

# bulletin

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

May 2017 | [www.rcslt.org](http://www.rcslt.org)



Associated benefits of lipreading classes

↳ Addressing the needs of looked-after children

↳ European Swallowing Awareness Day



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**ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS**  
2 White Hart Yard, London SE1 1NX  
Tel: 020 7378 1200  
Email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org)  
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**COVER ILLUSTRATION**  
Paul Garland

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

**EDITORIAL**  
**Editor:** Clare Williams  
**Contributing editor:** Dr Emma Pagnamenta  
**Senior designer:** Yvey Bailey  
**Senior picture editor:** Claire Echavarry

**ADVERTISING**  
**Sales manager:** Ben Nelmes  
Tel: 020 7880 6244  
Email: [ben.nelmes@redactive.co.uk](mailto:ben.nelmes@redactive.co.uk)  
**Recruitment Sales:** Joe Moore  
Tel: 020 7880 6215  
Email: [joe.moore@redactive.co.uk](mailto:joe.moore@redactive.co.uk)  
**Display Sales:** Thomas Ainsworth  
Tel: 020 7880 7668  
Email: [thomas.ainsworth@redactive.co.uk](mailto:thomas.ainsworth@redactive.co.uk)

**PUBLISHER**  
Jason Grant  
**PRODUCTION**  
Aysha Miah-Edwards  
**PRINTING**  
Precision Colour Printing

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**Clare Williams**

EDITORIAL



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



# A lot of laughs

I was privileged to be able to attend the final of the Voice Box joke competition at Speaker's House in Westminster on 29 March, and witness first-hand the life-changing benefits of speech and language therapy.

As a relative newbie to the world of speech and language therapy, it was wonderful to see all of the finalists, from both mainstream and specialist schools, get together and enjoy themselves. Although the children were a little nervous beforehand, their excitement soon mounted, and they took the battle for the honour of top comic completely in their stride. In the audience were family members, school teachers and SLTs. Some of the MPs representing the children's home and/or school town also attended, having taken a break from parliament to support their constituents and share in the laughs. The MPs even headed up to the rostrum to tell a joke of their own, and seemed to enjoy the event just as much, if not more, than the children!

All in all, it was an incredible experience – the children were a true inspiration. The event highlighted for me just how many forms of speech, language and communication needs there are, and how hard these children work, with your help, to overcome them. It was a perfect reminder that there are children in every classroom who need support to help them speak and understand what is said, and highlights the importance of inclusive communication – which is also the focus of this month's cover feature article on pages 12-14.

**Clare Williams**

Bulletin editor

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

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## Your RCSLT

**Caroline Walters**



As the Wales Policy Officer for the RCSLT, I'm passionate about promoting the work of the profession with politicians and key decision-makers. Our work in the Wales Office is hugely varied and rewarding. The last few months have involved joint-working with the Alzheimer's Society and other allied health professions

on the new dementia strategy; responding to the Additional Learning Needs and Education Tribunal (Wales) Bill consultation; and raising the profile of early language development with Welsh Government.

I am always really keen to hear from members with an interest in policy or influencing. Please get in touch to find out more or to get involved.

**Caroline Walters, Swyddog Polisi, Cymru/Policy Officer, Wales. Email: [caroline.walters@rcslt.org](mailto:caroline.walters@rcslt.org)**

## Sharing ideas for early years

The All Talk project, a universal service for early years settings within the London borough of Waltham Forest, aims to develop practitioners' knowledge, skills and confidence in supporting children's communication skills. We have created an audit tool



The All Talk project team: Jo Quinlan, Emma McGill, Sian Rees and Helen Malique

to identify areas of need across the communication environment, adult-child interactions, and ability to reflect on practice. We have also developed training packages for practitioners and are continually creating resources for the public, which are uploaded to our Facebook page: [www.facebook.com/alltalkcommunicationproject](http://www.facebook.com/alltalkcommunicationproject)

We are keen to hear from others working on similar projects to share ideas. Please contact us at [nem-tr.alltalk@nhs.net](mailto:nem-tr.alltalk@nhs.net) or on 020 8430 7970. Alternatively, write to us at Speech and Language Therapy, Wood Street Health Centre, Linford Road, Walthamstow E17 3LA.

**Emma McGill, SLT. Email: [nem-tr.alltalk@nhs.net](mailto:nem-tr.alltalk@nhs.net)**

## Referral criteria for 0-5 year olds

As a profession, we interact with many different families and services, and are working increasingly in integrated teams. We have a plethora of evidence-based screening, assessment and monitoring materials once a child has been referred; however, there seems to be a gap between this information once referral has taken place and an evidence-based approach that would facilitate appropriate referrals for 0-5 year olds. If referral to community\* speech and language therapy services is being considered, is there a tool that is: a) nationally accepted in the UK; b) easy to use; and c) evidence based?

This question arose at an 'OME with Effusion' national guideline group, where professionals said they didn't know when to refer for speech and language therapy, and requested a practical, easy-to-use, evidence-based referral guideline. The 'red book' used by health visitors is the current link. Do you know of anything else we could use that is nationally accepted, easy to use and evidence based?

**Sheena Round, Consultant SLT, Liverpool Community Health NHS Trust. Email: [Sheena.Round@LiverpoolCH.nhs.uk](mailto:Sheena.Round@LiverpoolCH.nhs.uk)**

\*Specialist SLT services tend to have their own specific evidenced-based referral criteria.

## Developing services in FE

Are you, like us, establishing services in further education (FE) settings where Education, Health and Care Plans have extended funding for speech and language therapy provision to the age of 25 for young people with speech, language and communication needs and learning disabilities? Are you interested in networking to share experiences and what has/hasn't worked? Maybe you're thinking of starting a clinical excellence network? If so, I'm hoping to set up a support network and would like to discuss establishing a CEN.

**Leela Baksi, Specialist SLT, Symbol UK. Email: [leela.baksi@symboluk.co.uk](mailto:leela.baksi@symboluk.co.uk)**

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VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS



## Stand-up for the Voice Box winner!



**Above:** Competition finalists and judges  
**Below:** Kirsten Oswald MP with winner  
Sam Harrison



NEWS  
IN BRIEF

Once again, schoolchildren brought laughter into the Houses of Parliament at Westminster on 29 March, when 19 of our 20 Voice Box joke competition finalists gathered at Speaker's House to deliver their funniest punchlines to MPs, RCSLT staff, judges, parents, SLTs and supporters.

With your help, thousands of children took part in the initial school competitions last autumn, and the standard of entries this year was particularly high, so shortlisting the finalists was extremely difficult. All the pupils who participated should feel very proud of themselves – not least those who made it through to the final.

Taking to the stage like true professional stand-up comedians, the shortlisted children pitted their wits against each other to draw the biggest laugh from the audience and highest score from the judges, vying for the chance to win an iPad mini.

Each of the finalists delivered their jokes with precision comic timing, teeing up the audience with one-liners and jokes that told a story. Winning top prize was Sam Harrison, age 10, from Giffnock Primary School in East Renfrewshire, who delighted everyone with his joke about a wide-mouth frog. Runners-up prizes of national book tokens were awarded to Henry Chauhan, age 12, a pupil of Moor House School and College in Hurst Green, Oxted; and Jack Royall, age 10, who attends St Joseph's Preparatory School in Trent Vale, Stoke-on-Trent.

### The winning joke

A wide-mouth frog goes to Africa where he meets a giraffe and says: "What are you?" The giraffe says: "I am a giraffe." So the wide-mouth frog says: "And what do you eat for dinner?" The giraffe replies: "I eat leaves off trees." Next, the wide-mouth frog meets a lion and says: "What are you?" The lion says: "I am a lion." So the wide-mouth frog says: "And what do you eat for dinner?" The lion replies: "I eat antelope." Next, the wide-mouth frog meets a boy and says to the boy: "What are you?" The boy says: "I am a boy." So the wide-mouth frog says: "And what do you eat for dinner?" The boy says: "I eat wide-mouth frogs." "Oh!" the wide-mouth frog says, pursing his mouth: "You don't see many of those around here, do you?"

**Josephine Olley, PR Manager**  
Email: [josephine.olley@rcslt.org](mailto:josephine.olley@rcslt.org)

**Congratulations** to Deborah Pugh, who was awarded her doctorate in 2016 from the University of Northampton for her thesis entitled 'Family perspectives on Augmentative and Alternative Communication: A Constructivist Grounded Theory'.

📍 If you would like to read Deborah's thesis, visit: [nectar.northampton.ac.uk/8825](http://nectar.northampton.ac.uk/8825)

**RCSLT's Welfare Fund** provides financial assistance of up to £500 for items such as specialist medical equipment, probably in conjunction with other charitable funds; special clothing; and one-off expenditure, not available through state funding.

📍 For more information, visit: [www.rcslt.org/members/cpdwelfare\\_fund](http://www.rcslt.org/members/cpdwelfare_fund)

**Don't forget to update** your CPD diary in time for the HCPC audit, which begins in July. Scheduled to take place alongside the registration renewal process, the HCPC will select a sample of SLTs to check they are continuing to meet CPD standards by asking them to complete a profile of their CPD activities.

📍 Visit: [www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)

**Stroke services** at the West Suffolk NHS Foundation Trust have been rated 6th nationally, according to the latest Sentinel Stroke National Audit Programme scores, with the speech and language department receiving an 'A' rating, indicating world-class performance.

📍 To read the full story, visit: [tinyurl.com/m9c8kgv](http://tinyurl.com/m9c8kgv)



**Cathy & Sam @\_intandem**

Thanks @wearefriday for another interactive and thought-provoking workshop looking at the bright and bespoke future of the @RCSLT website

**Alison McCullough @rcsltni**

Delighted Anne Gamble @RCSLT country representative nominated for the life time achievement award also Jill Borland SLT for #WTAHPAwards

## Inspirational mum wins Tavistock Award



Joanie Scott, pictured right, with her husband John and daughter Sarah

The Robin Tavistock Award, which is presented to a person or group who is inspiring and has made a significant contribution to the world of aphasia, was

this year awarded to Joanie Scott, the mother of Sarah Scott, who suffered a stroke in 2009 at the age of 18.

This year, the Trustees of the Tavistock

Trust for Aphasia particularly wanted to recognise those who love, support and care for people with aphasia. Joanie would say that she has only done what any loving mother would do, but what makes her stand out is that she has gone 'above and beyond', not only in helping her daughter, but also others with aphasia.

Together, Joanie and Sarah have made a series of YouTube videos designed to describe aphasia and give hope to those who are going through what they experienced. The videos are now used in universities worldwide to help train medical professionals. In addition, Sarah herself was awarded a Giving Voice award for the international reach of the videos. Joanie and Sarah have also established an aphasia and stroke self-help group and have made numerous TV and radio appearances, raising the profile of aphasia.

With the love and support of Joanie and the rest of her family, as well as many hours of speech and language therapy, Sarah is now leading a full and increasingly independent life.

## Awards shine a light on Twinkleboost

Caspian Jamie received the Pearson Outstanding Achievement Award at the Shine a Light Awards 2016/17, for co-founding the multi-award-winning enterprise Twinkleboost, which equips new parents with strategies to support their child's communication development through fun, multisensory parent-and-child classes led by an SLTA.

Alongside his work with Twinkleboost, Caspian was also recognised for his dedication to providing fantastic speech and language support to children across Greater Manchester. As well as being Twinkleboost's lead SLT, where he also contributes to the creation of programmes, delivers classes to

families and schools and builds links with children's centres, Caspian also holds down a full-time job as an SLT and volunteers as a trustee for the local Autism Society. In addition, Caspian has co-authored a literature review, formed a YouTube channel to encourage parents to learn more about strategies to support language development, and provides regular training to five SLTAs and 10 voluntary communication assistants.

Congratulations also go to the many other SLTs who were nominated for the Shine a Light Awards this year, which celebrate innovative work and excellent practice in supporting children and young people's communication development.



Caspian Jamie, pictured right, with Gareth Gates

📍 To find out more, visit:  
[www.pearsonclinical.co.uk/educationnews/shine-a-light.aspx](http://www.pearsonclinical.co.uk/educationnews/shine-a-light.aspx)

**Becky Fortnam @BexFortz**

What makes a good research question: timeliness, level of importance and impact #LDRResearch @RCSLT

**Henny ♥🇩🇪 @Henny\_Bernstein**

Looking forward to promoting @GivingVoiceUK @RCSLT with my guides @Girlguiding. Exciting planning what I'm going to do.



**MORAG DORWARD & KAMINI GADHOK**

# Test homepage coming soon!



As many of you are aware, the RCSLT is in the process of transforming its website. Following all the hard work and input from members, we are pleased to announce that we are now producing a test homepage to get feedback from the wider membership.

In the next few weeks you will see a link from the RCSLT current homepage ([www.rcslt.org](http://www.rcslt.org)) asking

if you would like to test the site. Simply click on the link and you will be redirected to our test homepage.

We'd really appreciate your participation, and look forward to presenting our new look and feel in the coming weeks!

.....  
**Navid Abbasi,**  
**Digital Project Manager**  
**Email: [navid.abbasi@rcslt.org](mailto:navid.abbasi@rcslt.org)**  
.....

## RCSLT trustees wanted

Would you like to play a part in the governance of the RCSLT, shaping the future of your profession and the RCSLT itself? If so, and you are able to perform at a strategic level, you may be interested in applying for a position on the Board of Trustees.

Don't assume it's not for you. What matters most is a passion to seek better lives for people with communication and swallowing needs by supporting the speech and language therapy profession.

Two posts are available. The Board of Trustees is keen that full opportunity is taken to encourage members to put themselves forward to fill trustee roles. The closing date for applications is close of business on Friday 2 June.

For full descriptions of each role,

plus application forms, see: [www.rcslt.org/about/howwearerun/apply](http://www.rcslt.org/about/howwearerun/apply)

If you'd like an informal chat with a trustee or senior staff member, please email [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or call 020 7378 3007.

### **Wales Country Representative**

This post is currently vacant. A member who is elected to the post before September would serve until the Annual General Meeting (AGM) in 2019.

