

bulletin

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

May 2018 | www.rcslt.org

Supporting tube feeding decisions for patients with MND

RCSLT strategic plan: a focus on the future



Have your cake but can you eat it?
A round-up of events from Swallowing Awareness Day

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**SUPPORTING YOU TO
SUPPORT YOUR PATIENTS**

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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 Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).



Call to action

As you can see from our cover feature this month, Swallowing Awareness Day was a huge success again this year, with colleagues from across the country using impressively creative ways to raise awareness of the role of speech and language therapy and the impact of dysphagia to their colleagues and the public. For a taste of some of the activities, see our article on pages 12-15.

At the time of writing, dysphagia continues to be a hot topic, as the implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI) comes into effect. This has raised areas of concern with some members, and the RCSLT has released a joint statement with the British Dietetic Association to outline the actions they have taken and recommendations for members at a local level. The statement also includes examples of case studies from services describing their approach to the implementation of IDDSI. To read the statement and keep up to date with the latest developments, visit: tinyurl.com/RCSLT-IDDSI. The IDDSI website - iddsi.org - is also a great source of information, with lots of resources for clinicians and healthcare providers.

Back to Bulletin and a call out for members to send in articles sharing their stories about their working lives. We're looking for 'Your RCSLT' contributions (150 words) as well as 'My Working Life' articles (650 words). If you're interested, please email us at the Bulletin email address (see below).

Clare Williams

Bulletin editor

bulletin@rcslt.org [@rcslt_bulletin](https://twitter.com/rcslt_bulletin)

Your RCSLT

Jazmin Padhiar



As the RCSLT's events assistant, I am one of four staff members that make up the Events and Marketing team. We manage a wide range of events and roadshows across the UK, in addition to a programme of webinars. Through these activities, we provide CPD and networking opportunities for members, raise the profile of the profession and engage with decision-makers.

In particular, I look after delegate management, staying in touch with you to make sure you have a wonderful and productive event experience from beginning to end.

We also have meeting space available for hire at the RCSLT London headquarters, and I personally oversee the venue hire. Whether you are a member of a CEN, a member running your own business, a charity or a commercial organisation, we welcome you, so do feel free to get in touch if you are ever in need of a venue in London. You can email me at venue.hire@rcslt.org

I look forward to seeing you at a future event!

Jazmin Padhiar, Events Assistant, RCSLT.
Email: jazmin.padhiar@rcslt.org



Nebuliser availability

In December last year, I attended the Cough Reflex Testing Study Day at Northwick Park Hospital, presented by Mary McFarlane. The study day was interesting and inspiring, and left me certain that I wanted to start using cough reflex testing (CRT) at the hospital where I work. However, I immediately hit a stumbling block: the two nebulisers recommended during the study day (PulmoMate 4650D and Pulmi-Aide 5650D) were not available at our hospital.

I learnt that different nebulisers deliver different droplet sizes, rates and flow, and therefore we could not start using CRT with an alternative nebuliser. I contacted the manufacturer (Drive/DeVilbiss Healthcare) and was told that the particular make and model required is now only supplied to the USA. I have contacted and been contacted by others who attended the CRT study day who are in the same situation, including those who, up until four years ago, were able to purchase the required nebuliser from the manufacturer.

Has your service overcome these difficulties, and is there a nebuliser being sold in the UK that is considered comparable for droplet size rate and flow?

Please email me at the address below. Thanks in advance.

Helen Evans, Specialist SLT, Adult Speech and Language Therapy (Inpatients), Hinchingbrooke Hospital, North West Anglia NHS Foundation Trust. Email: helenevans4@nhs.net

Setting up a support network

I supervise a dedicated assistant practitioner working with adults with acquired communication difficulties and dysphagia - mainly stroke patients - who is very interested in setting up a CEN/support network for technicians and assistants working with this client group in London and the South East.

I am passionate about supporting this project, as I believe that it will provide a much-needed support system for hard-working colleagues, in addition to enabling opportunities for CPD.

If you work with an assistant or technician who would be interested in attending, I would be grateful if you would share my contact details and would be pleased to hear from them.

Justine Green, Highly Specialist SLT.
Email: justine.green@buckshealthcare.nhs.uk

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Bercow: Ten Years On launch inspires action

Tuesday 20 March saw the RCSLT and children's communication charity I CAN launch *Bercow: Ten Years On*, an independent review of provision for children and young people with speech, language and communication needs (SLCN) in England. More than 100 people were present at the launch, which was held at Speaker's House and sponsored by Mr Speaker himself, RCSLT's Honorary Vice-President the Rt Hon John Bercow MP. Attendees included parliamentarians, civil servants and system leaders (such as Public Health England, Ofsted, the Institute of Health Visitors and the Children's Commissioner for England), as well as representatives from third-sector organisations and the local practice case studies highlighted in the report, plus SLTs.

During the event, the audience heard from Bob Reitemeier, I CAN's Chief Executive; Jean Gross, the Chair of the *Bercow: Ten Years On* decision-making panel; and Kamini Gadhok, RCSLT's Chief Executive. But perhaps the most compelling speeches came from 15-year-old Lily and her mother



The RCSLT Board of Trustees, supporting *Bercow: Ten Years On*

Sally. In 2008, Lily appeared on a BBC Breakfast story about the original Bercow Report and, 10 years on, she and her mother powerfully made the case for identifying and supporting SLCN. John Bercow also gave an inspirational speech, much of which he addressed to Nadhim Zahawi MP, the Children and Families Minister, who welcomed the report, committing the Government to its careful consideration.

The buzz created by the launch didn't stop there. Later that day, MP Rebecca Pow mentioned the event during Health and Social Care Questions in the House of Commons; while, a day later, MP Nick Smith raised the report during Prime Minister's Questions (visit bit.ly/2ufX5fd to view the video on YouTube). Responding, PM Theresa May welcomed the report, stating that no child must be left behind, including those with SLCN, and pledged that the Government would consider the report carefully and respond in due course.

This commitment was reaffirmed by Nadhim Zahawi in response to a written question from MP Steve McCabe. Behind the scenes, we have also attended three meetings in Downing Street.

All of this support is very welcome, but now the hard work really begins to ensure the report's recommendations are implemented. For this, we need your help. Check out the *Bercow: Ten Years On* website – www.bercow10yearson.com –

for resources to help with local influencing, including a toolkit for writing to local MPs asking them to support the recommendations. Please also sign and spread the word about a petition created by RCSLT member Gillian Rudd – see bit.ly/2GtYqUw. The petition is open until 26 September. If it reaches 10,000 signatures, the Government has to respond; at 100,000 signatures, it will be considered for debate in Parliament. Lastly, if you would like to borrow a #Bercow10 speech bubble (as pictured with the Board of Trustees, above) to help you highlight the report and its recommendations as part of a #Bercow10relay, please get in touch.

Keep an eye out for further updates in Bulletin. In the meantime, you can keep track of our influencing work by following @RCSLTpolicy on Twitter.

Peter Just, RCSLT Public Affairs Adviser; and Caroline Wright, RCSLT Policy Adviser

NEWS IN BRIEF

IDDSI Framework: the latest updates on guidance and implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework can be found on the RCSLT website. Resources include an implementation toolkit and frequently asked questions.

• Visit: www.rcslt.org/clinical_resources/dysphagia/dysphagia_diet

Would £500 help to support your continuing professional development? Do you need funding to help pay for equipment, courses or a research project? Why not apply for an RCSLT minor grant? The next deadline for applications is 20 June.

• To find out how to apply, visit tinyurl.com/RCSLT-minorgrants

Sign up for the RCSLT and MND webinar, 'Living with motor neurone disease: supporting speech, communication and swallowing', to be held on 5 June from 1–1.45pm. Presenters include Steven Bloch, senior lecturer at UCL and editor of the IJLCD, and Jennifer Bedford from the MND Association.

• Register at www.rcslt.org/news/webinars/mnd

The Italian federation of SLTs, Federazione Logopedisti Italiani, has created a fantastic video to demonstrate how speech and language therapy helps people with various conditions win the battle of their lives – four people, four families, four battles: stroke, throat cancer, developmental disorders, stammer.

• To watch the video, visit: www.youtube.com/c/RCSLTOfficial

News



Melanie Cross

@Melaniespeechie

Excited to be at the national association of virtual school heads conference @RCSLT @NAVSH_UK @HackneyTalk Let's get looked-after children talking!

Ruth Jones @RuthSpilman

Great article in the new @rCSLT_bulletin to summarise #Bercow10. Keep up the promoting. These young people need us to raise awareness #SLCN

East Mids gets digital

The East Midlands RCSLT Hub will be holding a free event at Stamford Court Conference Centre in Leicester on 22 May, focusing on all things digital.

Open to all RCSLT members in the East Midlands Hub, the day, entitled 'Let's get digital', will include an update on the RCSLT digital project, social media workshops for all levels, and lightning talks from local members. The event aims to provide delegates with:

- a better understanding of the functionality of the new RCSLT website and CPD diary;
- strategies for strengthening the various networks across the East Midlands;
- guidance from SLTs who have experienced trialling and implementing new technology; and
- an understanding of the social media landscape and how to engage.

For more information and to register, visit www.rcslt.org/news/events/emhd

RCSLT Awards – who are your local stars?



RCSLT Awards 2017 winners, pictured with HRH The Countess of Wessex GCVO, Patron of the RCSLT; the Lord Provost of Glasgow; and the RCSLT President, Trustees and CEO

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

As a profession, we need to shout about our achievements, and inspire and create role models for the next generation. If there is someone in your local or clinical context who inspires you, goes that extra mile and pushes the boundaries to improve lives, why not put their name forward? There are three categories of awards. To nominate, you must be a certified RCSLT member.

RCSLT Fellowships: These awards honour RCSLT members who have made an outstanding contribution to the profession. They are open to any member, no matter where they are employed, and include all grades of staff (including assistants).

Examples of areas of contribution include clinical practice and expertise, leadership, teaching, community impact, scholarship in the context of research and publishing, influencing/policy impact, promoting the profession, and excellence in practice education.

Honorary Fellowships: Honorary Fellowships are open to non-members who have shown significant impact to the profession. Nominees may include non-SLTs as well as SLTs from overseas.

Sternberg Award for Clinical Innovation: The RCSLT is privileged to offer two awards

of £1,000 for innovative work (donated by the Sir Sigmund Sternberg Charitable Foundation). The nominated initiative should be new to the location and of demonstrable benefit to the service, clients and profession. It should have been in existence for at least six months and started within the previous two years.

Apply now! The closing date for nominations is 11 June, with the awards ceremony taking place in Cardiff on 3 October. To find out more and submit your nomination, visit www.rcslt.org/about/honours/RCSLT_honours

Giving Voice Awards

Nominations are also open for the Giving Voice Awards.

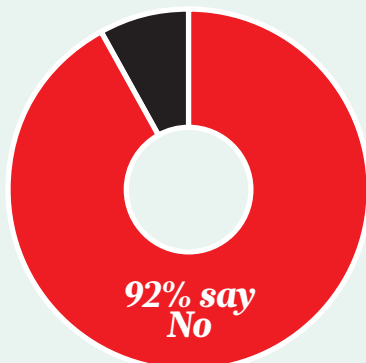
These awards aim to celebrate the innovative activities and achievements of Giving Voice campaigners, and to recognise valuable contributions to improving the lives of those with communication and/or swallowing needs. They are open to everyone, so if you or someone you work with – be they an inspirational colleague, a member of the public, school, service user and/or relative – has raised awareness of the profession in a noteworthy way, get nominating!

The closing date is 3 July. For details and to submit a nomination, visit www.givingvoiceuk.org/news/giving-voice-awards-2018

RCSLT Web Poll
Have your say...



Are you surprised by the findings of the Bercow: Ten Years On report?



VISIT: WWW.RCSLT.ORG

Oliver Sawyer @OliverSawyerSLT

REALLY great article about role of #SLT in burn injuries in @rcslt_bulletin – “Role recognition lags behind other allied health professions”; relevant to so many of our settings

Stammer@BSA @stammer

Exciting day @RCSLT discussing with many other comms charities the right way forward to develop a universally recognised and accepted communication access symbol



MORAG DORWARD & KAMINI GADHOK

Work begins on apprenticeship standard

Following the RCSLT’s announcement to actively support the development of a speech and language therapy degree apprenticeship in December last year, work has now begun on drafting an apprenticeship standard, with the first meeting of the trailblazer group taking place on 28 March at the RCSLT HQ.

The standard will enable apprenticeship courses to be developed to meet RCSLT and HCPC registration requirements. Lauren Edwards, Chair of the group, said: “The trailblazer group made a really enthusiastic start on drafting the standard, and is passionate about

supporting more routes into the profession while maintaining our high standards of competency and professionalism. I’m looking forward to future meetings and working with others to progress this development.”

To keep up to date with the latest progress, visit the RCSLT website: www.rcslt.org/governments/apprenticeships. Look out for a six-week consultation on the standard in the early summer. You can also register your interest to receive updates at healthcare.trailblazer@skillsforhealth.org.uk

Berenice Napier, RCSLT Policy Adviser

Awards shine light on Stoke Speaks Out

Congratulations to the SLTs from Stoke Speaks Out, who won both the SLCN Innovation of the Year and Outstanding Achievement Award at the 2018 Shine a Light Awards. The awards, which celebrate innovative work in supporting children and young people’s communication development, were presented in recognition of the impact of their Early Communication Screen (ECS) in improving the school-readiness of children aged two to five.

Written by Clinical Lead SLT Janet Cooper and the team of SLTs from Staffordshire and Stoke-on-Trent Partnership NHS Trust, the ECS is designed to be used by early years practitioners, who are trained and supported by SLTs, to identify early language delay and measure children’s progress. Appropriate and targeted interventions can then be put in place.

With around 8,000 children screened to date, and taking just five to 10 minutes per child, feedback



L-R: Sarah Jimenez-Novoa, Vicki Clowes, Janet Cooper, Beth Black, Holly Kenny, Zoe Hayes, Joanne Key

has been overwhelmingly positive, reporting improved recognition of language delays and increased skill in selecting appropriate intervention. The success has led to childminders and practitioners outside the Stoke area showing an interest in the ECS, adding to the 1,800 regional practitioners already trained to use it.

For more information, visit www.shinealightawards.co.uk or www.stokespeaks.org

IMPLEMENTING THE RECOMMENDATIONS

On 20 March, the RCSLT and I CAN, the children’s communication charity, launched *Bercow: Ten Years On*, an independent review of provision for children and young people with speech, language and communication needs in England. Members will have read an overview of the findings of the review in last month’s Bulletin (April 2018, pp12-14), including the work that will be led by the RCSLT in terms of guidance to support the profession as part of our strategy for children’s speech and language therapy services.

The *Bercow: Ten Years On* report makes a number of recommendations to decision-makers and leaders, and we have put out a ‘call

to action’ to system leaders and members to help support the changes that we need to see. During the drafting of the report, we worked with government departments and other arm’s-length bodies, including the Department for Education, Public Health England and NHS England, to ‘test’ the recommendations to ensure that they were realistic. We are now working proactively to support their implementation.

We are delighted that, soon after the launch and behind the scenes, we managed to secure three meetings in Downing Street. The first was with the Prime Minister’s Special Adviser on Social Justice, Young People and Opportunities; the second was as a participant in a round-table on youth justice; and the third was with the Prime Minister’s Education Adviser. It is envisaged that further work will flow from these meetings.

As an organisation that works across the UK, we will also be looking at the learning that can be shared both as a result of impact we have made on policy and legislation, eg in Scotland, as well as how the learning from the report can inform any work we undertake in the other nations.

