bulletin

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

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Funding changes threaten professional diversity

Aspiration and pneumonia: what is the risk of SLT intervention?

Welcome to CQ Live: Announcing the launch of the successor to Communicating Quality 3

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Steven Harulow

EDITORIAL

CQ's alive

As spring 2016 fast approaches it is very apt that I use this editorial piece to focus on a new 'living' RCSLT tool that has started to bloom.

Communicating Quality Live (now known as CQ Live) is the collective name for the RCSLT's new professional guidance and resources for the speech and language therapy profession. It replaces that old RCSLT favourite, Communicating Quality 3.

We hope that CQ Live will support you to deliver high-quality services across all contexts of practice, wherever you work. As the name implies, CQ Live is a 'live' online resource that we will update through our regular engagement with the profession. It will also evolve and grow in response to inevitable changes in professional practice, new evidence, policy and legislation. In this way it will remain contemporary and fit for purpose.

On pages 12-15 of this month's Bulletin we look in more detail at what CQ Live has to offer. From the 'hot topics' to the CQ Live scenarios, the resource covers an extensive and growing range of subjects that you may encounter, or perhaps have already encountered, in your professional life – including the complex issues of professionalism, technology and information governance.

Take a look at: www.rcslt.org/cq_live/introduction and explore the online pages. We're looking forward to your feedback, so email: CQLive@rcslt.org and let us know what you think.

Steven Harulow
Bulletin editor
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My RCSLT

Alice Gainsford

I am an independent therapist working with pre-schoolers and school-age children. While I very much enjoy the independent way of working, I do miss being part of a team. The RCSLT Bulletin helps me feel part of the wider speech therapy community and provides links to clinical excellence networks and courses, where I can meet other therapists and share good practice. In addition, I have read some interesting articles that have given me new ideas for my sessions. I recently trialled an approach to assessing generalisation of speech sounds that I had read about in the Bulletin and was pleased to find that it worked.

LETTERS

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

Finding the right level of support

Birmingham City University (BCU) successfully bid for monies to purchase and pilot the Competency Assessment in Speech Pathology (COMPASS) tool with undergraduate SLT students on second, final and resit clinical placements.

This pilot project took place between September 2014 and September 2015 involving a number of our trust partners in the West Midlands Region. The aim of the project was to consider whether the COMPASS tool would be appropriate for use in clinical assessment in the UK, for SLT students. This pilot project has been discussed within the West Midlands network and presented by the BCU placement team at the Clinical Excellence Network in Student Clinical Education, and at an educator conference hosted by Leicester De Montfort University.

As part of the brief for this pilot, it was agreed that BCU would ascertain if this tool was appropriate to use in its purest form in the UK, or whether aspects of the tool would need modification to enable it to be used reliably as a method to assess students in clinical practice within speech and language therapy.

It was further suggested that BCU would propose a modified version of the tool, to both use and market in the UK, for which permission has been sought from COMPASS. We intend to continue to work closely with COMPASS to produce a UK clinical assessment tool should this be necessary.

The BCU placement team is currently in the final stages of data analysis and the report outcomes of this pilot will shortly be available for circulation. If you should require further information, please email: Juliette.gaunt@bcu.ac.uk.

Juliette Gaunt, Senior Lecturer and Clinical Placement Coordinator, Helen Jenkins, Associate Professor and Head of Department – Speech and Language Therapy, Birmingham City University

UK FEES use survey

I am completing a Diploma in Clinical Speech and Language Studies (Dysphagia) at Trinity College Dublin. As part of my course, I am surveying the current use of fiberoptic endoscopic evaluation of swallowing (FEES) by SLTs working in the UK and the factors that influence this use. I also want to determine any challenges/issues encountered by SLTs when using FEES.

I invite you to answer all the questions in this anonymous survey as honestly and clearly as you can. I anticipate it should take approximately 5-10 minutes to complete. I will not be able to identify you, or respond to you unless you request this and provide contact details in a response. I have received ethical approval to conduct this survey from the Research Ethics Committee in the School of Linguistics, Speech and Communication Sciences, Trinity College Dublin.

To access the survey visit: http://tinyurl.com/zstud34 before 20 May.

Liss Kiefer via email: kieferl@tcd.ie

FOLLOW THE RCSLT ON facebook AND twitter
VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

SHUTTERSTOCK

News

QUICK LOOK DATES »

10 MAY — Research and development officer post applications close

23 JUN — Closing date for the 2016 RCSLT honours awards

01 JUL — RCSLT Research Champions Workshop

Have your say on changes to student funding

Government launches consultation on move to student loans

On 7 April 2016, the Government launched a public consultation regarding changes to student funding in England. Under the new proposals, from 1 August 2017, new nursing, midwifery and allied health students will no longer receive NHS bursaries. Instead, they will have access to the same student loans system as other students.

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

- **Access and affordability:** many of you think the changes could be detrimental to mature students and students from disadvantaged backgrounds who may struggle to afford SLT courses.
- **Funding for postgraduate courses:** many of you are concerned that changes could affect the diversity and access to postgraduate routes of study, which could have a wider impact on research within the profession.

- **Placement funding and capacity:** some members have stressed the need to build capacity to deal with increased demand for placements under the new student funding system.
- **Workforce planning and intelligence:** you want clarity on how things will work under the new system and for the RCSLT to provide support to universities during this time of transition.

RCSLT members who haven't already engaged in conversations regarding the changes to funding, but who wish to share comments on the Government's consultation document can email feedback to: rebecca.veazey@rcslt.org by 16 June 2016.

The RCSLT will reflect your concerns in our response to the consultation and publish our final submission on the RCSLT website. We will continue to raise issues with civil servants who are developing the detail of this policy. We will also discuss with the RCSLT Board of Trustees how we will provide additional support to our members during this time of transition.

Find out more:

About the public consultation: http://tinyurl.com/z5473bd

About the consultation documents: http://tinyurl.com/zs5u4bt

About changes to student and related RCSLT briefings: http://tinyurl.com/zmmlutn

NEWS IN BRIEF

The next deadline for RCSLT minor grants is 22 June. We award grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and attendance at conferences, specialised training, publishing research, research into speech and language therapy, and the purchase of specified equipment and/or books.

Visit: http://tinyurl.com/nn488gu

The Multiple System Atrophy (MSA) Trust has published a guide to MSA for SLTs. It uses case study examples to look at the key symptoms and their medical management; communication difficulties in MSA and the role of SLTs; potential interventions to support communication, augmentative and alternative communication methods; and dysphagia.

Visit: http://tinyurl.com/zpu47yo

The UK Stroke Forum is calling for abstracts for its 2016 event in Liverpool in November 2016. Aimed at a multidisciplinary audience, the programme aims to demonstrate the work that SLTs are doing in the field of stroke. Closing date 10 June.

Visit: http://tinyurl.com/h39qkb7

The Scottish Learning Disability Observatory's (SLDO's) new online information portal aims to provide better information about the health and health care of people with learning disabilities and people with autism in Scotland. It aims to, "generate and translate information into knowledge that is designed to inform actions, practice and policy to benefit people with learning disabilities and people with autism".

Visit: www.sldo.ac.uk

News

TWEET TALK »

Anita Smith @Smith8Anita
Save the date! May 11th National Swallowing Awareness Day, working with @SpeechPathAus @RCSLT #swallowaware2016

Joanne Fillingham @jkfillingham
Commissioners really embrace patient stories #ResNetSLT @HLSheldrick @avrilnicoll @vjoffe @RCSLT

Pre-school years are crucial for developing speech and language skills

Each year, 130,000 children in England are falling behind before they even reach school

Every nursery should have a qualified early years teacher to support children and their parents with early learning, according to a scientific briefing from Save the Children and the Institute of Child Health at University College London.

Published at the end of March, 'Lighting up young brains' describes how toddlers' brains form connections at double the rate of adults. It emphasises that children's pre-school years form a critical opportunity for the brain to develop key skills like speech and language.

Save The Children warns that almost 130,000 children in England a year are falling behind before they even reach school and that failure to develop adequate language skills can leave them struggling to learn in the classroom and unable to catch up.

The charity says a new poll found almost half of parents have low expectations for their child's early learning. Of the 1,000 parents surveyed:

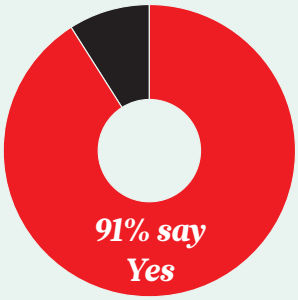
- 61% of parents, and 68% of fathers, said school was the most important learning period for children.
- Almost half of all parents (47%) have low expectations for their child's early learning and only hope for children to know 100 words by their third birthday – half as many as the government recommends.
- More than half of parents and two-thirds of dads (65%) said they didn't get enough help and advice to understand their child's early learning.

"Toddlers' brains are like sponges, absorbing knowledge and making new connections faster than any other time in life," says Gareth Jenkins, director of UK poverty for Save the Children.

"We've got to challenge the misconception that learning can wait for school, because if a child starts their first day at school behind, they tend to stay behind. To tackle the nation's education gap, we need a new national focus on early learning to give children the best start – not just increasing free childcare hours, but boosting nursery quality to help support children and parents with early learning."

RCSLT Web Poll
Have your say…

Should SLTs offer student placements as a core part of their role?



VISIT: WWW.RCSLT.ORG

New commissioning guidance for rehabilitation

NHS England published its new 'Commissioning guidance for rehabilitation' on 1 April.

The interactive PDF supports the commissioning of effective, high-quality rehabilitation services. It sets out how rehabilitation intervention helps individuals to 'live their lives', covering the full range of rehabilitation for both mental and physical health across the life course.

Aimed at clinical commissioning groups, the guidance contains 'important' information that may also be of use to patients, their families, clinicians, provider organisations and local authorities. It sets out an economic case for rehabilitation for the individual and society as a whole, while describing 'what good looks like' from the perspective of patients and their families.

The guidance also contains links to the latest evidence and examples of good practice, along with practical advice to commission good quality rehabilitation, including 10 top tips. It explains how to compare rehabilitation services locally, regionally and nationally – and how to meet the objectives of NHS England's Five Year Forward View.

Commissioning guidance for rehabilitation can provide the basis for conversations with the local population who use services, local commissioners, senior managers and local providers.

Visit: http://tinyurl.com/hndz2qq

Adrian Bradley @ABradleySLT
@RCSLT Took Linguistics as an elective while completing my BA to become a teacher. Changed my life! @SpeechPathAus @ASHAWeb @iaslt @NZSTA

Better Conversations @BCAphasia
Great news @RCSLT - @RCSLTResearch will be great resource alongside the fab research newsletter by @EmmaPagnamenta

Risk feeding focus for UK study day

On 21 March 2016, more than 120 delegates from around the United Kingdom attended a multidisciplinary study day at University Hospital Lewisham on a safer approach to ethical feeding decisions.

Hosted by the Queen Elizabeth Hospital (QEH) Speech and Language Therapy Team, the day focused on work developed by QEH Head of Speech and Language Therapy Dharinee Hansjee. The team also published its 'Risk Feeding Toolkit' for use in the acute setting.

According to Dharinee, feedback on the study day and toolkit has been extremely positive with many clinicians from the UK and abroad, who were unable to attend the study day, requesting to purchase the toolkit.

Delegates requested a future study day, focusing more on initiation of the risk feeding pathway in the community, as well as long-term management of risk feeding. The vast majority of delegates favoured a specific clinical excellence network going forward, while those further afield indicated they would be interested in a dedicated 'risk feeding hub'.

"This feedback is invaluable and will certainly be considered in order to support practice and share knowledge in this challenging area," Dharinee said.

Email: lucytaylor7@nhs.net if you are interested in purchasing the toolkit

Latest RCSLT minor grant deadlines

The RCSLT has unveiled the 2016-2017 deadlines for its popular minor grants, so make a date in your diary for 22 June and 21 September 2016, and 22 February 2017.

We award grants of up to £500 to certified and other RCSLT members. These can contribute to presentations and/or attendance at conferences; conference fees; specialised training, particularly short courses; academic publications, such as publishing of research; research into speech and language therapy; and the purchase of specified equipment and/or books (normally to a maximum of £100). We will consider other purposes on their merits.

Over the past years, grant recipients have used their money to help attend conferences as far away as San Jose and Pittsburgh in America, and Pune in India. Nearer to home, members have used the financial assistance to attend RCSLT and other national conferences. Grants have also contributed towards master level modules, post-registration dysphagia courses and specialist short courses.