### **Northern Ireland Country Representative**

Anne Gamble, who is currently the trustee for Northern Ireland, is retiring at AGM 2017. Her successor would serve until AGM 2020.

## RCSLT AWARDS – WHO ARE YOUR STARS LOCALLY?

One of the most prestigious events in the RCSLT calendar is our national awards ceremony, which pays tribute to leaders at all levels, both within and outside the profession, who have demonstrated outstanding contribution to service users and the profession itself.

Generally, we are not good at 'shouting out' about our work and achievements, but it is critical that, as well as thanking and celebrating the work of key members of the profession, we inspire and create role models for the next generation. We encourage you to think about those in your own local or clinical context who inspire you, go the extra mile and are pushing the boundaries to improve lives.

The **Fellowship Awards** are open to any RCSLT member, no matter where they are employed, and include all grades of SLT staff (including assistants). Examples of areas for these awards include clinical practice, teaching, community impact, research, influencing/policy impact, promoting the profession, and excellence in practice education.

**Honorary Fellowships** are open to non-members of the RCSLT who have shown significant impact, and may include non-SLTs and SLTs from overseas. If you know a colleague who you think is deserving of an award, please complete the nomination form (available from our website) by 12 June.

Finally, the RCSLT is privileged to this year continue to be able to offer two awards of £1,000, donated by the Sir Sigmund Sternberg Charitable Foundation. The **Sternberg Award for Clinical Innovation** recognises innovative work that is new to the location and of demonstrable benefit to the service, clients and profession.

So, please do go ahead and enter your nominations, so we can all celebrate in your achievements!

For details of all awards and how to nominate, visit: [www.rcslt.org/about/honours/RCSLT\\_honours](http://www.rcslt.org/about/honours/RCSLT_honours) ■

.....  
**Morag Dorward, RCSLT Chair and Kamini Gadhok,**  
**MBE, RCSLT Chief Executive**  
**Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**  
.....

*“It is critical that we inspire and create role models for the next generation”*

## Recognising outstanding achievements

### *The RCSLT's Honours Committee is delighted to announce nominations are now open!*

Since 1945, these annual awards have acknowledged the achievements of RCSLT members and those who have contributed outstanding service to speech and language therapy.

The nomination process is very simple to complete. Why not nominate one of your colleagues for a Fellowship or Honorary Fellowship, or yourself or your team for a Sternberg Award for Clinical Innovation?

There are three categories:

1. **Fellowships** acknowledge and honour RCSLT members, including assistants, who have contributed **outstanding service** to the profession. The committee is hoping for nominations from the whole of the profession, which could include: clinical expertise; placement education; teaching; and research and publishing.
2. **Honorary Fellowships** acknowledge and honour **non-SLTs and overseas SLTs** who



Honours Ceremony and Giving Voice Awards 2016, London

have provided outstanding contributions for the benefit of those with speech, language, communication and/or swallowing needs.

3. **Sternberg Awards for Clinical Innovation** acknowledge individual SLTs or teams whose work significantly benefits clients, the service and profession. There are two £1,000 Sternberg Awards for Clinical Innovation available, generously donated by the Sir Sigmund Sternberg Charitable Foundation. The work should have been in existence for at least six months and started within the previous two years.

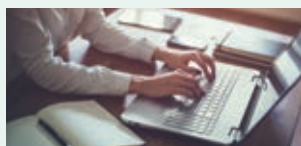
#### **A time to celebrate!**

The Honours Ceremony will take place alongside the Giving Voice Awards on Wednesday 27 September 2017 in Glasgow.

**Nominations close 12 June**, so please don't delay! To nominate you must be a certified RCSLT member.

📍 **For more information, visit:**  
[www.rcslt.org/about/honours/RCSLT\\_honours](http://www.rcslt.org/about/honours/RCSLT_honours) or email: [jo.offen@rcslt.org](mailto:jo.offen@rcslt.org) or tel: 020 7378 3007.

### *RCSLT online resource of the month*



To help SLTs/SLTAs who work with children with additional languages, the RCSLT has developed a 'Working with bilingual children' e-learning module. The module takes 2 to 4 hours to complete and can be accessed from [www.rcsltpd.org.uk](http://www.rcsltpd.org.uk). Click on 'Members' Courses' and then the 'Working with Bilingual Children' tab; at the bottom of the screen, click on the blue link, which takes you to the registration screen. Happy learning!

## Apply now for a minor grant

The deadlines to apply for RCSLT minor grants in 2017/18 have now been announced. You have three chances to apply for up to £500 to support your continuing professional development:

- Wednesday 21 June 2017
- Wednesday 18 October 2017
- Wednesday 21 February 2018

Minor grants can be used to contribute towards costs associated with attending conferences, training and short courses, research projects or equipment. We will consider other purposes on their merits – so, if in doubt, do get in touch.

Over the past year, we have awarded grants to more than 50 members, who have used the funding to support a wide range of activities, including



attending international conferences in Milan and Philadelphia, as well as conferences closer to home. Members have also used grants to contribute to short courses and e-learning, postgraduate course modules, and research projects in the fields of autism and youth justice.

We welcome applications from members seeking funding towards the RCSLT conference, which takes place in Glasgow in September. Just make sure you get your application in by 21 June.

📍 **To find out more about how to apply, visit:**  
[www.rcslt.org/members/professional\\_development/grants\\_and\\_awards/minorgrants](http://www.rcslt.org/members/professional_development/grants_and_awards/minorgrants) or email [grants@rcslt.org](mailto:grants@rcslt.org)



**£500**

RCSLT minor grants  
now available

**223**

abstracts received for  
the RCSLT Conference  
on 27/28 September



**Derek  
Munn**

**COLUMN**

## Providing evidence to the committee



One of the constants of parliamentary life is the announcement of new Select Committee inquiries. Over recent months, RCSLT's Policy and Public Affairs team has responded to inquiries into prison reform, fostering and children's mental health.

In October last year, we submitted evidence to the Justice Select Committee's inquiry into prison reform, highlighting the prevalence of speech, language and communication needs in the criminal justice system. We made the case for speech and language therapy services to be made available to ensure greater access to rehabilitative services. At the Committee's request, we submitted further evidence in January to a sub-committee inquiry looking at the role and responsibilities of governors. This evidence highlighted the need for prison governors to have awareness of communication needs, as well as the importance of centrally determined health and education priorities.

In November, we submitted evidence to the Education Select Committee's inquiry into fostering, reporting how looked-after children's communication needs are often unidentified and unsupported. We highlighted the impact these can have on behaviour and fostering placements, and argued that foster

carers should have access to appropriate speech and language therapy support, both to recognise and support communication needs, and provided examples where SLTs are doing this around the country.

In January, we submitted evidence to a joint Education and Health Select Committee inquiry into the role of schools in promoting children and young people's mental health. We highlighted the links between communication and interaction needs and social, emotional and mental health: those with unidentified and unsupported communication needs are at risk of mental health problems, and those with mental health problems may have communication and interaction needs. We also highlighted how speech and language therapy services can support identification of need, train staff and other professionals to recognise and support communication and interaction needs, as well as provide therapy for those with more complex needs. We called for educational settings to be inclusive communication environments in which barriers to communication and interaction are removed.

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

## JUSTICE FOR ALL

The past month at Westminster was overshadowed by the attack on Westminster Bridge. Nonetheless, the work of Parliament continued, which, for us, included a meeting with the minister responsible for Special Needs Education, Edward Timpson, to discuss our SEND survey – our Vice-President, the Speaker of the House, John Bercow hosted. We were also in the Speaker's Chambers again for this year's Voice Box competition, bringing together children from across the country to tell jokes with their MPs to raise awareness of communication. We were delighted that many MPs came, despite our event coinciding with the Prime Minister's statement on Brexit. We have also been briefing on the Prison & Courts Bill, with our points raised in committee; and, in the Welsh Assembly, we gave oral evidence on the Additional Learning Needs Bill.

Meanwhile, I wanted to update you on the work of Charlie Taylor, the straight-talking ex-headmaster and government adviser whose Review of the Youth Justice

System in England and Wales was published recently. During the development of the report, we were pleased to meet Charlie and discuss the need for identification of the speech, language and communication needs within the young offender population, and how dedicated SLT support may provide impetus for rehabilitation. The report acknowledged 'the prevalence of communication difficulties' and the benefits of speech and language therapy. A key recommendation is that the 'government must reconceive youth prisons as schools', placing education, health and offender desistance programmes at the heart of youth custody.

Lastly, political uncertainty continues in Northern Ireland at the time of writing. One of Martin McGuinness' last engagements as Deputy First Minister was a local presentation of our My Journey My Voice exhibition. The political impasse has real impacts, with work such as a review of augmentative and alternative communication on hold. ■

*“The report acknowledged ‘the prevalence of communication difficulties’ and the benefits of speech and language therapy”*

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

## SLTs work with BBC to promote BSL



Martina Curtin and Neema Salema, SLTs in the Haringey Community Therapies Team (Whittington Health NHS Trust) who work with pupils from Blanche Nevile School for Deaf Children, have helped to produce a BBC video to promote the importance of sign language.

The BBC film crew visited the school to interview the children about what it would mean if everyone around them knew sign language. They also asked hearing children from Highgate Primary about their experiences of learning British Sign Language (BSL) – Highgate works in partnership with Blanche Nevile School so that deaf and hearing children can learn alongside each other. As well as co-ordinating

the BBC visit, Martina worked with Neema to prepare the pupils from both schools for the filming.

On the first day of being published online, the video had near to 2,000 likes on the BBC Family & Education News Facebook page. This surge in interest spurred the BBC to return to the school and film a segment for the BBC London Evening News. The video was also featured on CBBC Newsround.

🕒 **To view the video, visit [www.bbc.co.uk/news/education-38979904](http://www.bbc.co.uk/news/education-38979904)**

**Karin Schamroth, Lead Specialist SLT in Deafness, Therapies and School Nursing Lead, Blanche Nevile School. Email: [karin.schamroth@nhs.net](mailto:karin.schamroth@nhs.net)**

## Talking Mats goes down under

Talking Mats, the award-winning visual communication tool that enables people with communication disability to organise their thoughts and express their views, will now be available throughout Australia, thanks to a new partnership between Stirling-based Talking Mats Limited and Australian communication company Zyteq.

The innovative communication tool, designed by SLTs, was originally developed through extensive research at the University of Stirling in 1998, and led to the formation of the social



enterprise Talking Mats Limited in 2011. Both Talking Mats Limited and Zyteq are led by SLTs. Lois Cameron, co-director of Talking Mats, said: “As a social enterprise, having a partnership with Zyteq is amazing, as it means that our framework, developed, trialled and applied in Scotland, will soon be benefitting lots of people with communication difficulties in Australia.”

🕒 **To find out more about Talking Mats, visit [www.talkingmats.com](http://www.talkingmats.com)**

### SLT appointed principal of specialist school

Jenny McConnell has been appointed acting principal of I CAN's Dawn House Specialist School in Nottinghamshire, which offers education, therapy and care for children and young people aged 5 to 19 years. Jenny started working at the school 23 years ago as an SLT, and has worked her way up as SLT co-ordinator, head of therapy and vice-principal to become acting principal. Bob Reitemeier, I CAN Chief Executive, said: “Jenny's appointment marks a major milestone, as she is the first SLT in I CAN's history to take on a leadership role as a school principal.”

### Funding of up to £500,000 available

The Health Foundation, an independent charity committed to bringing about better health and healthcare in the UK, has £3.5million funding available for up to seven teams under their Scaling Up Improvement programme. The programme supports project teams to take successful healthcare interventions or approaches and deliver them at scale, to improve health services in the UK. The deadline for applications is 12 noon on 17 May.



🕒 **To find out more, including how to apply, see: [www.health.org.uk/scalingup](http://www.health.org.uk/scalingup)**

### Trustee vacancy at Downlands Educational Trust

The Downlands Educational Trust – a charity that makes grants to organisations that further the education of children and young people with special needs in Hampshire, Sussex, Surrey and Kent – is seeking an SLT with relevant experience to be a trustee. If you are interested and would like to discuss what being a trustee would entail, please contact the Secretary at [sec@downlandsedtrust.org](mailto:sec@downlandsedtrust.org)

🕒 **For more information, see: [www.downlandsedtrust.org](http://www.downlandsedtrust.org)**

### Bercow report – parent inquiry now open

The next phase of evidence-gathering for 'Bercow: Ten Years On' has been launched, with I CAN looking for parents' and carers' views about their experience of support for children with speech, language and communication needs. If you are an SLT working in this area, please help by sharing the short online survey with parents and carers.

🕒 **For more information, see: [tinyurl.com/lmtq66y](http://tinyurl.com/lmtq66y)**

Caroline Newton and Carolyn Bruce describe how art can be used to highlight the effects of language loss on the lives of people with acquired communication difficulties

## Raising awareness of aphasia through art



ILLUSTRATION Sara Gelfgren

The Bloomsbury Festival is an annual celebration of art, culture and science held in central London. At this year's event, researchers, students and members of University College London (UCL) Communication Clinic contributed an exhibit that explored the effects of language loss on the lives of people who have acquired communication difficulties. It also celebrated

how they regained some of their skills and found new ways to express themselves.

The exhibit, entitled 'Lost and Found', included artwork and writing by people with aphasia, as well as an interactive art installation. Visitors were able to listen to recordings of four people with aphasia describing a composite picture, and view edited versions of the original picture, which included only the details described – a kind of

'spot the difference' visual representation of lost language.

The picture was a black-and-white line drawing of a street scene with components in colour (eg a blue bus, a man in a yellow shirt). The speakers were Alistair, a 57-year-old man with severe Broca's aphasia; Mark, 63, with Wernicke's aphasia; Oscar, 73, with Conduction aphasia; and William, 53, with severe Broca's aphasia and verbal dyspraxia.

Thirty-two of the 150 people who visited the exhibit provided anonymous feedback on whether they thought: a) each speaker was an effective communicator; b) they would feel comfortable if the person stopped them in the street to ask for help; and c) they would be willing to talk to each speaker at a social gathering.