We would like to thank all those involved in giving evidence to the review, as well as the RCSLT staff who went the extra mile to deliver on this. ■

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

“We are now working proactively to support their implementation”

Tribute to a passionate advocate

It was with sadness that we learned of Neill Birnie's passing on 10 March. Neill, who had progressive multiple sclerosis from the age of 25 and, for the past 15 years, was able only to move his head independently to operate his communication device, was a tireless champion for the rights of people with communication disabilities and a passionate supporter of the work of SLTs.

RCSLT Northern Ireland first met Neill in 2015, when he was proposed by his SLT, Cathy Magee, to become a participant in the My Journey My Voice project. Since then, he regularly featured as a powerful, moving, inspirational and witty speaker at our events, sharing his insight into life with a communication disability with searing honesty. He demonstrated the importance of alternative and augmented communication support for those people in Northern Ireland who need help to have their voice heard, and spoke with passion of his experiences of being overlooked and misunderstood because of his communication difficulties.

Through his campaigning, Neill reached



and fearlessness. He was also a gifted writer and published author; his literary eloquence is evident in the piece he wrote for www.myjourneymyvoice.org. Despite his significant communication difficulties, his own voice and journey were certainly heard.

Cathy Magee, who worked with Neill for more than 10 years, said: "Neill was a remarkable person. He was warm, humorous and determined. He provided an invaluable insight into the difficulties and prejudices faced by those with a communication disability, and became a passionate advocate for others. I can't recall ever hearing Neill complain about the significant time and effort required to express himself via his communication device; in fact, he joked about it. I

presume this was because he so valued having the means to communicate.

"I learned a great deal from working with Neill and am honoured to have been part of his journey. I am also thankful for the legacy he left. I hope this drives us further towards ensuring that, in Neill's words, 'the speechless [have] a voice'."

Our love and thoughts are with his family and friends.

Alison McCullough MBE, Head of RCSLT Northern Ireland Office

RCSLT online resource of the month



The *International Journal of Language and Communication Disorders* (IJLCD), the official journal of the RCSLT, launched its new and improved website in April, with a host of exciting new features. As well as being able to browse issues from as far back as 1966, members can now access IJLCD Video Abstracts. This new initiative allows those who are short on time, but keen on staying up to date with the latest research, to watch a quick overview from the authors about their research, including the findings and clinical implications. To visit the IJLCD website, click on the link at tinyurl.com/rcslt-pubs

an audience of thousands, including ministers and decision-makers from the highest levels of government in Northern Ireland. Neill's willingness to share his own poor experiences of care helped to secure a significant amendment to the Northern Ireland Mental Capacity Act, making it a legal requirement to provide communication support to anyone with a communication difficulty prior to making a decision about their capacity.

We came to know and respect Neill as someone with a dogged determination

Calling all research champions

RCSLT research champions are invited to join us at the third RCSLT Research Champions Workshop for a programme packed full of presentations and practical workshops.

The event, which will be held on 5 July at City, University of London's Northampton Suite, will aim to help participants embed the evidence base and research in their practice, and offer advice on how to make competitive applications for grants and fellowships. There will also be a wealth of opportunities to present their work.

Aims and objectives of the day:

- Develop the role of the research champion at a local and national level
- Share good practice initiatives to support evidence-based practice
- Develop contacts within the network to



support research and development work

- Gain knowledge and contribute to the strategic and operational research and development work of the RCSLT
- Develop knowledge in public and patient involvement (PPI)
- Develop knowledge and skills in core areas of research

For more information, and to book your place, visit www.rcslt.org/news/events/rcw. Applications from new research champions are welcome. Contact katie.chadd@rcslt.org to find out more.

3

focus areas
in the new RCSLT Strategic
Plan 2018-2021

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RCSLT
Research
Champions



COLUMN

Welsh leaders look to the future

Speech and language therapy leaders from across Wales came together for a two-day strategic leadership programme in Cardiff on 8 March. Hosted by Academi Wales,



24 delegates from the Wales Speech and Language Therapy Advisory Forum (WSLTAF) had the opportunity to consider leadership thinking and behaviours within the context of Welsh government strategy and healthcare service provision.

We were individually and collectively inspired and challenged to consider how we can lead teams to deliver, protect and drive forward speech and language therapy services – and how we can influence at local and national levels to protect the needs of our service users into the future. A thought-provoking exercise asked us to consider what the profession in Wales will look like

in 30 years, which created a strong case for innovation, diversification and a possible change in direction for training students.

Delegates came away with tools and skills for business planning, how to market our unique contribution within health and social care, and how to build resilience within the workplace. More powerful perhaps than anything was the opportunity to be together – to voice our passion, form new relationships, share learning and formulate the beginnings of our national professional vision; time to harness our collective energy to be a voice for our services in Wales.

Dawn Leoni, on behalf of WSLTAF

REF sub-panel announced

Proudly nominated by the RCSLT, Professors Karen Bryan and Courtenay Norbury have been appointed members of sub-panels of the Research Excellence Framework (REF) 2021.

Professor Bryan has been recruited to employ her expertise in the Allied Health Professions, Dentistry, Nursing and Pharmacy

sub-panel; while Professor Norbury will assist in work from the Psychology, Psychiatry and Neuroscience fields. As a core component of REF2021, they will be involved in the assessment of research impact made by UK universities.

📍 **To find out more about REF2021, visit www.ref.ac.uk**

Funding for pre-reg masters

The government has announced that masters pre-registration courses for allied health professions, including speech and language therapy, will be funded in the same way as for the undergraduate courses from

September 2018 onwards.

Tuition fee loans will be available for both years of the course. Students will also be eligible for maintenance loans.

📍 **To read the announcement, visit tinyurl.com/MastersFunding**

ADMINISTRATIVE AFFAIRS

In the '80s' TV show *Yes Minister*, the fictional government department is called the Department of Administrative Affairs – even the name is an exercise in bureaucracy; and you might feel similarly when you see that this month's column is about a consultation on regulatory reform. But it matters, and here's why...

The four governments of the UK, responding to joint recommendations from the three law commissions (there's just one for England and Wales), issued a joint consultation before Christmas. In itself, such a joint endeavour is unusual, and the recommendations date from some years ago. They matter because the topic is regulation of the health professions.

There are three broad proposals:

The first is that **there are too many healthcare regulators**. There are nine, with some very small, while pharmacists in Northern Ireland are still, uniquely, regulated by their professional body.

We are broadly content with a reduction but emphasised that we think the Health and Care Professions Council (HCPC) is fit for purpose.

The second is that **too many health professions are regulated**. Both

the RCSLT and the Allied Health Professions Federation responded that it is not clear what the evidence is for this assertion. As regards speech and language therapy, we responded with a heavyweight dossier of evidence regarding the risks that deregulation would pose. We stressed that their concept of risk was too narrow (not including, for example, mental health in community settings), but even in acute and inpatient settings, speech and language therapy is concerned with safety – dysphagia, of course, but also waking brain surgery and many other examples.

The third is that the **fitness to practice process is too onerous**. Very few SLTs are taken through the HCPC process, but broadly we agree with the consultation in this area.

Taking speech and language therapy out of regulation would be a massive risk to patient safety. We hope that the weight of our evidence will suffice, but await the governments' response. ■

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

“They matter because the topic is regulation of the health professions”

A cake stall with a difference

On 6 March each year, CPLOL, which comprises 35 professional speech and language organisations across the EU, celebrates the European Day of Speech and Language Therapy. To mark the day, which this year focused on



Kayleigh Hull, Beth Harrison, Anna Rydelewski, Tom Clayton

augmentative and alternative communication (AAC), staff and students from Sheffield University combined the initiative with the Giving Voice campaign to raise awareness about the SLT role related to AAC, as well as the needs of people with communication disability.

Supported by lecturers Lucy Dyson and Emma Gregory, students from the Department of Human Communication Sciences, along with staff from the Centre of Assistive Technology and Connected Healthcare (represented by Kate Fryer), set up a cake stall where students and members of the public could get a delicious cake if they asked for it using an AAC device, low-tech

communication aid or signing.

The event was a huge success and not only raised awareness of AAC but also £90 for Giving Voice. To view a video of the event on YouTube, visit tinyurl.com/Sheffield-AAC

***Kayleigh Hull, Bethany Harrison, Anna Rydelewski, Thomas Clayton and Marianna Puzzo**

**Other students who donated their time and/or baked goods included Elsbeth Burke, Jemma Hamilton, Megan Shufflebotham, Rebecca Moore, Abi Andrews, Matilda Watts, Chloe Mead and Bethany Marsh.*

Inspiring the next generation of SLTs

Hoping to inspire the next generation of speech and language therapists, SLTs from St Georges Secondary Schools attended a careers fair at Burntwood Girls School in London, which included more than 30 organisations and 600 students.

SLTs Cathy Thom, Charlotte Felix Ottoo, Sarah Cook and Rachel Goodhand took the opportunity to explain how varied the role of an SLT is, and encouraged the young people to pursue a career in speech and language therapy.

Cathy said: "It was a fantastic day. It is special to take time to promote the



profession, to encourage and inspire young people to think about the impact speech and language therapy can have on the lives of all, from babies to the elderly."

NIHR Dissemination Centre

SLTs in Forth Valley are invited to refer people affected by stroke to the new Moving Forward After Stroke (MFAS) programme. In partnership with Active Stirling, this stroke-specific exercise programme has been developed for people aged over 18 years, at any stage of their stroke journey. Designed to reduce the risk of secondary stroke and improve physical fitness and function, the free 12-week programme also offers health education sessions and support to make positive lifestyle changes.

For more information, email friederike.klinghammer@stroke.org.uk

MFAS is also being piloted in other areas of the UK – visit tinyurl.com/MFAS-programme

Member required for research network

The Child Speech Disorder Research Network (CSDRN), which aims to raise the profile of developmental speech sound disorder within the profession and promote research and the implementation of evidence-based practice, is inviting applications for a new member. The network meets twice a year with the objective of driving the research agenda through building research links and identifying opportunities. A further aim is to provide expert research and clinical knowledge.

Prospective members should have a PhD in a relevant topic or a clinical or teaching specialism in developmental speech. Contact Yvonne Wren, Chair of CSDRN, at yvonne.wren@bristol.ac.uk

BSA CEO steps down

After 18 years as CEO of the British Stammering Association (BSA), Norbert Lieckfeldt is standing down to pursue a career in the NHS. Norbert, who joined the BSA as a helpline volunteer 25 years ago after being told his stammer would prevent him from getting a graduate-level job, is the first CEO of the charity who stammers.

The BSA will be seeking applicants from across the charity sector and beyond for the post of chief executive. Visit: www.stammering.org

NIHR strategy to support AHPs

A new strategy published by the National Institute for Health Research (NIHR) Clinical Research Network (CRN) aims to support allied health professionals (AHPs) to 'blaze a trail in research'. Anthea Mould, Head of AHPs at the NIHR CRN, said: "We want AHPs to develop as visible leaders and strengthen their impact across the health and research system."

The strategy sets out five strategic goals focusing on leadership, research capacity and capability, patient and public access to research, innovation, and building strong partnerships.

For more information, visit bit.ly/AHPStrategy



Patrick Campbell

Opinion

Patrick Campbell introduces the BSA's 'The Way We Talk' document, and reflects on the impact words can have when talking about stammering

From stigmatising to empowering



ILLUSTRATION Sara Gelfgren

Here at the British Stammering Association (BSA), we have been looking more deeply at the words we use to talk about stammering in our recently published discussion paper, 'The Way We Talk'. The paper encourages people to move away from using stigmatising language towards more neutral or even positive language. It highlights how common and subtle the use of stigmatising language about stammering can be in society.

For example, consider the phrase, "There's an 80% chance they will grow out of it." I'd imagine that sentence slips out with ease when talking to parents of children who stammer. But, look at the phrase again: "...grow out of it". What does it say about the child who continues to stammer? Has s/he failed to grow up? Is s/he immature? Does s/he lack confidence? "Grow out of it" sounds so natural, so reassuring; however, it can potentially propagate a view of people who stammer

as being weak and unconfident. In my eyes, rather than being reassuring, it is language like this that makes life a lot more challenging for the child whose stammer continues.

The words we choose when talking about stammering come from a society that is predominantly fluent and historically holds negative views of people who stammer. Therefore, it is unsurprising to find that the words are often negative (eg, afflicted, struggle). Some words may initially sound positive (eg, overcome) but have subtle oppressive connotations. This may appear to be mere semantics, but I believe it has a considerable effect on people who stammer. It is the fabric of the public stigma towards people who stammer that leads to children who stammer being bullied at school and people who stammer being excluded from the job market.

"SLTs have a chance to change the language people who stammer use"

I also feel that this language is powerful for another reason: people who stammer may build their own internal narratives upon this negative language, consequently developing stigmatised views of their own speech. However, SLTs have a chance to change the language people who stammer use. I remember a moment from my own adult speech therapy where I was discussing what I wanted to gain from it: "I want to defeat my stammer," I said. My therapist reflected back: "Defeat? That's an interesting choice of word. Why did you choose it?" I can't remember my response, but what

I can remember throughout therapy is the steady introduction of more positive language in discussions about my stammer. As I gained this new vocabulary, I was able to interact and live with my stammer in a more empowering way.

The words we choose when talking about stammering are important. 'The Way We Talk' offers suggestions of positive language choices that will hopefully enable, rather than disable, people who stammer. Please take a look – visit tinyurl.com/BSA-the-way-we-talk – and reflect on your own use of language; it may be a surprise.

Suggested alternatives

- Instead of saying 'a person who suffers from/is afflicted by stammering', say 'person who stammers', or 'stammerer'/'stutterer', as these are more objective/factual; while 'sufferer'/'afflicted' assumes it is a negative aspect of life, which may not be the case.
- Instead of speech 'impediment'/'defect', use speech 'impairment', 'stammering', or 'speech dysfluency'. 'Impediment' implies the stammer gets in the way of talking, and 'defect' gives a strong message there is something wrong with the person. 'Impairment' is more neutral, and is used medically and in equality law.
- Instead of saying 'grow out of', say 'regain fluency naturally/as they grow older'.
- Instead of 'bad' or 'debilitating', use 'severe', which is more neutral. 'Debilitating' also implies people who stammer cannot live a full life.
- Instead of 'defeat', 'overcome' or 'conquer', say 'accept', 'learn to manage', 'found their voice' or 'embrace'.
- Instead of 'struggle', say 'live with the negative stigma of stammering' to avoid feeding into the preconception that people who stammer will struggle in life. ■

Patrick Campbell, British Stammering Association Trustee



Have your cake, but can you eat it?

Amelia Dale and **Clare Williams** take a look at the events of Swallowing Awareness Day 2018 and review a sample of the activities from across the country

ILLUSTRATION BY Clare Owen

This year, 14 March marked the third annual Swallowing Awareness Day, with SLTs and colleagues from care homes, charities, community organisations, NHS trusts and educational institutions across the UK coming together to raise awareness of dysphagia and how it can affect people's lives.

Taken for granted

Like breathing, swallowing is fundamental to human life. However, for those who don't have dysphagia, the ability to swallow is often taken for granted. For example, most people are unlikely to be aware that humans swallow at least 900 times a day, and that swallowing is a complex three-stage process that requires the respiratory, oral, pharyngeal, laryngeal and oesophageal anatomical structures to function in synchrony, which is dependent on the motor and sensory nervous system being intact.

To bring attention to swallowing disorders and how they can affect people at any stage in their lives, as well as to connect people with



health professionals who can help, the RCSLT launched Swallowing Awareness Day in 2016.

