006; Bislick et al, 2012) centred on *speech* are suggested. Speech control parameters are different to *nonspeech* movements of the articulators (Ziegler et al, 2013). Hence, practice for speech is speech, with no place for nonverbal lip pursing, lateral tongue movements and similar. Feedforward and feedback guide action control.

Therapies exploiting integral stimulation (multiple watch, listen, unison, repetition cues) foster progress. As target realisation is facilitated by contextual cues, imagery (eg, real or imagined picture stimuli to elicit syllables) and phrase cues (a cup of...) help.

Ideally, target wholes are preserved in practice. Where simplification is needed, techniques that rehearse parts as they appear in the whole (*ass*, *lass* as subcomponents of *flask*; practise of /'a:i:/ as a precursor of *party*) win out over practise of sounds and combinations in ways they do not occur in speech – eg, /mm:.'ai/, /ph..'it/, /s:..thop/ are not precursors of /mai/, /pit/, /stop/. Such distortions contravene the 'practice in a way sounds occur in speech' recommendation, add stages to therapy and likely lead to failure in

the transition from isolated syllables to connected speech.

Preserving the whole includes incorporating prosody from the start, even if in severe cases this entails practising one basic contrast with varied stress and intonation ('oh no-oh 'no; you are! ~you are?').

Indeed, focus on metric qualities alone can bring improvement (Brendel et al, 2008). Melodic Intonation Therapy (MIT) (van der Meulen et al, 2014; Zumbansen et al, 2014) has been successfully implemented for AoS treatment – the possible ingredients being that MIT contains many elements of successful motor learning: the whole is preserved, including metric patterns, but in simplified fashion; therapy commences with relatively overlearned phrases; there is extensive unison and imitation support which gradually fades; prosodic degrees of freedom are systematically unfrozen; rate is initially slowed.

Rate control itself has proved successful (Wambaugh et al, 2012). Whether learning a difficult piano piece or complex dance, rehearsing the whole at reduced rate permits time for a slowed system to operate, preserving the relative phasing whilst easing transitions. Speech is no different here.

There are many other techniques and practices. Most studies have employed a combination of the above and others (Miller et al, 2011).

Much remains to elucidate regarding indications for optimum treatment, to bring not just narrow articulatory gains, but also generalisation and longer-term maintenance and an influence on communicative participation. Notwithstanding the preliminary status of recommendations, interventions that follow motor learning principles, target speech for speech, sounds in contrast and context, and incorporate prosodic elements, preferably from the start, would appear to provide a promising basis for progress. ■



References & resources

- Brendel B, et al. Effectiveness of metrical pacing in the treatment of AoS. *Aphasiology* 2008; 22: 1, 1-26.
- Bislick LP, et al. Do principles of motor learning enhance retention and transfer of speech skills? A systematic review. *Aphasiology* 2012; 26:5, 709-728.
- Ludlow CL, et al. Translating principles of neural plasticity into research on speech motor control recovery and rehabilitation. *Journal of Speech Language and Hearing Research* 2008; 51:1, S240-258.
- Miller N, et al. Apraxia of speech. in I Papathanasiou, et al. *Aphasia and related neurogenic communication disorders*. Jones-Bartlett: Boston, 2011, 431-457. [Update out soon].
- van der Meulen I, et al. Efficacy and timing of melodic intonation therapy in subacute aphasia. *Neurorehabilitation and Neural Repair* 2014; 28: 536-544.
- Wambaugh JL, et al. Combined aphasia and apraxia of speech treatment (CAAST): *Journal of Speech Language and Hearing Research* 2014; 57:6, 2191-2207.
- Wambaugh JL, et al. AoS: Effects of repeated practice and rate/rhythm control treatments on sound production accuracy. *American Journal of Speech Language Pathology* 2012; 21:2, S5-27.
- Wambaugh JL, et al. Treatment guidelines for acquired apraxia of speech: Treatment descriptions and recommendations. *Journal of Medical Speech-Language Pathology* 2006 14: 2, XXXV-LXVII. [Update out soon]
- Ziegler W, et al. Neuromotor speech impairment: It's all in the talking. *Folia Phoniatrica et Logopaedica* 2013; 65:2, 55-67.
- Ziegler W, et al. Apraxia of Speech. *Journal of Speech Language and Hearing Research* 2012; 55:5, S1485-1501.
- Zumbansen A, et al. The combination of rhythm and pitch can account for the beneficial effect of melodic intonation therapy on connected speech improvements in Broca's aphasia. *Frontiers in Human Neuroscience* 2014; 8: 592.



Victoria & Emma Joffe & Pagnamenta

Emma Pagnamenta and Vicky Joffe report on the 2015 RCSLT Research Champion Workshop

Championing research: building the future together

Our first RCSLT Research Champion Workshop took place on 24 March at City University London. The event focused exclusively on our research champions and gave us the opportunity to share and evaluate the research and development work we have carried out so far. We used the opportunity to explore and cultivate the role of the RCSLT research champion, and develop a vision for the future. We were also keen to provide an opportunity for research champions to network, share good practice and meet the RCSLT's Research and Development (R&D) Team.

An important part of the day was providing training for our champions, allowing them to develop their own research skills, which in turn would help facilitate the important role they play in our speech and language therapy communities.

City University London's Professor Amanda Burls, one of the leading experts of critical appraisal in healthcare research (see <http://tinyurl.com/qyl28qq>) and a key member of the Critical Appraisal Skills Programme (CASP) Team (www.casp-uk.net) was with us on the day. She challenged the 45 research champions present on issues around critical appraisal and how best to apply research evidence to our daily practice, the advice we give to our clients and their families, and the daily decisions we make. To look at Professor Burls's slides from the day visit: <http://tinyurl.com/owz9epx>

There was an overriding sense of excitement, anticipation and partnership throughout the day; a palpable shared aspiration to make a difference in the profession and to support members in delivering the most effective speech and language therapy services that



we can. We commend our research champions on their commitment and encourage members to find out whether there is a champion in their service, or where the closest one may be based.

Champions in action

Before the event, we conducted a survey to find out more about our research champions and the work they carry out in this role. Sixty-six responded with a huge array of exciting and innovative initiatives. Examples showed how much of an enabling and empowering network this is, supporting and driving a culture of evidence and research as integral to speech and language therapy services across the UK.

Research champions are supporting the development of evidence-based care pathways, disseminating information and resources,

building knowledge and skills in evidence-based practice (EBP) and research capacity. Champions are also playing a key role in promoting EBP and research by carrying out audit, evaluation and research themselves.

Twenty-three of our champions have developed easy-access summaries of projects in which they have been involved. Some have summarised reviews of the evidence base, for example Alison Mullen's project aimed to identify gaps in research concerning decision making for gastrostomy in adults with learning disabilities.

Others have showcased initiatives to embed evidence into practice, such as Nina Soloff's Milton Keynes' whole-system approach to quality improvement, clinical effectiveness and EBP. There

Research and Development Forum



ILLUSTRATION BY Ben Mounsey

was also a wide range of projects to evaluate aspects of service delivery using quantitative and qualitative methods. You can view all of these online: <http://tinyurl.com/oge4af3>.