Overall, Mark and William were rated the least effective communicators. This is reflected in the number of details omitted

*"Fluent output helps to normalise the listener's experience"*

from their descriptions. For example, neither mentioned the motorcycle in the centre of the image and, while Mark failed to mention a person in a red helmet riding a bicycle, William provided an incomplete description ('bike ... red hat').

In addition to the incompleteness of the descriptions, characteristics of each man's spoken output may have impacted ratings. Mark's speech contained unmonitored use of neologisms and multiple unsuccessful attempts to self-correct phonological errors, which may have affected comprehension. In contrast,

William's spoken output was effortful and consisted mainly of single nouns with long pauses and hesitations. Both speakers were rated more highly when respondents were asked about giving help and talking at a social gathering.

Alistair provided the most comprehensive description of the street scene and was the only person who did not omit any details. Despite this, Oscar was judged to be the most effective communicator – he omitted some details but made laborious attempts to provide others. For example, in describing a motorcycle, he said: "It's not a car but it's a two parts rather than four, so perhaps we ought to stick that as being a sort of car and you're going to squeeze it in so it's only one." This suggests that the respondents may have based their judgements on more than just the adequacy of the picture description. Although Alistair is able to produce nouns and some verbs, he struggles to link these into sentences, and his output is characterised by multiple filled pauses. Oscar's spoken output is characterised by circumlocutions and paraphasias, but, in contrast to Alistair, it is fluent.

Despite the small sample size and the informal way data were collected, the visitors' responses suggest that fluent output helps to normalise the listener's experience. Therefore, we may need to attend more to this level of production – fluency of connected speech – than may usually be the case in aphasia therapy. ■

**Thanks to UCL Communication Clinic and UCLU Giving Voice, and to David Eccles for his contribution to the art installation. The composite picture used was taken from Alba et al's 'Inside Out Elementary Resource Pack', published by Macmillan Education (2002).**



# An inclusive communication nation

RCSLT's Director of Policy & Public Affairs  
**Derek Munn** considers where the RCSLT goes  
next with its work on inclusive communication

ILLUSTRATION BY Paul Garland

In 2017, it's taken as read that a person with a physical disability, such as a wheelchair user, should be able to access public buildings, shops and services. We also expect facilities for people who are deaf or are visually impaired – British Sign Language (BSL) signers at events, documents in braille or on tape. But such facilities for communication needs are not so common.

The good news is that asking people – whether stores, council facilities or MPs' surgeries – to be communication inclusive will usually be met with a positive response. The follow-up question is tougher – what is it that they should do? And when we think of the range of communication needs and how we assist in meeting them – BSL, Makaton, Easy Read, augmentative and alternative communication, and so on – this can initially seem daunting. One person said to us recently, “It feels like I will have to learn all the languages in the world.” The challenge will be to distil the essential principles and actions that apply across the board.

## Making the case

The RCSLT's position paper on inclusive communication, published last autumn ([www.rcslt.org/cq\\_live/resources\\_a\\_z/docs/inclusive/ICposition\\_paper](http://www.rcslt.org/cq_live/resources_a_z/docs/inclusive/ICposition_paper)), helps

us make the case for inclusive communication, as do the Five Good Communication Standards (RCSLT, 2013) and other work (see 'Useful guidance', page 14).

In the years ahead, working with service users and the organisations that represent them, we will be making the case to politicians and public and private bodies that they should become communication inclusive – and giving them the tools to do so.

## Aiming high

Our ultimate aims are high ones – equal communication opportunities for all, all the

time, everywhere. In practical terms, people with speech, language and communication needs will be leading easier lives than now. But we know this will take time, and that we need concrete, achievable outcomes to aim for along the way. This will include:

- a shared vision;
- widespread public understanding and awareness;
- people with responsibility owning and leading the need for change;
- agreed quality standards; and
- a joined-up strategy to make it all happen.

Throughout, co-production with our service user partners will be essential. There will be work to do in many aspects of →

*“Our ultimate aims are equal communication opportunities for all, all the time, everywhere.”*

the RCSLT's work: political engagement and lobbying; media, social media and communications; member engagement; service-user involvement; and our approach to those who provide services, including what their training needs will be.

How will we know we are making progress? It will be when the term inclusive communication starts to be known and used outside of our own circles. It will be when descriptions of disability commonly include communication alongside physical, hearing and visual disability. It will be when we have models of good practice in different industries, sectors and settings that we can point to. It will be when government departments buy in. It will be when those designing a new building or service go beyond making provision for a wheelchair ramp and induction loop to consider all aspects of communication. Most importantly, it will be when the people we support say that their lives have changed and their access to services has improved.

### Exemplary behaviour

There is a first step that matters. The RCSLT as an organisation – and the profession more widely – needs to walk the walk by being an exemplar itself. We're taking the challenge seriously, whether through staff awareness or by embedding inclusive communication in our new website and digital offer.

Lastly, being communication inclusive doesn't stop at the UK border. We are working with our colleagues in the International Communication Project to harness the worldwide enthusiasm for tackling communication disability. Wherever you are in the world, the question will be: what can I do to make my country, my community, my workplace, my social interaction more communication inclusive? ■

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



### References & resources

Royal College of Speech and Language Therapists. *Five Good Communication Standards*. London: RCSLT, 2013.

Communication Forum Scotland. 'Communication Support Principles.' In: *Talk for Scotland Toolkit*. Scotland: Communication Forum Scotland, 2010. Available from: [www.communicationforumsotland.org.uk/2010/TK\\_Principles\\_Home.php](http://www.communicationforumsotland.org.uk/2010/TK_Principles_Home.php)

NHS England. *Accessible Information Standard*. Leeds: NHS England, 2016. Available from: [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)

### Useful guidance

#### RCSLT's Five Good Communication Standards (2013)

Developed in response to the scandal at Winterbourne View, the five standards continue to be adapted and reframed for different contexts; for example:

1. There is a detailed description of how best to communicate with individuals.
2. Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
3. Staff value and use competently the best approaches to communication with each individual they support.
4. Services create opportunities, relationships and environments that make individuals want to communicate.
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing.

#### Communication Forum Scotland's Communication Support Principles (2010)

1. Recognise that every community or group may include people with communication support needs.
2. Find out what support is required.
3. Match the way they communicate to the ways people understand.
4. Respond sensitively to all the ways an individual uses to express themselves.
5. Give people the opportunity to communicate to the best of their abilities.
6. Keep trying.

#### The Accessible Information Standard (2016)

This sets out requirements for NHS and adult social care providers in England to identify, record, flag, share and meet the information and communication needs of people with a disability, impairment or sensory loss. Across the country, NHS bodies are starting to implement the standard; for example, Nottinghamshire Healthcare NHS Foundation Trust's package includes:

- Inclusive Communication Counts for Everyone Everywhere – a 16-minute media clip
- An e-learning package – Inclusive Communication and the Accessible Information Standard – which counts as an essential training update for equality and diversity
- An Inclusive Communication Resource – available as hard copy and online
- Trust-wide Inclusive Communication Guidelines

To find out more, visit [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)

### A 'communication access' symbol

In 1968, at a design conference in Denmark, the idea was proposed for a symbol to indicate awareness of and welcome for people with disability. Nine years later, in 1977, global recognition came for the symbol of a person using a wheelchair – a symbol that is now recognised the world over.



More recently, there has been a proliferation of symbols relating to disability and access – we are familiar with the eye and ear symbols in respect of visual and hearing impairment – but there are none for communication disability.

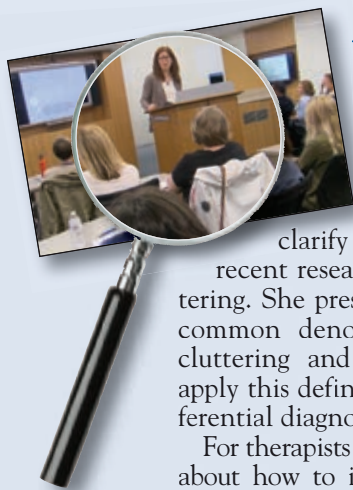


In the past year, the RCSLT has been working with the Stroke Association, Communication Matters and others to consider a possible symbol for communication access. More than this, to consider what such a symbol should mean: a statement of good intent, or a guarantee of what a person with communication needs can expect where they see the sign. A consultation on ideas for the symbol is open now. To get involved, visit [www.surveymonkey.co.uk/r/C7F9Z95](http://www.surveymonkey.co.uk/r/C7F9Z95)



# cluttering: New another look

with Kathleen Scaler Scott, Ph.D., CCC-SLP



In recent years, many advances have been made in understanding the communication disorder, cluttering. Kathleen Scaler Scott, Ph.D., of Misericordia University helps to clarify prior myths and explain recent research findings about cluttering. She presents the current lowest common denominator definition of cluttering and demonstrates how to apply this definition to assessment, differential diagnosis, and treatment.

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31st October - 1st November 2017

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- Making change durable
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# Lipreading classes: more than core skills development

Linda Armstrong discusses the associated benefits of lipreading classes for adults with acquired hearing impairment

ILLUSTRATION BY ELLY WALTON

Lipreading classes for adults with acquired hearing impairment are far from a new phenomenon. Much of the limited evidence on their benefit has been derived from a contextual assessment of lipreading ability at sound, word or sentence level (eg Blumsack et al, 2007); although some recent interview evidence describes benefits from the perspective of small numbers of class members (eg Ringham, 2013). To test the observation that 'Lipreading classes aren't a million miles away from speech and language therapy groups for people with communication problems' (Armstrong, 2014), we carried out a qualitative analysis of their benefits, using an anonymous, written, postal questionnaire distributed to 211 lipreading class members in Scotland.

The questionnaire, which was part of a larger project focused on improving access to lipreading classes ('On everybody's lips'), was designed with the help of a lipreading self-help group. Its members were keen to include questions about the positive impact of lipreading classes, as no-one had ever asked them about that before.

## Questionnaire analysis

The analysis is based on free-text responses to the following questions (and relevant responses to 'any other comments'): 'How has attending lipreading classes benefitted you?' and 'If you had to choose one benefit to recommend lipreading classes to other people, what would it be?' To maintain anonymity, respondents were only asked for general demographic information. The 70% response rate (147 completed questionnaires) was unexpected for this type of data collection.

Of the responses, 41 (28%) were from men and 102 (70%) from women (four people did not give their gender). Only a few of the respondents were aged under 55 or over 85. About half had been attending the classes for less than a year.

Responses were analysed using Braun and Clarke's (2006) thematic analysis approach, which is usually associated with analysis of spoken interview data; however, the length and depth of the questionnaire responses made it appropriate for the current data. A data-driven (inductive) approach was used - coding the explicit meaning of all responses, then identifying themes (patterns) and how they might be related. The process is summarised below:

- **Phase 1. Familiarising self with data:** transcribed responses verbatim into Excel



as responses were received (with minor changes to punctuation and spelling); read through several times once all the data has been inputted; preliminary thoughts on coding

- **Phase 2. Generating initial codes:** coded data-set manually (Table 1, page 18)
- **Phase 3. Searching for themes:** sorted the codes into possible themes - the coding and themes derived were discussed and checked with two SLTs with experience of qualitative data analysis
- **Phases 4 and 5: Reviewing themes; and defining and naming themes:** Figure 1

## Associated benefits

Figure 1 (see page 18) shows a possible relationship between the themes (derived from phases 3 to 5 of the analysis), where learning to lipread is seen as the core skill, which sits within an environment that provides information and peer support and leads to improved communication, which in turn brings about increased self-confidence and reintegration into society. →





*“The ultimate outcome of reintegration into society was unexpected but profoundly felt from the responses received”*

Lipreading class members have different lipreading baseline abilities and vary in their improvement in this skill through attending classes (Ringham, 2013). However much participants improve their lipreading ability, they also value other aspects of the classes that, together, deliver benefits based in improved interpersonal communication abilities and self-confidence. The ultimate outcome of reintegration into society was unexpected but profoundly felt from the responses received. Consequently, the benefits of lipreading classes can be described in ICF terms (World Health Organization, 2001) as alleviating activity limitations and participation restrictions. A consistent body of qualitative research evidence on the benefits of lipreading classes is growing (eg Ringham, 2013; Thomson, 2010; current data).

#### **Important insight**

First-person accounts provide important insight into the meaning people attached to their experiences. The themes identified →

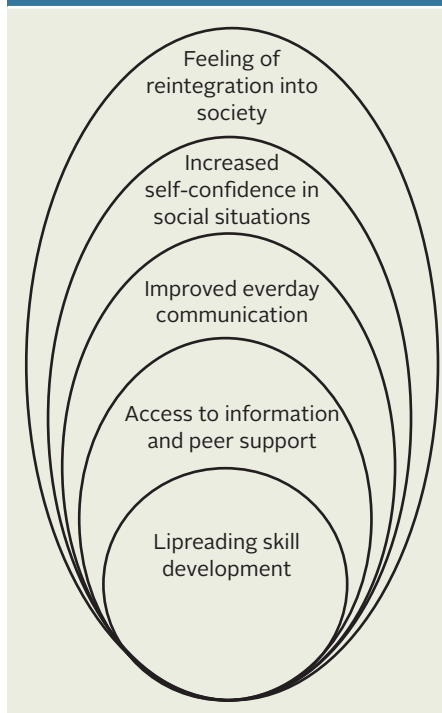
from the analysis of the self-reported benefits of a large group of lipreading class members sit well with what speech and language therapy intervention for adults with hearing impairment aims to improve or maintain (RCSLT, 2010).

The analysis presented here was opportunistic rather than the main focus of the ‘On everybody’s lips’ project. A more balanced future study would include questions that focus also on any negative impacts of lipreading classes. ■

**Linda Armstrong, Scottish Lipreading Strategy Group Research Officer (at the time of the study)**  
Email: [Scotland@hearingloss.org.uk](mailto:Scotland@hearingloss.org.uk)

**Figure 1.**

**The associated benefits of lipreading skills development**



**References & resources**

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 Braun V and Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3: 77-101.  
 Blumsack JT, Bower CR and Ross ME. Comparison of speechreading training regimens. *Perceptual and Motor Skills*. 2007; 105: 988-996.  
 RCSLT. *RCSLT Resource Manual for Commissioning and Planning Services for SLCN: Deafness*. London: RCSLT, 2010.