Creating a stir

Building on the phenomenal success of last year's events, this year's Swallowing Awareness Day coincided with Nutrition and Hydration Week, which provided an ideal opportunity for SLTs to collaborate with their multidisciplinary colleagues, resulting in an impressive array of imaginative activities.

With many participants sharing news of their ingenious exploits on social media, the day's events caused quite a stir; so much so that the Twitter hashtag #swallowaware2018 trended UK-wide, reaching 4.5 million people. As well as the flood of activity here in the UK, there was also involvement from more than 30 other nations around the world, including Uganda, Australia, Canada and the US.

Congratulations to all those who took part and did an incredible job of educating their colleagues, service users and the general public about what it's like to live with swallowing difficulties and how SLTs support people with dysphagia to eat, drink and swallow safely.

Here is just a taste of the many impressive activities that caught our eye. To see more, search #swallowaware2018 on Twitter and Facebook. ■

.....
Amelia Dale, RCSLT Publications Officer;
and Clare Williams,
RCSLT Bulletin Editor.
Email: bulletin@rcslt.org

'Come Dine' at North Manchester General Hospital

For Swallowing Awareness Day, we wanted to create a fun, eye-catching and interactive way of displaying information in our canteen at North Manchester General Hospital. After much consideration, we decided to go with a 'Come Dine with Us' dining table concept, which received a great response both from staff and the public.

We had fun facts about swallowing on the plates, the role of SLTs explained on the napkins, place names highlighting the prevalence of dysphagia in different conditions, and a 'water' jug showing how much saliva we produce in a day! The 'menu'



The 'Come Dine with Us' table at North Manchester General Hospital

contained information about modified diet and fluids, with fluid samples served in glasses. A wine bottle also highlighted that alcohol can be thickened, and thickener tubs made great vases.

Our hospital directors came along as 'guests of honour' and were very keen to learn more about dysphagia and the importance of our role.

The concept was a great success, and worked particularly well because people were able to sit down at the table to look at the information while chatting to us. ■

.....
Amy Lamond, Specialist SLT, North Manchester General Hospital →



Multidisciplinary workshops at Newcastle University

The Newcastle University Speech and Language Therapy Society collaborated with the university's neurology and cardiovascular societies to run a multidisciplinary team (MDT) event for Swallowing Awareness Day, where speech and language therapy students worked together with medical students in small groups to manage a hypothetical client's care after a stroke. The groups rotated around three workshops, one for each society.

In the Speech and Language Therapy Society room, we ran an interactive session about aphasia and dysphagia, and practised total communication strategies with the medical students. We also held a dysphagia-friendly buffet, where all 60 students in attendance could try thickened drinks and reflect on the impact dysphagia has on a client's psychosocial wellbeing. ■

Gemma Connor, SLT Society President, Newcastle University

Top:
Members of the Newcastle University Speech and Language Therapy Society with fellow students from the neurology and cardiovascular societies

Above right:
A staff member and resident from Woodview and Greenwood Care Home switch roles for the 'assist the assister' activity

Far right:
The speech and language therapy team at Lancashire Teaching Hospitals NHS Foundation Trust take their interactive challenges to the hospital wards



Care home role reversal provides food for thought

We celebrated Swallowing Awareness Day and Nutrition and Hydration Week at Woodview and Greenwood Care Home with a whole week of activities.

The week started with a fruit tasting, where residents were offered the chance to sample some of their favourite fruits and try some exotic new fruits – this was such a success that we're now planning on making it a regular event.

Swallowing Awareness Day itself was embraced by staff and residents alike. We switched roles and allowed residents to 'assist the assister'. This prompted a lot of interesting discussions among staff and residents about how it feels to be assisted with your meals.

Managers, carers, domestic staff and others all sampled textured desserts and meals, as well as thickened drinks, and discussed how the dining experience could be improved for the residents.

The week finished with a morning cream tea, which residents thoroughly enjoyed. We sang along to residents' favourite songs as they tried new flavoured drinks, milkshakes and smoothies from the 'hydration station'.

All in all, the week was a great success, with everybody getting involved; and the goal of raising awareness while having fun was certainly achieved! ■

Elliot Daley, Activities Co-ordinator, Woodview and Greenwood Care Home



Taking awareness to the wards in Lancashire

At Lancashire Teaching Hospitals NHS Foundation Trust: Royal Preston and Chorley District General Hospital, our aim was to take the swallowing awareness message to the wards throughout the day, and all speech and language therapy staff participated. We were armed with a decorated trolley featuring the RCSLT Swallowing Awareness Day posters and some interactive challenges to help get the message across. These included the ‘thickened mocktail’ tasters, which were a great opportunity for staff to taste fluids thickened to different consistencies. Catering staff joined us in providing samples of modified texture food for visitors to try, challenging their preconceived perceptions of a modified diet.

Overall, the day was very well received by the wards and the various staff we managed to involve. It was a great opportunity to spark some discussions about dysphagia and the assessments and recommendations put in place by SLTs. It also created a good opportunity for staff to ask us any questions they may have (for example: what’s the best way to thicken hot drinks?). Ward staff have often not tasted foods or fluids with a modified texture, so for some it was a real eye opener.

Using Twitter as a platform to promote the day was also very successful – we received recognition from lots of people who kindly ‘liked’ and ‘shared’ our activities, as well as ‘retweets’ from the chief executives! Overall, Swallowing Awareness Day was a fantastic opportunity for collaborative working and promoting the dysphagia work we do on the wards every day. ■

Stephanie Sharp, Specialist SLT, Lancashire Teaching Hospitals NHS Foundation Trust



A matter of consistency in Llandough

The Stroke Centre at University Hospital, Llandough, Cardiff held a ‘Get to Know Food and Drink Textures’ event on the ward to mark Swallowing Awareness Day 2018. Staff members were invited to try different food or fluid textures and consistencies as an opportunity to discuss and think about the differences between common foodstuffs, and how they may or may not fit into a modified diet.

A range of three drinks and 23 foods were sampled, and participants were encouraged to fill in questionnaires identifying the consistency or textures of what they were sampling. The event was well attended and sparked debate around the different textures, highlighting how tricky it can be to know whether something should be classified as ‘fork-mashable’, ‘soft’ or ‘normal’, for example.

The three drinks were all consistently categorised (tea/apple juice as ‘normal fluid’; fruit smoothie as Stage 1/Level 2; ‘syrup’, thick fluid), but only seven of the

23 food items were judged the same by all participants (for example, crusty bread and grapes were categorised as ‘normal diet’ by all participants). The food item that attracted the widest variety of descriptors was meringue (Texture C, Texture E, ‘soft’ and ‘normal’). Marshmallows and prawn crackers also prompted discussion, as they were not easy to categorise.

In addition to the food and drink supplied, information panels gave descriptors for reference, and a model larynx was a further source of interest in explaining pooling and vocal fold palsy, for example.

We would like to thank the dietetics department, who were able to provide cutlery/crockery resources for the event, and who also held their own Nutrition and Hydration Week event in the hospital on the same day. ■

Louise West, Specialist SLT, University Hospital Llandough

myTube website: a gastrostomy decision support tool

Kathryn Webster describes the development of a website to support patients and their carers when considering the placement of a gastrostomy feeding tube

ILLUSTRATION BY Cat Finnie

Making the decision to have a gastrostomy feeding tube placed is a complex and emotive choice for those living with motor neurone disease (MND). To address this, we initiated a project aimed at combining the current evidence on tube feeding in MND with peoples' lived experiences of considering, undergoing and living with a gastrostomy. The resulting patient-focused website, entitled myTube (www.mytube.mymnd.org.uk), covers many of the important issues to be considered before making the decision to have a gastrostomy tube placed, with the content and format of the information guided by people living with MND and their families. The website is intended to be used by patients, carers and their healthcare professionals to help inform the decision-making process.

About MND

MND, also known as amyotrophic lateral sclerosis (ALS), is a progressive neurodegenerative condition of unknown aetiology involving the upper and lower motor neurones of both the brain and spinal cord. Cranial nerves V, VII, IX, X and XI are frequently involved, and are responsible for some of the features of dysarthria and dysphagia.

There is no cure, and there are very few treatments available that have an impact on prognosis. Interventions, such as the drug riluzole, specialist multidisciplinary team (MDT) care and non-invasive ventilation (NIV), have been demonstrated to have a modest positive effect on prognosis (Miller et al, 2012; Aridegbe et al, 2013; Rooney et al, 2015; Bourke et al, 2006).

The role of the SLT

The SLT, as part of the MDT supporting patients living with MND, has a key role in

assessment and management of dysphagia. The aim for the SLT is to intervene to prevent significant weight loss, weakness and dehydration, and to reduce the risk of aspiration and choking on oral diet and fluids. Advice to maintain safe oral intake with disease progression will also include education, introduction of behavioural strategies and diet consistency modification. In addition, the SLT role also involves supporting decision-making around the option of commencing non-oral feeding, usually in the form of gastrostomy tube placement (RCSLT, 2018).

Complex decision

The decision to have a gastrostomy is a complex one for patients living with MND, and can be a cause of significant anxiety. Reported triggers that may make patients consider gastrostomy tube placement include difficulties associated with dysphagia and problems sustaining oral intake leading





to weight loss (Stavroulakis et al, 2014; Brotherton & Abbott, 2009). A large UK-based longitudinal, prospective cohort study, the ProGas study, found that delaying the decision to have a gastrostomy placed may result in worse nutritional outcomes (ProGas Study Group, 2015).

Some patients find it difficult to make decisions relating to a future deterioration in their physical condition, such as gastrostomy placement, complicating already sensitive discussions between health professionals and patients about future planning. Patients have fears relating to the procedure, hospital admission and how they will cope with the tube once it is in place (Stavroulakis et al, 2014; Brotherton & Abbott, 2009).

Project development

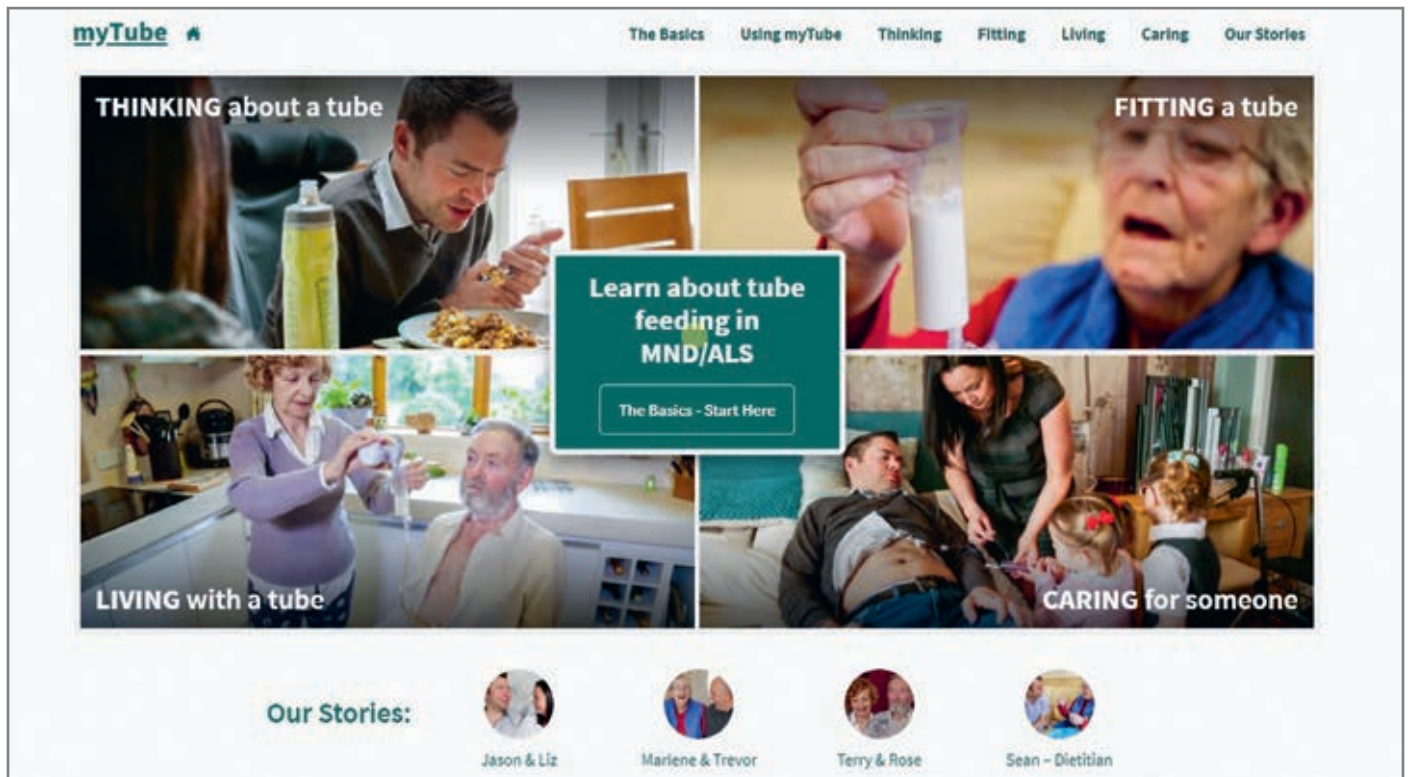
The project team behind myTube, which was funded by grants from Westfield Health and the MND Association, comprised clinical and research professionals at Sheffield Institute for

“Patients have fears relating to the procedure, hospital admission and how they will cope”

Translational Neurosciences (SITraN) and the Sheffield MND Care and Research Centre, in collaboration with patients, carers and health professionals, including from speech and language therapy and dietetics. The inspiration came from a wish to build on the positive response following the launch of myNIV in 2015, a web-based resource providing information to patients and carers about

non-invasive ventilation (www.niv.mymnd.org.uk). We commissioned the same filmmakers (Optical Jukebox) and web design experts (AMMBA) involved in myNIV to develop a website to support patients and their carers considering the placement of a gastrostomy feeding tube.

The current evidence base on gastrostomy use in MND was used as the foundation for →



the project; in particular, a study published by the Sheffield MND Care and Research Centre (ProGas Study Group, 2015), which found that the greater the percentage of weight loss at the time of gastrostomy from diagnosis, the less likely it was for patients to recover this loss after gastrostomy. This was particularly the case for people who had lost more than 10% of their weight since diagnosis. In addition, the study found that the odds for 30-day mortality were higher for this group of patients when compared with patients who had lost 10% or less of their weight.

The aim of the website was to facilitate and enable the patient and carer group to reinterpret the academic research in light of their own lived experiences, and, as a group, translate these insights into an educational resource. The website was not intended to replace decision support from an expert MND MDT; rather, to supplement it and drive discussion of some of the key issues.

Online resource

myTube, available free from www.mytube.mymnd.org.uk, covers four main areas that may concern people living with MND and their carers regarding tube feeding: thinking about a tube, fitting a tube, living with a tube and caring for someone with a tube. Each area is discussed through short films featuring stories from people who volunteered to share their experiences of tube feeding, as well as accompanying text that summarises the key points and gives links to further information.

Feedback from those who have used the site has been really positive:

- “I have just been diagnosed with MND and have been asked to start considering getting a PEG [percutaneous endoscopic gastrostomy]. This is fantastic information and very timely. I’ve already watched the first two videos and they’re great. Thanks to all participants ... you’re already helping someone in Australia.”
- “Thanks for this fab resource. It’s great to actually see and hear real-life experiences! Well done! I have my gastro consultant appointment in February and was dreading the whole process, and can honestly say that my worries have been eased loads after just watching a few of these videos! Thanks again everyone involved!”

