

# bulletin

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

November 2015 | [www.rcslt.org](http://www.rcslt.org)



**Anatomy of a  
successful bid for  
a FEES service**

**Attitudes to  
global aphasia and  
approaches to  
therapy provision**



**The RCSLT honours and Giving Voice awards 2015:  
Celebrating excellence and campaigning talent**



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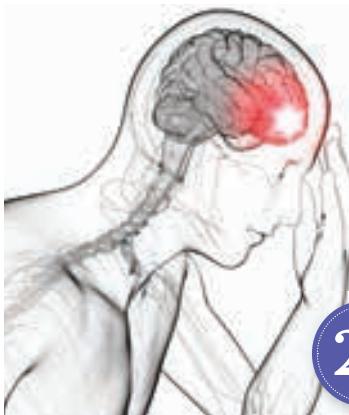
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# Steven Harulow

EDITORIAL

## LETTERS

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



## Credit where credit's due

**I**t was an absolute pleasure to be able to attend this year's RCSLT awards ceremony at the University of Warwick on 6 October.

The RCSLT has awarded its honours to SLTs and non-SLTs for 70 years now and looking through the roll call ([www.rcslt.org/about/docs/honours\\_roll\\_call](http://www.rcslt.org/about/docs/honours_roll_call)) the names of previous recipients are synonymous with professional excellence and achievement throughout the years.

This year's honours nominees are no exception and their citations (see pages 12–14) are testament to their often lifelong achievements in their particular fields of speech and language therapy-related activity.

The two Sternberg Award winning projects this year also continue the long line of fine exemplars of clinical innovation that the award has showcased since Sir Sigmund Sternberg generously started funding it in 1996.

Since 2010, the Giving Voice awards have celebrated the activities of RCSLT members and campaign supporters in raising awareness of the vital role of speech and language therapy, and the part it plays in making a difference to individuals and the broader society across the UK. As with previous years, this year's award winners have demonstrated ably their sheer energy and ingenuity. The word 'inspirational' is often overused, but in the case of our Giving Voice award winners, it is a very appropriate adjective.

I'm sure you will join me in congratulating all of this year's honours recipients and award winners.

### Steven Harulow

Bulletin editor

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[@rcslt\\_bulletin](https://twitter.com/rcslt_bulletin)

### My RCSLT

#### Gwyneth Terrell



I work for a special needs school in Essex, leading a team of an SLT and two teaching assistants. We are involved across the school in supporting pupils with profound and multiple learning disabilities or severe learning disabilities to develop their communication and sensory skills. I am also part of the

leadership team of the school. We have been looking into the new EHC plans to join up provision for those with SEN and are seeking information for this approach through the RCSLT. Our team aims to have the pupils' voice heard throughout this process. We also use the information that the RCSLT provides – such as policy documents, evidence and research, the online library service and Bulletin articles – to support our practice.

## Time to revisit equal pay?

In 2000, after a 14-year legal battle, it was determined that within the NHS the work of SLTs, a predominately female profession, was of equal value to that of clinical psychologists and pharmacists, which both have a higher proportion of males, and who were paid up to 60% more.

The NHS, being found to have unfairly discriminated against the former on the grounds of gender, was obliged to pay compensation and went on to address the gender gap by developing 'Agenda for Change' as a new approach to grading.

As the lead complainant in that case, it is disappointing to note that recent changes have eroded the equality in pay of these professions.

In 2010, 66% of clinical psychology posts, 27% of pharmacy posts and 21% of SLT posts were banded in Grade 8, which is near the top of the salary scale. In 2014, while the proportion of Grade 8 posts in the two former professions remained broadly similar, those for SLTs had shrunk to 14%, a reduction in Grade 8 posts of 30%.

The economic pressures on the health service look as though they are being disproportionately targeted on the female-dominated professions.

The only defence available to the NHS is to show that the reduction is based on objectively-justified factors unrelated to any discrimination on grounds of sex.

I hope that it is not time for another equal pay case – surely this would be a waste of resources.

**Professor Pam Enderby MBE, Professor Emeritus, Community Rehabilitation, University of Sheffield**

## BAHNO and SLT collaboration

For the first time, the British Association of Head and Neck Oncologists (BAHNO) will be holding a joint scientific meeting with SLTs and dietitians on 13 May 2016, at the Royal College of Physicians, London.

Parallel sessions will run for part of the day, including a dedicated short paper section and a case-based panel discussion, with a rehabilitation focus.

The closing date for abstracts for oral or poster presentation is 12 February 2016. To mark this collaboration, a special prize will be awarded for the best allied health professional (AHP) contribution.

For further information, please visit: <http://bahno.org.uk>. In addition, BAHNO have co-opted myself and Rachael Donnelly (dietitian) onto their council to help represent AHP issues in head and neck cancer.