<b>Code</b>	<b>Example responses</b>
Improved lipreading skill	Now recognise many of the shapes and watch lips rather than eyes when in a busy environment and people/person speaking is not close. I now lipread to make sense of what is said – I cannot understand unless I ‘see’ it.
Improved communication	I can take part in conversation which I almost always avoided before. The huge improvement in communication with friends and family and also in daily life – shopping, etc.
Increased self-confidence	It has improved my confidence and self-esteem and coping skills regarding my hearing loss. They gave me the confidence to go out and about – to meet people.
Obtained information, advice and coping strategies	A lot of information about deaf aids, tips and techniques. The greatest benefit has to have been all the info about aids and organisations that are available to help.
Support of tutors and peers	The tutor has been very patient and brought out the best in everyone. Meeting and talking to other people with hearing loss problems and sharing our experiences has made it a lot easier for me to cope with my hearing loss.
Increased awareness and acknowledgement of personal hearing loss	I have the confidence to declare my deafness and explain how people can help. Given me a better attitude to my deafness – accept it, be more open and upfront about it will make it easier for me and for people I interact with.
Reduced isolation and fear	It helps when you realise you are not alone. Realising that you’re not alone – many others have similar problems.
Going out and making new friends	The group are all supportive, fun and have become friends. Made new friends with the same problems so don’t feel foolish in their company.
Fun and enjoyment	It is a very friendly group and we have fun when there. I always feel uplifted after a meeting. It is a very enjoyable, relaxing way to learn with friendly people who have experienced similar difficulties.
Quality of the tutor	My teacher is so good and interesting. I look forward to going. She has made the course very interesting.
Able to help others	It also led to me training to be a lipreading tutor. I would not hesitate to help someone with hearing difficulties should the need arise, other than in the class.
Improved self management	I am now conscious to try to help myself and use all the info given to my advantage. The benefit of learning to do something to help yourself.

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**Acknowledgements**

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- ▶ Share emerging innovations and approaches to service interventions
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# Addressing the communication needs of looked-after children

RCSLT Public Affairs Adviser **Peter Just** explains how the RCSLT is ensuring the communication needs of looked-after children are addressed in UK Government initiatives.

ILLUSTRATION BY **TIM BRADFORD**

**T**he speech, language and communication needs (SLCN) of looked-after children (children who are in the care of a local authority) have been a priority area for the RCSLT's

Policy and Public Affairs Team over the past 18 months. During this time we have been working closely with members who are experts in this area to highlight how communication needs impact the lives of looked-after children, and to advise the Government on how to address the issue.

## Identifying risk

Our interest in this topic started during a meeting of the All-Party Parliamentary Group (APPG) on Speech and Language Difficulties in October 2015, where the Earl of Listowel asked what, if any, research had been undertaken into looked-after children's communication needs. At that time, the Prison Reform Trust was undertaking an independent review into why so many children in care end up in the criminal justice system. So, following the APPG meeting, we worked on a submission to the review, highlighting the potentially negative impact of looked-after children's communication needs, including on their

social, emotional and mental health; behaviour; educational attainment; and future employment prospects. We proposed two main recommendations: training for those working with, supporting and caring for looked-after children in recognition of and support for communication needs; and access to speech and language therapy support for children and young people with more-complex needs. This, we argued, could help reduce the risk of looked-after children with communication needs becoming involved in the criminal justice system.

When the Prison Reform Trust published its report, 'In Care, Out of Trouble', in May 2016, it argued that children and young people with SLCN were known to be overrepresented in the care and criminal justice system. It also argued that not enough is being done to identify and address those needs at an early stage.

## Screen, train, support

Not long after the report came out, the Government published the Children and Social Work Bill. The Bill, which is designed to improve decision-making and support for looked-after and previously looked-after children, includes an explicit statement that looked-after children should 'express their views, wishes and feelings'. Building on our submission to the Prison Reform

Trust, as well as an excellently timed *Bulletin* article (Clark and Fitzsimons, 2016) on the unidentified and unmet communication needs of looked-after children in Scotland, and consultation with a number of our expert members, the RCSLT set about trying to influence the Bill.

Our first action was to produce a briefing for the Second Reading debate in the House of Lords in June 2016, which is when the general principles of the Bill are discussed. In our briefing, we highlighted that looked-after children's communication needs are often unidentified and unsupported, and called for three elements to be considered: screening, training, and support.

First, the initial health assessment that children have when they enter care should include a screen for communication needs. This screening should be developed by SLTs, and those doing the screening should be trained by SLTs in how to use it, including knowing when to refer someone to speech and language therapy services for a full assessment. This, we argued, would support differential diagnosis. Second, those working with, caring for and supporting looked-after children should be trained in awareness of communication needs, including knowing how to modify their own communication style. Finally, we argued that, where necessary, looked-after children should have access to speech and





language therapy services.

Our policy calls were championed in a powerful speech by Lord Ramsbotham, who highlighted how crucial it is to identify and support the communication needs of looked-after children if they are to effectively ‘express their views, wishes and feelings’ and understand what is being asked of them. Lord Ramsbotham’s comments were echoed across the chamber.

### Influencing government

Following Second Reading, we worked with Lord Ramsbotham and other peers on amendments to be debated at Committee Stage, which is when the Bill is debated line by line. Our amendments were designed to press the Government on how they proposed

to address the communication needs of looked-after children. They also highlighted how the ‘screen, train, support’ model could be achieved by teams accessing specially commissioned speech and language therapy services for looked-after children. We used our Committee Stage briefing as an opportunity to highlight member examples of good practice in this area.

During the debates, the Government agreed to meet with the RCSLT to discuss our calls, and, in September 2016, we met with officials from the Department for Education (DfE), where it was agreed that Government will consult the RCSLT on the guidance to the Bill once it is passed to ensure that communication needs are included. The meeting also facilitated contact with the National Association of Virtual School Heads, which aims to improve educational outcomes for looked-after children, and with the Expert Working Group on Mental Health, which is looking at ways of improving support for looked-after children’s mental health needs. In addition, the DfE asked us to provide resources on communication needs for inclusion on the Children’s Homes Quality Standards Partnership website.

In October 2016, the Government put these agreed areas of action on the public record during a debate at Report Stage of the Bill. In our briefing for this stage we were once again able to highlight examples of local good practice of SLTs delivering the policy calls we were making.

### Ongoing projects

If we thought that, after four months of concentrated effort, our work was over, we were mistaken. It was, in fact, just beginning!

In January this year, along with the Royal Colleges of GPs, Nursing, Paediatrics and Child Health, and Psychiatrists, we met with

the Alliance for Children in Care and Care Leavers to discuss proposed physical and mental health assessments when children enter care. We subsequently supported the Alliance at a meeting with the DfE, Department of Health and NHS England to discuss this further, during which officials recognised that communication needs are one of the under-identified needs that looked-after children have.

We also recently attended the annual conference of the National Association of Virtual School Heads, which was a great opportunity to discuss how SLTs can support virtual school heads and the children for whom they are responsible. We were able to share examples of where this is happening on the ground, including one member having been specially commissioned by a virtual school head and another working on a project to include information about SLCN for use in looked-after children’s electronic Personal Education Plans, which covers 65 local authorities.

Members have also supported us in the production of a range of resources. These include a factsheet specifically on looked-after children, and other relevant factsheets, including on mental health and wellbeing and safeguarding.

### Close working relationship

What has been great throughout this whole process has been the close working relationship between the Policy and Public Affairs Team and our expert members. It has been a model of how to influence government.

Members have helped us craft our policy calls, provided us with evidence and supporting arguments, and worked with us to develop material. We’ve been very pleased to be able to give voice to their work in this area, and we look forward to continuing to do so in the months and years to come. ■

“Looked-after children’s communication needs are often unidentified and unsupported”

**Peter Just**, Public Affairs Adviser, RCSLT.  
Email: [peter.just@rcslt.org](mailto:peter.just@rcslt.org)



### References & resources

Clark A and Fitzsimons D. Unidentified and unmet. *Bulletin*. 2016; 769: 16-17.

Prison Reform Trust. *In Care, Out of Trouble*. London: Prison Reform Trust, 2016.

For information about the National Association of Virtual School Heads, visit: [www.navsh.org.uk](http://www.navsh.org.uk)

# Awareness-raising campaign reaches new heights



**Clare Williams** reflects on the success of European Swallowing Awareness Day in March, including a round-up of events from across the country

**F**ollowing the overwhelming response to the inaugural Swallowing Awareness Day last year, this year the RCSLT collaborated with CPOLO (www.cpolo.eu) – an organisation comprising 35 professional speech and language therapy organisations in 32 EU countries – to create and lead a broader, more-encompassing event. Thanks to the commitment of all involved, the campaign was a huge success, with interest generated from as far afield as Japan, India and Chile. Even the European Space Agency contributed to the campaign, sending it into orbit!

## Campaign toolkit

European Swallowing Awareness Day, which was held on 6 March to coincide with CPOLO's annual European Day of Speech and Language Therapy, aimed to develop public awareness about swallowing disorders. Most people take for granted their ability to eat, drink and swallow, so raising awareness of the impact of dysphagia and how speech and language therapy can help, is vital.

To help our members with their awareness-raising events, the RCSLT created a toolkit, available on its Giving Voice website, which included ideas for

activities, plus an array of factsheets and posters for use at stands and workshops. The toolkit was produced with the help of consultant SLT Anita Smith and HEE/NIHR Clinical Doctoral Research Fellow Mark Jayes. In addition, experts in the field – Dr Justin Roe, Dr Joanne Patterson, Annie Aloysuis, Celia Harding, Siew-Lian Crossley and Tracy Lazenby-Paterson – contributed information for the factsheets, as well as case studies of service users, such as Chris Curtis and Val Bryant, to demonstrate examples of how speech and language therapy transforms lives.

## A Peake of activity

Even before the big day, activity on social media was building steadily, driving increasing levels of traffic through to the Giving Voice website from all over the world. Google analytics revealed higher-than-average visits from North and South America, Africa, the Middle East, Asia and Australasia, as well as Europe. In an attempt to promote the day further, the RCSLT

contacted the European Space Agency (ESA) to see if they would like to get involved, asking whether astronauts find it difficult to swallow in space. ESA responded by sharing a video for the RCSLT to post on its Facebook page, which demonstrated the eating and drinking techniques astronauts use. The video was viewed by more than 193,000 people – an unprecedented figure!

As 6 March dawned, we were excited to see that, alongside all the brilliant activities posted on social media by our members, ESA astronaut Major Tim Peake had taken to Facebook and Twitter to post content specifically for European Swallowing Awareness Day as part of his FAQ series, tagging the RCSLT and using





**Top left: UCLU Giving Voice awareness evening**  
**Right: University of Sheffield's dysphagia picnic**  
**Above: Marjon Giving Voice Society's dysphagia stand**

the #swallowaware2017 hashtag. Comments left by some of his followers showed that, although they had previously been unaware of dysphagia, the post had inspired them to find out more.

As the sun set on the European arm of the campaign, the baton was passed to Speech Pathology Australia, who held their own Swallowing Awareness Day a week later on 15 March.

### Phenomenal success

The campaign was a phenomenal success, extending beyond the reaches of our membership, with all manner of organisations and individuals taking part. Wider health colleagues and services users also took the opportunity to thank SLTs for the amazing work they do. The campaign even went viral, trending on Twitter not once, but twice.

There were so many impressive activities that took place on 6 March that, unfortunately, we aren't able to include them all here. To see more, check our storyboard of social media activity on the Giving Voice webpages – [www.givingvoiceuk.org](http://www.givingvoiceuk.org) – or search #swallowaware2017 on Twitter and Facebook. ■

**Clare Williams, RCSLT Bulletin editor.**  
**Email: [Bulletin@rcslt.org](mailto:Bulletin@rcslt.org)**

### UCLU Giving Voice awareness-raising evening

To raise awareness of swallowing difficulties, the UCLU Giving Voice Committee combined a Twitter campaign with an interactive, informative evening focusing on the patient experience, challenging people to think about the psychosocial impact of dysphagia from a client's perspective.

Before the main event, we posted articles,

images and videos across social media, receiving 6,400 Twitter impressions and 138 likes on Instagram. The evening itself included a talk about the complexity of the swallowing mechanism from neurologist Dr Jane Warren, as well as a patient's first-hand experience of how his swallowing had improved with the help of his SLT. Guests were also able to receive hands-on experience of how SLTs assess, diagnose and treat patients with dysphagia. This included an opportunity to take part in a swallow exam, make and taste thickened liquids and pureed foods, and experience what it's like to feed and be fed. ■

**Kim Talbot, UCLU Giving Voice Committee**

### University of Sheffield's dysphagia picnic

When clients are recommended thickened fluid or a modified texture diet, the question often asked of SLTs is: "But have you ever had to try it?" This inspired the University of Sheffield's Department of Communication Sciences to hold a dysphagia picnic, where staff and students could sample foods of different textures. The most popular aspect of the picnic was the mocktails, where visitors selected a fluid consistency from Stage 1 to 3 from a 'lucky dip'. They were also encouraged to consider how they would feel if their diet was modified, and identified favourite foods they would miss.

Our picnic provided people with a greater insight into the impact of dysphagia on quality of life. So the next time a client asks us, "Have you ever had to try it?" we can honestly reply, "Yes, we have." ■

**Maddie Lamb, Lizzie Woolfenden and Jade Young, MMedSci students; and Lucy Dyson, SLT, University teacher**

### Marjon Giving Voice Society's week of activities

Members of the Society arranged various activities throughout the week, including a stand in the university canteen, offering textured diets and thickened liquids, as well as information about dysphagia. We also trialled fork-mashable and pureed diets each day, along with thickened drinks, sharing our progress via Twitter – @marjongv – and on our blog – [marjongivingvoice.wordpress.com](http://marjongivingvoice.wordpress.com).