Managers' support

Thirty-two of the workshop attendees said their manager was aware of their role as a research champion and 28 said their manager was supportive or very supportive of EBP/ research activities.

However, the pre-event survey highlighted lack of support from management as the third most frequent barrier to EBP (cited by eight SLTs) – with time and limited knowledge and skills being the top two. Support from managers is vital to ensuring research champions can drive change and support services to be evidence-based

and effective. While research champions need to be clear with managers about the remit and extent of their role, their eventual success is largely dependent on managers' support. We are open to further discussion with managers about the development and growth of the research champions' role.

Network builders

Research champions are a key link between the RCSLT R&D Team, RCSLT Hubs and wider research networks such as the Council for AHP Research. Although 70% of research champions are members of an RCSLT Hub, only 23% are involved with the AHP Research Hubs. A challenge we set for the workshop attendees is for them all to affiliate with these two important networks as an essential part of their champion role.

Our champions are also developing links with higher education institutions (HEIs) and wider networks. Some of the best practice examples showcase the value of partnership between clinicians and HEIs in evaluating clinical practice. For example, Lotte Meteyard and colleagues have set up a collaboration between the University of Reading and the Royal Berkshire Hospital to investigate how the dysphagia service provided by an adult acute SLT team for head and neck cancer patients fits with best practice guidelines and whether students provide extra resources to complete service evaluation and development. Rachel Mathrick, from St Catherine's School, has been working with Royal Holloway University of London to evaluate an interview skills intervention.

The future is research champions

Our research champions already have many exciting plans.

“We plan to engage managers in the work of research champions and further develop collaborations”

Some are setting up systematic reviews, evaluations or joining large-scale research projects. Others are going to apply for further clinical academic training. There are many varied avenues to enable SLTs to apply evidence to practice and to show leadership in developing local research strategies.

An important element of the future of the network is the support that the RCSLT can provide on a strategic and practical level. Responding directly to the suggestions made at this event, we are going to develop a mission statement and a directory of champions that will make them more accessible to all members. We also plan to engage managers in the work of research champions and further develop collaborations across the champion network, research reference groups and other structures in the profession.

Reading the feedback from the event it is clear there is

an appetite for a 'Research Champions Workshop 2016' looking at a wider range of research approaches including qualitative research. Watch this space. ■

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

With thanks to Vanessa Rogers, RCSLT Research and Development Officer, and Professor Amanda Burls, City University London.

If you want to become a research champion, visit: <http://tinyurl.com/qhtmtf6> View the presentations from the Research Champion Workshop 2015 at: www.rslt.org/news/events/pastevents

To see the tweets from the day: [#RCSLT_research](https://twitter.com/RCSLT_research)

Tweets from the day:

Jodi Allen
[@JodiAllenSLT](https://twitter.com/JodiAllenSLT)

Inspired to get a professional twitter account after a fab day at #rsltresearch champion day! Thank-you @vjoffe @EmmaPagnamenta @NesSLT

Head Strong
[@Headstrongsit](https://twitter.com/Headstrongsit)

Great to see research being recognised as fundamental to our clinical practice - #rsltresearch -inspiring research champions day!

Mark Jayes
[@MCAsupporttool](https://twitter.com/MCAsupporttool)

A number of @BigCACTUS_ study PI #SLTs at #rsltresearch champion day! Great to see you!

Nicki Witkin
[@HCPtherapy](https://twitter.com/HCPtherapy)

inspired by today's RCSLT conference to join Twitter...SLTs embracing technology! @DomLowenthal @vjoffe #rsltresearch #myfirstTweet



Our monthly look at the latest in published research

In the journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

Maternal responsiveness measure

An Australian team has developed a quick and easy-to-use way of measuring maternal responsiveness.

In a population-based study, researchers identified 301 18-month-olds as being 'slow-to-talk' from parent report. When the children were two years old, the researchers assessed the children's language skills and measured maternal responsiveness – each mother and child was videotaped during free play and a global measure of maternal responsiveness on a scale of 1 to 5 was assigned from the video-recording. The children's language skills were re-assessed when the children were three and four years old.

The study found a positive relationship between maternal responsiveness at age two and language skills at age three and four. The authors describe their findings as, "exciting because they put maternal responsiveness ratings well within reach of community-based practitioners and researchers for the first time". They are happy to share the tool (email: penny.levickis@mcri.edu.au), which could be used to prioritise children with delayed language for early intervention or as an outcome measure in therapy or clinical research.

Reviewed by Dave McDonald, SLT, Nottinghamshire Sure Start Children's Centres



Reference

Hudson S, et al. Maternal responsiveness predicts child language at ages 3 and 4 in a community-based sample of slow-to-talk toddlers. *International Journal of Language and Communication Disorders* 2015; 50, 136-142.

Cochlear implantation and language processing

Italian researchers have used a cerebral blood flow technique to explore the hemispheric dominance of language in a group of 20 children with one cochlear implant, as compared to a group of controls.

This is an important new development. The period of auditory deprivation suffered by children who wear cochlear implants, makes them interesting from a brain plasticity perspective, but until recently the techniques available to explore this have been inappropriate for cochlear implant recipients.

The researchers found most of their study group, in common with their controls and the population at large, primarily use the left hemisphere of their brain to process language. However, children who wear their cochlear implant processor on their left ear were more likely to process language primarily in the right hemisphere.

This group of children were, on average, less skilled at grammatical aspects of language than children implanted in the right ear.

The authors say that, "despite severe auditory deprivation, normal predisposition for language processing in the left hemisphere is generally maintained".

Reviewed by Amanda Odell, SLT, Nottingham Auditory Implant Programme



Reference

Chilosi AM, et al. Cerebral lateralization for language in deaf children with cochlear implantation. *Brain and Language* 2014; 129: 1-6. doi:10.1016/j.bandl.2013.12.002

Anaesthesia and FEES

A prospective study in patients with dysphagia found that topical nasal anaesthesia (TNA) (with lidocaine) prior to fiberoptic endoscopic examination swallowing (FEES) reduced pain and discomfort and did not result in significant difference in penetration-aspiration scores (PAS).

Twenty-four consecutive patients with dysphagia of mixed aetiologies completed a non-blinded, non-controlled study with two arms at a medical centre. Researchers examined patients using FEES without anaesthesia and then with the same FEES protocol after 0.5 ml of 4% lidocaine was applied to the nares (two minutes prior to reinsertion). The FEES assessments were performed on different consistencies and volumes. All swallows were scored with the eight-point PAS and patients completed questionnaires about anxiety, discomfort and pain.

Although there was no statistically significant effect of TNA on PAS scores, the odds of a higher PAS score were 33% greater during anaesthetised swallows. During the anaesthetised conditions, patients reported significantly less discomfort and pain during the examination, less pain and discomfort during insertion and removal of the endoscope, and greater overall tolerance compared to the non-anaesthetised condition.