Visit: http://tinyurl.com/nn488gu

MARIA LUSCOMBE & KAMINI GADHOK

WORKFORCE AND EDUCATION

We hope you have had the opportunity to read the feature article in last month's Bulletin on workforce transformation issues ('Transformation challenge: your vision for the future of the profession', Bulletin April 2016, pages 16-17).

As RCSLT Policy Officer Rebecca Veazey outlines in the article, we have launched a UK-wide challenge, asking members to share examples of new and exciting practice, and to facilitate a profession-wide conversation regarding the ways in which we work, and how we can best meet the needs of service users both now and in the future. To learn more about the Workforce Transformation Challenge, please visit: www.rcslt.org/governments/workforce_planning

Another key area of policy influence is the forthcoming consultation on the implementation of the future funding of pre-registration education and training in England. As we write this piece, our colleagues at the Department of Health have informed us that the consultation has been delayed. This is not good news for the higher education sector, which needs to look at its future business models as a result of this significant change.

> *"We are working with HEI colleagues to understand their particular situations"*

RCSLT staff are currently working with higher education institution (HEI) colleagues to understand their particular situations and to support them where we can. Some HEIs are already changing their current speech and language therapy courses as a direct response to potential threats to their viability.

Another key workstream affecting pre-registration education and training is a review of the RCSLT curriculum guidelines. The guidelines look at good practice in relation to the provision of pre-registration speech and language therapy education; the principles underpinning good practice in the speech and language therapy curriculum; and detailed advice on curriculum content. At the time of writing we are due to discuss this topic in detail at the RCSLT Professional, Practice and Policy Committee's next meeting in April. We will of course keep you updated on how this work progresses and the opportunities available for you to engage in this important area. ■

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

News

FAST FACTS »

130,000
children in England falling behind before they reach school

£3,000
On offer from the World Federation for Neurorehabilitation Franz Gerstenbrand Award

Bright future for acquired brain injury research

Anglo-Brazilian workshop forges international acquired brain injury research links

Dr Nicholas Behn attended a workshop in Brazil in early March to discuss the neuropsychological rehabilitation of people with acquired brain injury (ABI).

Held on 8-11 March at the Universidade Federal do Paraná in Brazil, the Newton ABI Links workshop brought together around 40 early career researchers interested in helping survivors of brain injury to achieve an improved quality of life and improve neuropsychological rehabilitation services through the creation of a multicultural research network of interdisciplinary services.

An SLT from City University London's Division of Language

and Communication Science in the School of Health Sciences, Nicholas was the only UK SLT chosen to participate in the workshop. He took the opportunity to highlight the importance of identifying and treating communication problems within an interdisciplinary team for people with ABI.

The workshop was co-funded by the Newton Fund – a £375 million fund that promotes the economic development and welfare of poor people in partnering countries through science and innovation partnerships. It aims to strengthen science and innovation capacity and unlock further funding to support poverty alleviation.

Speaking after the event, Nicholas said, "The workshop was a unique, inspirational and exhilarating experience to be part of.

"The process facilitated and encouraged active listening of others, respect for a wide variety of opinions; understanding of the different healthcare systems and challenges to research implementation; appreciation of different cultures with different values; and the importance of collaboration in the development of a good research strategy.

"New international research links were forged between disciplines across the two countries, resulting in partnerships that are more likely to be stronger and long-lasting extending into the future."

Across the four days of the workshop, the group worked collaboratively using a road-mapping approach to identify research priorities across the UK and Brazil, and across the different disciplines involved. The key outcome of the workshop aim was to plan a future international interdisciplinary multicentre study.

Find out more about the Newton Fund: https://www.britishcouncil.org/education/science/newton

RCSLT web resource of the month

CQ Live

Communicating Quality Live

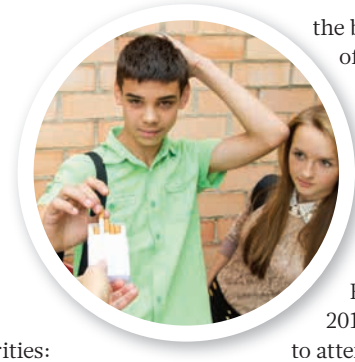
CQ Live is a set of RCSLT guidance and resources to support all RCSLT members to deliver high-quality services wherever they work. This is a 'live' resource. It allows us to update and meet the changing needs of the profession. Take a look today.

Visit: www.rcslt.org/cq_live/introduction

CAHPR seeks public health research awards entries

The Council for Allied Health Professions Research (CAHPR) is calling for entries to its 2016 Public Health Research Awards. Developed by CAHPR and Public Health England, these awards recognise AHPs' contribution to public health.

Application is by submission of abstracts of high-quality research that support one or more of the following PHE priorities: tackling obesity, particularly among children; reducing smoking and stopping children starting; reducing harmful drinking and alcohol related admissions; ensuring every child has the best start in life; reducing the risk of dementia; promoting workplace wellbeing; increasing physical activity; and AHP interventions showing an impact on population health outcomes.



Winning applicants will receive £750, the opportunity to display their work at the Public Health England Conference in September 2016 and travel expenses of up to £250 to attend the conference. Entrants must be AHPs registered with Health Care Professions Council. The deadline for award applicants is 31 May 2016.

Visit: http://www.csp.org.uk/cahpr

SHUTTERSTOCK

£1,000
prize for the annual Sternberg Award for Clinical Innovation

10,000
contributions made during the CQ Live online workshops in 2015

Celebrating 'A Right to Speak'

Anne Galbraith, AAC Lead for NHS Greater Glasgow and Clyde, addresses the conference

Over the past two years, the Greater Glasgow and Clyde Augmentative and Alternative Communication (AAC) Project has prioritised local actions to implement the recommendations set out by 'A Right to Speak' (Scottish Government 2012).

Celebrating the achievements from the project, a conference in Glasgow on 29 February showcased work from practitioners in education, health, social work, the third sector and other public sector organisations to improve services for people who use AAC.

Eighty-three delegates who had involvement in the project chose to spend the extra day in 2016 by attending the event at the Emirates Arena. They had a choice of wide selection of workshops and presentations describing their achievements. These included eye gaze technology, Emotion Works, IPAACKS, AAC in palliative care, AAC awareness being rolled out to facilities staff in NHS Greater Glasgow and Clyde, and AAC assessment.

Those who could not present a workshop had the opportunity to produce a poster detailing their involvement and the achievements met. Our presenters and poster contributors all did a fantastic job and received positive feedback.

Rowan Punt, AAC Project Coordinator, NHS Greater Glasgow and Clyde

Listen to learn, learn to listen

Speech and language therapy students from Canterbury Christ Church University and the University of Greenwich are working with stroke charity Connect to develop a new blog about Connect's conversation partner scheme.

The scheme puts volunteers and students in touch with people with aphasia, so they can meet regularly for a good conversation. Through this blog we hope to share personal experiences from everyone involved – people with aphasia, carers and volunteers.

Incorporating aphasia-friendly articles, poems, videos, pictures and photographs, the blog will show how we learn together from conversation.

The blog can be found at https://connectaphasia.wordpress.com. We are looking forward to seeing how this blog develops and hope it will be useful for anyone thinking about or undertaking a similar scheme. We would welcome feedback or potential articles to listentolearnblog@gmail.com

Lisa Hambling and Ellie Houlihan

Peter Just

COLUMN

A DIFFERENCE MADE

We are sometimes asked about the success the RCSLT has in influencing the development of new laws that affect people with speech, language and communication needs (SLCN). Here are two examples where we have made a tangible difference.

One of the last pieces of legislation the Westminster Parliament passed before it was dissolved for the 2015 General Election was the Health and Social Care (Safety and Quality) Act. This introduced a number of changes, including a new legal duty requiring health and adult social care bodies in England to share information where this will facilitate care for an individual. During the Act's passage through the House of Lords, Baroness Hollins tabled an amendment calling for an individual's communication needs to be a piece of information that should be shared between the commissioners and providers of health and adult social care services. The Government did not accept the amendment, but said the issue it raised would be covered in guidance to the Act.

After the debate, the RCSLT wrote to the Government offering to help shape the guidance. We were then contacted by the Information Governance Alliance (IGA), which was drafting the guidance on the duty to share information. Thanks to our discussions with the IGA, the guidance states: "consideration also needs to be given to what information might need to be shared; eg, information about an individual's speech, language and communication needs must also be shared where this might facilitate the provision of care." Speech, language and communication needs are the only example in the guidance of information that must be shared. You can find out more at: http://bit.ly/1Qx3fcY

> *"The draft guidance had not previously mentioned pre-school services"*

Following our work on that guidance, the IGA asked the RCSLT to comment on guidance they were drafting on the NHS number. After our discussions with them, the range of care contexts outside of the NHS where the use of the NHS number is supported by Government policy expanded to include pre-school services to support children with health conditions, such as special educational needs and disabilities. The draft guidance had not previously mentioned pre-school services. For more information visit: http://bit.ly/224TYLC

Hopefully, our input into these pieces of guidance will result in better outcomes for those with SLCN. ■

Peter Just, RCSLT Public Affairs Adviser.
Email: peter.just@rcslt.org

News

NEWS IN BRIEF

RCSLT Honours 2016

The 2015 honours ceremony

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

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

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

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

Nominations close on 23 June 2016. To nominate someone you must be a certified RCSLT member. For more information, visit: http://tinyurl.com/84d3as4 or email: jo.offen@rcslt.org or tel: 0207 378 3007.

Research champions workshop

Register for your place at the RCSLT Research Champions Workshop at City University London on 1 July 2016. This second annual workshop will be packed full of opportunities to share projects and evidence-based practice initiatives, and develop new contacts.

We are delighted that RCSLT Trustee for Research and Development Professor Vicky Joffe will host and co-chair the event along with RCSLT Research Manager Dr Emma Pagnamenta. We will also welcome Dr Hazel Roddam, from the Allied Health Research Unit at the University of Central Lancashire, who will jointly facilitate a workshop on mentorship and developing the role of a research champion.

Following feedback from last year, the day will include a session on qualitative research and what it has to offer SLTs. Attendees will also have an opportunity to learn more about the Council for Allied Health Professions Research from its director, Professor Ann Moore.

The event will give RCSLT research champions the opportunity to develop the champion role at local and national levels.

For more information, and to book your place, visit: www.rcslt.org/news/events/forthcoming_events

Reflections on the profession

Professor Jois Stansfield and Dr Linda Armstrong have published their study of the published work of the speech and language therapy profession in the 20 years following the creation of the College of Speech Therapists (CST) in 1945. Appearing in the early view of the International Journal of Language and Communication Disorders, their study looks at the 40 issues of the professional journal of the CST published between 1946 and 1965. According to the authors, the journal and its articles at this time, "reflect the growing maturity of the newly-unified profession of speech therapy and give an indication both of the expanding depth of knowledge available to speech therapists and of the rapidly increasing breadth of their work over this period."

Visit: http://tinyurl.com/kydeg64

Child health and wellbeing profiles

Public Health England has published 'Child Health Profiles 2016', developed by the National Child and Maternal Health Intelligence Network. These present a picture of child health and wellbeing for each local authority in England using 32 key health indicators that help local organisations work in partnership to improve health in their local area. The profiles contain data on a wide range of issues about and affecting child health, from levels of childhood obesity, immunisation rates, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

Visit: www.chimat.org.uk/profiles

National Audit of Intermediate Care

The National Audit of Intermediate Care (featured in the March Bulletin, page 8) will not run in 2016. According to the NHS Benchmarking Team, sign up from clinical commissioning groups has been low and the numbers are not sufficient to run a viable project in 2016. The steering group hopes the audit will run in 2017. Meanwhile, the NHS Benchmarking Team will continue to develop case studies with audit participants and use the data to help define high performing intermediate care services.

Visit: http://tinyurl.com/hberxqe

Neurorehabilitation award

The £3,000 World Federation for Neurorehabilitation (WFNR) Franz Gerstenbrand Award is open for entries from clinicians, researchers and allied health professionals. Now in its fourth year, the award recognises and rewards a neurorehabilitation project that has benefitted patients. Entries can come from any aspect of neurorehabilitation, for example a patient or clinic management initiative, research project, best practice development or the use of a new technological development. The WFNR encourages all professionals working in the field to enter, and gives special consideration to applications from those under 30 years of age. Deadline for entries, 30 November 2016.