People visiting the stand initially reacted negatively to the textures, saying they could never eat or drink like that. However, their attitudes changed when we explained how SLTs work to make the modified diet more appetising for those people who don't have a choice. ■

**Hannah Burton, Grace Chugg, Marjon Giving Voice Committee**



# Lauren Longhurst

**Lauren Longhurst describes how access to the speech and language therapy evidence base is all at our finger tips**

## speechBITE.com: bite-sized evidence at your fingertips

In the November 2016 issue of Bulletin, Emma Pagnamenta (RCSLT Research Manager) urged us all to ‘stay curious about speech, language, communication and swallowing disorders; what works, what we could do differently and what impact we have’. With that in mind, we thought we’d make use of the R&D Forum to highlight some of the great resources out there that are available to help you develop as evidence-based practitioners.

As discussed in previous R&D Forums, evidence-based practice is the combination of external scientific evidence, clinical expertise and patient perspectives. To ensure we are working in the most effective way and delivering high-quality care with our service users, evidence-based practice is crucial. The evidence base does not stand still, and neither do our clinical judgements

– it is important that we are continually evolving our role.

### Time management

The literature suggests that it is not the perceived importance of external scientific evidence that is an issue, but the availability of existing good-quality research (O’Connor and Pettigrew, 2009) and the time clinicians have to search, read, interpret and apply evidence (Zipoli and Kennedy, 2005). When you throw into the mix that speech and language therapy evidence comes from a range of settings, such as psychology, linguistics, education or medicine, and that it’s not always directly generalisable to individual caseloads, you can see why searching for relevant literature can become complicated and overwhelming when it is not compiled in one place.

Back in 2008, Speech Pathology Australia and the University of Sydney recognised

the need to bridge the gap between time required and time available to search, understand and apply the evidence-based literature. As a result, speechBITE (Speech Pathology Database for Best Interventions and Treatment Efficacy) was born. The RCSLT is currently a co-funder of speechBITE, along with ASHA and Speech Pathology Australia. It is important to us that members really benefit from this excellent resource.

### Customised searches

SpeechBITE is essentially a database of intervention studies related to speech and language therapy sourced from eight research databases (eg Medline, CINAHL). It aims to give clinicians quick and easy access to relevant research abstracts that will impact on their clinical decision-making across the scope of speech and language therapy.

Articles are categorised in a variety of ways (eg clinical area, service delivery mode, age group), allowing clinicians to perform individual customised searches relevant to their clinical practice. The database includes a range of research designs including non-randomised clinical trials, case series and single case experimental designs, with clinical guidelines also beginning to feature. Uniquely, articles that contain randomised controlled trials and non-randomised controlled trials are rated using the PEDro scale, allowing you to see at a glance the methodological quality of the paper.

### Getting started

All you have to do to get started is visit [speechbite.com](http://speechbite.com) and enter your search term in the box. If you want to do a more-advanced search, resources are available to guide you, including



a video tutorial and a glossary for those research terms that may be unfamiliar. You can also sign up to receive the latest research in your clinical area delivered straight to your email inbox, reducing further the time needed to spend searching the evidence base.

Once you’ve found the article you want to read in full, you can head to the RCSLT journal collection where members have free access to over 1,800 journal titles – visit: [www.rcslt.org/members/research\\_centre/journals\\_library\\_service](http://www.rcslt.org/members/research_centre/journals_library_service)

In the March issue of Bulletin, Rebecca Palmer (RCSLT R&D Trustee) highlighted how ‘application of evidence in practice could be deemed the most important activity of all’. So, why not give speechBITE a try to achieve this all-important activity? ■



# Research and Development Forum

ILLUSTRATION BY ADAM AVERY



**Lauren Longhurst**, RCSLT  
Research and Development  
Officer. Email: lauren.  
longhurst@rcslt.org;  
@SLTLaurenL



## References & resources

O'Connor S and Pettigrew CM. The barriers perceived to prevent the successful implementation of evidence-based practice by speech and language therapists. *International Journal of Language & Communication Disorders* 2009; 44: 1018–1035.

Pagnamenta E. Clinician and university partnerships: benefits for all. *Bulletin* 2016; 775: 23.

Palmer R. Working together to maximise research impact. *Bulletin* 2017; 779: 24.

Zipoli RD and Kennedy M. Evidence-based practice among speech-language pathologists: Attitudes, utilization, and barriers. *American Journal of Speech-Language Pathology* 2005; 14: 208–220.

“Articles are categorised in a variety of ways (eg clinical area, service delivery mode, age group), allowing clinicians to perform individual customised searches”

### Useful resources for evidence-based practice

- RCSLT journal collection: [www.rcslt.org/members/research\\_centre/journals\\_collection](http://www.rcslt.org/members/research_centre/journals_collection)
- Clinical Appraisal Skills Programme (CASP) checklists: [www.casp-uk.net/casp-tools-checklists](http://www.casp-uk.net/casp-tools-checklists)
- RCSLT Clinical Decision-Making Tool: [www.rcslt.org/members/research\\_centre/e\\_learning/evidence\\_based\\_clinical\\_decision\\_making\\_tool](http://www.rcslt.org/members/research_centre/e_learning/evidence_based_clinical_decision_making_tool)

# Writing for the Bulletin



the vital roles  
of the profession



Making the switch from public to private practice:  
The joys and challenges of working independently

Making the switch from public to private practice:  
The joys and challenges of working independently



Cutting a path through the terminological jungle:  
How to talk about developmental language disorders



Reshaping the linguistics curriculum: Different  
models for the delivery of linguistics education

The Bulletin welcomes contributions written by members for members and these guidelines aim to help contributors write articles that are clear, accurate, interesting and easy to read.

The RCSLT Bulletin is a professional magazine, rather than an academic journal. Our aim is to publish articles that are thought-provoking, enjoyable and of use to practising therapists and support workers. Please note: the Bulletin editorial team will edit all submissions selected for publication.

## LETTERS TO THE EDITOR

A letter is the simplest way to communicate your opinion. Be brief and concise. Limit yourself to 250 words and focus on just one concept or idea. A lengthy letter is more likely to be discarded, or the editor will decide what information to trim to fit the space available. Include your name, address, daytime phone number, your status and your place of work. Indicate clearly if you wish to have your name withheld from publication.

## NEWS AND FEATURE ARTICLES

If you have been involved in an innovative project, undertaken research, won an award or held an interesting event, consider writing a news or feature article.

News items can be brief (50-75 words) or up to 300 words (half a Bulletin page).

Two-page feature articles are 1,200 words in length, including references. One-page articles are about 600 words.

- Please write in an accessible style. Look at articles you and your colleagues have enjoyed reading.
- Never use a long word if a short one will do. Sentences of more than 25 words are hard to read, so try to split them up.
- It is okay to be personal. For example, if you are writing about your own practice, say 'I' rather than 'the author' or 'the present post-holder'.
- Spell out abbreviations the first time you use them. For example, Picture Exchange Communication System (PECS).
- Avoid jargon or explain it: not all your readers will be specialists.
- Avoid the passive voice. For example, if

you write, 'A decision was made not to assess patients over 60 years old', the obvious question (and one which the editorial team will ask you) is, "Who made the decision?"

Better to write, "The multidisciplinary team made a decision not to assess patients over 60 years old."

## PHOTOGRAPHY

We welcome photographs, but they must be clear and of good quality and you must obtain written consent to publication from patients or carers. Remember, the Bulletin is available online to members and written consent must acknowledge this. Send hard copies of photographs by post or email high resolution (300 dots per inch) JPEG files. Photographs taken from websites are too low in resolution to print in the Bulletin. We cannot use scanned images from books and magazines for copyright and technical reasons.

## HOW TO REFERENCE

The Bulletin uses the author/date system. References in the text should cite the author/s names followed by date of publication, in date order, eg (Chalmers 2004; Barnett and Renior 2003; Quillan et al 2001). Page numbers should be given in the text for all quotations and paraphrases (eg Smith 2004, pp.26-27). Where there are three or more authors, the first authors' name followed by et al will suffice. Provide a reference list should in alphabetical order of first authors' names. All references should be to primary sources. Publications listed in references should follow the format below:

Author's name. Article title. Book or journal. Publisher (for books). Date. Volume number, pages.

### For example:

Beitchman J. Seven year follow-up of speech-impaired children. *Journal of Child Psychology* 1996; 37, 961-970.

Copley B, Forryan B. *Therapeutic Work with Children and Young People*. London: Cassell, 1997.

## SUBMITTING YOUR CONTRIBUTION

It is a good idea to contact the editor before submitting a news or feature article. Do not submit the same article to other magazines or journals at the same time, and do not submit

an article that has already been submitted to another publication. If you have written a different article on the same topic for another magazine, please discuss this with the editor. Send articles by email and include your postal address and a phone number.

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## WHAT CAN YOU EXPECT FROM US?

We will attempt to publish your news piece or letter in the next available publication. We will acknowledge receipt of your feature article within one month and will inform you whether it has been accepted within six to eight weeks. If your article is accepted, the editor will contact you with queries either when accepting it or at a later stage when doing detailed editing. We usually publish feature articles within six months of receipt. If we do not accept your article, we will offer suggestions for alternative publication.

## SEND YOUR CONTRIBUTIONS TO:

**The Editor, RCSLT, 2 White Hart Yard, London SE1 1NX**

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# In the journals

Send articles or publications to consider for future issues. Email: [lauren.longhurst@rcslt.org](mailto:lauren.longhurst@rcslt.org)

### Dysphagia post-intubation

A third of patients with acute respiratory distress syndrome (ARDS), who had been orally intubated with ventilation, reported symptoms of dysphagia at discharge from hospital.

This was a multisite, longitudinal, cohort study of 259 ARDS patients from four teaching hospitals across the USA.

Following multiple exclusions, 115 participants remained. Through self-reporting, using the Sydney Swallow Questionnaire, 1/3 of these participants were found to have significant swallow symptoms at the time of discharge from hospital, scoring  $\geq 200$ . These dysphagic participants were followed up again at 3, 6, 12, 24, 36, 48 and 60 months. The median swallow recovery time was 3-6 months; 23% had recovered by 6 months and 100% had recovered by 5 years.

The authors identified, from the additional variables measured, that length of stay in an intensive care unit (ICU) was a greater predictor of dysphagia at the time of hospital discharge than the length of time patients were orally intubated: "Each ICU day was independently associated with a 4% increase in the probability of delayed recovery from dysphagia symptoms."

Reviewed by Pippa Hales, Speech and Language Therapy Lead, Papworth Hospital, Cambridge

#### Reference

Brodsky M, et al. Recovery from Dysphagia symptoms after oral endotracheal intubation in acute respiratory distress syndrome survivors. A 5 year longitudinal study. *Annals of the American Thoracic Society* 2017; 14: 376-383. Available from: [www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201606-455OC](http://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201606-455OC)

### Melodic intonation therapy in chronic aphasia

Melodic intonation therapy (MIT), a language therapy using musical elements of language such as rhythm and intonation, does not show long-term gains in functional communication in clients with chronic non-fluent aphasia, according to a team of Dutch researchers using a randomised control trial design. They had previously found improvements using MIT in clients with sub-acute aphasia.

Seventeen individuals with chronic (>1 year) non-fluent aphasia were randomised to either an experimental or control group. Baseline data were recorded at T1. The experimental group participated in six weeks of MIT (5 hours per week), while the control group received no individual aphasia treatment. Outcome measures were then performed (T2). The control group then accessed MIT for six weeks, before a final assessment took place (T3).

MIT significantly improved repetition of trained items at T2, but this was lost at follow-up (T3). Higher intensity of training yielded greater improvements. The study was underpowered. "The results of this study suggest the effect of MIT in chronic severe non-fluent aphasia is limited."

Reviewed by Dr Tammy Davidson Thompson, Principal SLT, Norfolk Community Health and Care NHS Trust

#### Reference

Van Der Meulen I, et al. Melodic Intonation Therapy in Chronic Aphasia: Evidence from a Pilot Randomized Controlled Trial. [Original Research]. *Frontiers in Human Neuroscience* 2016; 10: 533. Available from: <http://journal.frontiersin.org/article/10.3389/fnhum.2016.00533>

### Pain-related vocabulary in children using AAC

Children with significant communication difficulties may not receive essential pain treatment. On average, young children experience minor pain every three hours; children with disabilities may experience pain more frequently. Getting self-reports about pain from children with significant communication difficulties can be very difficult.

The authors of this study compiled a vocabulary list for children who use augmentative and alternative communication (AAC) devices. They used a set of 10 scenarios in interviews (children) and questionnaires (parents and teachers) to generate vocabulary.

The 629 words and phrases generated were sorted into seven categories: words to describe pain, to direct others to respond to pain/injury, to describe location of pain, causes of pain, strategies to cope with pain, prevention and consequences of pain. Words or phrases used 10 times or more were included in a composite list. Three adults who used AAC socially validated the list: they emphasised the need to personalise the vocabulary.

The authors highlight "the importance of obtaining input from children on appropriate vocabulary items, rather than relying on adult input only".

Reviewed by Sally Mordi, Clinical Lead for Autism: Specialist Education Team Enfield Health (Barnet, Enfield and Haringey Mental Health NHS Trust)

#### Reference

Johnson E, Bornman J and Tönsing KM. An exploration of pain-related vocabulary: implications for AAC use with children. *Augmentative and Alternative Communication* 2016; 32: 249-260. Available from: <http://dx.doi.org/10.1080/07434618.2016.1233998>

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.