Researchers comment that, "the responsible practitioner should exercise caution and carefully weigh the benefits of TNA against the risk of potentially impairing swallowing during FEES examinations."

Reviewed by Dr Emilia Michou, Research Fellow, University of Manchester



Reference

Fife TA, et al. Use of topical nasal anesthesia during flexible endoscopic evaluation of swallowing in dysphagic patients. *Annals of Otolaryngology, Rhinology and Laryngology* 2015; 124: 3, 206-11. doi:10.1177/0003489414550153. Epub 2014 Sep 9. <http://tinyurl.com/nvmsm96>

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

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References: 1. Data on file

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

Obituary

REMEMBERING

Gill Stuffins

1935-2014

We are sorry to inform you that Gill passed away after an 18 month-long illness. Gill was strong and positive to the end, still planning and looking forward to events, chatting and giving advice, recommending books and music, all information drawn from her phenomenal memory. She was the epitome of a natural communicator and networker, and a kind and lovely person.

Gill trained at the West End Hospital for Nervous Diseases Speech Therapy Training School in Holland Park and qualified in 1956. She continued to meet up with her student year group, which was typical of her capacity to engender and maintain friendships. Gill's first speech therapy posts were in Kent, Berkshire and Yorkshire. She then moved to the Dudley district with her husband 'Stuff' and remained there until she retired in 1998.

In 1964, Gill joined and doubled the community SLT team in Dudley. By the time she retired, 34 years later, she had been responsible for 100 therapists and at least 12 administrative staff and assistants. She took the service from strength to strength with her vision, infectious enthusiasm and charm; by encouraging and nurturing staff and negotiating skillfully with managers. As a manager, Gill was an innovator,

motivator and superb communicator. Dudley had many language units, as well as other specialist provisions, well before other districts.

Gill's clinical speciality was cleft palate, which began in 1971 when she assessed the speech of a little boy. So began her contribution to the West Midlands Regional Cleft Palate Team and her passion for multidisciplinary care and excellence. She became an internationally respected clinician, presenting papers and building up a network of international therapists, with whom she maintained an enduring friendship. She was particularly interested in the psychological aspects and holistic care of the patient. Gill worked in close collaboration with Arnold Huddart and they were founding members of the Craniofacial Society of Great Britain and Ireland.

Gill was also an ambassador for our profession, working with and representing the RCSLT on European and international issues. She was also a founder member of the Association of Speech and Language Therapy Managers, holding various offices between 1979 and 1990, and a Department of Health assessor. In 1998, in recognition of her extensive contribution to the profession, Gill was made a fellow of the RCSLT.



Even in retirement, Gill continued to contribute. She came to the rescue of Jackie Stengelhofen by offering to help and share the load of Central Region and remained one of the reps until relatively recently. She actively promoted the network to colleagues pre and post retirement, extolling the joys of 'going out to play'.

Gill had a distinctive voice, deep, rich and melodic and a wonderful laugh, full of fun. She conveyed huge warmth and compassion with concern for and insights into the vulnerabilities and needs of friends, colleagues and patients. When advising colleagues about presenting at meetings she advised them to 'Think about the message you want to convey'. Courage to present would come in the form of a dose of Rescue Remedy.

Gill's range of interests was unlimited and included photography (three wardrobes of photos, many of which were of SLT events), needlework, dance (including belly dancing), music, food and alternative medicines.

At the event to celebrate Gill's life, the many tributes highlighted how much she enriched the lives of everyone with whom she came into contact. One of the pictures was a 'Word Cloud' of all the words used to describe Gill in the sympathy letters and cards. Many have been used above, but others included sensitive, friendly, organiser, adventurous, collaborative, grounded, counsellor, diplomatic, forward thinking, sound in judgement and so many more. Gill was a dear friend and a special colleague who will be remembered with love. It was a privilege to have known her.

“Gill conveyed huge warmth and compassion, with concern for the needs of her patients”

Ann Blackman, Alison Jeremy, Jane Russell



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Head and Neck (North) CEN

6 May

Presentations on robotic trans-oral laser surgery and functional outcomes. Freeman Hospital Newcastle. Email: Michael.Caygill@chsft.nhs.uk

South West CEN in Autism

6 May, 10am – 4pm

ASD outreach specialist teachers on 'Social Thinking' + AGM. PM: focus on examples of projects/support for families. Members £20; new membership, non-members £15 for day. The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. Email: geraldine.bates@nbt.nhs.uk

Head and Neck (South) CEN

8 May, 1.30 – 4.30pm

'Enhancing recovery and outcomes in head and neck surgical patients'. London venue, tbc. Members free; students/H&N North CEN members £10; non-members £20. For further info and to book, email: Lindsay.Lovell@stgeorges.nhs.uk

Promoting Communication in the Early Years CEN

12 May

Workshop: 'Building and maintaining good working relationships with early years providers'. Seminar Room, SLT department, Blakenall Village Centre, Walsall WS3 1LW. Members £10; non-members £20. Pay on the day by cash or cheque. To book (limited places) email: jayne.blincoe@walsallhealthcare.nhs.uk

Surrey SLI CEN

12 May, 1pm – 4pm

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

South East CEN in Deafness

13 May, 9.30am – 5pm

AM: Karin Schamroth: working with signing children; Professor Valerie Hazan: recent research on speech communication in hearing impaired adolescents; Mark Huckvale: visual displays of speech patterns in deafness. PM: AGM; Basecamp: EHCPs; Claire Loveridge: phonological accuracy in deaf and hearing children's spellings; AVT speaker. Room B01, Chandler House, 2 Wakefield Street WC1N 1PH. Membership £10 (two meetings); non-members £7. To book, email: jmyeatman@hotmail.com

Manchester AAC CEN

13 May, 10am – 3pm

Evaluation of how new AAC commissioning has worked in practice, supporting individuals who use AAC through transitions, discussion of evidenced-based practice and opportunity to explore new ideas and resources. Membership £10. Birley Building, Room 3:20, Manchester Metropolitan University, Bonsall Street, Manchester M15 6GX. Email: fsephton@bridgecollege.ac.uk

Essex SLI CEN

14 May, 9.30am – 4pm

AM: Improvisation Therapy – a new approach supporting a child's speech and language needs, Anita McKiernan, SLT. PM: 'Boom chick a boom' – an approach to literacy at Meath School, Pam Cosh, SLT. The Culver Centre, Daiglen Drive, South Ockendon, Essex RM15 5RR. £20 to cover this and autumn meeting. Please bring cash or a cheque payable to Essex SLI SIG. Refreshments provided but bring your own lunch. To reserve place, email: kfarrow@nhs.net

CEN Psychiatry of Old Age

18 May, 9.30am – 4.30pm

Using Talking Mats in mental capacity assessment; working with frailty; dysphagia: syringe feeding in dementia. RCSLT London. Members £10; non-members £15; students £10. To book, email: SIGpoa@gmail.com