We welcome feedback on myTube. If you have any comments, please email us at sean.white@sth.nhs.uk or kathryn.webster@shsc.nhs.uk. ■

Kathryn Webster, SLT, Neurological Enablement Service, Sheffield Health and Social Care Trust.
Email: kathryn.webster@shsc.nhs.uk

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Consultant Neurologist, Sheffield MND Care and Research Centre



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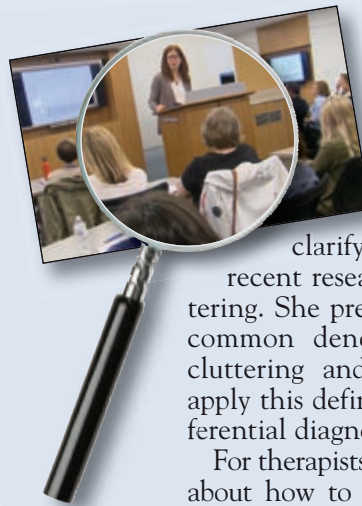
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cluttering: New another look

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



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A plan for the future

Morag Dorward and Della Money unveil the RCSLT's strategic plan for the coming three-year period

The start of April marks for many of us a new financial and business year – to sign off last year's underspends and overspends, and make sure our goals and targets are right for the year ahead. The RCSLT is no different. This year, though, also marks a bigger transition, as the three-year strategic plan for the years 2015–18 ends and the new plan for 2018–21 comes into effect.

The plan that was

As a membership organisation, we measure our success first and foremost by how satisfied members are, which is why we conducted a survey of members at the start of the last plan period, and why we have done so again in the past few months. Member benefits are at the heart of this and will continue – Bulletin being the most visible, along with insurance; plus those resources that should be there when you need them, such as clinical advice and advice on service provision. These areas were in the last strategic plan and will be in the new one. However, during 2015–18, we gave a particular focus to two other things as well.

First: workforce. We know that for many SLTs across the country, the challenges of austerity and continual redesign in the NHS are a daily reality, and we have devoted much time and resource to understanding the situation, seeking to influence those in power (most recently through the *Bercow: Ten Years On* review) and making resources available to support you with

these challenges. We know too that, for increasing numbers of SLTs, all or part of working life is outside of the NHS, and all of our materials and resources need to recognise this.

Second: people and communities. This strand focused on our work with service users and the organisations that represent them. During the past three years, we have moved closer to co-production, whether influencing politicians, undertaking webinars and other outreach, or working in partnership on communication access. We have also met annually with service-user organisations to develop and report on the strategic plan itself.

Developing the new plan

The RCSLT's Board of Trustees kicked off the writing of the new plan at its meeting in Glasgow last September. Since then, RCSLT boards, committees and staff have undertaken horizon-scanning and work-planning activities; we have held a further service-user engagement event, as well as the recent member survey. All of this has contributed to the new plan, and, in particular, you have urged the RCSLT to move ahead with the new website and digital offer, and to continue to recognise and focus on the daily reality of the financial and redesign challenges that SLTs face.

The three years ahead

So, the RCSLT's strategic plan for 2018–21 is more than just a statement of good intent; it's a detailed operational plan to achieve results. But neither is it a dry

business tool; it is a statement of how the reasons that the RCSLT exists will be made real. As with previous years, the Board is accountable and regularly monitors progress against the strategic plan, while the senior management team and staff are responsible for its delivery.

There are just three focus areas in the new plan: quality practice, innovative organisation and active influencing.

Quality practice is about supporting the work of SLTs. It includes two areas that have been a major focus in recent years and will only grow in those ahead. The first of these is research and evidence – we plan to shape research capacity and capability in the profession, and also support the culture of an evidence-based approach to practice. The second is technology – understanding the implications of new technology and supporting SLTs in using it, whether in clinical practice or in changes to working life and to service-user expectations.

As with our work with service users, research and evidence and technology are really cross-cutting themes that have to inform every part of the plan. This focus area also includes being an intelligence resource regarding workforce data, and supporting the development of leadership and the recording and use of outcome measures.

Innovative organisation is about the RCSLT itself – which includes every member and not just the trustees and staff. Along with best practice and wise use of resources, we plan to build on the work of recent years regarding member engagement, to maximise the ways that every member can engage with the work of the RCSLT in the





ILLUSTRATION BY Dan Mitchell

areas and to the extent that they want – be it research, influencing, social media, or being a clinical adviser or leadership mentor. As a member-led organisation, it will be important too to build resilience in the profession. This is also where launching our new website and digital offer comes in.

Active influencing is about the outward-facing work of the RCSLT. This includes both proactive creation of profile and opportunity, and reactive response to external drivers. So, while we will continue to respond to legislation and policy initiatives coming from the governments of the UK and the devolved nations, and from agencies and others, we will also continue to make the case proactively. This will range from the reports we produce ourselves, such as *Bercow: Ten Years On* or the recent stroke survey in Northern Ireland conducted jointly with the Stroke Association, to initiatives such as Swallowing Awareness Day to build awareness within the health system of dysphagia and the profession's

role. We will also continue to build our library of factsheets and web resources regarding communication and swallowing needs, which have been designed for a lay audience.

Performance is key

The last part of any strategic plan is the key performance indicators (KPIs) by which success is measured and account is held. Some KPIs are those that any organisation striving for excellence will have: finance, audit and HR, for example. But, as a member-led organisation, the RCSLT is rethinking those key measures that relate to member satisfaction and member engagement. Instead of just numbers of members attending events or engaging online, we want to measure the quality and effectiveness of that member interaction.

We know that not every member wants to be chair of the Board – some want Bulletin and the insurance, and to know that the RCSLT is there if they need it. But, for those

RCSLT purpose and vision

The Board of Trustees has made only slight adjustments to the RCSLT's core statements, to reflect the two charitable objectives of the RCSLT: to advance the profession, but also work for those with speech, language, communication and swallowing needs.

RCSLT's purpose

We are the professional body that promotes excellence in speech and language therapy.

RCSLT's vision

Enabling better lives for people with communication and swallowing needs.

members that wish it, there should be the opportunity not only to endorse what their professional body does, but also to contribute time, expertise and support; to own the work by investing time and being an ambassador; and to lead and engage others. This is how the success of the strategic plan will be measured.

To find out more about RCSLT's strategic plan and how you can be involved in the work of the organisation, contact info@rcslt.org ■

Morag Dorward, Chair of the RCSLT Board of Trustees; and Della Money, Deputy Chair of the RCSLT Board of Trustees

“It is more than just a statement of good intent; it's a detailed operational plan to achieve results”

Focus areas and strategic topics in the new plan

Quality practice	Research and Innovation
	Workforce and leadership
	Professional guidance
	Service users
Innovative organisations	Leadership within
	Member-led
	Digital
Active influencing	Creating profile and opportunity
	Developing evidence-based policy and resources



Lauren Longhurst & Katie Chadd

Lauren Longhurst reflects on the achievements of the RCSLT research priorities project so far and considers the next steps

Prioritising areas for research

Back in 2015, an RCSLT member survey included questions asking which areas of speech and language therapy needed more research. While it was apparent that all areas could benefit from more evidence, five stood out as a priority: dysphagia, learning disabilities, developmental language disorder, aphasia and autism.

Focus on dysphagia

To develop research questions for the first of these five areas – dysphagia – we held a collaborative workshop in partnership with the National Institute of Health Research (NIHR). Then, in March 2017, we called for interested SLTs to take part in and share our prioritisation survey to determine the top 10 research questions. You told us that you wanted research to focus on clinical practice, and that the gaps lay in identification, assessment and treatment of dysphagia.

We also involved service users, carers, service-user

organisations and other professionals, ensuring that the service-user view was at the core of our priorities. Interestingly, some service users commented that quality of life, care and services were more important to them than finding a cure for their condition. A recent survey on patient and public opinions on healthcare research, carried out by the Health Research Authority (HRA), suggests this is also the case elsewhere (HRA, 2018).

As a result of including service users' views, we are delighted that the NIHR has chosen us

from more than 50 applicants to be a 'test-bed project' for new National Standards for Patient Involvement.

A comprehensive process

Determining the top 10 research priorities sometimes seemed insurmountable due to complexities with data analysis and the sheer range of conditions that dysphagia covers. However, we got there in the end, and, on Swallowing Awareness Day this March, revealed our top 10 lists in three areas: adult, paediatric and general/non-age-group-specific.

We would like to thank everyone that has been involved in the process: from sharing our questionnaire and priorities, to reviewing information or creating easy-read documents, attending a workshop, and helping to define the scope and direction of the overall project. Your contribution has been invaluable.

The work doesn't stop here. We have a lot to learn from this process as we look towards completing future strands in learning disability, developmental language disorder, aphasia and autism. We will also be strengthening links with funding bodies, universities, clinical academics and researchers to encourage these priorities to be taken forward and turned into tangible answers to your questions.

Dysphagia research priorities: examples of top 10 questions

- Does the use of thickener in fluids reduce aspiration pneumonia and/or improve hydration and/or quality of life in adults with dysphagia?
- Do people with dysphagia and/or their families/carers carry out recommendations to improve the safety/effectiveness of swallowing at meal times? What strategies are effective to improve compliance with recommendations for postural changes?
- What is the effectiveness of the Neonatal Oral-Motor Assessment Scale (NOMAS) in identifying and managing sucking difficulties in infants?



Opportunity to reflect

All SLTs are encouraged to look at the top 10 lists of research priorities – and the long list too (visit www.rcslt.org/members/research_centre/research_priorities/RCSLT). Whether you are a clinician or a researcher, these priorities offer an opportunity to think about the data you are collecting and outcomes you are measuring in order to develop the evidence base the profession needs to improve lives for people with swallowing needs.

If you would like to be involved or find out more, please contact me: **Lauren Longhurst, RCSLT Research and Development Officer. Email: lauren.longhurst@rcslt.org**



Reference

Health Research Authority. *Survey of the general public: attitudes towards health research 2017*. Newcastle upon Tyne: HRA, 2018. Available at: tinyurl.com/ydh7e6wu

Research and Development Forum

Katie Chadd takes a look at the Research Champions Network, and shares her ideas for ensuring it goes from strength to strength

Championing research

ILLUSTRATION BY Jesús Escadero

It's always exciting when we hear from members about their plans for projects or examples of how they are developing their evidence-based practice, and there is immeasurable value in these accounts being shared with the broader community. One way to facilitate this knowledge exchange is through our Research Champions Network.

Closing the gap

The Research Champions initiative was born out of a passion to provide our profession with the confidence, competence and culture to close the gap between research and practice. We are keen to recruit RCSLT members across all nations, at any stage of their career, regardless of experience of 'research', so long as they are passionate about facilitating the Research Champions mission: "A UK-wide network of speech and language therapists that

strives to ensure that speech and language therapy is an evidence-based, research-active profession, bringing together research and clinical practice by working in partnership with the RCSLT and wider research networks." The Research Champions workshops provide an ideal opportunity to celebrate the contributions made toward this mission. We have also been delighted to receive some new case studies of how you have balanced clinical practice alongside research, and look forward to sharing these.

Going forward, we hope to better capture all of the work research champions are doing and encourage them to help us understand the range and extent of activities they are undertaking. To ensure continued engagement in the network, we will be asking research champions to update us with summaries of activities so that we can learn how to best provide support with new

challenges as well as in their continued success as research champions. What better place to start than at the upcoming Research Champions Workshop?

Upcoming workshop

We have listened to the feedback from the last workshop in 2016, collected your thoughts on what you want to hear about next, and can now share details of our 2018 workshop, which will be held on 5 July in London and will be full to the brim with expert advice on a range of practical topics.

Joining us at the workshop will be a series of inspiring speakers who will aim to address a number of concerns, including how to embed the evidence base and practical research in your independent and NHS practice, and how to make competitive applications for grants and fellowships. For a large portion of the day, we will be handing the reins over to you, the research champions, as

you take centre stage to disseminate your stories. We will also be displaying a host of posters submitted by research champions, and will be hearing from an impressive line-up of lightning talks.

We will be providing an update on all things 'research' at the RCSLT too, including the recent milestones reached on our research priorities project, which Lauren has summarised opposite. The workshop will also provide a critical forum for research champions to voice what they would like to see from RCSLT research, as we firm up the actions stemming from our new strategic aims for the coming three-year period.

For more information on the workshop and to book your place, visit www.rcslt.org/news/events/rcw

Join the challenge

Therapists are coming forward in their hundreds to register as a research champion, and it is encouraging to see the network continue to go from strength to strength. What we hope to see more of, both at the workshop and in the future, are tangible examples and empowering records of the impact being made by our research champions: for themselves, their services and the rest of our speech and language therapy community.

If the mission of the Research Champions Network resonates with you and you would like to join in the challenge, we would be delighted to hear from you.

To find out more about the network and download a registration form, visit the Research Centre webpage: tinyurl.com/zjhcb42 or email me: **Katie Chadd, RCSLT Research Support Officer.** Email: katie.chadd@rcslt.org ■

Stammering: Basic Clinical Skills

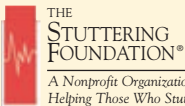
Dynamic 2+ hour DVD demonstration of stammering therapy techniques by experts from around the world to help you work effectively with children and adults who stammer. DVD No. 9600



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- Changing rate
- Voluntary stammering
- Holding/ tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

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



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18th June 2018

Cervical Auscultation

Lecturer: Dr Alison Stroud, Head of Speech Therapy
Therapists will learn the theory of Cervical Auscultation and learn the 'How, What and Where' of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds.
Venue: London Road Community Hospital, Derby | Fee: £130

27th June 2018

Advanced Course: Therapy Management of Parkinson's

Lecturer: Fiona Lindop
The programme will cover management at each of the 4 stages of Parkinson's - Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Each session will be led by a clinical specialist in the field of Parkinson's.
Venue: Royal Derby Hospital, Derby | Fee: £130

4th - 5th September 2018

The Lidcombe Program of Early Stuttering Intervention

Lecturer: Corinne Moffatt, Specialist Speech and Language Therapist, Claire McNeil, Specialist Speech and Language Therapist
This is a programme for early stuttering in which parents do the treatment whilst being trained and supported by their therapist. Scientific trials and case note audits in Australia, North America and Europe have shown that the Lidcombe Programme, when used with children of under seven years of age, can attain zero or near zero levels of stuttering in the short and longer term.
Venue: London Road Community Hospital, Derby | Fee £280

21st - 22nd March 2019

2019 LSVT LOUD® Training and Certification Workshop Series for speech-language pathologists

Thursday, March 21, 2019: 9:00 am - 5:00 pm
Friday, March 22, 2019: 8:00 am - 3:00 pm
Venue: The Durham Centre, Belmont Industrial Estate Auditorium, Durham, DH1 1TN | Fee £520

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Our monthly look at the latest in published research

In the journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Impact of ASD on gesture

To understand the impact of autism spectrum disorder (ASD) symptoms, and create appropriate interventions, it is necessary to further define the characteristics of non-verbal communication and speech and language abilities in individuals with Down syndrome (DS) and Fragile X syndrome (FXS).

This study compared individuals with FXS and DS to ascertain the impact ASD symptoms had on gesture rate and purpose. FXS and DS are genetic disorders that affect intellectual and communicative abilities. Gesture, as an early form of communication, supports language development. Children with DS have strengths in their non-verbal communication, whereas children with FXS can be lacking. Researchers sought to ascertain if there are quantitative differences in gesture use, and if these are syndrome based or related to ASD severity.