## MAY CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to [bulletin@rcslt.org](mailto:bulletin@rcslt.org) by 6 May for the June issue, 6 June for July and 6 July for August. To find out more about RCSLT CENs, visit: [tinyurl.com/rcsltcens](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](mailto:venuehire@rcslt.org)

#### Mainstream CEN

**2 May, 9.00am – 4.15pm**

Social Communication: includes presentation from Jacqueline Gaile, co-author of the SCIP intervention manual. £20. Venue: RCSLT, 2 White Hart Yard, London SE1 1NX. To book, visit [www.mainstreamcen.yolasite.com](http://www.mainstreamcen.yolasite.com)

#### TRACHE CEN

**3 May, 9am – 4pm**

Communication at all costs: exploring options for patients with tracheostomy. Venue: Queen Square, London. £21.83. Register: [www.eventbrite.co.uk/e/communication-at-all-costs-exploring-the-options-for-patients-with-tracheostomy-tickets-31533888710](http://www.eventbrite.co.uk/e/communication-at-all-costs-exploring-the-options-for-patients-with-tracheostomy-tickets-31533888710)

#### Adult Neurology CEN (Northern & Yorkshire)

**4 May, 9.30am – 4.30pm**

Neuro-oncology: Presentations on the management of patients with brain tumours. Talks tbc but likely to include: the relevance and role of SLT, treatment and side effects, and talks from Neuro-oncology MDT members. An opportunity for therapists to share experiences and resources, and discuss clinical issues. Venue: Woodside, Rotherham S60 2UA. £10. To book, email [rebecca.humphries@rothgen.nhs.uk](mailto:rebecca.humphries@rothgen.nhs.uk)

#### East Midlands ASD (Children's) CEN

**11 May, 9am – 3.30pm**

Speaker: Lucy Broome, Principal Clinical Psychologist. Focus on ASD and mental health; as well as AGM, conference/course/cpd updates. Venue: Portland College, Nottingham Road, Mansfield, NG18 4TJ. For further information, contact [sarah.williams@kisimul.co.uk](mailto:sarah.williams@kisimul.co.uk)

#### Secondary SLCN CEN

**12 May, 9.00am – 3.30pm**

Supporting Language and Communication and Emotional Wellbeing. Speakers include: Gino Hipolito – Awareness, Assessment and Intervention for Young People with Selective Mutism; Laura McLean – Mindfulness and Speech Therapy; Ross Hobart – What is Zones of Regulation? (how we can use this systematic, cognitive behaviour approach, used to teach self-regulation, with adolescents). Venue: Access & Inclusion Centre, Queen Elizabeth 2 School, Kennet Road, London W9 3LG. To reserve a place, email Nafisa Shehu: [nafisa.shehu@merton.gov.uk](mailto:nafisa.shehu@merton.gov.uk)

#### London SLI CEN

**16 May, 9am – 4pm**

Study day: Susan Ebbels exploring evidence-based practice for primary-aged children with DLD. Venue: Whittington Hospital. For details see [www.londonslicen.org](http://www.londonslicen.org) or London SLI CEN on Facebook and Twitter. Membership (£20) available at [www.eventbrite.co.uk/e/study-day-susan-ebbels-exploring-evidence-based-practice-for-primary-aged-children-with-dld-tickets-32961005254](http://www.eventbrite.co.uk/e/study-day-susan-ebbels-exploring-evidence-based-practice-for-primary-aged-children-with-dld-tickets-32961005254)

#### Dementia and Mental Health of Older Adults CEN (formerly Psychiatry of Old Age (Southern) CEN)

**16 May, 9.30am – 4.30pm**

Study day at RCSLT, London. Programme to include: Dr Michael Dille 'Functional Disorders'; Professor Jason Warren 'Update on PPA and current research'; Anna Volkmer 'Better Conversation with PPA usability workshop'; and Rachel Daly 'Shared decision making in dementia care'. Members and students £15;

non-members £25. Email [dmhcen@gmail.com](mailto:dmhcen@gmail.com) for information and to book, or see [www.dementiamentalhealthcen.com](http://www.dementiamentalhealthcen.com)

#### London and South East Region CEN in Selective Mutism

**17 May, 10am – 4pm**

Explore and share effective practice in working with young children with selective mutism. Venue: RCSLT, London SE1 1NX. Contact: [roberta.mendes@nhs.net](mailto:roberta.mendes@nhs.net)

#### Computers in Therapy CEN (CITCEN)

**18 May, 9.30am – 4pm**

CommuniCATE research project presentation: use of mainstream technologies in aphasia therapy including Dragon Dictate, Amazon Fire e-readers, Skype, WriteOnline, plus Aphasia Scripts therapy software; Megan Sutton of TACTUS Therapy to discuss the Tactus apps and research behind them; join in with our CITCEN Toolkit development – a detailed resource that aims to help SLTs overcome barriers to technology use in clinical practice; plus app development with Jon Hunt. Venue: Claremont School, Bristol. Bring lunch; refreshments provided. £20. For info and to book on Eventbrite, visit [tinyurl.com/citcenmay17](http://tinyurl.com/citcenmay17)

#### North East Paediatric Dysphagia CEN

**24 May, 9.30am – 4pm**

The next meeting will be held at Percy Hedley College, Station Road, Forest Hall, Newcastle Upon Tyne NE12 8YY. Topics to include: parents' perceptions of decision-making re: feeding their child, cue-based feeding and the RCSLT dysphagia competency framework. For information and to attend, e-mail [k.fawcus@percyhedley.org.uk](mailto:k.fawcus@percyhedley.org.uk)

#### Aphasia Therapy (E24) CEN

**8 June and 19 June**

Wed 8 June: Communication skills, access and consent. Wed 19 June: Developing peer support opportunities. Venue: RCSLT. Cost per day: non-members £30; members £20. To book, contact Morag Bixley: [mbixley@dmu.ac.uk](mailto:mbixley@dmu.ac.uk)

#### Acquired Brain Injury CEN

**9 June**

Good Practice Day: Cognitive Communication Disorder. Update, inform, and inspire: the latest in current thinking from the literature, conference and clinical practice. Practical applications will be discussed. Venue: National Hospital, Queens Square, London. £25. Contact: [ABICEN@hotmail.com](mailto:ABICEN@hotmail.com)

#### Palliative and Supportive Care CEN

**9 June, 9am – 5pm**

'Dementia – diagnosis, dysphagia and communication.' How to support and what to expect when managing someone with dementia, including how to support communication and dysphagia. The day will include a speaker from Contented. SLTs £20; students £15; non-SLTs £25. Venue: UCL, London. Book via eventbrite. For further information, email [palliativecarecen@gmail.com](mailto:palliativecarecen@gmail.com)

#### Children who have Social Emotional and Mental Health Needs CEN

**19 June, 9.30am – 3.30pm**

This is a participant-led day; please bring resources to share. We will be discussing issues raised from practice and the role of SLTs in behaviour management. Venue: Burgess Hill, W Sussex. Email

[melanie@melaniecross.co.uk](mailto:melanie@melaniecross.co.uk) to book a place.

#### Medico-legal CEN

**20 June, 10am – 3.30pm**

Speaker: Laxmi Patel, Boyes Turner LLP. Provisional agenda: an update session for therapists around EHCPs and/or tribunals – common issues/trouble-shooting /Q&As. Venue: RCSLT. For further details, please contact [jo.intospeech@gmail.com](mailto:jo.intospeech@gmail.com)

#### CEN in Disorders of Fluency

**22 June, 10am – 4pm**

'Exploring acquired dysfluency – differential diagnosis and treatment,' presented by Jane Harley at Beckwith House, Stockport. Members free; non-members £25 – includes membership for 2017/18. To book, contact Claire McNeil: [cmcneil@swindon.gov.uk](mailto:cmcneil@swindon.gov.uk)

#### East Midlands AAC CEN

**22 June, 10am – 2pm**

An opportunity to share experiences and resources within the field of AAC. Links with Lincoln Electronic Assistive Technology Service. No membership fee. Venue: Bennerley Fields School, Stratford St, Ilkeston DE7 8QZ. For information and to book, email [sofia.nuttall@nhs.net](mailto:sofia.nuttall@nhs.net)

#### AAC London CEN

**4 July, 9am – 4.30pm**

Presentations: Access to AAC devices, AAC software overviews, AAC users speaking about their experiences and more. Refreshments only provided. Venue: UCL Lecture Centre, Whittington Hospital N19. All with an AAC interest welcome. Members: FREE. Membership: £20. For more information: [webcollect.org.uk/aaclondon](http://webcollect.org.uk/aaclondon) or email [aaclondoncen@gmail.com](mailto:aaclondoncen@gmail.com)

#### SLT through Storytelling CEN

**10 July, 10am – 3pm**

The innovative Gina Davies of the attention autism approach will present on her renowned and widely used work and the role Lis'n Tell plays within it. Venue: UCL Division of Psychology and Language Sciences, Chandler House, 2 Wakefield Street, London WC1N 1PF. Cost: £10, payable in advance. Please contact: [jill.goulding@gmail.com](mailto:jill.goulding@gmail.com) to reserve a place.

#### London Adult Neuro CEN (LANCEN)

**11 July, 9am – 5pm**

Speech and Language Therapy in PD: 200 years in the making. A study day on Parkinson's Disease and the SLT's role. Venue: Resource for London. For more information, visit [www.londonadultneurocen.weebly.com](http://www.londonadultneurocen.weebly.com)

#### Practical approaches to working with children who have Social, Emotional and Mental Health Needs CEN

**14 July, 9.30am – 4pm**

AM – Working with children who have attachment difficulties: an interactive workshop led by Mel Green, Nurture Group teacher and SENCo; PM – RCSLT and the social and family care bill, with Peter Just, RCSLT Public Affairs Adviser. Venue: Royal Mail, Phoenix Centre, Mount Pleasant, London EC1A 1BB. Fee: £25 (to include this and one further meeting). Contact [dannahopesalt@gmail.com](mailto:dannahopesalt@gmail.com) by 30 June.



Leeds Community Healthcare **NHS**  
NHS Trust

Leeds and York Partnership **NHS**  
NHS Foundation Trust

## Speech and Language Therapist

**Band 6**

**Permanent, Full time, Leeds**

**Exciting new development post between Leeds Community Healthcare and Leeds and York Partnership Foundation Trust working with adults in community and inpatient settings.**

0.5 to introduce the role of the SLT within an enthusiastic inpatient MDT, working predominantly with people with dysphagia and dementia but also with people with other mental health needs. This team have invested in patient centered environmental strategies and are eager to have an SLT as part of their team to further enhance patient care and improve patient experience.

0.5 to work within an established adult community team, carrying a generic clinical caseload, (both communication and swallowing disorders), ensuring effective discharge pathways into the community and championing dementia within the service. This team offers supervision, professional support and shared development opportunities.

Due to the nature of the role it is essential that applicants are able to travel independently and have access to a suitable vehicle for business purposes. If necessary adjustments can be considered in accordance with the Equality Act 2010.

For more information contact: Nicola Worrall, Specialist SLT, Speech & Swallowing Team on 0113 8555173

For an application please go to: [https://www.jobs.nhs.uk/xi/vacancy/2331674baa714dc371359c2458a9493f?vac\\_ref=914580835](https://www.jobs.nhs.uk/xi/vacancy/2331674baa714dc371359c2458a9493f?vac_ref=914580835)

**Allen Speech & Language is recruiting for the following paediatric posts for students aged 7-19 diagnosed with ASD or SEMH within a group of independent schools.**

### East London

3 days per week, term time only, paid holidays.  
Therapist will work as part of a supportive multidisciplinary team in the East London Schools, near Stratford.  
To start June 2017, permanent contract.

### Essex

4 days per week, term time only, paid holidays.  
Therapist will work 2 days in Witham and 2 days in Clacton per week as part of a multidisciplinary team.  
Contract is to cover maternity leave from May 2017 - June 2018.  
Potential to extend contract to permanent after this period.

Therapists will join a supportive team with access to regular supervision, SLT clinical meetings and CPD opportunities.  
Pay dependent on experience.

For further information, please contact:  
Jessica@AllenSpeechandLanguage.co.uk or call 07739 128433.  
[www.AllenSpeechandLanguage.co.uk](http://www.AllenSpeechandLanguage.co.uk)



South Eastern Health  
and Social Care Trust

South Eastern Health & Social Care Trust invites applications for the following vacancy

Nursing, Primary Care & Older Peoples  
Services Directorate:

- **Speech and Language Therapy Clinical Specialist and Service Lead for Children, Young People and Adults with Fluency Disorders Band 8a**

(Part time 30 hours per week permanent post)

**Band 8a (£39,631 - £47,559) per annum**

**Location:** Trust wide based at Lisburn Health Centre

For above post apply: [www.HSCRecruit.com](http://www.HSCRecruit.com)

For details of these and other posts, visit: [www.HSCRecruit.com](http://www.HSCRecruit.com)

For further information regarding this post and to apply online, please visit the website [www.hscrecruit.com](http://www.hscrecruit.com)

A Waiting List may be compiled

The Trust welcomes applications from Roman Catholics for vacancies in the North Down and Ards area and Protestants for vacancies in the Downpatrick area.

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER.



## Speech and Language Therapist

**£26,302 - £32,407 pro rata (Term Time only)**

**Calthorpe Academy is an all age 2 – 19 Special School catering for 385 pupils with severe, Profound and Multiple Learning Difficulties, Autism and challenging behaviour.**

We have an exciting opportunity for an enthusiastic and motivated individual to join us as a Speech and Language Therapist. You will work as part of a multidisciplinary team to support the communication needs of the pupils in the Academy.

You will be responsible for:

- Assessment and target setting for learners of all ages (2 – 19)
- Contribute to the continued development of a total communication environment
- Work in collaboration with teachers to enhance learning opportunities for learners

You must be:

- Fully qualified Speech and Language Therapist
- A registered member of the RCSLT

You must have:

- Experience of working with or knowledge of children and young people with a range of learning needs including SLD, PMLD and Autism

If you believe you have the skills to contribute to our dedicated team and help our pupils to reach their potential then this could be the post for you.

This post is covered by Part 7 of the Immigration Act (2016) and therefore the ability to speak fluent and spoken English is an essential requirement for this role. For an informal discussion about the role please contact Gemma Nicholls, Assistant Head Teacher at [g.nicholls@calthorpe.bham.sch.uk](mailto:g.nicholls@calthorpe.bham.sch.uk) or 0121 773 4637.

An application form, job description and person specification can be found on the School website [www.calthorpe.bham.sch.uk](http://www.calthorpe.bham.sch.uk)

Completed forms should be sent by email to [vacancies@calthorpe.bham.sch.uk](mailto:vacancies@calthorpe.bham.sch.uk) along with a covering letter.