**Joanne Patterson, SLT, by email**

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# News

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DATES »



Deadline to opt in to receive  
a paper copy of the IJLCD



Evidence-based  
practice survey closes



Closing date for  
RCSLT Minor Grants

## RCSLT Conference 2015

*Celebration, innovation and application: the use of technology across the profession*

RCSLT members with an interest in the clinical application of technology met at the University of Warwick on 7 October. The aim of the day was to share best practice and professional experiences, look at how technology can enhance service delivery, identify common challenges and develop solutions and action plans.

Opening the day, RCSLT President Sir George Cox told delegates that technology is advancing on a number of fronts at a pace that is not decreasing and that we cannot predict where it will take us or how we will use it.

"The application of technology isn't a matter of us thinking what can the technologies do; it's what we can



RCSLT Chair Maria Luscombe: what are the future drivers and demands technology can assist with?

do with the technology," Sir George said.

"Successful application is a marriage of the practitioner who understands the issues and the problems and the technologist who can understand the capabilities it can bring to us."

RCSLT Chair Maria Luscombe set the scene for the day by looking at common technology questions – what's out there;

what are the future drivers and demands technology can assist with; where is the evidence that it works; how do I get funding; and what are the professional issues?

The morning session included four informative 'lightning talks' on the use of Skype with mainstream schools in Oxford; the 'Scene and Heard' iPad app with neurologically-impaired

individuals in Gloucester; the Language Environment Analysis system in Nottingham; and a Manchester Metropolitan University study evaluating the use of iPad apps across schools and adult services. There was also a lively interactive demonstration of the technology involved in the remote assessment and management of dysphagia in Blackpool. The 63rd RCSLT annual general meeting took place at the end of the morning.

After an extended lunch, during which delegates had the opportunity to network and watch videos showing the application of technology in speech and language therapy, the focus switched to Communicating Quality Live and an interactive workshop on its application across issues generated by the use of technology.

◎ **There will be more on the conference and AGM in next month's Bulletin. Meanwhile, visit: [www.rcslt.org/news/events/pastevents](http://www.rcslt.org/news/events/pastevents) to look at the presentations and videos from the event.**

GEOFF WILSON

NEWS  
IN BRIEF

**The second** Advancing Healthcare Awards programme for AHPs working in Northern Ireland is open for entries. The awards aim to encourage innovation, team working and the highest standards of practice. Themes include giving every child the best start in life, equipped throughout life, empowering healthy living, empowering the communities and developing collaboration. Nominations close on 16 November 2015.

◎ Visit: <http://tinyurl.com/ns9onyt>

### Public Health England

has released the latest in the series of the NHS Atlases of Variation in Healthcare. The series aims to improve the health of populations and individuals, and increase the value obtained from public resources allocated to health, based on the best available evidence. The atlas provides valuable data that will help services when they need to inform local decision making.

◎ Visit: <http://tinyurl.com/pdjnsvu>

### RCSLT insurance:

Find out more about the RCSLT's insurance cover for members. You can download proof of your insurance cover from the RCSLT website and the page feature a guide to what to do in the event of an incident at work or a complaint about your work.

◎ Visit: <http://tinyurl.com/rcsltinsurance>

**GenerationQ** is a part-time, fully-funded leadership programme for up to 18 senior leaders from healthcare policy and practice, and the charity sector. Launched by the Healthcare Foundation, it aims to equip fellows with the skills to drive forward and influence improvements across services and organisations. Closing date for applications, 17 November 2015.

◎ Visit: <http://tinyurl.com/q4sfx2u>

# News



Lauren Nicole Jones @Lauren\_SLT

Made it to @rcslt bulletin October issue! Great article: importance of patient-led impairment goals  
#voice #slpeeps

Mary Heritage @MaryHeritage

first full meeting of PPPC. What an inspiring group of professionals discussing SLT workforce & incl comm @RCSLT  
#professionalpracticepolicy

## International Journal goes digital

**IJLCD moves online in January, but you still have time to opt in to receive your paper copy**

From January 2016, the RCSLT will provide the International Journal of Language and Communication Disorders (IJLCD) to RCSLT members primarily in an electronic format.

This transition offers an exciting opportunity to increase engagement with readers and enhance author participation through videocasts and discussion forums. An added benefit will be greater insights into which papers are accessed most often, enabling the editorial team to enhance the standard academic citation measures with more reader-centric values. This will be particularly important to submitting authors.

This development reflects the evolution of the journal over the coming year, to ensure that it maintains its position as the natural home for applied



speech and language therapy-related evidence and research.

Although the default position will be that members will have access to the online version of the IJLCD via the link on the RCSLT website, anyone wishing to continue to receive the journal as a paper copy will be able to write to us and opt in to do so (see details right).