The study included 20 individuals with each syndrome, ranging in age from nine to 22 years; participants were age-matched at a group level. Varying study measures were implemented, and gestures were coded and analysed.

The study concludes that ASD symptoms differently impact gestures in DS and FXS: "In individuals with DS, the presence of more ASD symptoms resulted in a reduction in the rate of gesturing, but did not change the purpose. However, in FXS, the rate of gestures remained the same, but the purpose of those gestures changed."

Lauren Drake, Paediatric SLT, Airedale NHS Trust



Reference

Lorang E, Sterling A and the Expressive Language Consortium. The impact of autism spectrum disorder symptoms on gesture use in fragile X syndrome and Down syndrome. *Autism and Developmental Language Impairments* 2017; 2: 1-14. Available from: journals.sagepub.com/doi/full/10.1177/2396941517745673

Brain injury and social cognition

Adults with traumatic brain injury (TBI) often have impaired social cognition, which has been linked with persistent negative psychosocial outcomes, including reduced social interaction and difficulties maintaining employment.

In this study, 58 adults with moderate to severe TBI (24 females, 34 males) and 66 uninjured adults (34 females, 32 males) answered Theory of Mind (ToM) questions regarding a series of videos of conversation (Video Social Inference Task). The videos were presented in pairs, and working memory (WM) demands were manipulated by presenting the second video either immediately or after a 30-second distracter task, eg counting backwards by threes.

Adults with TBI underperformed even when WM demands were low, but both groups answered fewer ToM questions correctly when WM demands were high. Surprisingly, there was no significant difference between the scores of men and women in either group.

Overall, the study found that adults with TBI had lower scores on ToM social cognition tasks than adults without TBI, and the performance of both groups was affected by working memory (WM) demands. The authors suggest that: "It may be that WM and ToM are so intertwined that we...cannot truly know the independent contribution of each in everyday social interactions."

Cecy Marden, Student SLT, University of Sheffield



Reference

Turkstra LS, et al. Impaired theory of mind in adults with traumatic brain injury: A replication and extension of findings. *Neuropsychologia* 2018; 111: 117-122. Available from: www.sciencedirect.com/science/article/pii/S0028393218300162

Basic vocabulary in AAC software

Children who use augmentative and alternative communication (AAC) devices often struggle to use age-appropriate vocabulary, which can impact on academic achievement and social interaction. Concept words describing, for example, shape, colour or size are acquired early in language development. They contribute to nearly one-fifth of core vocabulary for school-aged children and are frequently used by teachers within classrooms. These words need to be both available and accessible for communication aid users.

McCarthy and colleagues identified 337 concept words and analysed their availability and accessibility within four AAC programmes, two iPad apps and two symbol libraries. Target words were found 50-63% of the time across the different devices studied. Although colour names and shapes were typically present, comparison words such as 'exact' and size words were often missing, meaning that children are unable to utilise this vocabulary.

There was no significant difference in the hit rate needed to access vocabulary, but the difficulty in navigating to vocabulary may mean that children are less likely to engage with it to contribute in the classroom.

The authors argue that the study "highlights the need to recognise and address the limitations of basic concept content in pre-packaged AAC software".

Nikki Gratton, SLT, Humber NHS Foundation Trust



Reference

McCarthy JH, Schwartz I & Ashworth M. The availability and accessibility of basic concept vocabulary in AAC software: a preliminary study. *Augmentative and Alternative Communication* 2017; 33(3): 131-138.

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.

Ask the Experts

Is the communication pyramid a useful model of language development?

Sally Morgan, Lecturer in Speech and Language Therapy; and Lucy Dipper, Senior Lecturer in Clinical Linguistics and Child Language Development

Division of Language and Communication Science at City, University of London

If you work in the UK, particularly if you work in paediatric practice, the chances are that you will have used a ‘communication pyramid’ with parents, carers and other professionals to discuss language development. Recent conversations on Twitter bear this out. But where do these frameworks come from, what do they depict, and are they evidence based?

Pyramid design

A quick internet search shows the scale of acceptance and use of the communication pyramid on speech and language therapy and school websites. There is a good deal of consistency in the blocks or stages included in each pyramid diagram, but there is also a wide variety of design styles, perhaps indicating that people are drawing from the same idea but creating their own versions.

Typically, the pyramid is represented by a foundation block of ‘attention and listening skills’, on top of which lay successive blocks labelled ‘play and interaction’, then ‘receptive language’, ‘expressive language’ and, finally, ‘speech sounds’. There are slight

variations in the terminology used and some pyramid diagrams add extra blocks for pragmatics and literacy, but, overall, there is surprising homogeneity. Often, the pyramid itself will be supplemented with text or arrows to suggest that one stage must be achieved before the next level can develop.

To the best of our knowledge, there is no single source for the communication pyramid in either the language development or the speech and language therapy literature. Although it is highlighted as being in common usage in many speech and language therapy services across the UK by The Communication Trust (TCT), and appears in a number of publications that parents and practitioners use (eg TCT’s *Misunderstood* booklet – TCT, 2011), there is no evidence base that we can find in searches of academic databases to support it.

Strengths and limitations

As speech and language therapy educators, our students tell us they frequently see the use of the pyramid in practice when on placement. We have found that it is often interpreted as a



model of normal speech and language development, which it is not. While we acknowledge the popularity of the pyramid, and its evident usefulness for discussing the different skills underpinning communication, we think it is important to emphasise its limitations.

Our students tell us that the pyramid is used in a variety of ways. Often, the layers are referred to as the ‘building blocks’ of communication, and there

“While we acknowledge the popularity of the pyramid ... it is important to emphasise its limitations”

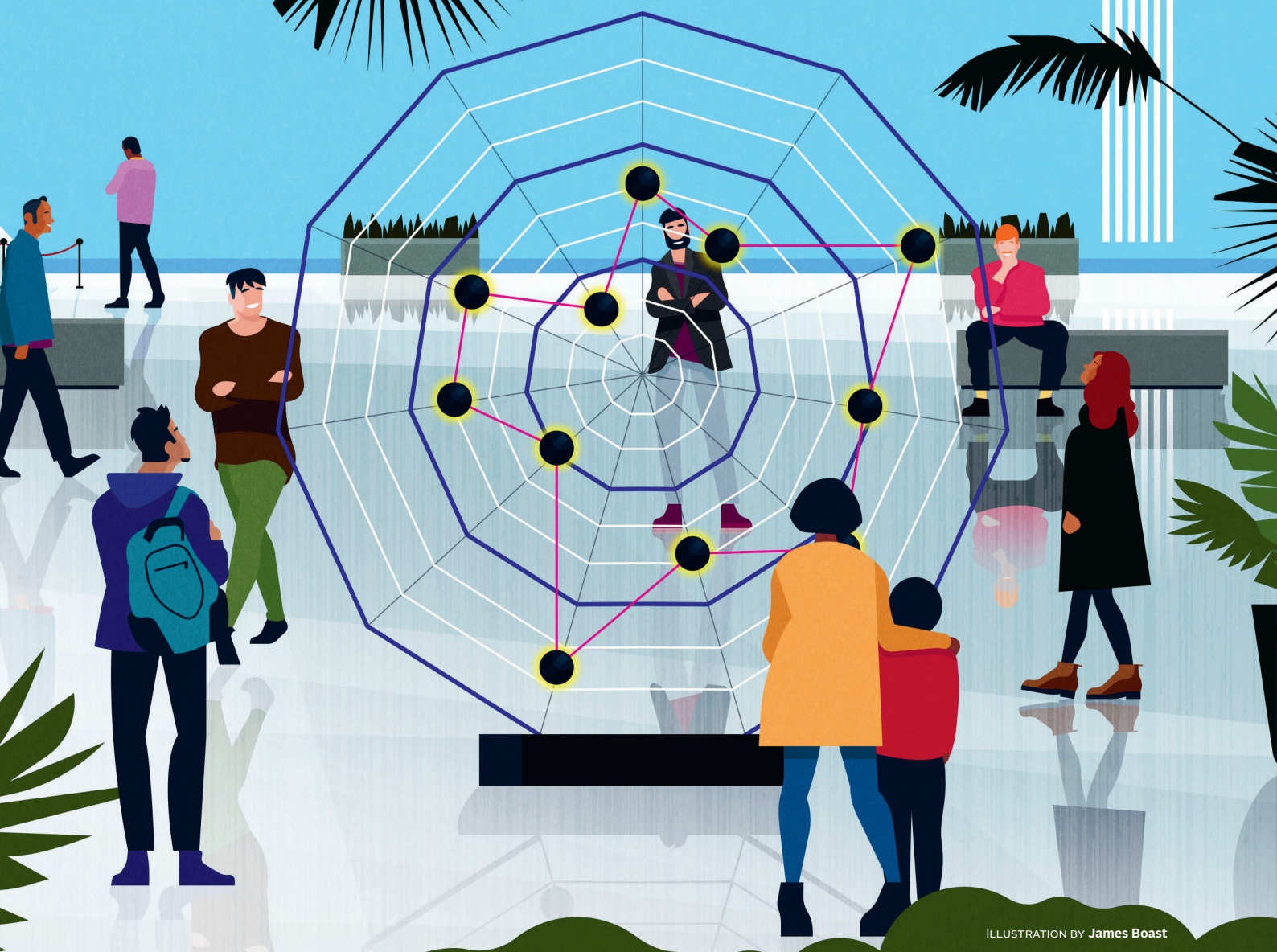


ILLUSTRATION BY James Boast

is some truth in this because good attention skills, eye contact and interactional skills learnt through play would indeed provide a solid foundation for language development (Carpenter et al, 1998). The pyramid is also used simply to raise awareness that there are various component parts of communication (typically, more than just speech/pronunciation). Undoubtedly, the pyramid helps convey this to parents and other key agents of intervention, and we recognise that it is often used for these purposes only. Also, it is true that language comprehension starts to develop ahead of production and stays that way for the majority of key milestones in language development (Samuelson, 2008). However, there are dangers in the way the pyramid depicts each skill.

The design of the pyramid appears to suggest that each layer represents a stage of development that is completed before the next layer, which is clearly untrue. For example, it could mislead people to think that the development of all receptive language skills must be

completed before expressive language skills can emerge, and that no language development occurs after clear speech is established. Our students report that they have also seen the pyramid used ‘developmentally’, or that they have done so themselves, and examples of this misuse can be found online. This is where the danger lies.

As SLTs know, attention, listening and speech skills develop alongside each other, not just first and last, as the pyramid suggests. Indeed it was the placement of the final ‘speech sounds’ block at the top of the pyramid that prompted the discussion on Twitter (September 2017), with an established speech-sound development researcher from Canada expressing alarm at the implication that phonological skills come last. There are, of course, some evidenced-based key milestones in language development, but these are not represented as such in the pyramid. For example, cooing is expected at around two to three months, babbling at four to six months; first expressive words appear in isolation at around 12 to 15

months, and in combination at 18 to 24 months; at the same time, the earliest speech sounds are emerging (Owens, 2008). Speech sounds then continue to expand and develop alongside continued language, cognitive development and pragmatic development – not as the ‘final piece’.

Common misconception

The communication pyramid is not intended to be a model of development but instead to be used to help explain how speech and language are supported by other skills, and to make the complex processing accessible to parents, carers and health and educational professionals who are not trained in language development. Clearly these diagrams are perceived to be useful in highlighting the multifaceted nature of communication and in upskilling others – a key role for SLTs (RCSLT, 2010).

The pyramid diagram has enduring popularity: a picture of it was the most re-tweeted tweet from one particular NHS SLT service in an individual week in September 2017. In our experience →

as clinical educators, this model is very appealing to student SLTs too because of its clarity, but it is frequently misunderstood and used as a step-by-step approach to development and often intervention. This misunderstanding occurs despite our teaching the key milestones in typical speech and language development. This leads us to ask whether this misunderstanding also occurs when the pyramid is used in discussion with parents and carers, even when it is not presented as a model of development.

A new model

Is it time for a new model? There is clearly a need to highlight the multifaceted nature of communication, and a need for a diagrammatic way to depict the network of skills underpinning communication. In our opinion, it would be beneficial if this model did not also appear to represent the stages in speech and language development.

There is a range of potential alternative options. One of our favourites is the Target Profile Diagram (Figure 1), which was developed to help assess children with moderate learning difficulties (Charatan, 2006). The tool, which won a Sternberg Award for Clinical Innovation in 2006, shows receptive and expressive language and core skills broken down into 11 areas, with a 10-point scale (1 = lowest; 10 = highest) to reflect developmental progression. The resultant peaks highlight areas for target setting.

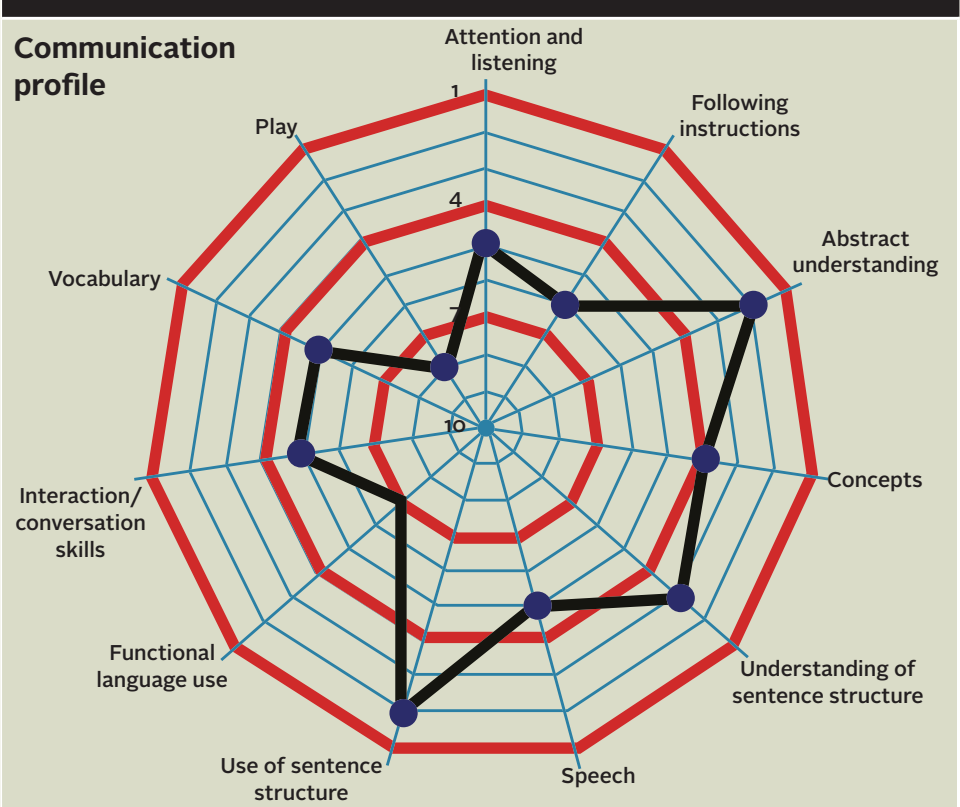
We also like Scarborough's Rope Diagram of Skilled Reading (Scarborough, 2001), which is useful for representing the multifaceted interaction between skills. It compares skilled reading to a rope comprising various strands, or skills (five language comprehension strands in one braid and three word recognition strands in another), which are interwoven and work together to create a single strong rope, resulting in fluent reading skills.

What do you think...? ■

Acknowledgements

We would like to acknowledge and thank the clinical teaching team at City, University of London, and the many Twitter users whose discussions with us have inspired this article.