Visit: www.wfnr.co.uk

Alison Mann

Opinion

Alison Mann reflects on the consequences of changes to funding arrangements for AHP degrees from 2017

Funding changes threaten professional diversity

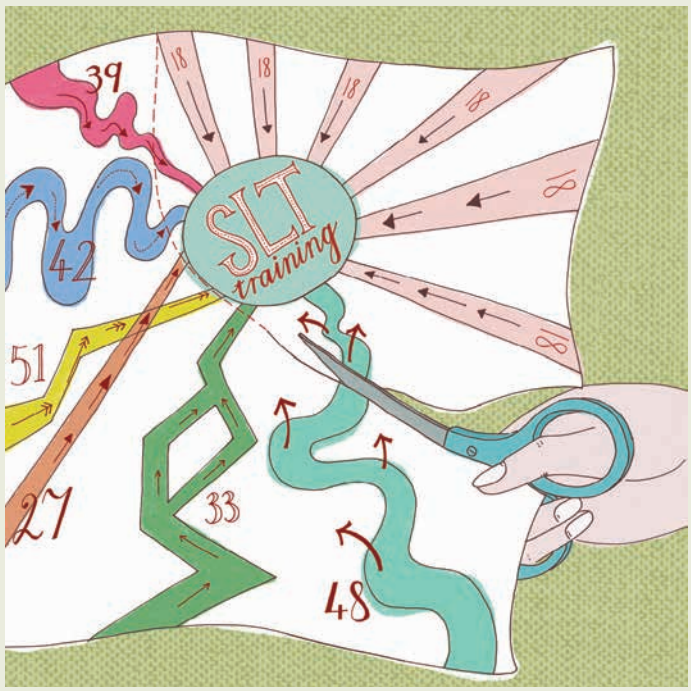


ILLUSTRATION **Trina Dalziel**

I am concerned about the change in funding arrangements for allied health professional (AHP) degrees. The government has announced that from 2017 students may no longer be eligible for maintenance bursaries, but will instead have to take out student loans in line with other university students. I believe there will be significant consequences to these changes in funding arrangements.

The provision of bursaries and tuition payments has attracted a diverse number of applicants from all walks of life, in particular mature students. Last September, at the age of 47, I graduated and began my career as an SLT. Out of the 80+ speech and language students graduating with me that day, a third of us were mature students. I am concerned that as a result of the new funding arrangements, this statistic will change.

> *"We need heterogeneous teams to reflect the population our profession serves. I fear this will no longer be the case in years to come"*

Allied health degrees are not like other degrees, because you are doing two things simultaneously; studying for a degree and learning a profession. It requires considerable commitment in terms of time. It is well known how demanding the speech and language course can be academically and in its workload and intensity. For many mature students this is intensified by the external caring commitments they have. For me, it was a constant juggling act of trying to balance everyone's needs versus the requirement to study, revise and complete assignments. I often sat down to begin my study sessions at 10pm and would regularly work into the early hours. At times it was stressful and overwhelming, and I often felt all of my roles were compromised. There were many times when I felt guilty at how much my family was sacrificing in order for me to complete my degree.

However, without the sponsorship of the NHS, I would not have been able to study at all. Many mature students give up jobs in order to study, leaving their families with reduced incomes at a time when housing and childcare costs are at their highest. We also incur expenses that younger students typically do not. For example, like many in my university cohort, I commuted long distances and had regular childcare costs, especially during long clinical placements. Without the sponsorship of the NHS, I would not have been able to undertake my training. Putting my family through financial hardship would have been a barrier to me studying. The newly-announced changes in funding will act as a deterrent to other mature students wishing to undertake the course, especially those from poorer backgrounds and career changers. In my opinion, it will change the demographic of students towards a common age of 18, which will have negative consequences for everyone.

Our profession will no longer be as diverse. We rightly promote diversity in all aspects of our society, because of the benefits it brings to us all. For example, therapists of varying ages and backgrounds bring with them differing approaches and ideas. This can deliver better results for our clients, but can also assist with our continuing professional development, because exposure to differing ideas allows us to develop our skill set further.

There is a place for everyone in this profession but mature graduates have much to offer. They bring unique insights that come about through their maturity and life experiences. This often enables our clients to relate to us more easily. As a result of longevity many of us have developed qualities and talents that make us an attribute to the teams that we work in. We bring to the table practical skills learned through caring responsibilities and previous employment. We have also developed personal qualities that make us resilient, resourceful, confident and supportive of our peers.

Of course younger graduates also have unique contributions to make, but we need heterogeneous teams to truly reflect the population our profession serves and I fear this will no longer be the case in years to come. ■

Welcome to Communicating Quality (CQ) Live

Steven Harulow looks at the development of CQ Live, the successor to Communicating Quality 3

ILLUSTRATIONS BY **Josh Patterson**

A patient's file has gone missing; you've checked with colleagues but nobody knows where it was last seen. You discover that parents who were not happy with your report have changed parts of it using technology and have shared it with the school and other agencies. You receive a tweet from a parent organisation asking you to support their campaign against cuts to the services you provide.

Modern professional dilemmas for a modern age, but where can you turn to for direction and help? Welcome to Communicating Quality Live (CQ Live), the RCSLT's professional guidance and resources for the speech and language therapy profession.

CQ Live will support RCSLT members to deliver high-quality services across all contexts of practice wherever they work. It will evolve in response to changes in professional practice, new evidence, policy and legislation to ensure it remains contemporary and fit for purpose. It is also a 'live' online resource that we will update through engagement with you, the profession.

The dynamic nature of CQ Live will engage members in regular discussions on the latest 'hot topics'. We hope this will allow you to continue on the journey you have started in being part of a vibrant community of practice.

Roles and responsibilities

The RCSLT published the first edition of Communicating Quality in 1991, when the organisation still had a role in the regulation of the profession. Since then the RCSLT's role has evolved in response to changes in regulatory structures established by government.

The regulator for the speech and language therapy profession is now the Health and Care Professions Council (HCPC). Registration is a legal requirement for all practising SLTs, who must adhere to the HCPC's standards of conduct, performance and ethics; standards of proficiency for SLTs; and standards for continuing professional development. The role of the HCPC is to protect the public. To do this it sets legal standards, keeps a register of health and care professionals who meet the standards and deals with concerns about

"The guidelines and resources are for you as individual practitioners"

practitioners who do not meet them. It also approves all education programmes for the professions it regulates. The HCPC launched its revised standards of conduct, performance and ethics in January 2016 (see panel overleaf).

The RCSLT provides leadership for the speech and language therapy profession in the delivery of high-quality care. We also promote excellence and provide support to SLTs and share your commitment to achieve better lives for people with communication and swallowing needs, through your diverse range of knowledge and skills as practitioners, educators and researchers.

CQ Live elements

The development of CQ Live has taken account of this differentiation of role, and the guidance and resources add value and support RCSLT members to meet the HCPC standards in practice.

The online CQ Live pages are structured around 10 key areas of professional practice (see page 15 for details). For each area, you will find links to the HCPC's standards and the relevant RCSLT guidance. In addition you will now be able to access a wide range of online resources, covering topics such as supervision, information governance, inclusive communication, telehealth, apps, and communication technology.

We have also worked with expert practitioners to develop a range of practice scenarios to help you reflect on what you might do if faced with a similar situation. You can use these to guide your thoughts and prompt discussion with your colleagues. Remember, working through the scenarios counts towards your continuing professional development (CPD). Topics so far include using Twitter, Facebook, YouTube, Facebook friends »

» and privacy, email attachments, therapies without an evidence base, expert witnesses, interpreters, adulterated clinical reports, incorrect advertising, data breaches, shared iPads and remote supervision. Many more scenarios are in the pipeline.

Sound of the crowd

The RCSLT used crowdsourcing to enable our members to co-create the CQ Live guidance and resources to support the profession in delivering high-quality client care. We are one of the first allied health profession's professional bodies to do this.

RCSLT CEO Kamini Gadhok MBE says, "When we embarked on this journey in 2014, we quickly realised that in a fast changing environment we needed to take an innovative and dynamic approach to successfully engage with our members.

"In early 2015, we commissioned Clever Together to design an engagement method where every one of our members across the UK had the opportunity to get involved with the project to create guidance and resources which they would find valuable.

"Members could join the conversation and have their say anywhere, anytime, from any computer, tablet or smartphone. Within this environment, all contributions were anonymous to ensure we judged ideas and comments on their merits and not their author."

Our CQ Live online workshops took place in summer 2015. Perhaps you were one of almost 2,000 SLTs who took part and made 10,000 contributions. During the workshops we encouraged members to think reflectively about their professional role and challenge constructively what they do and why.

Kamini adds, "The CQ Live steering group was heartened by the richness of the online conversations. We were delighted with the volume and quality of contributions and would like to thank all the RCSLT members who helped to develop this first iteration of CQ Live."

"Perhaps you were one of almost 2,000 SLTs who took part in our workshops"

Watch the webinar

At the time of writing, the RCSLT webinar: 'Communicating Quality Live: Finding your way through the new professional guidance' is due to take place on 25 April 2016.

Webinar participants include RCSLT CEO Kamini Gadhok; RCSLT and CQ Live Steering Group Chair Maria Luscombe; and Penny Hodgkinson, employability development director and lecturer, University of Essex and steering group member.

The webinar will help participants to recognise the purpose and relevance of CQ Live for the profession; feel confident about its structure and key features; understand how CQ Live can provide the skills and knowledge to deal with difficult professional situations; and appreciate the potential for CQ Live as a CPD resource. You can access the webinar recording and speakers notes at www.rcslt.org/news/webinars/rcslt_webinars

CQ Live is your resource

The launch of CQ Live marks an exciting moment for the speech and language therapy profession. Please take the time to read though the online pages, discuss the scenarios with your colleagues and importantly, let us know your thoughts and ideas on how we can develop CQ live further. ■

Visit: www.rcslt.org/cq_live/introduction

The RCSLT is particularly grateful to members of the CQ Live Steering Group, particularly Penny Hodgkinson and Lorna Povey, for their work on developing the draft guidance.

Revised HCPC Standards of Conduct, Performance and Ethics

In January 2016, the Health and Care Professions Council (HCPC) launched its revised standards of conduct, performance and ethics, the ethical framework within which HCPC registrants, including SLTs, must work. Among the changes are the addition of new requirements for professionals to report their concerns about safety; to be open with service users if something goes wrong; and to use social media appropriately.

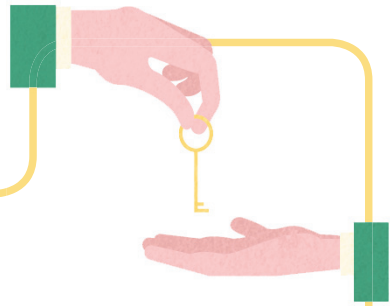
Visit: http://tinyurl.com/zsgbuas

10 key areas of professional practice for SLTs

1 *Promote and safeguard the interests of your service users and carers*

2 *Communicate appropriately and effectively*

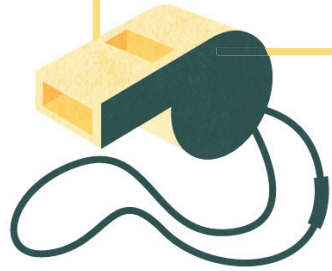
3 *Work within the limits of knowledge and skills*



4 *Delegate appropriately*

5 *Respect confidentiality*

6 *Manage risk*



7 *Report concerns about safety*

8 *Be open when things go wrong*

9 *Be honest and trustworthy*

10 *Keep records of your work*

Unidentified and unmet

Ann Clark and Dermot Fitzsimons explore the hidden speech, language and communication needs of looked-after children and young people in Scotland

ILLUSTRATION BY **The Project Twins**

It is no surprise to the professionals who work with them that looked-after children and young people (LACYP) experience heightened and more complex needs in comparison to the general population. These individuals may have suffered physical, emotional or sexual abuse or been neglected, for example as a result of carers' substance misuse or poor parenting skills. They may also be involved with the justice system due to offending, need respite from a difficult family situation or have complex disabilities that require specialist care. Local authorities coordinate services to identify and meet the multiple, heterogeneous and continually developing needs of this vulnerable group.

Social disadvantage

The great majority of the LACYP population experience conditions of poverty and social disadvantage. Many experience poorer outcomes than their non-looked after peers as they enter young adulthood, particularly in their mental health, but also in educational attainment and subsequent employment destinations.

It is also already established that children brought up in disadvantaged environments have a disproportionately greater likelihood of heightened speech, language and communication needs (SLCN) than their more advantaged peers. This is as a result of the interplay between such factors as impoverished early language, reduced access to services and supports, and poorer caregiver interaction (Hoff, 2006). These factors are nearly always heightened within the backgrounds of the LACYP population and may well contribute heavily to the child becoming looked after in the first place.

Commonly, if the extent of a child's SLCN is not established early on and discussed consistently, those needs may go unidentified and subsequently unmet as a result of priority being placed on more 'visible' difficulties, such as social, emotional and behavioural difficulties or in some cases, offending behaviours (Cross, 2004; McCool and Stevens, 2011).