Tracheostomy CEN

19 May, 9.30am – 4pm

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

SLI in Scotland SIG

22 May, 9am – 3.30pm

The BCRP and the 'What works database': Their role in supporting practitioners working with children with SLI/SLCN; 'SLI/SLCN: Universal supports in classrooms'; Theresa Redmond, The Communication Trust: Progress in current projects across 65 schools; No Pens Day Wednesday. QMUC, Edinburgh. Lunch provided. Therapists/teachers/psychologists £35; support workers £20; students £15. To register, visit: <http://tinyurl.com/kwcs4yd>

Scottish SLT Dysphagia CEN

6 June, 9.30am – 3.30pm

The multidisciplinary management of dysphagia: a conference for SLTs and dietitians. Perth Royal Infirmary. Members £30; non-members £40 (lunch included). To book, visit: <http://tinyurl.com/qgokpal>

Bilingualism London CEN

11 June, 9am – 4.30pm

Shula Chiat and Kamila Poliřensk – nonword repetition tests: What can they contribute to assessment of children from diverse language backgrounds? Jane Stokes and Deirdre Martin – 25 years of cultural and linguistic diversity awareness in the profession. Where has it got us? Chalkhill Primary Care Centre, 113 Chalkhill Road, Wembley HA9 9FX. SLTs £30; SLTAs and students £20 (lunch not included). To book, email: sai.bangera@gmail.com. Closing date 22 May. For information, email: sunita.shah@nhs.net

Acquired Brain Injury in Children and Adolescents CEN

26 June, 9am reg, 9.30am – 5pm

'Working together to support young people following an acquired brain injury.' Focus on the EHCP, how to source appropriate support for the unique needs of this client group. Appropriate to those in acute, rehabilitation and community settings. £20 for the day. RCSLT London. For further details and to book, email helen.cullimore2@UH Bristol.nhs.uk or abiacen@hotmail.com

South East and London Stammering CEN

26 June, 9am reg, 9.30am – 4pm

Direct stammering therapy. Presentations from paediatric and adult therapists, and service users; sharing their knowledge and experiences of Camperdown, teaching direct therapy strategies and McGuire Programme experiences. St Matthew's Conference Centre, 20 Great Peter Street, Westminster. London SW1P 2BU. £15; retired and student SLTs £10. Annual membership (starts in April) £15 covers June and December study days. Pre-payment required to confirm place. Email: helen@building-blocks-slt.co.uk

London SLI CEN

29 June, 9.30am

Theory of mind and children with SLI, Clara Roqueta + AGM. The Whittington Hospital Education Centre, Highgate Hill N19. £30 includes next year's membership; £20 for current year's members. Details in June Bulletin and posted on: www.londonslisig.org; tel: Marie/Ann on 020 8442 6305

Central Region Secondary School SIG

8 July, 1.30pm – 3.30pm

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

National CEN in Disorders of Fluency

13-14 July

Two-day workshop with Kathleen Scaler Scott. Day 1: Managing cluttering: from diagnosis to carryover; Day 2: Stuttering plus: Fluency and concomitant disorders. The Michael Palin Centre, London. One-day costs: members £15; non-members £40; students £25. Two-day costs: members £25; non-members £50; students £35. For info and to reserve place, email: sarah.mullan@nhs.net

AAC LONDON CEN

14 July, 9am – 4.30pm

Assessing our clients for AAC: Where to start? Speakers include Dr Steven Bloch (Lecturer/UCL) and Dr Jenefer Sargent, paediatric neurodisability consultant at GOSH. Refreshments provided. £20. Soho Centre for Health and Care. Tickets on Eventbrite. Contact Helen Paterson, email: aaclondoncen@gmail.com



Autism
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Aspergers Syndrome, ASD Social Stories 10.2

2 DAY TRAINING Work-Shop

15-16 June 2015 £292

Course led by Carol Gray Dir.
The Centre for Social
Learning and Understanding.

This training is most appropriate for:
Educators, therapists, administrators,
paraprofessionals, & families
Includes am/pm refresh

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Autism Independent UK

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Kettering, Northants. NN16 9AT.
Tel./Fax: 01536 523274



I CAN CENTRE WITH MEATH SCHOOL

Evidence-Based Intervention for
Children with Speech Sound Disorders

Caroline Bowen

Friday 23rd October 2015
9.00am – 5.00pm

Course objectives:

- Select and implement core assessment procedures for SSD
- Choose appropriate intervention approaches
- Identify optimal targets and goals
- Implement and modify the approaches for the clinical environment

Price:

£125 Early Bird Price (£150 after Friday 5th June 2015).
Lunch, refreshments and course materials included.

For bookings and information please contact:

meath@meath-ican.org.uk
Tel: 01932 872302
www.meathschool.org.uk

Location:

I CAN's Meath Centre
Brox Road, Ottershaw
Surrey, KT16 0LF



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SPECIALIST SPEECH AND LANGUAGE THERAPIST

Self Employed

Are you looking for a new direction to challenge your professional skills?

Would you like flexibility and a better work life balance?

Are you experienced in improving the lives of children and adults who have experienced catastrophic, life changing injuries?

Then you may be who we are looking for, so come and join our Team!

Due to the continued success of the company we are currently recruiting new Specialist Speech and Language Therapists across the country, particularly in the following areas: London, Hampshire, North, South East and South West of England.

The ideal candidates will have extensive experience of working with children and adults with catastrophic injuries; including traumatic brain injury and cerebral palsy. They will also be specialists within the field of AAC and Dysphagia.

You will have experience of working directly with clients and be able to demonstrate your professional abilities within the field of assessment, care planning and outcomes for clients.

We offer attractive fee rates, induction, mentoring and professional development opportunities.

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CLINICAL SPECIALIST SPEECH AND LANGUAGE THERAPIST

FULLERTON HOUSE SCHOOL, DENABY MAIN

£37,921 • 37.5 HOURS/WK

Established in 1975, the Hesley Group provides flexible, specialist residential services and schools. We aim to offer the best possible care, education and vocational opportunities for young people and adults, with autism and/or a learning disability and complex needs including behaviour which may challenge. Our current team of Occupational Therapists make a significant contribution to our capacity to provide effective person-centred support for our clients.

Due to further development of the service we are, in addition to the current service, seeking to appoint a Clinical Specialist Speech and Language Therapist within Children's Services, to be based at Fullerton House School.

You will work as part of a dedicated multidisciplinary team that includes Occupational Therapists, Psychologists, Applied Behaviour Analysts, Care Team staff and an Educational Team.

The post would ideally suit someone with experience in children's or adults' autism or Learning Disability services who wishes to be involved in further team and service development in this specialist field. Experience providing supervision to others including facilitating student placements would be an advantage.

You should be a dynamic therapist willing to demonstrate commitment to reflective practice and delivering effective and evidenced service initiatives. In return, you will receive outstanding Continuing Professional Development opportunities, clinical support and supervision and the opportunity to work and contribute to this exciting and evolving clinical service and field of expertise.