Figure 1. Example of Target Profile Diagram (Charatan, 2006 – redrawn)



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MAY CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to 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

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

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

8 May, 9.30am – 4.30pm

Study day. Programme to include: Lindsey Collins on eating and drinking experiences of people with dementia and dysphagia in care homes; Dr Lauren Yates and Luke Gibbor on Cognitive Stimulation Therapy; and Kirsty McKenzie on applying medical law and ethics to speech and language therapy. Location: RCSLT, London SE1 1NX. Cost: £15, members and students; £25, non-members. For information and to book, email dmhcn@gmail.com or visit dementiamentalhealthcen.com

East Midlands ASD (Children's) CEN

8 May, 9.30am – 3.30pm

Robyn Steward, author of 'The Independent Woman's Handbook for Super Safe Living on the Autistic Spectrum', will be giving a talk on growing up with Asperger's and strategies to support communication and social skills. Morning speaker TBC. Plus AGM. Venue: John Godber Centre, Nottingham NG15 7FQ. Cost: £15–20 (tbc); £5, students. Tea and coffee provided; please bring lunch. Email katie@speechtherapyservice.co.uk to confirm attendance.

Surrey DLD CEN

9 May, 1–4pm

Topic: Supporting and Managing Wellbeing in Students with DLD. Speakers: Stuart Lane, integrative psychotherapist; and Amy Morrison, SLT. Venue: Moor House School and College, Oxted. For enquiries and to book, email dldcen@yahoo.com

North West Paediatric Dysphagia CEN

15 May, 9.15am – 12.30pm

Key theme: neonates. Will also include IDDSI discussion, case discussions and resource sharing. Venue: Halewood Health Centre, Roseheath Drive, Halewood L26 9UH. Cost: members, £10 (two meetings); non-members, £7.50 per meeting. For more information, email amy.challenor@NWBH.nhs.uk

London Paediatric Dysphagia CEN

17 May, 8.45am – 4.30pm

Study day topic: Feeding with a compromised child: a more practical approach. Venue: Malet Suite, Student Central, Malet Street, London WC1E 7HY. Cost: £15, members; £35, non-members. For more information, visit pdcen.org

East of England SLT Assistant CEN

17 May, 10.30am – 4pm

Speakers include Derek Munn, RCSLT Director of Policy and Public Affairs, and members from the Communication Aids Service East of England (CASEE) team. Location: Peterborough. Cost: free. For further information, please email tamson.chipperfield@cpft.nhs.uk

Midlands SEMH CEN

18 May, 9.30am – 4pm

The day will include: a research update by Dr Thomas Hopkins (language and youth offending); developing best practice in writing EHCP reports for students with SEMH; case study discussions and networking

opportunities. Venue: Birmingham City University, Westbourne Road, B15 3TN. Cost: free (places limited). Please bring your own refreshments. To book, email claire.westwood1@nhs.net

Computers in Therapy CEN (CITCEN)

24 May, 9am – 4pm

Findings from the Big CACTUS project with Dr Rebecca Palmer, and EVA Park with Richard Talbot; CITCEN Toolkit; App Share; and more. Cost: £20 paid on the day. Limited number of free live-stream virtual-attendance tickets available. Location: Weston-super-Mare. To book, visit tinyurl.com/CITCENMay2018 or search CITCEN on Eventbrite.

Medico Legal CEN

5 June, 9.30am – 3pm

An introduction to SEN Tribunals for non-members. Venue: Simpson Millar LLP, Manchester office. Cost: £35. For more information, email jo.intospeech@gmail.com

MSI/VI CEN

7 June, 10am – 4pm

Theme: Interventions and Strategies. Presentations to include: AAC and MSI/VI, feedback from MSI conference, a parent's view, MSI/VI research updates, and RCSLT research in practice. Further details to be confirmed. AGM and election of committee. Venue: RCSLT, London SE1 1NX. Members and students: £15 annual membership plus £5; non-members: £15. To book, email sshah@thechildrenstrust.org.uk or julia.hampson@rnib.org.uk

South West Specific Speech Disorders CEN

14 June, 9.30am – 4.30pm

Guest speaker Pam Williams is providing a one-day workshop on the Nuffield Dyspraxia programme, focusing on intervention approaches for verbal dyspraxia and the NDP 3. Venue: Woodbury Park Hotel & Golf Club, Exeter EX5 1JJ. Cost: £42.51. Email: swspeechcen@gmail.com. Tickets available from tinyurl.com/swspeechcen-June18

East Midlands AAC CEN

14 June, 10am – 2pm

Venue: Bennerley Fields School, Stratford Street, Ilkeston, DE7 8QZ. Cost: Free. Please email Claire.Sayers@nottshc.nhs.uk if you would like to attend.

Children who have Social Emotional and Mental Health Needs CEN (SE)

15 June, 9.30am – 3.30pm

Participant-led day: please bring assessments/resources/interventions to share. We will be discussing: issues raised from practice, assessment, interventions, SLT boundaries, mental capacity and consent. Location: Sussex. For information and to book, email cathmattison@googlemail.com

Promoting Communication in the Early Years CEN

27 June, 9.30am – 3.30pm

Workshop day: 'Taking research forwards: getting the message out there'. Venue: RCSLT, London SE1 1NX. Cost: £10, members; £20, non-members (incl. membership to Aug 2018). To book, email nickilees@nhs.net

South East and London Stammering CEN

29 June, 9.30am – 4.30pm

Study day looking at creative and motivating ways of working with people who stammer. Find out how to use improvisation in therapy, incorporate creative arts into your workshops or hear about the innovative school groups set up by teacher Abed Ahmed. Also opportunities to share practice and challenges. Cost and CEN membership: £20; students and retired: £10. Venue: City Lit, 1-10 Keeley St, London WC2B 4BA. Email Alison.Westwood@berkoslt@gmail.com

South West SEMH CEN

29 June, 9.30am – 4pm

First South West SEMH CEN meeting: talk on attachment and trauma by Emma Spillane from the Centre for Adoption Support and Education; session on mindfulness and wellbeing from clinical psychologist Jackie MacCallam; and participant-led session on issues raised from practice, interventions and resources. Location: Bath. Cost: £20 membership (two meetings per year); £15, non-members. Please bring your own refreshments. To book, email kerry.baker2@virginicare.co.uk

National Trans and Gender-diverse Voice and Communication CEN

5-6 July

Voice and Communication Therapy within the Trans and Gender-Diverse Care Pathway: essential knowledge and skills for SLTs. Venue: Tavistock and Portman Centre. Cost: £350. This two-day multidisciplinary course provides competencies in gender dysphoria treatment and experiential training in voice and communication therapy which map to the Competency Framework. To book, visit tavistockandportman.nhs.uk/cpdg6

Bilingualism London CEN

12 July, 9am – 4pm

Study day: mixture of theory and application to practice. Speakers: Ludovica Serratrice, Professor of Bi-Multilingualism, Reading University, on sentence repetition and non-word repetition tasks developed in a European COST action project; Helen Cain, PhD student in Language and Communication, City University, on dynamic assessment – theory and practice. Afternoon session: workshop on use of dynamic assessment. Venue: RCSLT, London SE1 1NX. Visit: tinyurl.com/BilingualismLondonCEN-Jul18

London and South East Region (LASER) Selective Mutism CEN

19 July, 9.15am – 4pm

'Tackling Selective Mutism in the context of ASD or Social Communication Difficulties.' This will focus on the management of complex selective mutism via presentations and sharing casework. Venue: RCSLT, London SE1 1NX. This event is open to non-SLT colleagues. Email: roberta.mendes@nhs.net

East Midlands AAC CEN

11 October, 10am – 2pm

Venue: Bennerley Fields School, Stratford Street, Ilkeston, DE7 8QZ. Cost: Free. Please email Claire.Sayers@nottshc.nhs.uk if you would like to attend.



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

Obituary

Margaret Edwards LCST, MCST, FRCST, MPhil

1924-2017

Photos courtesy of Joyce Cook

An initiator, facilitator and pioneer in her professional life, Margaret was, in her private life, a sincere and devoted friend to a host of people. Her home was always an open house for friends, neighbours and colleagues.

Born and brought up in Wales, Margaret trained at the Central School of Speech and Drama in London before qualifying with the Licentiate of the College of Speech Therapists (LCST) in 1946, shortly after the College of Speech Therapists was formed in 1944. She was one of the first group of probably fewer than 500 LCSTs (compared with the almost 16,000 SLTs registered now) to lay down the path for the future development of the profession. She was in many cases 'the first to start': setting up language units in primary schools for children with specific disabilities, for instance; and having a major influence in the production of the 1974 Quirk Report, which recommended degree-level training for speech and language therapists.

Margaret's own speciality was the assessment and treatment of articulatory dyspraxia in children. In 1974 she was awarded an MPhil degree from the University of Aston for her unpublished thesis 'The perceptual processes underlying speech'. Her interest in the orosensory perception of speech, auditory dysfunction and proprioception derives from features that characterise verbal dyspraxia (see her chapter in the RCSLT's 1979 monograph

No 2, in association with the *British Journal of Disorders of Communication*, entitled 'Diagnosis and Treatment of Palato-Glossal Malfunction'). Her classic book on the subject was *Disorders of Articulation: Aspects of Dysarthria and Verbal Dyspraxia*, the seventh in the Disorders of Human Communication series published in 1984 by Springer Verlag, which is as relevant now as it was then. She also published *Developmental Disorders of Language*, co-authored with Betty Byers Brown in 1989, and co-edited *Advances in the Management of Cleft Palate* with ACH Watson in 1980.

Margaret advised on and influenced the 'start up' of several speech therapy diploma training courses and, later on, BSc degree courses at Birmingham City University in 1968 and at Newcastle University in 1967. She was external examiner for the BSc at Manchester University and, from 1983 to 1989, she was responsible for the MSc in Human Communication at the Institute of Neurology in London. This was when I really got to know Margaret, since I was working at the National Hospital next door.

From 1979, Margaret was a member of College Council. She acted as press officer, served on the academic and registration board and the advisory editorial board. From 1979 to 1983 she was the editor of the



Margaret celebrating her 80th birthday at the Ritz Hotel in 2004

British Journal of Disorders of Communication. In 1985 Margaret was awarded the Honour of the College and was elected Chair of Council in 1988. She inspired me.

At her funeral in her local church, St Peter De Beauvoir Town, London, the final music was the Reverend Eli Jenkins' Prayer from *Under Milk Wood* by Dylan Thomas, sung by the Treorchy Male Voice Choir. Margaret would have approved.

.....
Renata Whurr

“Margaret was a passionate advocate for communication”

Margaret had an immediate effect on me when we first met in 1963 in the Worcester clinic. I was struck by her air of kindly efficiency – and her very own filing cabinet! She treated my brother and was always rather clear, including about ‘speech sound’ disorders, that I later realised must have been even less understood then than they are now.

Margaret was a passionate advocate for communication. She not only had a vision of speech and language therapy as a graduate profession, she set about making it a reality.

She was warm-hearted, strong-minded, intelligent, inspirational, mischievous and a marvellous hostess. An unforgettable character in her various roles, and always a sparkle in her eye – quite a naughty twinkle when choosing to present in her ‘Mrs Tiggy-winkle’ mode, or squirrel another bottle of good red wine into post-conference parties in Oxford...

Kay Coombes

“An initiator, facilitator and pioneer in her professional life, Margaret was also a sincere and devoted friend”



Margaret with clients in her early clinic days



RCSLT Chairs: Back row (L-R): Anne Wallace, Joyce Cook, Sandra Robertson, Mary La Frenais. Front row (L-R): Joan Pollitt, Catherine Renfrew, Margaret Edwards

I knew Margaret from the late 1960s, when I taught the SLT students on Margaret’s course in Birmingham every week.

Besides my admiration for the spirit of Margaret and the students on this new course, the refreshment offered to me after my train journey from London remains fresh in my memory. Instead of being in the proverbial broom cupboard, the course office was based in a teaching laboratory in Matthew Boulton Technical College. Immaculate in cashmere, Margaret would elegantly use instant hot water from the lovely old swan-neck tap over the lab sink to mix instant coffee powder with instant coffee whitener to produce a never-to-be-forgotten beverage – a complement to the full English breakfast in the first-class dining car I had enjoyed, thanks to the generosity of Matthew Boulton... Those were the days!

Evelyn Abberton



Insurance for RCSLT members

Keeping you protected while you practise



As the dedicated insurance broker to the RCSLT, we're experts in sourcing the right insurance solutions for you and your practice. In addition to the cover you already receive as part of your membership, you may wish to consider additional insurance for your business.



Insurance covers that we can also arrange for you include:

- Specialist professional indemnity for businesses whose requirements fall outside the RCSLT member cover
- Overseas business travel insurance for limited companies
- Office insurance
- Cover for your contents and equipment
- Employers' liability insurance
- Cyber liability



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**Cambridgeshire and
Peterborough**
NHS Foundation Trust

Speech and Language Therapist

Salary range will be from £26,565 to £35,577 as per NHS Agenda for Change for a Band 6. The salary will be dependent on experience.
37.5 hours per week

Cambridgeshire and Peterborough NHS Foundation Trust have launched an Early Support Discharge Service for Stroke. We are seeking an enthusiastic and dynamic Band 6 Speech and Language Therapist to join the team to provide high-quality communication and dysphagia management.

This is a key part of the pathway for those surviving stroke. We support people to leave hospital sooner and provide intense rehabilitation for a six week period, both in the community and inpatient community beds. This enables patients to achieve their maximum potential. Our team consists of Neuro PTs, OTs, SALTs, Psychologists, Neuro Rehabilitation Assistants and Data Co-ordinators. The team works as an integrated community neuro rehab and Stroke ESD team across Cambridgeshire and Peterborough and are part of the National SSNAP audit.

There is an in-house training programme with a supported blended competency package to help you develop within your profession and role. You will receive regular clinical supervision and support.

This service was developed in conjunction with North West Anglia NHS Foundation Trust & Cambridge University Hospitals NHS Foundation Trust and is part of an exciting new model of care built around the patient in the community.

This post has the potential to become rotational with North West Anglia NHS Foundation Trust inpatient stroke rehabilitation service.

Post holders will have access to our base in the North Locality and will work in an agile manner.

To apply please visit our website www.cptf.nhs.uk/Recruitment/ or for further information please contact, Lynda Morris, Operations Manager Neuro Rehabilitation, on 07976 755011.



SPECIALIST SPEECH & LANGUAGE THERAPIST

Starting salary £26,400 FTE upwards dependent on experience
NHS Band 6-7

Extensive CPD package and comprehensive benefits package

Term time only - 34.75hrs per week - 44 days annual leave

The Jigsaw CABAS® School, rated "outstanding" by Ofsted, is an independent day school for up to 68 pupils aged 4-19 with Autism Spectrum Disorders and associated additional complex needs. Teaching at the school is based on the principles of Applied Behaviour Analysis (ABA).

An opportunity has arisen to join our vibrant and supportive team of therapists. You will work closely with pupils and their teachers to provide specialist direct and indirect therapy using a range of creative techniques including PECS, Attention Autism, Intensive Interaction Therapy and Social Stories.

Jigsaw has a strong commitment to continuing the professional development of its staff and offers excellent internal and external training opportunities.

This role would suit an experienced Speech and Language Therapist looking to develop their clinical skills within a multi-disciplinary team as well as enhancing their experience of providing supervision of junior therapist.

To apply or for more information please visit: careersatjigsaw.co.uk, or call our HR department on 01483 279679

Jigsaw School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful applicant will be subject to an Enhanced DBS check.