To keep you abreast of the IJLCD's rich and varied content, we will be proactive in letting you know what is coming up in each issue - through regular content updates in the Bulletin, by email and through our social media channels.

According to IJLCD Editor-in-Chief Dr Steven Bloch, "Accessing the journal online

is hardly radical but we are now aiming to offer new opportunities for readers and authors to interact.

"We have recently provided open access to specific papers for an online clinical community forum and will soon be inviting authors to offer videocast overviews of their work in progress and commentaries on recently published work. Opportunities for readers to interact with authors are also part of this plan."

If you would like to continue to receive your IJLCD by post, please write to the following address by Monday, 16 November 2015 - The Membership Manager, Royal College of Speech and Language Therapists, 2 White Hart Yard SE1 1NX (and mark your envelope IJLCD paper copy).

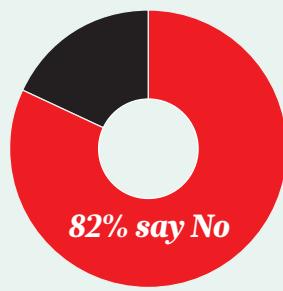
◎ You can access the entire IJLCD back catalogue from the RCSLT website. Visit: <http://tinyurl.com/rcslt-pubs>

SHUTTERSTOCK

RCSLT Web Poll  
Have your say...



Do you feel that your healthcare colleagues are equipped to care for people with learning disabilities?



VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG)

## Evidence-based practice survey

The RCSLT would like to know more about your evidence-based practice (EBP) and research needs. Until 30 November, we are inviting you to complete our 15-minute anonymous online survey (<http://tinyurl.com/o95f9yz>) and tell us about your experience of EBP and research.

We will ask you to rate your agreement against a series of statements and you will have the opportunity to tell us about the gaps in the current evidence base that impact on your practice and to choose your priority areas for future research. The views and experiences of all RCSLT members are important to us, so please



help us to gather responses by telling your colleagues about the survey.

In their 2012 review of EBP, McCurtin and Roddam state that the profession needs to develop strategies to ensure it is practical for clinicians to engage with the research evidence. Please help us work in partnership with you to achieve this. This survey is an excellent way to signpost us all to facilitating and building a robust and strong evidence base for the profession.

◎ Visit: <http://tinyurl.com/o893war>

**Professor Victoria Joffe, RCSLT Trustee for Research and Development.**  
**Dr Emma Pagnamenta, RCSLT Research Manager.**  
Email: [emma.pagnamenta@rcslt.org](mailto:emma.pagnamenta@rcslt.org)

**IJLCD @ijlcd**

NEW IJLCD virtual issue on stammering (open access) supporting International Stammering Awareness Day 22nd Oct 2015  
<http://tinyurl.com/pppgs8>

**Jane Parr @JaneParr1**

Great to see the 5 Good communication standards getting front page billing.  
@LPTnhs @RCSLT

**KAMINI GADHOK**

## Giving Voice at Graham Anderson House

Jan McIntosh-Brown, a specialist SLT in brain injury, together with colleagues SLT Jacqueline Smith and SLT student Katherine Burr, ran a popular Giving Voice stand in early September at the opening of Eastfields, a new neuro-rehabilitation development at Graham Anderson House in Glasgow.

Graham Anderson House is a specialist neuro-behavioural assessment and post-acute rehabilitation hospital for people with a non-progressive acquired brain injury. It forms part of the nationwide network of specialist rehabilitation centres provided by The Brain Injury Rehabilitation Trust (BIRT).

According to Jan, "Eastfields is part of the continuum of care provided by BIRT and provides a transitional living service, which will allow the team at Graham Anderson House to support service users to increase independence prior to discharge."

The opening ceremony provided an opportunity to show families and guests, including local politicians, the benefits of speech and language



**Jan McIntosh-Brown, Katherine Barr and Jacqueline Smith**

therapy following an acquired brain injury. Jan and her team gave out Giving Voice leaflets, answered questions and showcased SLT interventions.

Service users were also on hand to tell guests how speech and language therapy has directly benefited them in their everyday lives. The relatives of service users were reportedly especially interested in how to promote the value of speech and language therapy, and ensure these important services are made available to all who need this support.

❶ Visit: <http://tinyurl.com/prldds> and find out more about Eastfields

## DYSPHAGIA SAFETY

Improving the safety and outcomes for people with dysphagia was the theme of a dysphagia symposium hosted by the RCSLT and NHS England in London on 24 September. This very interesting and extremely important event aimed to develop a system-wide approach across professions and providers to improve safety and outcomes for people with dysphagia; identify the workforce challenges and opportunities for workforce transformation in line with the NHS Five Year Forward View; and agree the types of guidance and interventions required for key care pathways.