For an informal discussion and/or to arrange a visit regarding this role, please contact Anna Backhouse, Head of Therapeutic Services/ Speech & Language Therapist, or Rachel O'Sullivan, Lead Occupational Therapist, both of whom can be contacted on 01302 866906.

For more information on any of our vacancies or to apply online, visit our website at
www.hesleygroup.co.uk/content/current-vacancies

Alternatively, for an application pack please email:
recruitment@hesleygroup.co.uk stating your full name and address or telephone 01302 861666 quoting reference **FHS/04/CSLT/15**.

Closing date for receipt of applications: **29th May 2015**.

Online applications submitted after 12pm (noon) on the closing date will be rejected by the system.

Hesley Group is an Equal Opportunities employer. This post is subject to an enhanced level disclosure and barring check with the Disclosure and Barring Service (DBS).



APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

Bòrd SSN nan Eilean Siar

NHS
Eileanan Siar
Western Isles

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

Speech and Language Therapy Department

Additional Support Needs/Learning Difficulties/Autism

Highly Specialist Speech & Language Therapist

Band 7: £31,383 - £41,373 plus £966 Distant Islands Allowance

37.5 hours per week

Ref: WI1014

Are you interested in working and living in an area of natural beauty with clean air, no traffic jams and the prospect of being able to explore a variety of outdoor leisure pursuits? Would you like to be able to see a patient's care through from start to finish? Would you like to work in a pleasant and supportive department? For more information on Living and Working in the Western Isles <http://www.wihb.scot.nhs.uk/wihrr.pdf>

We are looking for an experienced and dynamic therapist to join our friendly and enthusiastic team of 13 [Speech and Language Therapists and Assistants] in providing a comprehensive service to the population of the beautiful Western Isles of Scotland.

The post holder will take clinical responsibility for leading, developing and providing services to a mixture of children and young adults in a variety of educational and community settings who have communication difficulties and/or feeding difficulties and who also have additional support needs/learning difficulties and/or autism.

The post holder will:

- be based in a modern, well-equipped hospital on the island of Lewis.
- have access to training on and off the island or via video conference.

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

Temporary Health Board accommodation may be available. Return fare and subsistence for period of the interview will be provided. A car driver is required for this post due to the spread of locations across the islands.

This post is not eligible for relocation expenses. SHOW website: www.show.scot.nhs.uk

The successful applicant will be required to register with the PVG Scheme (Protecting Vulnerable Groups Scheme).

For further information please contact Christine Lapsley, Speech and Language Therapy Manager, Tel: 01870 603 241 or 07769 932 180.

An application form and job description can be obtained from the Human Resources Dept., Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HSI 2AF. Tel: 01851 762006 or 2005. Email: wi-hb.recruit@nhs.net.

Closing date: 22 May 2015.

Interview date: 12 June 2015.



www.jobs.scot.nhs.uk

Speech and Language Therapists x 2

Maidstone, Kent.

Full time or Term time only, dependant on candidate requirement



Inspirational Speech and Language Therapists are required at this very special school from June 2015. It is important to us to ensure we recruit the best candidates so we can offer flexibility. We need the successful candidates to work whole days, 5 days per week during term time.

Five Acre Wood is a successful outward looking and expanding District Special School based over 3 sites in Maidstone, Kent. We currently have 230 pupils on roll aged 4-19 years with profound, severe and complex needs.

We are looking for drive, enthusiasm and potential to join our friendly, professional, positive and forward looking school.

The successful candidates will be qualified and experienced Speech and Language Therapists.

Job Purpose:

- To assess, diagnose and treat and manage own caseload of pupils and maintain associated records
- To provide specialist intervention and evaluate outcomes
- To train and support colleagues within school on speech and language as appropriate
- To write reports for families and relevant professionals regarding speech, language and communication needs
- To attend and provide reports for PCR's and EHCP meetings and case conferences as required

- To maintain professional and clinical standards within the school and ensure competency is maintained through CPD
- Manage the resources and resource staff within the department

You will benefit from opportunities for further professional development and career progression as we value and support staff in all aspects of school life. The successful candidates will also have a strong commitment to inclusive principles and be committed to safeguarding children and young people.

For further information regarding the school, please go to our website www.fiveacrewood.org. - you can view a short film about working with us.

You are very welcome to email/ring for an informal conversation. If you are interested, please complete the application form found on our website and forward to maria@five-acre.kent.sch.uk

Closing date for applications is 25th of May 2015

Peggy Murphy, Headteacher

Maria Carter

Boughton Lane, Maidstone, Kent, ME15 9QL

Telephone: (01622) 743925 Email: maria@five-acre.kent.sch.uk

Five Acre Wood is committed to the safeguarding of all its pupils, you will therefore be subject to an enhanced disclosure process.

www.fiveacrewood.org.uk



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Barbara Priestman Academy is a secondary special academy for learners with ASD and complex learning needs. It is part of the Ascent Academies' Trust comprising 5 academies.

Speech and Language Therapist

PT 36 – PT 46 (Band 7 equivalent) . Actual salary £26183 - £33992
37 hours per week, Term time only (39 weeks)

The academy is committed to providing excellent speech, language and social communication skills to students. The postholder will lead the speech & language therapy service and carry an appropriate clinical caseload.

We are seeking to appoint an individual with;

- Clinical speciality in autism and substantial experience of working within this field
- Experience of communication models
- Ability to deliver training and coaching to staff
- Ability to work on own initiative and form networks with other professionals
- HPC and RLSLT registration

For a discussion about this post contact Adele Pearson, Assistant Headteacher
Tel: (0191)5536000.
Application form and further details can be obtained from:
www.ascentrust.org/#job-vacancies
Completed forms to be returned to Dawn Croft, Portland Academy, Weymouth Road, Sunderland, SR3 2NQ or emailed to dcroft@ascentrust.org

'This academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.'
We require the successful applicant to undertake an enhanced DBS.

Closing date: Friday 22nd May at 12 noon
Interview: Wednesday 10th June



Senior SaLT

Salary: Band 8 Therapy Team Lead.
2 Days a Week - Term Time Only

We seek to appoint an experienced SaLT with experience in Autism to lead a small, highly skilled therapy team.

- Secondary ASC resource attached to a Barnet mainstream school.
- Impressive resources and facilities.
- Students are all verbal and most access mainstream lessons.

You will hold a discrete clinical caseload and lead a small therapy team, including Music Therapy, OT and SLTs. You will develop innovative opportunities for joint working, deliver parent workshops and deliver training as part of department and whole-school CPD.

You must be enthusiastic about working with ASC students and be an energetic and flexible team player with a good sense of humour. SCERTS and Elklan training an advantage.

Start date: September 2015

JCoSS is a popular, innovative and high achieving mixed 11-18 school. We welcome, on an equal basis, all applications regardless of faith.