Jigsaw Trust is a UK registered charity no. 1075464



Paediatric Speech and Language Therapists

Salary dependent on experience
(London)

The London Children's Practice is a thriving service with three clinics across London. It comprises of a multi-disciplinary team providing comprehensive assessment and therapy services for a mixed paediatric population. We are a friendly team with a focus on flexible and family-centred care. Roles involve provision of assessment and therapy to a range of clients presenting with communication needs, including ASD and Developmental Language Disorders.

We currently have a number of exciting opportunities as we are recruiting for several positions to expand our service. Available roles will suit clinicians with experience ranging from newly qualified to equivalent NHS band 7. Roles generally include a mixed caseload of mainstream schools, special needs schools and clinics. Higher level roles will also include some service development and supervisory responsibilities. There is also scope to specialise within particular client groups.

Experience in schools and with children with complex needs is desirable.
Some roles to commence as soon as possible and some roles to commence in September 2018.

Regular external training opportunities are provided. Each team member will also receive clinical supervision with a Professional Development Plan to assist you to develop your clinical and professional skills and guide your career path.

Flexible working hours including part-time and term-time only options are available.

Please submit an up-to-date CV with letter or email of interest.
For enquiries and applications please contact Katie Pennycuik.
Tel: 0207 467 9520 Email: katie.pennycuik@londonchildrenspractice.com

Closing date guide: 31st May 2018
The closing date given is a guide only. We will close these vacancies once sufficient applications have been received. It is therefore advisable that you submit your application as early as possible.

Now Hiring!



Leading paediatric speech and language therapy service, working collaboratively across 50 schools in the UK. Caseloads are diverse with students presenting with a range of SLCN.

The team has a strong research focus with SLTs involved in projects at leading universities.

We are looking for dynamic SLTs to join our vibrant mainstream primary & secondary schools service in central London. Contracts awarded on a full or part time basis.

Therapists will receive:

CPD & Supervision
Clinical resources
Laptop

Competitive rates
Paid school holidays
Contract completion bonus

Apply online: speechandlanguagetherapy.org.uk
Applications close: 4th June 2018
Interviews: 11th-22nd June 2018
Start: 16th July or 3rd September 2018

Enquiries:
Mr Matthew Lawrence (Clinical Director)
t: 0203 488 1027 e: hello@therapynetwork.org.uk

APPOINTMENTS

CALL POOJA BADWAL ON 020 7324 2755

TRINITY SCHOOL, Dagenham Heathway, Essex RM10 7SJ
Tel: 0208 724 1703 Fax: 0208 270 4969
Headteacher: Susan Ball (Roll 280, 4 - 19 years)



Band 5 SPEECH AND LANGUAGE THERAPIST

£23,023 – £29,608 per annum (subject to national union agreement on proposed transitional pay scales for the 3 year pay deal) + Outer London Weighting

Full time – 37.5 hours per week (Hours of work as set out in current School Teacher's Pay and Conditions document)

Trinity School is a 4-19 year special school for students with MLD, SLD, PMLD and Autistic Spectrum Condition. We are committed to the development of quality learning and communication opportunities. Our dynamic and enthusiastic communication team works as an integral part of the whole school and is seeking a new team member. This is an ideal opportunity for you to develop your skills in working with children with a range of learning disabilities with associated complex needs. You will work alongside experienced therapists with additional specialist support to deliver input via a consultative model of Speech and Language Therapy.

You should be prepared to work as part of the whole school team, be innovative, flexible and passionate about this area of work.

You must be registered with the HCPC and RCSLT.

You should have an interest in or some experience of:

- Children with complex communication difficulties
- Learning difficulties
- Profound and Complex Learning Difficulties
- Dysphagia
- The implementation of AAC and PECS

Newly qualified therapists are welcome to apply.

We can offer professional supervision from a Speech and Language Therapy Manager, a highly supportive team of teachers and classroom assistants, an environment that values language and communication skills and the expertise of our SLTs, support for CPD, training and development opportunities, pension scheme and a health scheme.

Visits to the school are strongly recommended before submitting an application. Please contact Eimear Adair, HR Assistant on 020 3435 5959 to arrange an informal visit.

An application pack is available by contacting: Eimear Adair, HR Assistant on 020 3435 5959 or emailing: eadair@trinity.bardaglea.org.uk

Closing date: 4pm on Thursday 17 May 2018

Start date: As soon as possible

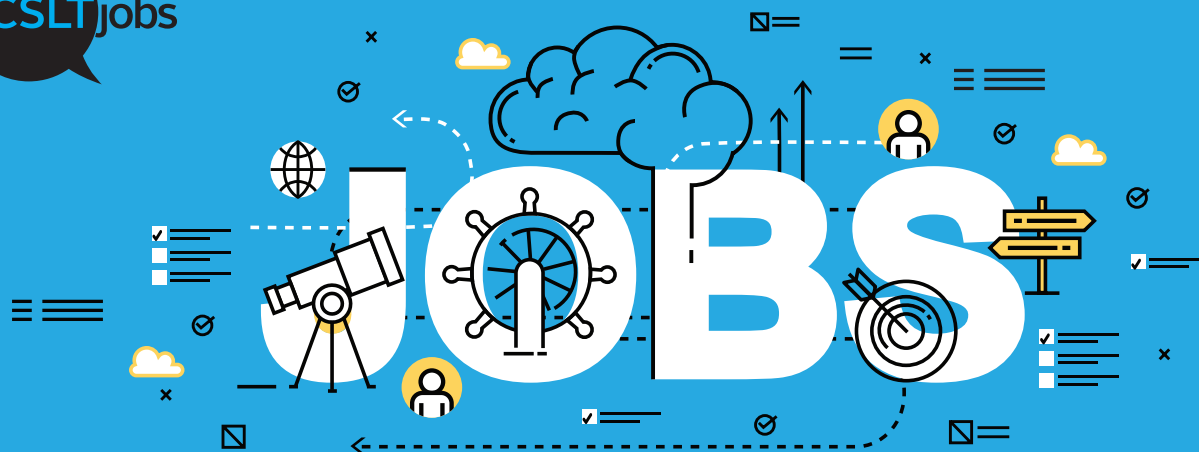
Additional information about the School can be found a

www.trinityschooldagenham.org.uk

Trinity School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment. An enhanced criminal record check via the DBS will be undertaken for the successful candidate.

This post is exempt from the Rehabilitation of Offenders Act and a comprehensive screening process, including a disclosure check will be undertaken on all applicants.

RCSLTjobs



The perfect place to find the latest speech and language therapy vacancies

RCSLT Jobs is the official jobs board for the Royal College of Speech and Language Therapists

www.speech-language-therapy-jobs.org

Royal College of Speech and Language Therapists



Unlocking Language is an award winning, innovative and fast growing Private Practice providing high-quality Speech and Language Therapy to Children & Young People. Following an exciting new partnership with Southwark Council we are now recruiting for the following positions to join our current team of 16 Speech & Language Therapists.

2 X Band 5 Paediatric Speech & Language Therapists 3 X Band 6 Paediatric Speech & Language Therapists

These roles will involve working within Special Schools in Southwark, London. The Schools consist of PMLD, BESD, ASD, Hearing Impairment and a Speech & Language Unit. Therapists will have the opportunity to either specialise or rotate within these areas. You will provide a range of Universal, Targeted and Specialist input, including Assessment, Intervention and Staff training. Full-time and part-time will be considered and the salary will be between £24,000-£36,000 dependent on experience.

Band 7 Paediatric Clinical Lead Speech & Language Therapist: Special Schools

The Clinical Lead will manage our brand-new service in Special Schools across Southwark, London. You will have at least 7 years' experience and have knowledge of both AAC and Paediatric Dysphagia. Full-time and part-time will be considered and the salary will be between £32,000 - 42,000.

We have an excellent supervision and support structure with opportunities for career progression. You will have weekly admin days at our administrative base at Canary Wharf, London. We also offer company benefits such as Perkbox, Pension, Flexible Working and ongoing training and support.

These roles are to start ASAP. To apply please send a cover letter with your CV to info@unlockinglanguage.co.uk. Informal visits are most welcome.

You can contact us on 0207 536 9299.

www.unlockinglanguage.co.uk

MAPS

Multi-Agency Professional Support LLP

Speech and Language Therapists

We are a small, friendly, independent practice looking for experienced therapists to join us on a self-employed basis.

We work in school settings (ranging from nursery to FE college) in South East London and North Kent. MAPS has an excellent reputation based on our flexible and holistic approach to working with schools, meeting the needs of children with SLCN.

Due to the high demand for our services we are looking for therapists to work with us, on a term-time only basis from September 2018. We can offer you flexible work opportunities with competitive rates of pay.

Ideally you will have at least two years Speech and Language experience in schools, however we are very positive about offering the right position to a newly qualified therapist who has relevant experience as a teaching assistant or similar.

For further information call Louise Lambert MRCSLT on 07957 332461. Application via email, with CV attached to: maps@waysfwd.co.uk

Closing date: 1st June 2018

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To place an advertisement please contact Pooja Badwal:

020 7324 2755 or
pooja.badwal@redactive.co.uk



bulletin

Allen Speech & Language is recruiting for the following paediatric posts:

London Outreach Therapist

The therapist will support students from an independent school in London, aged 7-19 years old diagnosed with SEMH and/or ASD who are not able to access school support. The therapist will be based in the Romford and Barking Therapy hubs along with some community visits.

The therapist will join a multidisciplinary team, with regular access to clinical supervision and CPD opportunities.

The role is 3 days per week, term time only, with paid holidays.

East London & North West London Therapist

The therapist will work with two independent schools, one in East London, near Stratford and one in North West London, near Ealing. The therapist will be working with students aged 7-19 diagnosed with ASD or SEMH, with associated challenging behaviours as part of a multidisciplinary team.

The role is 5 days per week, term time only, with paid holidays.

Salary dependent on experience. Would suit band 7+. To start ASAP.

Therapist will join a supportive team with access to regular supervision, SLT clinical meetings and CPD opportunities.

To find out more information about the roles or to apply please contact:

Jessica@AllenSpeechandLanguage.co.uk

or call 07739128433

www.AllenSpeechandLanguage.co.uk



Writing for Bulletin



the vital roles of SLTs in the profession
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 RCSLT's Bulletin relies on articles written by members, for members – without you, the magazine would not exist. As a professional magazine, rather than an academic journal, Bulletin is filled with articles that are thought-provoking, enjoyable, easy to read and of interest to practising therapists and support workers. We welcome submissions from people working across the profession: from students, assistants and NQPs, to experienced or retired SLTs.

GOT AN IDEA FOR BULLETIN?

If you've got some news, research or an opinion to share, Bulletin is a great way to communicate with the rest of the profession. Writing for Bulletin also counts towards your continuing professional development (CPD) hours.

It's worth contacting the Bulletin editorial team with an outline of your proposed article, so that we can ensure it is suitable for publication. The team will let you know if you should go ahead and write a draft, and can recommend which section your submission would be best suited for. Please note that we do not accept articles that have appeared in other publications.

TYPES OF BULLETIN CONTENT

Bulletin welcomes member-generated content for all our regular sections:

LETTERS TO THE EDITOR

Letters to the Editor should be 100 to 250 words and express your thoughts on a particular topic, pose a question to fellow members or address something you've read in a previous issue of Bulletin.

NEWS

Each month, Bulletin includes several pages of news about interesting or notable events in the profession. This includes everything from national policy updates to local activities, awards and initiatives. News items can be brief (eg 50 words) or up to half a page (300 words). Please note we are unable to accept articles that promote paid-for events or products.

FEATURE ARTICLES

Bulletin features are in-depth articles on topics that are of interest to SLTs. The word count for a one-page feature is 650 words, and 1,200 words for a two-page feature, including references. Covering a wide range of areas, examples include

professional advice (eg 'Making the switch from public to private sector work'); clinical conditions and their treatment; individual case studies; service users' first-hand accounts; the instigation and outcomes of innovative ways of working; and evaluations (including audits, service evaluations, qualitative projects and dissertation projects of clinical relevance).

Here are a few tips for writing a feature:

- Write in an accessible narrative style, as though you are speaking with a colleague.
- For evaluations, include a brief outline of the evidence base, state the aims of your evaluation, describe the methods/participants and how you measured outcomes, state any limitations, and back up your conclusions with evidence.
- When writing about clinical topics, be sure to demonstrate best practice and make reference to the current evidence base, outline the relevance of the topic to the profession, and refer readers to any useful resources or references.

OPINION

Do you have something to say about a burning issue of the day? An opinion piece should be 650 words long and draw on your own experience and thoughts on a topic relevant to the profession.

MY WORKING LIFE

This section focuses on an individual's professional life, particularly those who are doing something unusual or innovative. These articles should be 650 words long, written in a personable style, and include a photograph of the author in their working environment. If you would rather provide a shorter snapshot of what you're working on, you can submit around 120 words about yourself and your job for our 'Your RCLST' section.

OBITUARIES

Bulletin publishes obituaries to honour those who have dedicated their careers to speech and language therapy. Please get in touch if you would like to contribute an obituary for a friend or colleague who has recently passed away. These pieces should be around 600 words in length and include a photo.

BOOK REVIEWS

Bulletin regularly publishes book reviews, written by members about new, industry-relevant titles. The Bulletin editorial team decides on the books to be featured, and will select a reviewer to read each book and write a 200-word review. If you wish to be added to our list of book reviewers, email us with your details and any clinical areas of interest you may have.

SUBMITTING YOUR CONTRIBUTION

Email your article to bulletin@rcslt.org with the proposed section ('News', 'My Working Life' etc) in the subject line. For features, the Bulletin editorial team will acknowledge receipt of your submission within one month, and will endeavour to review it and return it to you with any suggestions or amendments within eight weeks. If your article is accepted for publication, the editor will contact you with more detailed edits and information about when it will be published.

The RCSLT retains the copyright of any article accepted for publication, and has a strict three-month embargo on content from the date of publication. We normally permit re-printing, with due acknowledgement, by not-for-profit organisations, if prior permission is obtained from the Bulletin editor.

SEND YOUR CONTRIBUTIONS TO:

**The Editor, RCSLT,
2 White Hart Yard,
London SE1 1NX
Email: bulletin@rcslt.org
Tel: 020 7378 3004
Twitter: @RCSLT_bulletin**





Jennifer Carne

OCCUPATION: MACMILLAN SLT, HEAD AND NECK LOCAL SUPPORT TEAM, ST JAMES UNIVERSITY HOSPITAL

“There is a strong rehabilitation focus, and we set patient-focused goals regarding swallowing, communication and nutrition”



I am a Macmillan SLT specialising in head and neck oncology rehabilitation. I work in the Head and Neck Local Support Team based at St James University Hospital in Leeds, which also includes a dietician, specialist head and neck nurse and cancer care co-ordinator. We run outpatient clinics for patients who have completed surgical and non-surgical treatment for head and neck cancer, including chemoradiotherapy and laryngectomy.

The treatments for head and neck cancer have many unpleasant side effects, including pain, mucositis, dry mouth, loss of taste, swallowing and speech difficulties. Some of the effects of treatment are long term. Managing these can be tricky, and we need to be able to be flexible to our patients’ needs. Some effects appear as ‘late effects’ (a delayed response to treatment, which can occur months or years afterwards), which can be very frightening, as patients often fear a cancer recurrence.

Many patients will need artificial feeding during/post-treatment, and some will have long-term speech and swallowing difficulties. A lot of patients struggle with the treatment, both physically and psychologically, so it is really beneficial for both the patient and health professionals that we work together as a multidisciplinary team to manage our patient group.