Local and national governments routinely discuss and update some outcomes, for example, severity and prevalence of mental health difficulty of LACYP or educational performance measured in terms of passes attained at GCSE or sum of tariff scores.

The picture of nature and prevalence of SLCN in the LACYP population is much more fragmented and mentioned fleetingly, if at all.

The SLCN of this group are a frequent omission from governmental health needs reviews. In one UK-wide mental health prevalence study, 'speech or language problems' were found to have a prevalence of 12% within the group (n=877). This was categorised as a 'physical complaint' and placed in the same category as asthma and bedwetting (McGinnity et al, 2005).

A fragmented picture

Issues around limited data collection, definitions of disability and variability in recording methods mean that current government statistics across the four UK nations range between 3% and 14% of LACYP having a disability (Hill et al, 2015). In Scotland, disability is recorded in terms of primary additional support need, with 12% of the looked-after population within this category. In terms of SLCN, the picture is yet again fragmented. The only placement type for which data on disability is currently recorded by the Scottish Government is secure accommodation, which makes up less than 1% of the looked-after population in Scotland – 12% of this group were recorded as having a 'language or communication disorder'.

In Scotland, the Children's Hearings System (CHS) is the institutional body with primary responsibility to address these

"SLCN was categorised as a 'physical complaint' and placed in the same category as asthma and bedwetting"

complex needs. The ethos of the CHS is to place the child's needs and views at the centre of the decision-making process, within what is intended to be a fully participatory, transparent procedure. The focal means of decision-making is the hearing, in which a trained panel of three members of the public make appropriate decisions about a child's care, protection and supervision needs based on available background information. Justifiable grounds for a hearing are decided by the Children's Reporter, who is also the first point of contact for referral into the system.

Freedom of information request

Given the lack of clear information about the extent of SLCN within Scotland's LACYP population, we set out to determine the level of involvement of speech and language therapy services in the CHS. If available, local authorities should hold this information. We sent freedom of information requests to Scotland's 32 local authorities about their level of engagement with speech and language therapy services, asking about the number of occasions in the past 15 years that:

- Their social work departments have requested reports from speech and language therapy services regarding the SLCN of a child under local authority supervision.
- Social work departments have received specific recommendations within decisions made by children's panels to refer a child to speech and language therapy services.

We received 30 responses. Eighteen councils reported that while they held some of this information, they did not collate it centrally and could only retrieve it at considerable cost. Twelve responded that they did not hold the information requested. Of the 30 responses, four councils said that it is the responsibility of the Scottish Children's Reporter Administration (SCRA) to contact agencies directly and beyond the remit of the children's panel to make these recommendations. An additional three councils recommended contacting SCRA directly and one recommended getting in touch with Children's Hearings Scotland.

A concerning picture

A potentially concerning picture emerges here. Councils do not collate information regarding LACYP's access to speech and language therapy services centrally. This suggests the systems for supporting children with SLCN within the CHS need further development.

Next, we set out to discover more from the other end of the process. We asked our NHS speech and language therapy colleagues – heads of paediatric services of the 14 healthcare trusts in Scotland – how many referrals the CHS had made in the past five years.

Ten trusts responded. Seven said they had had no direct referrals from the CHS itself. One replied this information was not centrally collated in a way that was easily reportable. Of the three remaining trusts:

- One reported 14 referrals from the local social work department in the past five years, which totalled 0.13% of total referrals in this period.
- One reported four referrals from social work departments in this period.
- One reported two referrals from an educational psychologist in this period, but none from either CHS or social work departments.

These reported results, it must be stressed, are not the number of LACYP on the caseload – these are only new referrals from social work departments, as opposed to other areas. Of course, there are likely to be children on SLT caseloads who are already known to the CHS and therefore would not appear as new referrals.

The literature already strongly suggests a high likelihood that a significant number of LACYP have unidentified and unmet SLCN, which have a far-reaching impact on their future outcomes. From what we have found, local authority systems, as they stand, do not facilitate identification and extent of these unidentified SLCN. What is needed is greater local authority engagement with speech and language therapy services, who have the professional expertise to support the often hidden needs of these already vulnerable children and young people. ■

Dr Ann Clark, Senior Lecturer and SLT; Dermot Fitzsimons, SLT and Assistant Lecturer, Queen Margaret University.
Email: AClark@qmu.ac.uk

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Referring children who stammer

Emma Paul looks at the effectiveness of training referral agents for children who stammer and the impact this has on referrals

ILLUSTRATION BY **David Humphries**

Several studies have looked at referral patterns for children who stammer. For example, Chapman (1995) surveyed health visitors and the results indicated that knowledge of causative factors and the ability to provide parental advice was not in line with current knowledge. Rustin and Kelman (1994) reported GPs seeing a low number of stammering children.

The Primary Healthcare Workers Project (PHWP) (Christie, 2000) indicated that the number of dysfluent pre-school children referrals rose after training referral agents. Recommendations included:

- Training for health professions.
- Parental awareness.
- Access to information on dysfluency.
- Training for education professionals.
- Training student health visitors.
- Communicating with general practitioners.
- Dissemination of information on early stammering.

Mounting evidence shows early referral is crucial for children who stammer (Byrne and Wright, 2008; Starkweather, 1997; Jones et al, 2008). However, the British Stammering Association (BSA, 2006) reported receiving comments from parents who are informed that, 'children are not seen before the age of seven', or are told to wait and see if their child will 'grow out of it'.

Referral agent training

As part of a service evaluation in Blackpool Teaching Hospitals NHS Foundation Trust (north locality) in September 2013, I invited referral agents to attend my free training session. Forty-four people participated in the training, including an audiologist, community nurses and health visitors, occupational and physiotherapists, inclusion teachers, school nurses and support workers.

Topics covered included understanding stammering and defining stammering behaviours (for example, repetitions, prolongations, etc); understanding risk

> *"It is important to disseminate information to new members of staff and engage the GP population in future dysfluency training sessions"*

factors; when to refer to speech and language therapy; advice for parents (and child if appropriate); and signposting to information and support online (for example BSA and Michael Palin Centre). Attendees also received a wide range of materials to take away, including presentation handouts, BSA advice sheets, a dysfluency check list and a speech and language therapy referral form. This met the PHWP recommendations. Although I attempted to address Recommendation 6.1 'Communicating with General Practitioners' by inviting all local GP surgeries to take part in the training, no GPs indicated interest in attending any sessions.

Attendees completed questionnaires about their knowledge of stammering and their confidence in working with children who stammer and their families. They completed the first one before their training session and subsequently at three-, six- and 12-month intervals afterwards. After an initial 100% response rate (44 replies) this reduced to 24 replies at 12 months. As the response rate fell I sent emails to prompt responses and encouraged managers to remind their teams to return questionnaires.

Advice and referrals

I asked participants how confident they felt about giving parents general advice about stammering. Initially, 11 respondents (25%) stated they were 'fairly' confident and 10 (22.7%) reported they wouldn't know what advice to give. Twelve months after the training, two (8.3%) said they were 'very' confident and 18 (75%) reported they were 'fairly' confident.

I also asked participants when they thought they should refer a child who they suspect may be struggling with their fluency. Although eight (18.1%) initially responded with 'straight away', 17 (38.6%) reported they would only refer six or more months post onset, which is not in line with current advice (Enderby et al, 2009).

When asked the same question 12 months after the training, 17 participants (70.8%) reported they would refer 'straight away' and four (16.6%) reported 'other' (specified as 'send them to a drop in clinic' and 'wait until the child has settled at school').

I totalled the referrals to speech and language therapy over 12 months (1 September 2012 to 31 August 2013) and highlighted the number of children referred due to stammering. I repeated this process over the next 12-month period. Table one shows the difference between the two periods. Results show the average time from referral to initial contact with an SLT has reduced by three weeks and two days, and more parents have been encouraged to attend drop-in clinics with their children to access advice from the SLT straight away.

Table one: Dysfluency referrals to speech and language therapy service

	Sep 2012 – Aug 2013	Sep 2013 – Aug 2014
Dysfluency referrals (out of total referrals to SLT service)	3.7% of 616 referrals	4.9% of 609 referrals
Mean age at referral	74.34 months (6 years, 2 months)	62.4 months (5 years, 2 months)
Initial appointment DNA rate	30%	8%
Mean time from referral to initial contact with SLT	39 days (5 weeks, 4 days)	16 days (2 weeks, 2 days)
Attended SLT drop-in clinic (accessing advice immediately)	8%	26%

Suggestions for the future

"Lack of integration across health and education is a major obstacle to effective and cost-effective speech, language and communication needs services" (Gross, 2011, p33). Recent studies have shown the majority of teachers have had no training in understanding stammering, and an even bigger percentage report that they would like to be given further information about stammering (Jenkins, 2010).

From the positive outcomes from this study, it is important to continue to disseminate information to new members of staff and engage the GP population in future dysfluency training sessions. Further studies examining the effects of training education staff and examining attitudes and awareness of teachers will be beneficial. ■

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Reviews

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

BOOK

Psycholinguistics introduction and applications

AUTHOR: Lise Menn
PUBLISHER: Plural Publishing
PRICE: £79.22
REVIEWER: Roberta M DiDonato, Experimental Cognitive Psychologist, Memorial University of Newfoundland; Speech Language Pathologist, Eastern Health, St John's NL, Canada
RATING Book ●●●●●

This textbook is an extremely well written and comprehensive overview of how linguistics and psychology overlap to form psycholinguistics. Its strengths are the accessible writing style, real-life examples and its organisation. It logically guides the reader through the fundamentals of basic linguistic concepts, the development of psycholinguistic experiments, findings from classic and recent studies, and finally the application of this information for test development and remediation.

This introductory text provides readers with opportunities to solidify their understanding by applying the information through the web-based workbook's exercises. Novices, speech-language pathology students, will be able to quickly understand and apply this information in the clinic. Individuals wanting more in-depth information are directed to the expanded information in the online instructor's manual. Psycholinguistic and clinical instructors, well versed in this topic, will have many relatable examples, so their students are able to build the requisite mental models for these complex constructs.

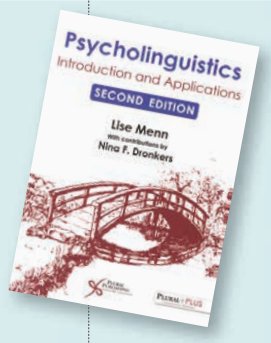
BOOK

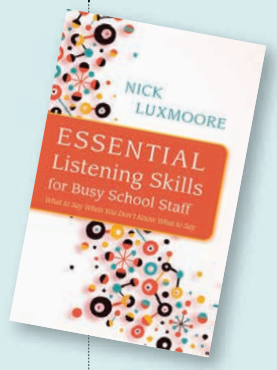
On your marks: A practical guide to mark making, early writing and language

AUTHOR: Michael Jones
PUBLISHER: Lawrence Educational
PRICE: £15
REVIEWER: Libby Hill, Highly Specialist SLT, Small Talk SLT
RATING Book ●●●●●

There is lot of confusion in the area of mark making and how to encourage it, which Michael Jones aims to clarify in this excellent book. Michael is originally an SLT, then teacher, advisory teacher, trainer and early language consultant for the Every Child a Talker project. His aim is to help improve understanding among early years' practitioners and parents of how children's handprints and smearing, painting and drawing, and language development are linked to early writing.

There is, as we know, often a link between early speech and language delay and later difficulties with reading and writing. This book will be invaluable for SLTs, to understand the approaches early years' practitioners are expected to use, and what they should understand about early mark making and writing, as part of their knowledge of the EYFS. They will be able to recommend the book to settings and parents of children with speech and language delay. It will also be useful for students, who will almost certainly meet older children with speech and language difficulties, who will need help with early writing.





BOOK

Essential listening skills for busy school staff

AUTHOR: Nick Luxmoore
PUBLISHER: Jessica Kingsley
PRICE: £10.99
REVIEWER: Stephen Hack, specialist SLT
RATING Book ●●●●●

This book is a practical guide for adults working in schools who are responding to a range of children's emotional and behavioural difficulties, but may be feeling compromised by limitations on their time or expertise to effectively support children with the challenges they face.

The message is that all school staff can support children through different kinds of challenges provided they adopt the right approaches consistently and are themselves given professional support and guidance. Even when children are receiving specialist support, staff need to know how to help them manage anxieties and difficulties through the school day.

The author, who has a background in counselling, youth work and teaching, provides useful strategies and concepts staff can use on a day-to-day basis. If systems are in place for children to verbalise the issues underlying their behaviour, there is more chance that they can be effectively supported. This book is an invaluable resource for SLTs working with whole-school populations as well as more specialised environments.