For information, including an application pack, please visit www.jcoss.org or contact Lara Samuels on recruitment@jcoss.barnet.sch.uk or 020 8344 2220

Closing Date: Tuesday 9 June 2015

Interviews: Tuesday 16 June 2015

JCoSS is committed to safeguarding and promoting the welfare of children and young people and expects all its staff and volunteers to share this commitment. All posts are subject to satisfactory enhanced Disclosure & Barring Service (DBS) clearance.

Only shortlisted candidates may receive feedback.

JCoSS (Jewish Community Secondary School)
Castlewood Road, New Barnet EN4 9GE
Tel: 020 8344 2220 Email: recruitment@jcoss.barnet.sch.uk
www.jcoss.org
Headteacher: Patrick Moriarty MA (Oxon), MA (Ed), NPQH



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BAND 6 SPEECH & LANGUAGE THERAPISTS

Part time and full time opportunities - Salary: £25,783-34,530

Are you a motivated, dynamic and confident Speech and Language Therapist with a minimum of 1 year's experience working with adults? If so, this is the job for you!

Working in well established Community Resource Teams, based in Cardiff and the Vale of Glamorgan, you will benefit from professional support, CPD, service development opportunities and access to a varied caseload including working with MND, Stroke, PD and Dementia. You will also be supported by a friendly and enthusiastic multi-disciplinary team!

For more details access www.jobs.nhs.uk Job Reference (001-AHP018-0215) or for an informal discussion or visit please ring/email Natalie Lennard (Natalie.lennard@wales.nhs.uk) or Jackie Davies (Jackie.davies8@wales.nhs.uk) on 029 21836101.

Paediatric Speech and Language Therapists

The Riverston Group is looking for motivated and enthusiastic speech and language therapists with two or more years experience to join a multidisciplinary team with opportunities to work both in the UK and internationally. This will include school and clinic sessions as well as training opportunities. Strong CPD support will be provided. Full time posts with excellent salaries

For more information or to register interest please email Jackie Harland with a CV on:
Jackie.harland@riverstongroup.com

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Speech and Language Therapist x 2

• Ref: ENG428 & ENG467 • At our school in Southport and our Outreach service for schools across the North West

To apply please visit our website www.autisminitiatives.org or you can contact HR for more information or an application pack on 0151 932 2242 or email recruitment@autisminitiatives.org These positions are subject to an enhanced Disclosure from the Disclosure & Barring Service (DBS).

Closing date: Friday 15 May 2015.



www.autisminitiatives.org
We are committed to equal opportunities in employment and service delivery. Reg Charity No. 702632

COMPETITIVE SALARY

Speech and Language Therapist

Parkwood Hall School is a Residential /Day Special School for boys & girls aged 8 to 19, with moderate to severe learning difficulties and additional, often complex, needs. We are in the process of converting to become a standalone academy as part of the Co-operative schools society.

Do you share our core values?

We believe in Growth through Personal and Social Learning

We are:
**OPTIMISTIC
NURTURING
CHILD-FOCUSSED
OPPORTUNISTIC**

We:
**GO THE EXTRA MILE and
CHALLENGE & REWARD
through HIGH QUALITY
RELATIONSHIPS**

We seek a **Speech and Language Therapist** who has experience of working with Special Needs. You would join a growing, established team which includes a Senior Speech and Language Therapist, a Specialist Speech and Language therapist, and 3 SLT assistants.

Application forms and information can be found at:
www.parkwoodhall.co.uk

Or by sending your email address to Julie Calkin at info@parkwoodhall.rbkcsch.uk stating the name of the vacancy. Please note that CVs alone cannot be accepted as an application.

Visits are encouraged and we have scheduled these for the mornings of 14th and 15th May. Please call Maggie Cook, Senior Speech and Language Therapist on 01322 618017 to book onto one of these or to discuss your application.

Parkwood Hall School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

This position is exempt from the Rehabilitation of Offenders Act 1974 and an enhanced DBS Disclosure is required. Application are invited from black and ethnic minority candidates and from men, as these groups are under-represented on the school's staff. (Race Relations Act sections 35-38 apply).

Closing date: 4pm on Wednesday 20th May
Interview date: Wednesday 10th June 2015

Pay will be on the NJC Range SO1 – SO2 (which includes the NHS Agenda for Change Bands 5 – 6)

Actual Annual Salary £22,614 – £26,194 per annum (Including Outer London Fringe Allowance) for 36 hours per week, term time only for 39 weeks per year including INSET days.

Ideally to start September 2015



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Calling SLTs and their clients:

Do you have a story to tell?

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

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

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

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

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

We may use your examples:

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

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



Picture Exchange Communication System (PECS)

Level 1 Workshops – London, Peterborough, Bristol, Leicester, Darlington, Leeds, Aberdeen, Manchester, Ipswich and more. PECS Level 2 – London, Bristol and Newcastle. SoSAFE! Sexual/social safety training – London, Leeds, Glasgow and Birmingham. Guide to managing challenging behaviours – Peterborough, London and Manchester. Visit: www.pecs-unitedkingdom.com, tel: 01276 609 555

13 May, University College London

Applied Research in Human Communication Disorders (PGCert/MRes)

To help SLTs develop research ideas into concrete plans; search relevant literature; build a case for conducting research. Particularly suitable if considering study at masters level. FREE developing research ideas event. Book via: <http://tinyurl.com/my5msuz>. Enquiries: kea.young@ucl.ac.uk

15 May, Gatwick Hilton Hotel

Active relaxation training workshop

This one-day interactive workshop is suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details: <http://tinyurl.com/lpbpr8p>

23 May, Queen Margaret University Edinburgh

Launching a Scottish branch of Communication Therapy International

Range of speakers exploring perceptions of AHPs volunteering in majority world settings and of host organisations. See Communication Therapy International – Scotland Facebook page. £5. Submit interest by 15 May to: eimmordino@qmu.ac.uk

29-30 May, Midlands

Neuromuscular electrical stimulation (NMES) for dysphagia

NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research (<http://tinyurl.com/mf92t3q>). This VitalStim Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Training includes an additional online modified barium swallow course plus a live course, conducted by two instructors. Limited space available. Email: training@vitalstim.co.uk, visit: www.vitalstim.co.uk

1-2 June, Beaconsfield Bucks

Social thinking conference

Day one: Social thinking across the home and school day. Day two: assessment and core treatment strategies. Speaker Michelle Garcia Winner – programme for people with social communication difficulties. Visit: www.sltcommunicationcourses.co.uk, email: info@sltcommunicationcourses.co.uk

4 June, London

'Synthetic phonics programmes and reading schemes: Should they carry a health warning?'