Our approach is holistic and patient-centred, and each consultation is different. We discuss a huge variety of aspects, including pain, swallowing, communication, nutrition, fatigue,



emotional difficulties, medications and social/work issues, among others. There is a strong rehabilitation focus, and we set patient-focused goals regarding swallowing, communication and nutrition, as well as supporting our patients and families, particularly through adjusting to the effects of the treatment. The number of appointments we offer patients varies, with our aim being to get them back to their ‘new normal’; whatever that might be.

Following completion of treatment, we run a post-treatment education programme, which comprises three sessions on the following topics: physical effects of treatment, eating and drinking, and emotional impact of treatment. These sessions allow our patients to meet each other and share experiences, as well as support one another. We then invite all our patients to our survivorship group,

‘Facing Forward’, which meets monthly and has a large following of about 20 to 30 patients. Speakers, including consultants, dentists, psychologists, physiotherapists and other multidisciplinary team members, are invited to the events to provide an educational and supportive environment for our patients. At Christmas, we also organised a ‘Dysphagia-Friendly Christmas Dinner’ at a local restaurant. The meals are adapted as necessary, with soft and puree versions of the traditional classics on offer. For many patients, this will be the first time they have eaten out socially since their treatment.

My post is adopted by the charity Macmillan, which enables me to access additional training and resources. I also volunteer for Macmillan on their ‘Ask the Expert’ panel (part of Macmillan’s Online Community), where patients can ask me a question online and I have two days to provide an answer. This has been a fantastic experience, and has certainly broadened my knowledge.

My job is incredibly varied and no day is the same. I am very privileged to be able share my caseload with two other health professionals, who I learn so much from. We get a lot of positive feedback from our patients, particularly as they get to attend one appointment with all three of us (SLT, dietician and specialist nurse), as opposed to three separate appointments.

We hope to expand our team in the future. Our caseload is increasing and we want to be able to provide an excellent service to all patients within a short timeframe of finishing their treatment. ■

QUICK LOOK DATES

Various dates

Success and Confidence in your Independent Practice

3 May – Midlands; 2 October – RCSLT, London. For therapists who want to start/develop an independent practice. Practical course with lectures/small group mentoring from experienced IP managers. Other venues/dates available.

Visit: www.eg-training.co.uk;
tel: 01530 274747;
email: info@eg-training.co.uk

Various dates

Elklan Let's Talk with Under 5s Tutor Training Pack

12 May, Hereford; 15 May, Cornwall; 27 June, RCSLT, London. This course is 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. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Tutor Training Pack

15 May, Cornwall; 28 June, RCSLT, London. This course is designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers of 5-11 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for 5-11s. Price: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, Worcestershire

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses, £130: FOTT Study Day, 21 May and 15 October; Moves to Swallow, 11 June and 19 November; Making the Most of Mealtimes, 25 June and 10 December; Therapeutic Oral Hygiene, 17 September. Five-day two-part courses, £625: 7-9 May (part 1) and 9-10 July (part 2); 3-5 September (part 1) and 5-6 November (part 2). Email: admin@arcos.org.uk; tel: 01684 576795.

Various dates

Elklan Total Training Package (TTP) for 3-5s with optional TTP for 0-3s

23-24 May, RCSLT, London (3-5s); 25 May, RCSLT, London (0-3s); 21-22 June, ChildVision, Dublin (3-5s). This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in Early Years settings from 3-5 years. The additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. Option to do one day 0-3s for Elklan Tutors who have trained on Total Training Packages for 3-5s or under 5s. Cost: £495 for 3-5s two days; £745 for all three days, 3-5s AND 0-3s; £250 for 0-3s one day. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various Dates

Talking Mats® Train the Trainer and Safeguarding

Develop your use of Talking Mats at an advanced level. There are opportunities in the following: Train the trainer 21st/22nd June

Safeguarding London 13th June.

For more information contact www.talkingmats.com, info@talkingmats.com, 01786 479511

Various dates

Talking Mats® Foundation Courses

Be more effective in involving people in decisions and attend a Talking Mats foundation course. Locations: London, Manchester, Stirling and online. Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511.

11-13 May, Hertfordshire

PROMPT LEVEL 1: Introduction to Technique

These three-day intensive workshops focuses on teaching the technique of PROMPT (PROMPTs for Restructuring Oral Muscular Phonetic Targets). This workshop teaches a system for assessing and treating language and speech disorders from a perspective of speech-motor control and learning. Venue: The Red Lion, 78-80 Watling Street, Radlett, Hertfordshire, WD7 7NP. Cost: \$800. Visit: www.promptinstitute.com/events; tel: 01923 855 341

12 May, London

Inaugural meeting of the British-Ghana Therapy Network (BRiGHT)

London-based SLTs Awurabena Kessie and Jane Stokes are establishing a network of SLTs and others involved in supporting the growing speech and language therapy profession in Ghana. Venue: Heeltap Bar near London Bridge. Cost: free. Time: 11am – 1.30pm. For more information, email thebrightpartnership@gmail.com

13 May, London

Music and SLT: The benefits of using music and working with music therapists

Gain practical skills. No musical abilities required. Includes lunch/refreshments. Venue: Radisson Blu Edwardian Grafton Hotel, London. Cost: £100. Time: 9am – 4.30pm. Email: info@apexability.com

18 May, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

Day 3 training for SLTs and specialist teachers 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 and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

21-22 May, RCSLT, London

Elklan Total Training Package for 11-16s

This course 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. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

21-24 May, Birmingham

ADOS2 administration and coding course

ADOS2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism. Visit: ados2training.co.uk

23-24 May, RCSLT, London

Elklan Total Training Package for 0-25s with Complex Needs

3-4 May, COSLA, Edinburgh; 23-24 May, RCSLT, London. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to support communication in 0-25 year olds with more complex needs, in all settings including mainstream schools. It covers pre-intentional to early intentional communication skills. Price: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

31 May, London

Learning to use the Therapy Outcome Measure (TOM)

One-day training workshop with Prof Pam Enderby. Venue: 52 Club, Central London. Delegate fee: £175 (check website for possible CTN member discount). For further details and to book, visit: www.communitytherapy.org.uk

Various dates, London or online

Foundation Course in Auditory Verbal Therapy

Starting June 2018, September 2018 or January 2019. Designed to equip you with the practical skills needed to accelerate spoken language development through listening in pre-school aged children with hearing loss. Bursaries available. Visit: www.avuk.org/book-training; email: Frances.Clark@avuk.org

June, Midlands

TalkTools Level One and Level Two

Tactile-sensory approach using therapy tools to train/transition muscle movements for speech production. Learn how motor activities are used to improve phonation, resonance and speech clarity. Visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

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email: info@eg-training.co.uk

1 June, Birmingham

CPD Masterclass: Autism - The current evidence base and implications for practice

Presented by Dr Dougal Hare, Reader in Clinical Psychology at Cardiff University. Relevant for practitioners working with children and adults. Looking beyond DSM; exploring the emerging landscape of traits and even the end of 'ASD'. Cost: £215. Visit: tinyurl.com/ycit768g; email: info@coursebeetle.co.uk

4 June, London

Develop Your Communications and Make a Difference

Develop new techniques to communicate effectively and compassionately, learning directly from trainers with aphasia, to gain practical tips for your setting. Venue: City, University of London, Northampton Square, London EC1V 0HB. Cost: £90. Email: cityhealth@city.ac.uk; tel: 020 7040 3311

5 June, London

Mental Capacity Assessment – Focus on Acquired Neuro Caseloads

A CTN workshop run with expert SLTs Mark Jayes and Anna Volkmer. Venue: Central London (TBC). Delegate fee: £125. For further details on a limited number of special offer delegate places for this new workshop, visit www.communitytherapy.org.uk

7-8 June

smiLE Therapy Day 1 and Day 2

SmILE Therapy teaches the communication skills that support pupils to become confident young adults. Works effectively with a wide



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- Wales @RCSLTWales
- Hubs @RCSLTHubs

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age range from primary pupils aged 7, through secondary aged pupils, to post-19 college students. Cost: £100 per day. The Ear Foundation. Email: susanna@earfoundation.org.uk

8 June

Professionals Learning to Listen: Counselling, Coaching and Collaborating

Are you skilled in counselling, coaching and collaborating to help others make life changes? This course will help you recognise the emotional ice-berg, when there is more behind a comment than it first seems and make you aware of the power of deep listening and reflecting. Cost: £90 (bring a friend for £10). Southampton Auditory Implant Programme. Email: Susanna@earfoundation.org.uk

8 June, Birmingham

An Introduction to working with children and young people with Social, Emotional, Mental Health and SLCN

Presented by UK expert Melanie Cross, lead author of the Royal College of Speech and Language Therapists clinical guidelines on SEMH. Cost: £215. Visit: tinyurl.com/y6vft6ftv; email: info@coursebeetle.co.uk

11-12 June, London

Picture Exchange Communication System (PECS) Level 2 Workshop

Visit: www.pecs-unitedkingdom.com; tel: 01273 609555

15 June, Manchester

CPD Masterclass: Bilingual Children with Speech and Language Difficulties

Presented by Dr Sean Pert. This evidence-based course examines this challenging but rewarding area, providing not only theory, but how to apply this to professional practice. Cost: £215 or £190 for two places booked together. Visit: tinyurl.com/yd5b3cqt; email: info@coursebeetle.co.uk

15-16 June, London

Vital Voice Course

Two-day course for SLTs. Overview: Referral, diagnosis and treatment. Therapy techniques and training applicable to a variety of voice disorders. Venue: First Floor, 4 Paddington Street, Marylebone, London, W1U 5QE. Cost: £285. Visit: christellaantoni.co.uk; email: voice@christellaantoni.co.uk; tel: 07710 006511.

18-20 June, London

Working with Transgender Voice

Three-day course for SLTs. Overview: Medical model management of gender

dysphoria, including psychiatric, psychological, endocrinological and surgical management. SLT treatment: live demonstrations of therapy with clients and treatment including ENT voice surgeries and live demonstration of therapy. Venue: First Floor, 4 Paddington Street, Marylebone, London, W1U 5QE. Cost: £430. Visit: christellaantoni.co.uk; email: voice@christellaantoni.co.uk; tel: 07710 006511.

18-21 June, Sheffield

Auditory Processing, Listening, Language & Learning

With Dilys Treharne and Alan Heath. Four days of workshops near Sheffield: APD, Test use in assessment, TMP, TLP. Pick and mix. Massive discount for taking all four; early-bird discount available. Email: apls1@aol.com; tel: 07980 071220

21-22 June, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers 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 and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

20-22 June, London

It Takes Two to Talk® Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: www.hanen.org

22 June, Birmingham

CPD Masterclass: Using the curriculum to address the language needs of children with language delays

Aimed at teachers re-implementing SALT targets within school day. With Claire Vuckovic, Senior Lecturer (SEND and Inclusion) University of Cumbria. Cost: £195 or £135 if a therapist and teaching professional book together. Visit: tinyurl.com/y99295v2; email: info@coursebeetle.co.uk

22-23 June, London

Cognitive Rehabilitation Workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. Venue: Gatwick Hilton Hotel. Cost: £185. Email: enquiries@braintretraining.co.uk; tel: 01276 472 369; visit: www.braintretraining.co.uk/crwp_spf.php?id=74

23-25 July, London

More Than Words® Certification Workshop

Learn how to involve parents of children with autism to facilitate their child's social and communication skills in everyday contexts, fulfilling the key criteria for effective early intervention for these children. Visit: www.hanen.org

23-24 June, London

LSVT LOUD® Training and Certification Course

Learn the evidenced-based voice treatment for Parkinson's disease with application to adults and children with other neurological conditions. Clinical Neurosciences Building, 33 Queen Square, National Hospital for Neurology and Neurosurgery, London WC1B 1NX. Cost: Professional £450; student £250. Visit: lsvtglobal.com/loud-certification; email: info@lsvtglobal.com

26 June, London

SLT-facilitated aphasia groups

Explore creative approaches to running aphasia groups on this practical and interactive workshop aimed at SLTs and SLTAs. Speakers include specialist SLTs as well as service users and volunteers from City Lit Communication Groups. City Lit, 1-10 Keeley Street, London WC2B 4BA. £109 Email: Cathinka.Guldberg@citylit.ac.uk or telephone: 0207 492 2569

28-29 June

Paediatric Tracheostomy Course for Speech and Language Therapists

This two-day course is aimed at clinicians working with children with tracheostomies in both the hospital and community setting. Tel: 020 7905 2135; email: ich.events@ucl.ac.uk

4 July

Speech Acoustics

You love it or you hate it. Join us for a practical, interactive approach to speech acoustics, where you'll leave saying "now I get it". From consonants to vowels, formants to frequencies, all will become clear. Cost: £90 (bring a friend for £10). The Ear Foundation. Email: Susanna@earfoundation.org.uk

5-6 July, London

Voice and Communication Therapy within the Trans and Gender Diverse Care Pathway: essential knowledge and skills for SLTs

This two-day comprehensive, multidisciplinary course will provide RCSLT competencies in gender dysphoria treatment and experiential training in voice and communication therapy for trans and gender diverse people. 9.30am – 5pm. Venue: Tavistock and Portman Centre. Cost: £350. Visit: tavistockandportman.nhs.uk/cpd96

13 July, London

Executive Workshop

This one-day interactive workshop is suitable for professionals working with adults who have executive problems following brain injury. Full course details available online. Location: Gatwick Hilton Hotel. Cost: £90.

Visit: www.braintretraining.co.uk/exec_wkshp.php?id=75; email: enquiries@braintretraining.co.uk; tel: 01276 472 369

14-15 July, Aylesbury

Esther de Ru Elastic Therapeutic Taping in Head, Neck and Orofacial Disorders

Two-day course for SLTs and OTs. Demonstrates application and evidence for this intervention. Cost: £300. Tel: 01296 616982; email: elizabeth.burroughs@thepacecentre.org; visit: ett-hnopcode.eventbrite.co.uk

18-20 September, Birmingham

Two- or Three-Day Masterclass: Selective Music for Professionals and Parents/Carers

With Maggie Johnson. Suitable for teachers, therapists and parents. Cost: £199-£499. Visit: tinyurl.com/ybxdylnu; email: info@coursebeetle.co.uk

2 October, Birmingham

Cervical Auscultation Course run by Quest Training

A practical, skills-based course to be held in Birmingham. Cost: £145. Visit: quest-training.com; tel: Jo Frost on 07904 981 462; email: Jofrost29@gmail.com

11 October, London

Music Therapy and Neuro-disability: An Exploration of the Benefits of Joint Working

One-day course focussing on joint clinical working with music therapy and other health professions, including speech and language therapy. It will include information on brain functions and the process of music in the brain. Joint work will be demonstrated with clinical case studies. Venue: Royal Hospital for Neuro-disability. Cost: £120. Email: institute@rhn.org.uk; visit: rhn.org.uk/events/mt-jointworking/

7 November, London

Social Thinking and Children with Hearing Loss – Joining the Dots

With Michelle Garcia Winner. The Social Thinking Methodology helps individuals with social learning challenges learn how to develop their social competencies to better connect with others. Cost: £150. Email: susanna@earfoundation.org.uk

12-15 November, Cheltenham

Johansen IAS

Learn to use individually selected and customised music recordings to organise and enhance listening and auditory processing. Supports spoken and written language for all ages, individuals and group programmes. Cost: £500 (early bird £475). Email: camilla@johansenias.com; visit: johansenias.com

22-23 November, RCSLT, London

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