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Water protocols

Water protocols are proposed to be relatively safe for patients in rehabilitation post stroke, but more research is needed into the potential benefits regarding changes in hydration status and minimising adverse health outcomes.

Flinders University researchers completed a randomised controlled study in 14 stroke patients with dysphagia from the subacute/rehabilitation setting. The patients underwent clinical and videofluoroscopic assessments of swallowing. Only those who aspirated in two out of three thin liquid swallows (presenting no aspiration on any other consistency) were recruited in the study and were allocated to either receive thick fluids only or water protocol only (an adaptation of the Free Water Protocol).

There was no significant difference in the average daily total beverage intake between the two groups. Patients in the water protocol group who were classified as dehydrated at entry level, showed a trend of improvement over two weeks; while those in the 'thick fluids only' group showed a trend for deterioration in hydration. However, these results were not statistically significant.

The study shows that the water protocol did not result in an increase in total fluid intake.

Reviewed by Dr Emilia Michou, Research Fellow, Centre for Gastrointestinal Sciences, Institute of Inflammation and Repair, Faculty of Medical and Human Sciences, University of Manchester

Reference

Murray J, et al. Does a water protocol improve the hydration and health status of individuals with thin liquid aspiration following stroke? A randomized controlled trial. *Dysphagia*. 2016 Feb 17. [Epub ahead of print]. http://tinyurl.com/jn3fpdr

SLTs and mental capacity assessments

Speech and language therapists should play an essential role in supporting people with communication disorders to maximise their communicative ability during capacity assessments and their participation in decision making. This is the view of Australian academics within clinical psychology, psychiatry and speech-language pathology.

The authors identify the complexity involved in assessing capacity for people with communication disorders and the need for assessors to access specialist knowledge and skills. They propose guidelines for conducting capacity assessments for this clinical population and summarise facilitative strategies in relation to the key communicative abilities involved in decision-making: understanding information, weighing/using information and communicating a decision.

Speech and language therapists could use this paper as a basis for planning training for colleagues who lack awareness of communication disorders or for providing persuasive arguments for the important contribution SLTs can make to capacity assessment.

Reviewed by Mark Jayes, HEE/NIHR Clinical Doctoral Research Fellow Sheffield Teaching Hospitals NHS Foundation Trust/University of Sheffield

Reference

Zuscak SJ, Peisah C, Ferguson A. A collaborative approach to supporting communication in the assessment of decision making capacity. *Disability and Rehabilitation* 2015; DOI: 10.3109/09638288.2015.1092176. http://tinyurl.com/glrqluw

PCIT and expressive language

Parent-child interaction therapy (PCIT) produces significant changes to expressive language in children with language delay. This is the suggestion of research collaboration between City University London and Central London Community Health Care Trust.

Fifteen boys and three girls with language delay (mean age 29.6 months) received PCIT and were their own controls via a within-participants design. PCIT consists of four weekly one-hour therapy sessions at clinic followed by five weeks consolidation time (parents practising at home), aiming to give parents strategies to support their child's language development. Researchers asked parents to practise their chosen strategy at home in play with their child. A video made at each appointment assessed the use of the strategy and if consistent, a further strategy was introduced.

Blind analysis of videos recorded at the child's initial assessment appointment, first therapy appointment and review appointment at week 10 demonstrated statistically significant changes to the children's mean length of utterance and the ratio of time of child to parent speech. No change was detected prior to the start of therapy. The authors comment, "these findings are a first step in evaluating PCIT", a widely-used intervention in clinical practice.

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

Reviewed by Lorna Smart, Specialist SLT, Calderdale and Huddersfield NHS Foundation Trust

Reference

Falkus G, et al. Assessing the effectiveness of parent–child interaction therapy with language delayed children: A clinical investigation. *Child Language Teaching and Therapy* 2016; 7-17. http://clt.sagepub.com/content/32/1/7.abstract

SHUTTERSTOCK

Victoria Joffe & Emma Pagnamenta

Emma Pagnamenta and Vicky Joffe take you on an exciting tour of the RCSLT Research Centre

Shining a light on a virtual world

Over the past months we have put the spotlight firmly on you. We have showcased your experiences and brought you inspiring stories of conducting research in routine clinical practice, undertaking Masters and PhDs to support research skills and decision making abilities, and generally making a real difference to our evidence base and research capacity.

Many of you tell us how much support you get from the RCSLT Research Centre and we love to receive feedback when we add or revise a resource. However, we also get emails asking for help and while we are delighted that people contact us, it is sometimes clear they have not accessed the RCSLT Research Centre before making contact. Frequently, the perfect resource or answer to the question is right there online. This tells us that not all members are familiar with the full range of online resources we offer. In fact, in our 2014 member survey, only 34% of you said you were aware of the RCSLT Research Centre.

Take the tour

We have been working hard to overhaul the online research pages and if you have not visited them for a while, be prepared for a nice surprise. In this forum, we take the opportunity to shine a light on the new, exciting, innovative and ever increasing resources available to support us all in conducting evidence-based clinical practice. Please come and take this tour with us and find out what is available just at the click of a button.

Finding the research centre and navigating around it couldn't be easier. Once you are on the RCSLT homepage at www.rcslt.org, you will see a reference to research and journals, and under that, the 'RCSLT Research Centre A-Z'. Click on this link on our homepage or find it in the members' area menu. Once there, you will see a helpful alphabetic listing of all our research and evidence-based resources.

You have the option of finding information alphabetically through this listing or by clicking on one of the six colour-coded main headings – 'About research', 'Doing research', 'Champions and networks', 'Evidence-based practice',' Clinical academic research careers', and 'Journals library service'.

Journals galore

One of the key member resources that we have invested in is the Journals Library Service. This includes the RCSLT Journals Collection, information on how to access journals, sharing articles and journal clubs (http://tinyurl.com/lkp8l29).

This has come about as a direct result of you telling us that journal access was one of the major barriers to accessing and embedding research in your practice. The RCSLT Journals Collection provides members with free access to hundreds of peer-reviewed journals. This collection continues to grow and this year will include the entire Taylor and Francis medical collection, plus a new title that many of you have requested – 'Aphasiology'. It is really encouraging to hear how so many of you are now making frequent use of the service, and the data from each publisher shows article downloads are increasing.

Deciphering the evidence

It's all very well to have access to these journals, but who will help us decipher them all? Without doubt, some articles are very difficult to interpret. It is not always easy to judge the quality of the research and decide which ones to use to shape or change your service. If you feel a little like this, then go no further than the evidence-based practice section (http://tinyurl.com/hpxsn8o).

Here, you will find support with finding, understanding and evaluating research in the context of your practice.

"We aim to provide you with the go-to place to support you in delivering evidence-based practice"

Research and Development Forum

ILLUSTRATION BY **Ben Mounsey**

You can also access helpful recommendations from like-minded clinicians on appraising the literature (http://tinyurl.com/hjksphv). On this page we refer to five excellent websites to help you become more expert in reading papers: the CASP website; The Centre for Evidence Based Medicine; Leeds University Library website; Speech and Language Therapy in Practice; and Greenhalgh's 'How to Read a Paper'.

Clinical decision making

One resource that is proving popular is our evidence-based clinical decision making e-learning tool, which will guide you through all eventualities in selecting and evaluating your intervention (http://tinyurl.com/o3add4n). After great interest from colleagues abroad, we have now made this an open access resource to be shared internationally. Take a look; we dare you not to find something you didn't know that enhances your work.

For those of you who are interested in collecting evidence or finding out more about research and what it offers visit our 'About research' (http://tinyurl.com/z44bpbk) and 'Doing research' (http://tinyurl.com/hskurjw) sections. If you need support in making the case for research to wider teams, commissioners or managers, check out our resources on making the case for research. What about guidance on how to do a research study, such as a single case or some qualitative research? Again, we have pages here that can support you.

When it comes to money (one of the most frequent questions we get asked) we have an updated database of funding opportunities. If you are thinking of doing research, look at the research priorities that already exist. This will help identify key research questions and add weight to your proposal (http://tinyurl.com/nhgfn52).

We provide resources and networks to support SLTs in their clinical academic research careers and continuing professional development (http://tinyurl.com/jppy4g3). A really valuable part of this is the contributions you have made in providing advice and insight into your own career pathways. We also have a database of clinical academic opportunities and funding information for each nation.

Future aims

We aim to provide you with the go-to place to support you in delivering evidence-based practice, gathering evidence and keeping in touch with the latest developments in research. We hope you agree we have made a wonderful start and the future looks even brighter when we add a space that brings together communities of SLTs, and new resources to support EBP and research learning journeys. We hope the RCSLT Research Centre will also give prominence to speech and language therapy as an evidence-based and research active profession.

Explore the RCSLT Research Centre

RCSLT Research Centre
www.rcslt.org/members/research_centre/introduction
RCSLT Journals Collection
http://tinyurl.com/lkp8l29
Evidence-based practice
http://tinyurl.com/hpxsn80
Appraising the literature
http://tinyurl.com/hjksphv
Clinical decision making e-learning tool
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Doing research
http://tinyurl.com/hskurjw
Funding opportunities
http://tinyurl.com/nhgfn52
Clinical academic research careers and CDP
http://tinyurl.com/jppy4g3
Research networks
http://tinyurl.com/h8zxmxs

Get involved

There are many ways you can get involved because the RCSLT Research Centre is all about the membership and its needs. We welcome your suggestions for new content.

If you know of a great resource or source of evidence, tell us about it. Visit our research networks page and come on board as part of the team in the capacity that best suits where you are at – as a research champion, as part of our research and development reference group or as part of the 'In the Journals' Bulletin team (http://tinyurl.com/h8zxmxs).

Hot off the press, and very exciting, is the opportunity to join the RCSLT team. We are advertising for an additional full-time Research and Development Officer post (visit: www.rcslt.org/about/jobs/job_opportunities, applications close 10 May 2016).

We have had such a remarkable response from you since we started in our roles. Growing the team will enable us to meet the increasing demand, build on what we have started and embark on some very exciting new projects, all of which aim to support and enhance your work as SLTs. ■

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

Ask the experts

Aspiration and pneumonia: what is the risk of SLT intervention?

Tracy Lazenby-Paterson
SLT, RCSLT Professional Adviser ALD Dysphagia
Chair, Scotland SLT Dysphagia CEN

When I encounter patients with a diagnosis of aspiration pneumonia, the notion of risk immediately comes to mind. By 'risk of SLT intervention', I refer not only to the risks posed by dysphagia, aspiration and pneumonia, but also the potential risks that my intervention might pose to my patients.

In many people with dysphagia, particularly in those with structural abnormalities and neurologic conditions, the risk for oropharyngeal aspiration and its harmful sequelae of pneumonia and asphyxiation is higher than in patients without dysphagia (Marik, 2001). Given that aspiration pneumonia is associated with high rates of morbidity and mortality, SLTs routinely assess for risk of oropharyngeal aspiration as part of the swallowing examination.

However, I increasingly contemplate to what extent my role as a dysphagia SLT influences my diagnosis of oropharyngeal aspiration risk, and whether I associate dysphagia with aspiration risk based on what I expect to see rather than what I have actually seen. I worry that I may tend to look to dysphagia as the sole cause of aspiration or pneumonia, to the exclusion of other potential more serious causes, even though the literature highlights that dysphagia on its own is not a significant predictor for pneumonia (Langmore et al, 1998; Hibberd et al, 2013).

We commonly employ methods such as food/fluid modification, postural manoeuvres, strengthening exercises and nil-by-mouth on the basis that our patient's dysphagia is the cause of aspiration and pneumonia, and with the aim of reducing or eliminating these risks. However, there is a dearth of evidence that these methods reduce or prevent risk of aspiration or aspiration pneumonia (Logemann et al, 2008; Robbins et al, 2008; Andersen et al, 2013).

A cautionary tale

Coyle and Matthews' (2010) present a thought-provoking case study. An 80-year-old man with a history of stroke was admitted to hospital suffering from nausea, vomiting and breathlessness. He was diagnosed with aspiration pneumonia and admitted to intensive care, requiring mechanical ventilation, intubation and sedation. Once improved, extubated and breathing on his own, he underwent examination by an SLT that revealed a gurgly voice post-swallow. The patient was diagnosed a high risk for aspiration, made nil by mouth and was given a gastrostomy. Several months later, videofluoroscopy revealed a baseline condition of cervical osteophytes, which was the cause of the patient's initial symptoms of gurgly voice, due to pharyngeal residue. No aspiration was observed and there was no recurrence of pneumonia since his hospital stay. His swallow was functional and intact, and oral feeding was resumed. Further investigation of his medical notes revealed his initial diagnosis should have been acute pneumonitis following aspiration of vomitus. The patient had been misdiagnosed with a high risk for aspiration and with dysphagia-related aspiration pneumonia, leading to an unnecessary, invasive and potentially harmful gastrostomy procedure.