Practical, thought-provoking talk by educational psychologist Jonathan Solity. Moat School, Bishops Avenue SW6 6EG. Reg 4.30pm, AGM 5pm, talk 5.45 – 7pm. Members free; non-members £8. RSVP: patricia.32.fisher@gmail.com

4-5 June, London

Social thinking conference

Day one: Thinking about YOU thinking about ME. Day two: Implementing social thinking concepts and vocabulary. Speaker Michelle Garcia Winner – programme for people with social communication difficulties. Visit: www.bromleyhealthcare.org.uk – Social Thinking comes to London

10-11 June, London

Presentation skills in English for non-native speakers

Course tutor: Josette Lesser. £400 UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/mhgbgl>

11 June, Manchester (other dates/venues available)

ASLTIP: Developing your independent practice

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

12 June, NCTL Nottingham

Deaf Education 2015: Theory of mind and pragmatic language skills

Join us for this one-day conference and workshop sessions exploring the TOM impact on communication, learning and strategy with leaders in the field. £95. Email: sam@earfoundation.org.uk

15 June, Manchester

Symbolisation towards literacy study day

Communication Matters offers an introduction to practical, evidenced based approaches to support language & literacy through aided communication technologies. Non-members £130; CM members £90. Visit: <http://tinyurl.com/k44obno>

15 June

Assessing children's narrative skills: Implications for academic success

We are delighted to have Dr Carol Westby from the American-Speech-Language-Hearing Association, and holds Specialty Recognition in Child Language, with us for this unique one-day course. £85, The Ear Foundation. Email: sam@earfoundation.org.uk

17 June, London;

19 June, Birmingham

iPads and switch access

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

18 June, Sheffield; 26 June, Norwich; 30 June, Bristol

Communication Matters AAC Roadshow dates

Come and update on AAC resources, talk to the suppliers. Book your free day place at <http://tinyurl.com/kv43pj8>

19 June, Birmingham; 26 June, Manchester; 3 July, London

Designing and assessing a creative curriculum

Richard Hirstwood and Fountaindale School explore how to design and assess a curriculum that starts with the learner – a curriculum that is engaging, creative, challenging, innovative and fun. We challenge you to consider a curriculum structure without the constraints of National Curriculum and to provide you with a springboard for change. £225 + VAT Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

19-20 June, Gatwick Hilton Hotel

Cognitive rehabilitation workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details: <http://tinyurl.com/lukvuzo>

22-23 June, RCSLT London

TalkTools Level One Guided DVD Workshop

View the DVD 'TalkTools Level One: A three-part treatment plan for Oral-Motor Therapy' in a group, supported by Helen Woodrow, Level 4 TalkTools SLT. £220. Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

22-24 June, London

Introduction to the practical management of eating and drinking difficulties in children: Basic level

Course tutors: April Winstock, Julia Hopkins, Martina Ryan and Gill Stern. £420 UCL CPD@PaLS. Tel: 020 7679 4204, email pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/ncb36bc>

24 June, Raphael Medical Centre, Tonbridge, Kent

Psychiatric effects of traumatic brain injury: assessment, diagnosis and management

One-day workshop will review the incidence, prognosis, aetiology, assessment, management and diagnosis of psychiatric illness after TBI. Will also consider impact of rehabilitation and post TBI disorders. Further details and to book, visit: www.raphaelmedicalcentre.co.uk

29-30 June; 26-27 November, RCSLT London

Elklan total training package for under fives

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

BOOK YOUR QUICK LOOK DATE TODAY

Increase the potential of your course or event by advertising in the RCSLT Bulletin Quick Look Dates section. A Bulletin survey shows **77%** of readers have attended a course advertised in these pages.

Contact Beth Fifield to book: Tel: 020 7324 2735 or email: beth.fifield@redactive.co.uk

QUICK LOOK DATES

29-30 June, RCSLT London

Elklan total training package for children with complex needs

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

30 June – 2 July, London

Learning Language and Loving It certification workshop

The Hanen Centre. £750 UCL CPD@PaLS. Tel: 020 7679 4204, email pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/l2aaph>

1-2 July; 26-27 November, RCSLT London

Elklan total training package for 11-16s

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

2-3 July; 24-25 November, RCSLT London

Elklan total training package for 5-11s

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

3 July, Sunderland (other dates/venues available)

ASLTIP: Working in independent practice

Thinking about working independently? This course will equip you with the information and knowledge to ensure you are

running an effective, ethical and legal practice?

Visit: www.helpwithtalking.com, email: asltip@eg-training.co.uk

5 July

Management of the young voice

This study day will explore the management, training and therapy of the young voice. Incorporating: identifying problems, the changing voice, issues for adolescent singers and children, and will extend into the realms of hearing and speech therapy. Visit: www.britishteachingvoice.org.uk (Courses and Events)

7-8 July, London

Working with selective mutism

Effective approaches to assessment and management of children and adolescents (Part 1) and Extension Level – supplementary approaches to assessment and management (Part 2). Course tutors: Maggie Johnson and Alison Wintgens. £280 UCL CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: <http://tinyurl.com/k5df9e2>

8 July, Concept Conference Centre Birmingham

Therapy Outcome Measure – Train the trainer

Half-day training workshop with Professor Pam Enderby. £245. For further details and to book visit: www.communitytherapy.org.uk

17 July, Gatwick Hilton Hotel

Are you SMART? SMART goal setting workshop

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

22 September, RCSLT London

The Therapy Outcome Measure (TOM)

One-day training workshop with Professor Pam Enderby. £175 (check the event listing in the CTN website for discounts for RCSLT members). For further details and to book visit: www.communitytherapy.org.uk

25-26 September, Gatwick Hilton Hotel

Understanding and dealing with behaviour problems after brain injury

This two-day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details: <http://tinyurl.com/ogkgek>

23 October, Gatwick Hilton Hotel

How to do cognitive rehabilitation workshop

This one-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £85. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details: <http://tinyurl.com/oo3ne5>

3-4 November, RCSLT London

Elklan total training package for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

5 November, RCSLT London

Elklan specialist training package – supporting children and adults using AAC

Equips tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

18 November, RHN London

Working with adults with disorders of consciousness for SLTs

An overview of theory and assessment, and practical ideas for working with communication and swallowing linked to the updated RCP guidelines for patients with disorders of consciousness. £120. Email: institute@rhn.org.uk, visit: www.rhn.org.uk/docslt

24-25 November, RCSLT London

Elklan total training package for verbal children with ASD

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

4-5 December, Gatwick Hilton Hotel

Attention and information processing: Advanced cognitive rehabilitation workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369. Full course details: <http://tinyurl.com/mqbyd32>

SAVE THE DATE: 7 OCTOBER 2015

THE RCSLT STUDY DAY AND ANNUAL GENERAL MEETING will take place at Warwick University on 7 October 2015.

We'll announce more details nearer the time.

Visit: http://www.rcslt.org/news/events/forthcoming_events





Giulia Kerr

OCCUPATION: SLT, CAPABILITY SCOTLAND, STANMORE HOUSE SCHOOL

“Voluntary positions have given me opportunities I would otherwise not have experienced at a Band 5 level”



In 2012, I began my career as an NHS paediatric community SLT and currently work as a therapist in a school for children who have profound and multiple learning disabilities. Since 2005, I have held numerous paid and voluntary roles within several charities.