**Deadline for applications: 12th May 2017**

*Calthorpe Academy is committed to safeguarding and promoting the welfare of young children and people and expects all staff to share this commitment. An enhanced DBS check is required for all successful applicants.*



**Swindon Borough Council  
Children, Families and Community  
Health, Paediatric Speech and  
Language Therapy Service**

Swindon Paediatric Speech and Language Therapy team is expanding and we are looking to recruit to three newly funded posts. We are looking for enthusiastic paediatric Speech and Language Therapists to join our forward thinking team providing services to children and young people in Swindon. We are able to offer access to formal and informal learning opportunities, support and supervision that encourages therapists to be creative and innovative and to continuously develop their skills.

The service is provided within an integrated children's service that includes working closely with schools, early years settings, educational psychology, community paediatricians, physiotherapists, occupational therapists and the local SEN education and social care teams.

You will work alongside our experienced specialist team of therapists, assistants and administrators, providing high quality care.

If you are a self-starter and want to share and develop your clinical skills and are committed to working in partnership with health and education staff, and parents we'd love to hear from you.

**Specialist Paediatric Speech and Language Therapist in  
Autistic Spectrum Disorder (ASD)**

Salary: £30,151 to £39,882 p.a. pro rata | 30 hours per week | Permanent contract

This role will offer specialist assessment, therapy and support for children and young people with Autistic Spectrum Disorder (ASD) or suspected ASD. You will work alongside our experienced specialist team of therapists, assistants and administrators, providing high quality care in schools, clinics and at home. You will have experience of diagnosing ASD as part of a multi-disciplinary team, experience of alternative and augmentative systems of communication such as PECS and signing, experience of supporting children with ASD in preschools and schools and experience of training parents and other professionals. All applications for this position are being handled through NHS Jobs. Please visit the NHS Jobs website for application details. NHS Ref No: J182-A-17-4140

**Paediatric Speech and Language Therapist**

Salary: £26,161 to £29,778 p.a. pro rata | Full time or part time | Permanent contract

We are looking for an enthusiastic paediatric Speech and Language Therapist to join our forward thinking team providing services to children and young people in Swindon

This role will provide a comprehensive assessment, therapy and support service for children and young people with a wide range of speech, language and communication difficulties working aged from preschool to 18. The work will mainly be based in clinics and schools across Swindon.

All applications for this position are being handled through NHS Jobs. Please visit the NHS Jobs website for application details. NHS Ref No: J182-A-17-4138

Full driver's licence and access to a car for use at work, or ability to attend site visits required. An enhanced DBS disclosure will be required for these positions.

Candidates must be fluent in the English language (as a requirement of Part 7 of the Immigration Act – for the effective performance of a customer-facing role).

**Closing date: Thursday 25th May 2017 – Interview dates TBC**



**WOULD  
YOU LIKE TO  
ADVERTISE  
HERE ?**

To place an advertisement please contact  
Joe Moore: **020 7880 6215**  
or **joe.moore@redactive.co.uk**

**bulletin**





**Speech and Language Therapy, Aberdeen Royal Infirmary**  
**Lead Speech and Voice Therapist (ENT)**  
Band 8B £47,562 - £58,799 per annum, Full-time 37.5 hours per week



Due to the retirement of the current postholder, an exciting opportunity has arisen for an enthusiastic, motivated and forward thinking therapist to continue to progress and lead the dynamic developments made across ENT and Head and Neck Cancer Services.

This is a unique post, well integrated into both speciality areas, overseeing management of a large mixed caseload and input to a number of clinics; this includes SLT led clinics in which nasendoscopy is utilised for FEES and voice assessment. Overseeing the service delivered to transgender patients is also within this post's remit. The experienced team currently constitutes 2.7 wte from Band 6 upwards.

Candidates possessing the right background, knowledge and skills will have opportunities to advance the service further alongside the multidisciplinary team. There will also be opportunities to pursue research.

The acute sector SLT team works across Aberdeen Royal Infirmary covering the range of medical and surgical specialties including HDU and ITU.

The service is based in one department of 12 wte SLTs and also offers:

- Regular team and service meetings
- In- service training, CPD support and opportunities for development
- Excellent secretarial support.

Training may be available for some aspects of the role if required.

For an informal discussion about the post, please contact Alison Hamilton, Lead SLT on 01224 552216, or Margaret Singer, Lead Voice/ Speech and Language Therapist on 01224 553143.

**To apply please visit [www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs) and search for Ref No NS16584. Closing date 24th May 2017. Interviews will be held on 13th June 2017.**

**Join our team... for more information:**  
**[www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs)**



Queen Victoria Hospital **NHS**  
NHS Foundation Trust

**Specialist Speech and Language Therapist/  
Physiotherapist – Facial Palsy team**

22.5 hours, 0.6WTE Band 6\*

A unique and exciting opportunity exists for an enthusiastic Speech and Language Therapist or Physiotherapist to become part of the world renowned multidisciplinary team at this national Facial Palsy centre of excellence.

Surrounded by beautiful countryside, the Queen Victoria Hospital is a small, ambitious, acute, Foundation Trust proud of its reputation for clinical excellence.

This post involves;

- Management of facial palsy outpatients & inpatients, referred from Consultants and GPs.
- Holding a specialist clinical caseload and carrying out specialist MDT clinics.
- Being involved in clinical audit and research activities
- Representing the specialist service both nationally and internationally.

You will be provided with direction from the Extended Scope Practitioner and Consultants. We are a friendly and dynamic team who will welcome a new member.

For more information about the role and QVH, visit [www.jobs.nhs.uk](http://www.jobs.nhs.uk) quoting reference number: 276-A-17-3746. For an informal conversation or to arrange a visit, contact **Catriona Neville**, ESP Facial Therapist ([catriona.neville@qvh.nhs.net](mailto:catriona.neville@qvh.nhs.net)).

**Closing Date for applications is 18th May and final interviews will be held on 23rd May 2017.**

\* Please note applicants not meeting Band 6 criteria will still be considered for a developmental role starting at Band 5 and progressing to Band 6 on demonstration of appropriate competencies.



**Band 5 Speech and  
Language Therapist.**

Full time either from September 2017 or sooner.

**Kisharon School is an independent special school in North-West London catering for pupils with SLD, PMLD and ASC aged from 4 - 19 years.**

**We are looking for an enthusiastic recently qualified therapist with an interest in paediatric work to join our therapy team.**

We expect you to be flexible, and willing to liaise with a variety of professionals and parents.

We will provide you with structured supervision including appraisal and opportunities to develop your skills and knowledge. Visits to the school are welcome and can be arranged by contacting the school office.

For an application pack, please contact Romi at [romi.baron@kisharon.org.uk](mailto:romi.baron@kisharon.org.uk) or contact the school on 020 8455 7483.

An application form can be downloaded from the school website [www.kisharonschool.org.uk](http://www.kisharonschool.org.uk)

**Closing date for applications is Monday 5th June**

Interviews will be held week beginning 12th June

Kisharon provides education and support for children and adults with learning difficulties. Kisharon is committed to equal opportunities and safeguarding the welfare of children and adults and expects all staff to share this commitment. This role requires an enhanced DBS check.



## Band 6/7 Speech Therapists Neuro Rehabilitation

**Salary £34,000 - £37,000**  
**Blackheath Brain Injury Rehabilitation Centre – London, SE10**

The centre provides a person-centred inpatient rehabilitation and care for male and female adolescents and adults (over 17 years) with a brain injury or other complex neurological conditions. Throughout their stay with us, our patients are encouraged to make individual choices about all aspects of life at the centre and to be as independent as possible. The centre is located in South East London close to Blackheath and Lewisham, directly on the A2 with Greenwich, Lewisham and Blackheath stations all close by.

**As a Speech and Language Therapist working in our Specialist Brain Injury Neurological Care and Rehabilitation Service, your main duties will be:**

- Providing the assessment and management of communication and swallowing disorders and devising evidence-led programmes for patients at a specialist level.
- Maintaining high standards of clinical care in line with national guidance for excellence.
- Working as a Named Therapist to ensure active coordination of therapy and discharge goals.
- Providing clinical supervision and informal mentoring of SLT RT and student placements where appropriate.
- Participating in internal training (induction, mandatory training, MDT in-service).
- Ensuring all relevant codes of practice and regulations are upheld.
- Participating in service delivery audit.

**To join The Huntercombe Group as a Speech and Language Therapist you will:**

- Hold a recognised BSc or recognised postgraduate diploma in speech and language therapy.
- Be a registered member of the HCPC.
- Be a registered member of the Royal College of Speech and Language Therapists with a current licence to practice.
- Hold specialist level dysphagia competency on the RCSLT framework and be adept in this specialist clinical area, including evidence of postgraduate training in working with people with acquired neurological impairments.
- Have demonstrable experience with aphasia, cognitive communication disorder, dysarthria, apraxia and dysphagia.
- Have demonstrable experience of clinical supervision of students and others.
- Be an excellent communicator – both written and verbally.
- Have highly developed interpretive skills.
- Have excellent interpersonal skills – including observation, listening and empathy skills.
- Possess the knowledge and skills in cognitive neuro assessment and treatment pathways as well as supervisory skills for junior and students staff.

**In return we offer you:**

- A thorough induction programme tailored to the hospital where you will be working.
- Clear pay structure, with competitive rates.
- Generous annual leave entitlement.
- Sick pay of 4 weeks' full pay and 4 weeks' half pay.
- The opportunity to participate in a company contributory pension scheme.
- Maternity leave at 3 months' full pay and 3 months' half pay (up to a maximum salary of £50k).
- 2 weeks' paid paternity leave.
- Shared parental leave, matching the maternity leave benefit.
- Death in service benefit equivalent to 2 x salary.
- A range of staff discounts.
- Access to Myfamilycare services which provides support and information at critical life events including access to experts and emergency care services.
- Employee Assistance Programme (EAP).

*An enhanced DBS (England) or PVG/Disclosure Scotland (Scotland) Disclosure will be required for all successful applicants. Costs will be met by the Company.*

Please contact Hayley Jay on 07540 153430, alternatively email your CV to [hayley.jay@huntercombe.com](mailto:hayley.jay@huntercombe.com) to apply.  
For more information regarding the band 6, 7 and a role at another one of our excellent facilities please visit : [www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)



## Speech and Language Therapist

Band 6, £26,565 - £35,577 | Mat Cover 9-12 months  
Full Time | Based at our Head office in Christchurch

### About us

**We are a regional charity providing high quality specialist services for people affected by autism and associated difficulties across the counties of Dorset, Somerset, Hampshire and Wiltshire. Our help is varied and far reaching. We provide Education, Social Care, Advocacy Services and Information and Advice.**

### The role

We have an exciting opportunity for a specialist Speech and Language Therapist to provide high quality assessments and therapy for children, young people and adults with autism and learning disabilities.

You will work as part of our Practice and Clinical Support Team, alongside Behaviour Specialists, an Occupational Therapist and link in with our school Nursing Team. This post is based in Christchurch and requires some travel to our services across Dorset. The successful candidate will be working in Portfield School, our adult residential homes and within our community outreach service. You would be managing a comprehensive speech and language therapy service, including staff training packages. You will oversee the band 5 SALT's caseload and support their ongoing development.

### What we would like from you

- Recognised qualification in Speech and Language Therapy
- Registered member of RCSLT and HCPC
- Excellent Interpersonal skills
- Experience of working with Autism preferred
- Able to provide training courses and advice to staff
- Able to travel around sites
- Evidence of further training in relevant specialist courses
- Excellent organisational and caseload prioritising skills

### What we would give you in return

- Competitive Salary
- Agenda for change terms and conditions
- Ongoing personal development, including regular one to ones with your line manager
- Pension

## Speech and Language Therapist

Band 5, Point 16-23: £22,128 - £28,746  
Full Time | Based at our Head office in Christchurch

### The role

**We have an exciting opportunity for a Speech and Language Therapist to provide high quality assessments and therapy for children, young people and adults with autism and learning disabilities.**

**You will work as part of our Practice and Clinical Support Team, alongside Behaviour Specialists, an Occupational Therapist and link in with our school Nursing Team. This post is based in Christchurch and requires some travel to our services across Dorset. The successful candidate will be working in Portfield School, our adult residential homes and within our community outreach service. You would be working alongside the Lead Speech and Language therapist to implement the current model we are working towards.**

### What we would like from you

- Recognised qualification in Speech and Language Therapy
- Excellent Interpersonal skills
- Experience of working with Autism preferred
- Able to provide training and advice to staff
- Able to travel around sites

### What we would give you in return

- Competitive Salary
- Agenda for change terms and conditions
- Ongoing personal development including regular one to ones with your line manager
- Pension

*Autism Wessex is committed to safeguarding the welfare of the people we support. All successful candidates will be subject to an enhanced disclosure from the DBS and satisfactory employment references*

### How to apply:

- Please visit <http://autismwessex.org.uk/jobs>
- Find the vacancy you wish to apply for and click "Apply"
- Register your details on rEcrut and login
- Complete all of the required fields, such as job history, references etc and click "Save"
- Once done, fill out the "Pre Requisite Questions" and "Submit Application"
- Please do not hesitate to contact the HR Department if you have any queries on: 01202 483360 option 2 or [recruitment@autismwessex.org.uk](mailto:recruitment@autismwessex.org.uk)





# Diana McQueen & Jo Williams

OCCUPATION: DIRECTORS, SOUNDSWELL SPEECH AND LANGUAGE THERAPY SOLUTIONS LTD

*“Independent providers undoubtedly have a role to play in offering opportunities for students to understand the competitive environment of the future”*



**H**aving started out providing speech and language therapy input to a small number of primary schools in Birmingham, we are now approaching our fourth year in independent practice. At the outset, we delivered the entire service ourselves; but, gradually, more schools have contacted us and more associate therapists have gravitated towards our way of working.

In some respects, things are no different from those early days. Our lives largely follow the cycle of the schools’ academic year: there are spikes of intense activity, such as screening for new children into nursery and reception each autumn, and preparation for transition in Year 6, followed by the routine service delivery, assessments and therapy. However, this time of year is one of our busy peaks. Although we visit schools at least once per term to review the progress of the aims set in September, almost all schools commission one academic year at a time. Just after Easter is when budget priorities have been agreed and schools are (hopefully) ready to sign up for another year. This is also the time when associates may decide to move on and new people are invited to join. Schools become very attached to ‘their’ therapist, and the thought of a change sometimes unsettles them.