The authors highlight that medical decisions about procedures like gastrostomy are heavily influenced by SLT recommendations regardless of how robust our assessments may be. An incomplete assessment of a patient's functioning prior to and around the onset of their illness can result in misdiagnosis and mismanagement.

Critical questions

How can I determine whether oropharyngeal dysphagia is the cause of an individual's pneumonia? Aspiration and aspiration pneumonia are reportedly frequently misdiagnosed, and while videofluoroscopy is an essential tool to visualise swallowing performance, its accuracy depends on a subjective interpretation of the frequency and severity of aspiration, and its potential role – if it does have a role – in causing pneumonia (Marik, 2001; Baine et al, 2001; Coyle and Matthews, 2010).

In Sheffler (2014), Coyle argues it is vital for the SLT to ask specific, critical questions as part of their swallowing assessments, the answers for which can be found by digging deep and thoroughly into patient details and medical records.

An important question to start with is: if aspiration has occurred, is it indeed the problem? Laryngeal penetration and aspiration of saliva are normal events, typically observed in healthy individuals during sleep without any harmful sequelae. Whether aspiration causes harm depends on several variables, including the content and amount aspirated at one time, over how long a period it is aspirated, and the host's airway defence mechanisms, such as cough, movement of the cilia and immune system function. In the chronically aspirating patient with impaired defence system function, there is a much higher risk of obstruction of the airway, pneumonitis and pneumonia (Marik, 2001).

Next, if I suspect aspiration is a problem, am I certain that oropharyngeal dysphagia is the cause? The patient's history may reveal conditions for which dysphagia may not be the primary cause of the aspiration event, such as poor oral health, poor mobility, reflux, vomiting, use of anti-reflux medication, enteral feeding, nil-by-mouth status, seizures, alcoholism, stroke, traumatic

Illustration by **Thomas Pullin**

brain injury, neurologic disorders (eg, multiple sclerosis , dementia, PD), medical interventions (eg, nasogastric tube placement, tracheostomy, gastrostomy and ventilator use), polypharmacy and use of medications that affect consciousness (eg, general anaesthesia, antipsychotics and sedating medications) (Langmore et al, 1998; Marik, 2001; Hibberd et al, 2013; Brogan et al, 2014).

Similarly, if there is clear evidence of aspiration pneumonia, am I certain that oropharyngeal dysphagia is the cause? There are different types of aspiration syndromes that lead to different types of pneumonias. Many of these conditions mimic the signs and symptoms of cough, fever, and breathlessness also seen in dysphagia-related aspiration pneumonia. Aspiration can lead to community-acquired pneumonia, hospital-acquired (nosocomial) pneumonia, ventilation-acquired pneumonia or acute chemical pneumonitis, for which oropharyngeal dysphagia may play little or no role. Coyle and Matthews (2010) argue that a diagnosis of dysphagia-related aspiration pneumonia requires the presence of dysphagia prior to the onset of the illness or hospital admission. This essential background knowledge from patient records can hold vital information about a patient's baseline condition, health and nutritional status, to help determine whether dysphagia may be the cause of the illness, or whether the illness may be the cause of the dysphagia.

Dysphagia that occurs around the same time as an illness or hospital admission could be a short-term reversible problem caused by a range of factors, including infection (eg, wound, oral cavity or urinary tract), surgical procedures (such as, oesophagectomy or cardiothoracic surgery) or medical procedures (including, feeding tubes, prolonged or traumatic intubation or chemotherapy/radiation).

In the case study above, the patient's swallow was not normal, yet it was not the cause of his aspiration condition. The medical notes revealed a history of vomiting prior to hospital admission, suggesting the potential for aspiration pneumonitis (an acute chemical injury due to aspiration of gastric contents) rather than aspiration pneumonia (an infectious process due to aspiration of colonised pathogenic bacteria). These are two distinct and separate clinical conditions requiring different treatments. However, in patients with gastroparesis, receiving enteral feeding or taking anti-reflux medication such as proton pump inhibitors or histamine antagonists, there is an additional risk of bacterial pneumonia occurring secondary to an acute pneumonitis (Marik, 2001).

If dysphagia is present prior to a hospital admission, swallow study combined with thorough examination of patient records can provide valuable information about the role dysphagia may or may not play in the patient's illness.

Improving outcomes

There is little doubt that managing aspiration and averting negative aspiration-associated outcomes are critical for patients at risk for aspiration pneumonia. However, SLTs must ensure we can clearly discriminate between the signs and symptoms caused by dysphagia and those caused by other, potentially more serious risk factors. This will help determine, for instance, whether we think about strategies aimed at preventing oropharyngeal dysphagia, or rather those aimed at preventing bacterial colonisation in oral secretions or gastric contents.

Coyle and Matthews' case study is a cautionary reminder that without seeking detailed background knowledge about patient medical histories, we may over-emphasise the role of dysphagia, and our well-intentioned interventions can potentially present greater risks and lead to more negative consequences for patients than the swallowing problem itself. However, in my view, it also demonstrates the important role of dysphagia practitioners in the differential diagnosis of aspiration-related conditions and how our recommendations, if they are the product of robust assessment, can inform and ultimately improve outcomes for patients at risk of pneumonia. ■

References & resources

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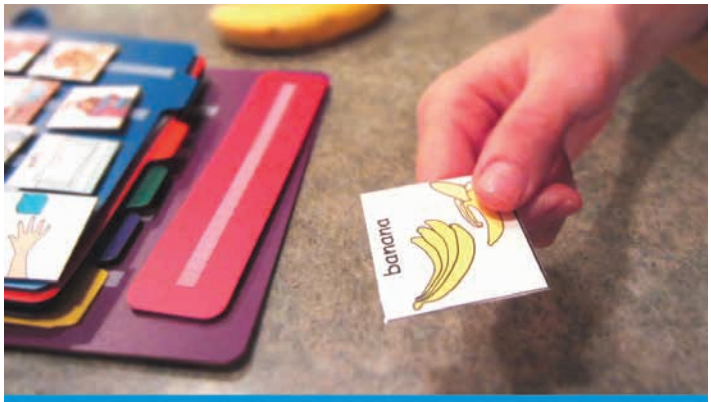

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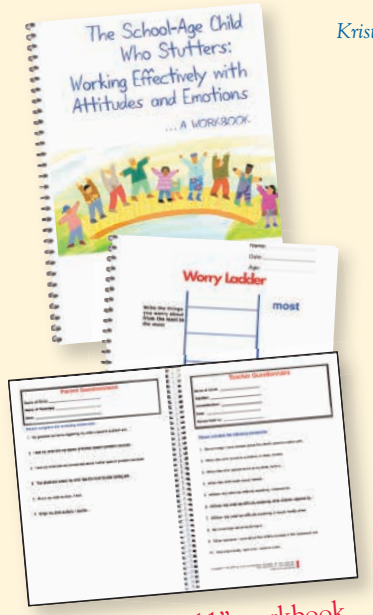

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Bulletin remembers those who have dedicated their careers to speech and language therapy

REMEMBERING

Obituaries

Barbara Elton

1913 – 2015

Barbara Elton qualified as an SLT from Kingdon-Ward College of Speech and Drama in 1948. This was the time of the start of the NHS. Her first job involved starting the children's speech therapy service for the whole of West Suffolk from scratch. One of her first tasks was to locate a suitable place for her clinic and set up the room, including setting the fire in the grate.

Barbara worked in London for a period during the 1950s while she was looking after her mother. This post involved running a Saturday morning clinic. Following her mother's death, she undertook Bobath training at a time when the course was run by Bobath herself. She then took a job at the Percy Hedley School for children with cerebral palsy. After two years she returned to West Suffolk where she remained until she retired in 1975.

During her retirement she wrote about her experience of working in West Suffolk. The following extract comes from her work with a 15-year-old boy who had a mild stammer while talking but a severe stammer when reading. She used a Van Riper approach, which included both of them analysing and imitating his stammering patterns together:

"To cut a long story short, well not very long, Peter was totally relieved of these intolerable spasms and could read normally and I was able to discharge him. Was it the following Christmas, as a thanks offering, he bought me two dead rabbits and two eels. Oh yes, Peter was a real son of the soil and a Suffolk lad."

Barbara never married but had many friends. She kept in contact with some of the families she worked with and until her death received correspondence from one of her clients who is now retired. Barbara first saw her at six years of age.

Mary Jane Elton

Tracey Anne Worthy (née Jennings)

1977 – 2015

It is with great sadness that we say goodbye to our loyal friend and colleague, Tracey, who died from a brain tumour on the 31 August 2015, almost three years after her initial diagnosis.

Tracey graduated from City University in 2002 with a PGDip in speech and language therapy. From the beginning of her career she proved herself to be dedicated to the profession and worked hard to achieve the best for her clients. As a newly-qualified therapist in Newham, Tracey impressed her colleagues with her clinical knowledge and ability to apply theory to practice. Her confidence and professional skills could initially seem intimidating to her peers, but her great sense of humour, warmth and kindness quickly put people at ease. Tracey made it very easy for people to become her friend.

Tracey continued her career in Hackney and the City, where she focused on developing her skills in working with primary school children with specific language impairment. Tracey's enthusiasm for research resulted in her completing her Master's degree in this specialism. Her commitment to keeping her knowledge and skills up-to-date meant she was always a good person to go to for a second opinion, advice or an update on the latest thinking.

> *"Knowing Tracey was an enormous privilege"*

Tracey bravely wrote an article for the Bulletin about her experience of having a brain tumour, and how it impacted on her communication skills at different points during her treatment. She was, as always, keen to share her knowledge and educate others even at this most difficult of times.

Knowing and working with Tracey was an enormous privilege. Her friends and colleagues knew her as a calm, honest and kind person who was infinitely patient, supportive and professional. Tracey was someone who always looked for the positive in both the people she worked with and situations she found herself in. Her passion, drive and focus continued outside of work, as a competitive swimmer. Tracey was – and remains – an inspiration both as a therapist and as an individual, and she is greatly missed.

Tracey is survived by her husband, Stephen, and two young children, of whom she was immensely proud and who are often in our thoughts. ■

Sophie Phillips, Jenni Bishop and Katy Liriano

MAY CEN NOTICES
CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 6 May for June, by 10 June for July and by 8 July for August. To find out more about RCSLT CENs, visit: http://tinyurl.com/rcsltcens

Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

South Wales Communication for Children with Complex Needs CEN
6 May, 9.30am – 4pm

AM: Dr Hilary Lewis: Epilepsy and complex needs. OT and optometry: Working together to assess eyegaze. PM: 10-year-old Poppy Jones presents 'Conquering the Cardiff Triathlon with CP'; Vishvapani Broomfield: working mindfully. RCSLT, Transport House, 1 Cathedral Road, Cardiff CF11 9SB. £10 including lunch. Booking essential. Contact Laura Roberts, email: complexneedscen@gmail.com

Surrey SLI CEN
12 May, 1pm – 4pm

1-2pm: new diagnostic criteria for children with language impairment; 2.30-3.30pm: research findings on extent to which children in Key Stage 2, 3 and 4 are exposed to figurative language. Moor House School. £10 one meeting; £15 for annual membership (two meetings). To book, email: nicolll@moorhouseschool.co.uk. Visit: http://moorhouse.surrey.sch.uk/cen

SLI in Scotland SIG
13 May, 9am registration

SLI and maths. QMU Edinburgh. SLT/teacher/educational psychologist £35; therapy/education assistants £20; students £15. Registration via Eventbrite: http://tinyurl.com/jptkjm7

Psychiatry of Old Age (Southern) CEN
17 May, 9.30am – 4.30pm

New SLT research in the area of semantic dementia with Jackie Kindell; formulaic language in the dementias: assessment and therapy with Rosemary Varley; update re: RCSLT and dementia. RCSLT, London. Members and students £10; non-members £20. To book, email: SIGPOA@gmail.com

AAC London CEN
18 May

AAC: Voice banking, exploring AAC and funding pathways. Refreshments only provided. UCL Lecture Centre, Whittington Hospital N19 5NF. Free (donations only). Search AAC LONDON on Eventbrite to enrol or use http://tinyurl.com/hkstr8k. Email: aaclondoncen@gmail.com

Computers in Therapy CEN
19 May

'Success stories with IT – overcoming hurdles to using computers in therapy' + usual app share/case studies/research updates. Claremont School Bristol. To book, email: shelaghbenford@gmail.com