I first volunteered for the SenseUK Holidays Team while studying for my BSc. The holidays cater for children, young people and adults who are deafblind. Many have multi-sensory impairments. The holidays aim to create opportunities to try new activities and encourage independence away from home. After four holiday experiences, it is evident that despite the energy volunteers put in, what we get back from the holidaymakers constantly exceeds this.

Students commonly dedicate their summer vacations to volunteering. However, in full-time employment, holidays become more limited and sacred. The impact Sense has had on my life, professionally and personally, led to continued volunteering after qualifying. My involvement has altered my expectations of what people with additional support needs (ASN) can achieve, widened my network of professional acquaintances and friends, and increased my ability to consider the ‘whole child’s’ world. It has also maintained my British Sign Language skills, expanded my knowledge of augmentative and alternative communication systems, and increased my confidence in supporting clients with oral and tube feeding.

Last year was my first holiday as a paid deputy leader. This involved planning and managing a holiday for four young people. My responsibilities included risk assessing areas, individuals and activities; supporting



and managing volunteers of varying abilities; providing behaviour support and care for complex medical needs; and collaborating with parents/staff before, during and after the holiday.

Voluntary and leadership positions have given me opportunities I would otherwise not have experienced at a Band 5 level. It can be daunting for a newly-qualified practitioner (NQP) to begin advising and supporting staff who are already well established in their positions. I remember feeling extremely valued the first time an experienced clinician sought my advice for support with a client, and I was lucky enough to work in a close-knit team, where colleagues respected and supported my clinical decisions. While NQPs should grasp every opportunity to learn from their colleagues, experienced therapists should also nurture and channel new ideas, fresh research, knowledge and enthusiasm.

The variety of skills and experiences is a key strength I have found within the multidisciplinary teams I have worked in. It makes sense that we should acknowledge and apply these skills and experiences to create the best service for our clients. The technical instructor I currently work with

has 40 years of experience in the establishment. Her knowledge of the pupils and their communication aids is a key strength in the department. Liaising with her and sharing knowledge is essential, to ensure I can plan and review targets effectively. I have found that staff who can empathise with a colleague’s situation are very effective in providing indirect support.

Voluntary experiences have ameliorated my professional skills in ways that an SLT post could not. They highlight the constant

energy required to engage with children who have ASN and enable us to spend the same time that colleagues in the care and education sectors do with our clients. This allows us to visualise the possible difficulties in implementing suggested strategies and inspire practical ways to adapt these for different situations.

Care and educational staff often quote the difficulty of ‘time’ when strategies or supports are not in place. Given the current economic situation, it is unlikely that the time staff have is going to increase. Feedback from establishments I have worked in is that the time spent problem solving with staff and modelling strategies has been extremely beneficial to the team. SLTs are highly-skilled and trained communicators. It is our responsibility to adapt our practice, and tailor our advice, strategies and input to meet the needs of the staff and establishments within which we work. ■

Email: Giulia.Kerr@capability-scotland.org.uk

To get involved email: holidays@sense.org.uk **or visit:** www.sense.org.uk/content/holidays-and-short-breaks

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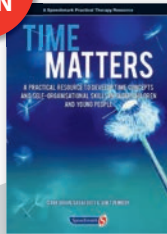
Time Matters: A Practical Resource to develop time concepts and self-organisational skills in older children and young people

Clare Doran, Sarah Dutt and Janet Pembley **PRE-ORDER**

May 2015 | ISBN: 9781909301320 | All ages | **£35.00**

This practical resource aims to break down the complexities involved in learning about time concepts and to take into account the many different skills required which make demands on memory, numeracy, language, perceptual and visual-spatial abilities and general cognitive functioning. *Time Matters* includes assessments, teaching activities and strategies to reinforce the learning of time concepts.

COMING SOON



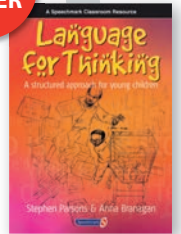
Language for Thinking

Stephen Parsons & Anna Branagan

2005 | ISBN: 9780863885754 | Age 4-12 | **£40.99**

This photocopiable resource provides a clear structure to assist teachers, SENCOs, learning support assistants and speech language therapists in developing children's language from the concrete to the abstract. It is based on fifty picture and verbal scenarios that can be used flexibly with a wide range of ages and abilities. The book is particularly useful for children who are recognised as having delayed language skills, specific language impairment, Autism Spectrum Disorder (including Asperger's Syndrome), pragmatic language impairment or moderate learning difficulties.

BEST SELLER



Plan A is for Autism: using the AFFECTs model to promote positive behaviour

Dr Caroline Smith

2015 | ISBN: 9781909301412 | Age 4+ | **£35.00**

This practical resource provides a systematic process for helping teachers and others to promote positive behaviour in children and young people with Autistic Spectrum Disorders. This text provides an original multi-element approach leading to planned individual interventions. Drawn from the author's extensive knowledge of autism, it enables those living and working with children with Autism Spectrum Disorders (ASD) to jointly plan for change.

BRAND NEW



Action Picture Test

Catherine Renfrew **REVISED EDITION**

2010 | ISBN: 9780863888090 | Age 3-8 | **£30.99 + VAT**

The test fulfils the need for a standardised, short and simple test to stimulate children to give samples of spoken language that could be evaluated in terms of information given and the grammatical structures used. The test covers:

- words used to convey information, i.e. nouns, verbs, prepositions
- present, past and future tenses
- irregular forms of plural and past tenses
- simple and complex sentence construction
- passive voice



Adventure Tales: A Framework for Therapeutic Story Creation by and for Children

Barr Kazer

2015 | ISBN: 9781909301306 | Age 7-12 | **£35.00**

The *Adventure Tales* resource is a practical guide to providing a weekly therapeutic storytelling group for troubled children aged 7-12 years, through one school term. The guide provides a succinct, step by step method of setting up, organising and running a storytelling group. It facilitates the production of the finished story for the group. It offers ways of how to be therapeutically, with the group. It includes practical administration support with photocopiable proforma such as letters to parents and evaluation sheets.

BRAND NEW



Improving Concentration

Roy Bailey & Elvie Brown

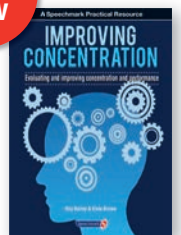
2015 | ISBN: 9780863889103 | All ages | **£29.99**

This practical resource has been designed to help individuals improve their concentration skills. It is aimed primarily at those taking on a training role in relation to the individual concerned. However, it can also be used by the individuals themselves as a self-help resource. This resource will help trainers to convey to their students:

- an understanding of concentration
- how concentration works for them
- how to improve their concentration skills
- how to manage concentration in relation to their performance

This psychological skills training resource is arranged in a format that is both easy to use and clear to follow. The activities can be used with both individual students and groups.

BRAND NEW



To order direct or to see more details on these and our other speech, language and SEN resources go to www.speechmark.net or email sales@speechmark.net and don't forget to quote RCB15 to receive your 15% discount