Between Easter and Whitsun, there is a lot going on, including preparing new contracts



for schools and associates, potentially recruiting new associate therapists, confirming who will be where, and putting together an annual report for each school. We provide the background information for each report and the associate therapists populate the specific details – we try to include a balance between qualitative and quantitative information. Schools really value these reports, which identify the results of the money they have spent on us as external professional support. The reports may go to governing bodies to help justify continuing the service; they have also been used as evidence for inspections where schools have used their pupil premium to fund the service.

Although we tweet throughout the year, frequently using Bulletin items as a source of news, the annual report provides an

opportunity to choose a focus that is pertinent nationally to the continual struggle to meet the needs of increasing numbers of children with speech, language and communication needs. Recent ‘nuggets’ have included the ‘Read On. Get On’ research, the ‘Lost Boys’, schools’ concerns about SEND provision, and ‘Bercow: Ten Years On’.

This year will see us develop closer links with our local higher education provision (Birmingham City University). We have offered work experience opportunities to a range of people – not only those who are looking for something to do for a week towards the end of

Year 10, but also to mature individuals from a variety of walks of life seeking a different career. Last year we were delighted to offer first-year observation placements.

The provider landscape has changed enormously in the past few years, and it is unlikely that the current picture will be the last. Many SLTs of the future will graduate and, in all probability, never work in the NHS. Independent providers undoubtedly have a role to play in offering opportunities for students to understand the competitive environment of the future: how to retain the very best of the NHS – the rigor and values – while having the freedom to develop and grow as clinicians, making significant contributions to the life chances of many children.

Visit: [www.soundswellspeech.com](http://www.soundswellspeech.com)

## QUICK LOOK DATES

### Various dates

#### Talking Mats training

Online: 16 May; Stirling: 11 May and 8 June; Accredited: 31 May and 1 June; London: 7 June and 28 September; Dublin: 15 June; Manchester: 22 June. Explore the potential of this powerful communication framework. Visit: [www.talkingmats.com](http://www.talkingmats.com); email: [info@talkingmats.com](mailto:info@talkingmats.com); tel: 01786 479511.

#### 22-23 May, RCSLT, London

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

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £495pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 22-23 May, 13-14 November, RCSLT, London

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

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £495. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 24-25 May, RCSLT, London, 3-5s; 26 May, RCSLT, London, Optional 0-3s

##### Elklan total training package (TTP) for 3-5s with optional TTP for 0-3s

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to staff working in Early Years settings from 3-5 years. Additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. £495 for 3-5s 2 days. £745 for all three days. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 24-25 May, 13-14 November, RCSLT London; 6-7 June, Balbriggan, Ireland

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

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to education staff and SLTAs. £495. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 24-25 May, 15-16 November, RCSLT, London; 8-9 June, Balbriggan, Ireland

##### Elklan total training package (TTP) for 3-5s

Equips SLTs and teaching advisors to provide practical accredited training to staff working in Early Years. Teacher/therapist teams welcome. £495pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 26 May, 17 November, RCSLT, London

##### Elklan total training package (TTP) for 0-3s

For Elklan tutors who have trained on total training packages for 3-5s or under 5s. Equips SLTs and teaching advisors to provide practical, accredited evidence informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. Teacher/therapist teams welcome. £250pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 26 May, Hartlepool

##### CPD Masterclass: Whole school approaches for SLCN (primary)

Led by Wendy Lee, former Communication Trust Professional Director and lead on 'What Works', and Claire Vuckovic, Senior Lecturer (SEND and Inclusion), University of Cumbria. Ideal for joint SALT/Teacher/SEND/CO attendance. £195. Email: [info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk); visit: <http://coursebeetle.co.uk/cpd-masterclasses/>

#### 4-5 June, Derbyshire

##### TalkTools Level One

'A three-part treatment plan for oral-placement therapy' presented by Monica Purdy, TalkTools Instructor. Learn sensory oral-motor techniques to improve speech clarity and oral level feeding skills. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk); tel: 01530 274747; email: [info@eg-training.co.uk](mailto:info@eg-training.co.uk)

#### 5 June, Holywood, N. Ireland; 20 October, RCSLT, London

##### Elklan Let's Talk with 5-9s 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 5-11s. £235pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 5 June, Holywood, N. Ireland; 19 October, RCSLT, 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 5s/0-3s. £235pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

#### 6-7 June, Derbyshire

##### TalkTools Level Two

"Oral-Placement Therapy: Assessment and Programme Plan Development." Presented by Monica Purdy, TalkTools Instructor. Learn how to comprehensively assess specific client's need and devise personalized activity programmes. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk); tel: 01530 274747; email: [info@eg-training.co.uk](mailto:info@eg-training.co.uk)

#### 9 June, RCSLT, London

##### Therapy Outcome Measure (TOM) workshop

Led by Prof Pam Enderby. £175pp (check the event listing in the CTN website for discounts for RCSLT members). Visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

#### 9 June, Hartlepool

##### CPD Masterclass: The current evidence base for school-aged children with language impairment

Led by Dr Susan Ebbels. Focus on the evidence for different approaches to improve sentence production and comprehension, narrative, vocab and word finding. £195pp. Visit: <http://coursebeetle.co.uk/cpd-masterclasses/>; email: [info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)

#### 14-16 June, London

##### Hanen It Takes Two to Talk

Visit: [www.hanen.org/Professional-Development/It-Takes-Two-to-Talk/2017-Jun-14-London-England.aspx](http://www.hanen.org/Professional-Development/It-Takes-Two-to-Talk/2017-Jun-14-London-England.aspx)

#### 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. £110pp. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

#### 22 June, 52 Club, Central London

##### Mental fitness: A fresh approach to supporting you and your patients

Workshop from Community Therapists Network, led by Mental Health First Aid Trainer, Chris Morgan. Learn a more prevention-based approach to supporting you and your patients' mental health needs. Visit: [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

#### 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. 1st place for £65; 2nd place £10. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

#### 23 June, London

##### Success and confidence in your independent practice

For therapists who want to start or develop an independent practice. Practical course with lectures and small group mentoring from experienced IP managers. Other venues/dates available. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk)

#### 23 and 24 June, Gatwick Hilton Hotel

##### Cognitive rehabilitation workshop

Suitable for professionals working with adults who have cognitive problems following brain injury. £175pp. Email: [enquiries@braintretraining.co.uk](mailto:enquiries@braintretraining.co.uk); tel: 01276 472 369; visit: [www.braintretraining.co.uk/crwp\\_spf.php?id=65](http://www.braintretraining.co.uk/crwp_spf.php?id=65)

#### 23-24 June, National Hospital for Neurology and Neurosurgery, London

##### LSVT LOUD training and certification course

Learn the evidenced based voice treatment for Parkinson disease with application to adults and children with other neurological conditions. Professional: £450pp; student: £250pp. Visit: [www.lsvtglobal.com](http://www.lsvtglobal.com); email: [info@lsvtglobal.com](mailto:info@lsvtglobal.com)

#### 24 June, The Ear Foundation

##### Complex Language Development for Children with Hearing Loss

Look at how you develop complex language skills in four areas: language structure, higher level language functions, understanding inference, understanding non-literal language. £85pp. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

#### 27-29 June, Wirral (Liverpool)

##### Learning language and loving it

Visit: [www.hanen.org/Professional-Development/Learning-Language-and-Loving-It-ECE/2017-Jun-27-Wirral-England.aspx](http://www.hanen.org/Professional-Development/Learning-Language-and-Loving-It-ECE/2017-Jun-27-Wirral-England.aspx)

#### 29 and 30 June, RCSLT, London

##### smiLE Therapy practitioner training package

Ten-step therapy teaches functional communication and social skills in real everyday settings. Outcome measures integral to each module and generalisation of skills with



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parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties, physical disability, from age 7 to age 25. For specialist teachers and SLTs. Visit: [www.smiletherapytraining.com](http://www.smiletherapytraining.com); e-mail: [info@smiletherapytraining.com](mailto:info@smiletherapytraining.com)

**30 June, The Ear Foundation**

**It's child's play**

Gives 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! £85pp. Email: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**5 July, Birmingham**

**CPD Masterclass: Active listening for active learning with Maggie Johnson and Carolyn Player**

Bootcamp for schools and therapists seeking a roadmap for action including QED published 400 page photocopiable course handbook. £250pp. Visit: <http://coursebeetle.co.uk/cpd-masterclasses/>; email: [info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)

**7 July, Gatwick Hilton Hotel**

**Executive Functions following brain injury workshop**

Suitable for professionals working with people who have executive functions problems following neurological injury. £85pp. Email: [enquiries@braintretraining.co.uk](mailto:enquiries@braintretraining.co.uk); tel: 01276 472 369; visit: [www.braintretraining.co.uk/hero\\_wkshp.php?id=79](http://www.braintretraining.co.uk/hero_wkshp.php?id=79)

**10-12 July, London**

**PROMPT bridging technique to intervention workshop**

Helps the clinician more thoroughly understand and apply the four levels of PROMPTing with different motor systems and conditions. Early bird rate available. Visit: [www.promptinstitute.com](http://www.promptinstitute.com); email: [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

**10-12 July, London**

**Hanen More Than Words**

Visit: [www.hanen.org/Professional-Development/More-Than-Words/2017-Jul-10-London-England.aspx](http://www.hanen.org/Professional-Development/More-Than-Words/2017-Jul-10-London-England.aspx)

**11 July (fundamentals); 12 July (advanced), Northwick Park Hospital, London**

**MDT tracheostomy care study days**

Suitable for both acute and community healthcare professionals. Includes tutorials, practical demonstrations and workshops. £100pp/day (or £175 for both days). Tel: (020) 8869 2254/51; email: [lnwh-tr.courses@nhs.net](mailto:lnwh-tr.courses@nhs.net); visit: [www.medicalcourses-nwlh.com](http://www.medicalcourses-nwlh.com)

**11-12 July, Imperial College London**

**Improving voice: Management and therapy for voice disorders**

Focuses on a range of voice therapy/training approaches. Equip SLTs, voice or singing teachers with a toolbox of techniques to provide individualised and holistic treatment for clients with a spectrum of voice disorders. Led by Christina Shewell MA, FRCSLT, ADVS. Visit: [www.imperial.ac.uk/cpd/improving-voice](http://www.imperial.ac.uk/cpd/improving-voice); tel: +44 (0)20 7594 46885; email: [cpd@imperial.ac.uk](mailto:cpd@imperial.ac.uk)

**12 and 13 July, Wrexham Glyndŵr University, North Wales**

**Touch therapy**

Jacob Lieberman, DO, MA, Reg Osteopath and Psychotherapist demonstrates how touch therapy can be used for examination, diagnosis, treatment of voice and swallowing. Practice of laryngeal examination/introduction to techniques. £200pp. Email: [clare.jones4@wales.nhs.uk](mailto:clare.jones4@wales.nhs.uk)

**12 and 13 September, Birmingham**

**Masterclass: Selective mutism for professionals and parents/carers with Maggie Johnson**

Introduces participants to an inclusive 24/7 approach and includes the Selective Mutism Resource Manual. Discounts to support joint attendance.

Full rate £350pp; £250pp with parental attendance. Visit: <http://coursebeetle.co.uk/cpd-masterclasses/>; email: [info@coursebeetle.co.uk](mailto:info@coursebeetle.co.uk)

**11 October, RCSLT, London**

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

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. £235pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**18 and 19 October**

**Swindon fluency packs training**

Working with children who stammer 6-17 years. Includes group work, solution-focused practice, working with parents, introducing strategies to children. CD of packs included. Email: [gsmith@swindon.gov.uk](mailto:gsmith@swindon.gov.uk)

**18-19 October, RCSLT, London**

**Elklan total training package for vulnerable young people**

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to those working within youth offending institutions, prisons and vulnerable situations which gives innovative advice and strategies to help young people maximise their speech, language and communication potential and access the curriculum more effectively. £495pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**19-20 October, RCSLT, London**

**Elklan total training package for post 16s**

Equips SLTs and teaching advisors to provide practical accredited evidence informed training to those working within post 16 settings and gives staff new approaches and strategies to help young people maximise their speech, language and communication potential and access the curriculum

more effectively. £495pp. Tel: 01208 841450; email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk); visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**25-27 October, London**

**Introduction to PROMPT Technique**

Focuses on technique and learning the four levels (Parameter, Syllable, Complex and Surface) of PROMPTing that support the broader, holistic philosophy and approach of PROMPT. Early bird rate available. Visit: [www.promptinstitute.com](http://www.promptinstitute.com); email [admin@promptinstitute.com](mailto:admin@promptinstitute.com)

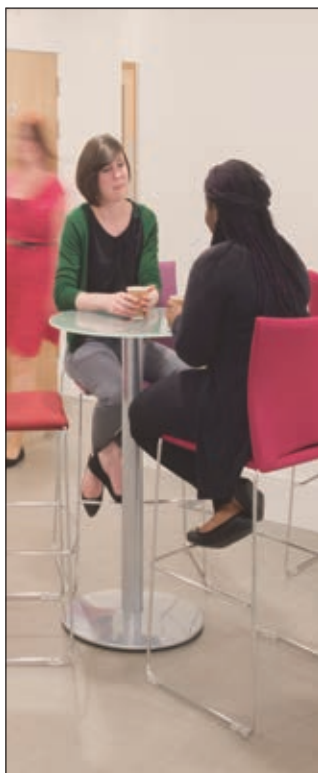
**23 and 24 November, RCSLT, London**

**smiLE Therapy practitioner training package**

For specialist teachers and SLTs in this innovative 10-step therapy that teaches functional communication and social skills in real everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties, physical disability, from age 7 to age 25. Visit: [www.smiletherapytraining.com](http://www.smiletherapytraining.com); email: [info@smiletherapytraining.com](mailto:info@smiletherapytraining.com)

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