London and South East Region Secondary CEN
20 May, 9am – 3.30pm

Enhancing the creative power of language and communication work using improvisation and play/game-based therapy with secondary-age pupils. QE2 School's Access and Inclusion Centre, Kennet Road, London W9 3LG. Members free (membership paid at last CEN). Non-members £15. Lunch provided + AGM. To book, email: Nafisa.shehu@merton.gov.uk

Essex SLI CEN
23 May, 10am – 4.30pm (reg from 9.30am)

Exploring use of outcomes with children and young people with SLCN, led by Professor Vicky Joffe and Nabiah Sohail. £25 includes lunch and annual membership + AGM. Cordite Room, Wat Tyler Country Park, Pitsea, Basildon SS16 4 UH. To book: katherine.farrow@nhs.net

North West AAC CEN
24 May, 9.30am – 3.30pm

Membership: £10, £7 on the day. Birley Building, Manchester Metropolitan University, Bonsall Street, Manchester M15 6GX. To confirm attendance, email: fsephton@bridgecollege.ac.uk

North West Aphasia CEN
25 May, 9.30am – 3pm

Conversational partners. Keynote: Dr Simon Horton. Agenda TBC. Rm E221, John Dalton Building, MMU, Chester Street, Manchester M1 5GD. Members £10; non-members £20. Email Michelle Lawton: helen.lawton@postgrad.manchester.ac.uk or book via Eventbrite: http://tinyurl.com/gks2u94

Trent Dysphagia CEN
25 May, 8.30am for 9.30am – 12.45pm

Supporting people to make decisions about their dysphagia. Speakers: Mark Jayes, Sabrina Eltringham, Sean White and Dr Gemma Clarke. Short talk by patient on experiences of dysphagia and making decisions around drinking/eating. The Northern General Hospital Medical Education Centre, Sheffield S5 7AU. Members £5; non-members £10 (includes one-off membership fee). Book in advance; pay on day (cash/cheque). Refreshments provided. Email: Laurette.tahmassian-zarneh@sth.nhs.uk. Find us on RCSLT Basecamp

Aphasia Therapy CEN
27 May, 9.30am – 4.30pm

Apraxia of speech: what's new in theory and therapy? Professor Rosemary Varley will discuss current understanding of apraxia of speech from a neuroscience perspective, and will describe the efficacy and effectiveness of intervention approaches, including self-administered computer-based therapy. UCL Chandler House, London WC1N 1PF. Members free; non-members £10. Email: michael.dean@ucl.ac.uk

Children Who Have Social, Emotional and Mental Health Needs CEN (South East)
17 June, 9.30am – 3.30pm

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

North West Special School CEN
21 June, 9.15am – 12pm

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

South East and London Stammering CEN
24 June

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

Trent Voice CEN
30 June, 9am – 4.30pm

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

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

Setting up secondary school services and sharing what has worked well. £2. Brierley Hill Health and Social Care, Venture Way, Brierley Hill, DY5 1RU. Email: Farah.Hawa@bcpft.nhs.uk

Keep in touch with your RCSLT online

Visit **www.rcslt.org** and follow the links

Band 6 Specialist Speech and Language Therapist - Early Supported Stroke Discharge Service

Band 6 Specialist Speech and Language Therapist - Community Neurological Rehabilitation Service

Salary £26,041 up to £34,876

Permanent, Full Time - 37.5 hours per week (Part time may be considered)

For the job description and to apply please visit www.jobs.nhs.uk and search for:
Speech and Language Therapist in Early Supported Discharge Team – 444 - 44149 – TG
Speech and Language Therapist in Community Neurological Rehabilitation Team – 444 – 44141 – TG

Coventry and Warwickshire Partnership NHS
NHS Trust

" What you do makes a difference, and you have to decide what kind of difference you want to make." Jane Goodall

The expanding Coventry Community Neuro Rehabilitation Service are looking for two highly motivated, dysphagia competent speech and language therapists to join their interdisciplinary team delivering neuro rehabilitation to the residents of Coventry. The team delivers an in-reaching model of stroke early supported discharge to the acute stroke unit at University Hospitals Coventry and Warwickshire, as well as complex neuro rehabilitation. The teams work collaboratively with acute services, community networks and the third sector to deliver a patient centred, goal focused approach to rehabilitation.

Candidates should have significant experience in managing a caseload of neurologically impaired adults and be HCPC registered. If you are a compassionate, dedicated team player who works well with others and is motivated by meaningful, holistic rehabilitation which is centred around the patients goals and their life roles, then please get in touch and help us to ***make a real difference.***

For further information please contact:
Claire Quarterman (Clinical Lead),
Clare Mee (Head of Service) or
Sarah Willetts (Lead SLT) on 0300 2000 395/6

MCH medway community healthcare

NHS

Band 7 Highly specialist speech and language therapist

Learning disability team, Chatham, Kent
15 hours per week
NHS jobs reference: 813-964-0216-TB

Are you looking for a new challenge, working with a team that value joint working and innovation?
Are you a highly specialist speech and language therapist with extensive experience in learning disability and dysphagia work?
Do you want to help develop services with and for people with a learning disability?
If so, we have an exciting opportunity for you, working in an award winning social enterprise!

To find out more and apply visit
www.jobs.nhs.uk
and search:
813-964-0216-TB

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The UK's leading Speech Therapy Recruitment Company

Accredited recruitment provider across all NHS National & Regional supply agreements.

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For the best SLT jobs visit mediplacements.com, call us on 0845 230 6666 or email speech@mediplacements.com

Exciting opportunities for Band 6 Speech and Language Therapists to join our innovative and enthusiastic team at CSH Surrey!

Band 6 SLT – Hearing Impairment (0-19) and Early Years

4 days per week
Salary: £26,302 - £35,225 per annum, pro rata + 5%HCAS
Location: Epsom, Surrey
Job Reference: J738-0464-1473

The caseload is varied, with children having a wide range of speech, language and communication issues associated with and additional to hearing impairment. Services are delivered across 3 school sites in Epsom as well as the community. There is also a day a week to work in one of our community clinics within our Early years team covering a general caseload including young people who stammer.

Band 6 SLT– Complex Needs

Full time
Salary: £26,302 - £35,225 per annum, pro rata + 5%HCAS
Location: Leatherhead and Thames Ditton, Surrey
Job Reference: J738-0511-B1645

You will deliver the service at Woodlands school (SLD) and Thames Ditton specialist centre (MLD) with a possible caseload in the community as well. The caseload is varied, with children having a wide range of speech, language and communication issues associated with learning difficulties.
Having postgraduate skills in dysphagia is of benefit but we will be happy to develop this within service.

The service for both posts is delivered individually and in small groups relying on joint team working and target setting with school staff, parents and/or other professionals.

For job descriptions and to apply, please visit **https://www.jobs.nhs.uk/** and search using the job reference numbers listed above.

We look forward to your application!

For further information contact: Kate Green – Clinical Specialist
Tel: 07983 405530 kate.green5@nhs.net

Speech and Language Therapist

- Actual Annual Salary £22,072 per annum (Excluding Outer London Fringe Allowance) for 36 hours per week, term time only for 39 weeks per year including INSET days
- Ideally to start ASAP

Parkwood Hall Co-operative Academy is a Residential/Day Special School for boys & girls aged 7 to 19, with moderate to severe learning difficulties and additional, often complex, needs.

We seek a full time and part time Speech and Language Therapist who have 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.

Applications and information can be found at **www.parkwoodhall.co.uk**
Or by sending your email address to Julie Calkin at info@parkwoodhall.rbkc.sch.uk stating the name of the vacancy. Please call Maggie Cook, Senior Speech and Language Therapist on 01322 618017 to book a visit 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. Applications 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: 25th May 2016 at Midday
Interview date: 27th May 2016

Speech and Language Therapist in Alexandria, Egypt

A speech and language therapist is needed to work on a daily basis with a delightful three year old boy with severe language delay to supply intensive daily therapy for a three month period.

The family would like the therapist to work with the little boy in the afternoons after nursery school. Speech and Language intervention can be supported by his key therapist in London who worked with him when the family were here.
A generous salary, dependent on qualification and experience, will include costs for accommodation and flights.

To apply please email: ruthjacobschildrenstherapy@gmail.com

NEW JOB?

The official recruitment site for the **RCSLT,** the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

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

Start your search today and visit
www.speech-language-therapy-jobs.org

We are seeking a dynamic and innovative Speech and Language Therapist to join our small and friendly team providing interventions for children throughout Yorkshire.

The successful candidate will be a professional who is passionate about facilitating children and young people to achieve their potential for communication. They will provide a high quality and effective service to ensure total communication environments, universal and targeted provision for children with identified speech and language needs in Early Years settings and primary schools and targeted work with a caseload of children referred independently.

The therapist will be home-based and will be required to travel to settings inWest and South Yorkshire – Leeds, Bradford, Sheffield and surrounding areas. The post is 4 days a week term time only. The contract is one year fixed term with the likelihood of extension. A split post job share may be considered. RCSLT pay scale Band 6 equivalent pro-rated.

Essential requirements:

- At least 2 years post-graduate experience
- HCPC, RCSLT and ASLTIP registration

Desirable requirements:

- Experience working in schools
- Experience working with children with ASC

We offer:

- Regular peer group supervision
- Cost of clinical supervision covered
- Personal learning and development opportunities
- Access to a generous range of resources and assessment materials
- iPad and mobile phone
- Flexible hours and home-based administrative time
- A friendly and supportive environment
- Optional additional paid work during school holidays

Contact: lauren@yorkshirespeechtherapy.com or 07904810156.
Visit www.yorkshirespeechtherapy.com for more information

Birmingham Community Healthcare NHS
NHS Foundation Trust

Better Care: Healthier Communities

Band 6 Traded Speech and Language Therapy Posts

Due to the continuing strong growth within our citywide Traded Services Team we are recruiting further permanent term time only or part-time Band 6 posts, to build upon our established reputation for service excellence and enviable customer feedback. As a qualified SLT you will have proven experience of successful collaborative working with school and nursery staff, together with highly developed clinical and negotiation skills and have recent experience of independently managing a diverse caseload.

We are an innovative team who encourage our SLTs to contribute to service development, and in turn value and promote new ideas and experiences. You will work with a dedicated group of named schools as a trusted member of their extended professional team providing Universal, Targeted and Specialist approaches tailored to each school's needs.

Working as part of the wider forward thinking Children's Speech and Language Therapy Service you will have access to support from a number of specialist teams, such as, Dysphagia, Hearing Impairment, Pre-school special needs and Specific Language Impairment. By being part of the wider Team, you will benefit from a supportive working environment with access to specialist clinical support and an emphasis on sharing good practice through effective team working and opportunities for professional development.

For further information about the service, please contact Stella Sharpe, PA to Speech & Language Therapy Service, on (0121) 466 6256. Applications can be completed on line at **www.jobs.nhs.uk** or, for an application pack, please contact the Centralised Recruitment Team, (0121) 466 7439.

Closing Date – 20th May 2016 and the interviews will be held on the 1st June 2016.

Band 5 Speech and Language Therapist

Full time, maternity cover–with the possibility of a permanent position available in due course)

More House School is at the forefront of education for boys aged 8-18 with specific learning and language difficulties.

We are offering an exciting opportunity for an enthusiastic and adaptable Speech and Language Therapist to join our large team of qualified therapists and specialist teachers in our Learning Development Centre (LDC).

The post will involve managing and delivering therapy to a varied caseload, with regular supervision from an experienced, senior Speech and Language Therapist and ample opportunities for CPD. The successful candidate must have a degree in Speech and Language Therapy and be HCPC registered. Salary: In line with Band 5 pay scales.

For an application pack, please contact the Headmaster's PA, Mrs Secker-Barker, on hr@morehouseschool.co.uk or T: 01252 792303. Applications will be subject to an enhanced DBS check and satisfactory references.

Closing date for applications is 5pm 30th May, with interviews expected to take place week commencing 13th June. Please visit our website for further information: **www.morehouseschool.co.uk**

More House School is committed to safeguarding and promoting the welfare of children, and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure Barring Service (DBS).

Registered Charity No: 311872; Moons Hill, Farnham, Surrey, GU10 3AP.

Exciting job opportunity at the RCSLT

RCSLT Research Officer

The RCSLT is seeking a professional research and development officer who is committed to driving forwards evidence-based practice and research, and enabling others to deliver evidence-based care. Working closely with the RCSLT research manager, you will support research and development projects related to using evidence and building research capacity and infrastructure across the profession. This is an excellent opportunity to take an active role in supporting the profession in meeting challenges and opportunities related to evidence-based practice and research.

For more information on this post visit:
www.rcslt.org/about/jobs/job_opportunities

Paediatric Speech Therapist

An exciting opportunity has come up in a brand new, state-of-the-art facility opening in Doha, Qatar.
We work with children with communication disorders, fine and gross motor challenges, language delays, emotional disorders, sensory integration issues, autism spectrum disorders, feeding disorders, and social skills challenges. We believe collaboration across disciplines helps reveal the optimal learning styles and care plan for the children we serve. We also focus on educating families, as they play a crucial role in their child's development and specific challenges.

Doha is developing at a rapid pace into one of the top cities in the Middle East and this position offers the successful candidate the opportunity to be part of that development.

We are seeking a qualified Speech Therapist with a minimum of 1 years' experience of working with children.
The successful candidate will possess excellent written and verbal communication skills with a flexible approach to working.

Package and Benefits:
We offer a very attractive, full competitive package, including:

- A Tax Free salary
- Annual return flight to the home country
- Paid accommodation
- 21 days annual leave per year
- Health care
- Uniform
- End of service benefit
- The opportunity to work in a truly unique, state of the art, environment.

The role starts in the 2nd week of September
To apply, please send your CV to **pippas@littleacademynursery.com**

Riverston Children's Centres | Where children come first

The Riverston Group are now recruiting enthusiastic and motivated Speech and Language Therapists and Occupational Therapists to join their expanding team in their newly opening Children's Centre and Early Intervention Nursery in Dubai.

The ideal candidate should have experience working with children with speech, language and communication difficulties however new graduates are welcome to apply. Experience working with PECS, signing and training in programmes such as Hanen, SCERTS and Floortime are favoured.
The successful candidates will be given an excellent salary package, including health insurance and flights.

Interviews to be held in May 2016. Interested applicants are invited to send their CV and any queries to Jackie.harland@riverstongroup.com, M: +447798835661.

The Speech Bubble is looking for outstanding speech & language therapists to join our team in Manchester & Blackpool

THE SPEECH BUBBLE

We are an independent, paediatric speech & language therapy practice and have been working with schools and LAs since 2003.
Our team is made up of exceptional therapists with several years proven expertise in managing a varied & complex caseload and working with the specialised needs of our clients.
If you share our ethos of providing child-centered, school-based speech & language therapy, then we'd love to hear from you.

For an application form and further information please email **info@thespeechbubble.co.uk** or call **01254 702574**.

The RSCLT invites individuals to apply for the position of:

Associate editor, International Journal of Language and Communication Disorders (IJLCD)

Following recent changes in the editorial team, we are seeking a new associate editor on the IJLCD from July 2016. The IJLCD is an international, peer-reviewed journal, which draws together findings from research in language and communication disorders. The IJLCD is published in six issues per year, with occasional special issues.

The successful candidate for this position will:

- Have a PhD in a related academic disciplineHave an up-to-date knowledge of developmental/child language and communication disorders
- Possess a proven track record in research (peer-reviewed publications, presentations at conferences and/or other research enabling activities)
- Have experience of carrying out peer review
- Commit to carrying out the role for a term of three years
- Be able to participate in four editorial meetings a year

Please email the following to:
cristina.mckean@newcastle.ac.uk:

- A covering letter and supporting statement
- Your CV
- A list of publications and presentations and/or other enabling activities

Closing date for applications, Wednesday 1June 2016
Interviews to take place in June

For more information on this post visit:
www.rcslt.org/about/jobs/job_opportunities
For informal enquiries email: cristina.mckean@newcastle.ac.uk

Various dates

Picture Exchange Communication System (PECS)

Level 1 Workshops – Winchester, Derry, Plymouth, Cambridge, Liverpool, Darlington, London, Glasgow, Northampton and Maidstone. Transitioning from PECS to speech generating devices – Cardiff, Birmingham and Brighton. SoSAFE! Social and Sexual Safety Training – Belfast, Plymouth, Liverpool and Brighton. Visit: www.pecs-unitedkingdom.com, tel: 01276 609 555

9-10 May, RCSLT London

Elklan total training package for vulnerable young people

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

20 May, RCSLT London

smiLE Therapy Training Stage 1

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

23-24 May, Intuition Southwark London; 14-15 November, RCSLT London

Elklan Total Training Package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

23-24 May; 17-18 November, London

Elklan Total Training Package (TTP) for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

25 May, Raphael Medical Centre Tonbridge Kent

Management of spasticity

One-day workshop speakers to include Dr Lal Landham. £95. Further details: www.raphaelmedicalcentre.co.uk

26-27 May, RCSLT London

Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. 470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

26-27 May; 14-15 November, RCSLT London

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

31 May, 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 details and to book visit: www.communitytherapy.org.uk

7 June, 1.15 – 4.20pm, Evelina London Children's Hospital

Community SLTs' guide to paediatric videofluoroscopy

Exploring the role of videofluoroscopy in overall management of paediatric dysphagia. £30. For booking or more information email: maya.asir@gstt.nhs.uk

13-15 June, London

Hanen's It Takes Two to Talk certification workshop

This workshop shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. Visit: www.hanen.org/ITTworkshop, email: info@hanen.org. Sign up for notification

13-15 June, London

Hanen's More Than Words entry-level workshop

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

17 June, National College for Teaching and Leadership

Deaf education conference: Engaging families

If we engage families, we improve outcomes. Focus on what it takes to create sustained and successful engagement with families that are harder to reach. £110. Email: susanna@earfoundation.org.uk

21 June, Birmingham

Oral care conference

For anyone who wants to know present best practice for mouth care with dependent patients. Specialists from America who work in critical care plus the consultant rolling out the Mouth Care Matters programme amongst others are speaking. 7 hours CPD. £84. Visit: www.inspirationpharma.com

22 June, The Ear Foundation

Deaf children at secondary school for teaching assistants

Give your TAs the opportunity to learn about hearing technologies and develop strategies to support students to reach their listening and language potential. One place for £65; 2nd place £10. Email: susanna@earfoundation.org.uk

23 June, 52 Club, London

Dementia care: Achieving better outcomes through REAL communication

One-day workshop. £175 (check the event listing in the CTN website for discounts for CTN members). For details and to book: www.communitytherapy.org.uk.

'Pushing the limits of rehabilitation' is Bush & Company's 2nd annual conference and 30th Anniversary. With high profile, innovative speakers, and a wide range of exhibitors, we invite SLTs and other healthcare professionals to attend this inspiring conference. Visit: www.centrevents.co.uk/pushingthelimits.html

23 June, London

Diagnosis of ASD in children with complex presentations

One-day course on how to approach the diagnosis of autism in children where there are complexities in their presentation (eg visual impairment, epilepsy, attachment difficulties, gender) and differences in opinion. £75 (SLTs). Email: Abigail.mance@gosh.nhs.uk. Full course details: www.participant.co.uk/complexasd

24 June, The Ear Foundation

Complex language development for children with hearing loss

Course will look at how you develop complex language skills in four areas: language structure, higher level language functions, understanding inference, understanding non-literal language. £85. Email: susanna@earfoundation.org.uk

24-25 June, Gatwick Hilton Hotel

Cognitive rehabilitation workshop

Two-day interactive workshop 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 available at: http://tinyurl.com/lukvuzo

30 June, The Ear Foundation

It's child's play

Course will give you a detailed understanding of play levels and practical ideas to support children and families to have successful interactions. This will be hands on day so come prepared to play. £85, Email: susanna@earfoundation.org.uk

30 June, RCSLT London

smiLE Therapy Training Stage 1

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

1 July, RCSLT London

smiLE Therapy Training Stage 2 Day one

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

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 your advert. Tel: 020 7324 2735 or email: beth.fifield@redactive.co.uk

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Payment must be received by Redactive Media before we can publish your Quick Look Date advert. Advert text will be edited for consistency. Enhanced coloured boxes: the editor will determine the box colour.

QUICK LOOK DATES

6 July, National Star College

Talking Mats training with symbol resources

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

15 July, Gatwick Hilton Hotel

Are you SMART? SMART goal setting workshop

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

16 July, Queen Elizabeth Hospital Birmingham

Facial rehabilitation: Therapy for patients with facial nerve paresis

Speaker: Carien Beurskens, physiotherapist, The Netherlands. Organisers by Facial Therapy Specialists – UK. Key Outcomes: understanding of facial anatomy and the control of facial movement; assessment and recording of facial function; selection of appropriate treatments; synkinesis; assessment and management of synkinesis. £135; early bird before end of June £120; FTS-UK members £110. Email: sally.glover@uhb.nhs.uk

22 September, RCSLT London

smiLE Therapy Training Stage 1

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

23 September, RCSLT London

smiLE Therapy Training Stage 2, Day one

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

21 October, RCSLT London

smiLE Therapy Training Stage 1

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

31 October, London

Elklan Let's Talk with Under 5s tutor training pack

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and Language Support for Under 5's/0-3's'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1 November, London

Elklan Let's Talk 5-9's tutor training pack

Designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and Language Support for 5-11's'. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

2-3 November, RCSLT London

Elklan total training package (TTP) for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

4 November, RCSLT London

Elklan specialist training package: Supporting children and adults using AAC

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

10 November, RHN London

Introduction to the assessment and management of communication in complex brain injury

Course will provide an introduction to complex brain injury, consider principles and practicalities in assessing communication with this client group and knowledge of therapy approaches including FOTT and use of AAC. £120. Email: institute@rhn.org.uk

17-18 November: RCSLT London

Elklan total training package for verbal children with ASD

REVISED course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

28-30 November, Derby

Hanen's Learning Language and Loving It certification workshop

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

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

Stammering: Basic Clinical Skills

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

DVD CHAPTERS INCLUDE:

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

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

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MY WORKING LIFE

Rosie Quayle

OCCUPATION: CLINICAL LEAD, AUDITORY VERBAL UK

"Outcomes for children in teletherapy are exactly the same as in face-to-face therapy"

Listening and spoken language programmes, delivered by practitioners who have undergone specialist postgraduate training in the field of auditory verbal therapy, are well established worldwide as an approach for children with hearing loss. Typically, it is part of the state-funded provision for deaf children in Australasia and North America and there is increasing evidence of the effectiveness of this early intervention approach.

I am the clinical lead at Auditory Verbal UK, an award-winning charity established in 2003 to deliver auditory verbal services to families of deaf babies and pre-school children and to train professionals to become auditory verbal therapists. Auditory Verbal Therapy (AVT) is delivered to children with a permanent hearing loss, ranging from mild to profound, in partnership with the child's carer. It aims to develop a child's spoken language through listening without the need for visual approaches, such as sign language or lip reading, enabling children to start school with spoken language skills, equivalent to their hearing peers.

In March 2015, I received a Winston Churchill Memorial Trust Fellowship to travel to centres in Australia and bring lessons learnt back to the UK. The Australasia centres have been established for at least 10 years longer than in the UK and I wanted to see how they have developed their telepractice, so families who live too far away to travel can access therapy easily. What I saw was that outcomes for children in teletherapy are exactly the same as in face-to-face therapy. Developing our telepractice here in the UK will allow us to break down barriers for families who may not be able to access AVT in their local area.

In addition to telepractice, the Australian centres provide constant support for families through regular parent workshops, alongside therapy sessions. It really struck me just how much parents gain from the provision of wider support networks and the opportunity to meet other parents who share their journey. 'Hear & Say', a centre in Brisbane, get parents and their babies together in a fortnightly programme called 'Listen Little Stars', to join in activities and attend parent education sessions. They focus on early parent-child interaction, rather than the use of too many toys, so laying essential foundations for later communication. The Shepherd Centre in Sydney has a similar group and parents couldn't stress enough how helpful they find the sessions.

I also explored how centres have been able to grow rapidly, yet ensure clinical practice remains high and consistent across their caseloads. The bespoke database systems in Australia allows for accurate measurement of a child's progress and annual publications of outcomes. The centres can reach firm conclusions about clinical practice including early age of implantation, usually at six months, by easily using their database systems to show the outcomes for children based on their age of implantation. The results across a large cohort of children are staggering.

There are currently just 19 therapists in the UK, compared to 509 in the United States and 58 in Australia. To become an AVT, SLTs, audiologists and/or qualified teachers of the deaf pursue a three-year postgraduate training programme leading to international accreditation as a Listening and Spoken Language Specialist (LSLS) Cert AVT. The qualification is therefore applicable internationally. It was so edifying to see that, while we may be thousands of miles apart, the rigorous quality assurance behind the AVT qualification ensures that therapy looks much the same on both sides of the world. ■

If you are interested in more information, or joining the RCSLT clinical excellence network on Auditory Verbal Therapy, email: rosie.quayle@avuk.org or visit: www.avuk.org

Reference

First Voice. *Sound outcomes: First Voice speech and language data* (February 2015) http://tinyurl.com/zhj3yh2

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