The event was in response to the patient safety alert, 'Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder' and feedback from key stakeholders. The NHS England Patient Safety Domain identified a need to develop a more proactive approach to improve safety and outcomes for people with dysphagia and was keen to continue its long history of successful collaboration with the RCSLT.

NHS England Patient Safety Lead Caroline Lecko set the scene for participants, who included RCSLT experts Dr Liz Boaden, Veronica Southern, Dr Sue Pownall, Lesley Brown and Dr Jo Patterson. Other organisations represented included professional bodies, such as the Royal College of Nursing and British Dietetic Association; service user organisations, and other key agencies.

Liz presented the results from a survey of SLTs working in adult dysphagia, which provided a useful summary of the key issues and sparked off some interesting discussions around the key challenges in this area. Veronica also demonstrated an example of an innovative approach, with a live link up to a matron in a care home, before the group discussed other potential innovations and solutions.

The group started to develop an action plan for each of the high-level themes identified – raising awareness, workforce, guidance, resources and evidence.

Feedback from the day was overwhelmingly positive, with attendees agreeing it had been an inspiring event, and appreciating the opportunity to work collaboratively. I hope the enthusiasm will continue beyond the day, as the participants will be forming into working groups to take forward the action plans around each of the key themes. ■

*"The event was in response to a dysphagia patient safety alert"*

## SLT registration renewal numbers rise

Health and Care Professions Council registration renewals among SLTs saw a slight increase this year. The regulator invited 15,044 SLTs to renew their registration between 1 July and 30 September and 96% renewed successfully – 0.3% more than during the profession's previous renewal period in 2013. Only 567 SLTs – just under 4%, were removed from the Register when the renewal period closed. The HCPC selected a random sample of 376 SLTs (2.5%) for assessment of their continuing professional

development profiles.

The HCPC has also launched a consultation on proposed amendments to its registration and fees rules, and Practice Committee rules. According to the HCPC, the proposed changes will allow it to improve the range of online services for applicants and registrants, such as introducing the ability for applicants to apply for registration online. The consultation will run until 15 January 2015.

❶ Visit: <http://tinyurl.com/p3anzdd> to find out more

**Kamini Gadhok, MBE, RCSLT Chief Executive. Email: [kamini.gadhok@rslt.org](mailto:kamini.gadhok@rslt.org)**

## The Shine a Light Awards 2015

*Fourth annual awards celebrate inspirational communicators*

Inspirational individuals and excellent practice were among the winners at the 2015 Shine a Light Awards in London on 24 September.

Presented by Pearson in partnership with The Communication Trust (TCT) and hosted by comedian David Baddiel, the awards celebrate innovative work and outstanding achievements in supporting children and young people's communication development.

Jonathan Middleditch, 17, was the recipient of the Young Person of the Year Award. A pupil at Moor House School and College, Jonathan has severe specific language impairment, dyspraxia, dyslexia and dyscalculia. Despite this, he has achieved two GCSEs and has gained a place on an agriculture course at a mainstream college.

The Communication Champion Award went to Bev Crisp from Whitby and Moors Children's Centre for her



**Left:** Jonathan Middleditch receives his Young Person of the Year Award from David Baddiel. **Right:** Lord Ramsbotham receives his Outstanding Achievement Award accompanied by Virginia Beardshaw (left) and Anne Fox



efforts to develop an early-years intervention programme, Building Blocks for Language.

Awards also recognised schools, including Aerodrome Primary Academy in Croydon (Primary School of the Year); Hampstead School in London (Secondary School/College of the Year); and Holy Trinity Primary School in Yorkshire (Communication Commitment

School of the Year).

The Talk About Team, Norfolk Community Health and Care NHS Trust, received the Community Friendly Award, and I CAN's Talk About Talk programme, took home the award for innovation.

Lord David Ramsbotham GCB CBE received the Outstanding Achievement Award for his transformational

impact on speech, language and communication needs, and his activity related to the Children and Families Act. He has been chair of the All Party Parliamentary Group on Speech and Language Difficulties since 2007.

Visit: <http://tinyurl.com/pedg3pg> to find out more about the Shine a Light award winners



## Report: invest now to improve early years language in Wales

Two-thirds of Wales's poorest children are falling behind with their vocabulary ability in comparison with their better off peers at age five, and start school already struggling with language and literacy, according to a report released on 22 September.

The 'Ready to Read' report by the 'Read On. Get On.' coalition is calling for greater investment by the Welsh Government in quality early years provision.

The report calls on the government to

strengthen the quality of the early education workforce by ensuring all staff and parents have access to an early language expert by 2020. It also seeks to ensure staff have the necessary skills to support parents with their children's early

language development, particularly parents living in poverty.

The coalition says new analysis of the Millennium Cohort Study shows children in Wales who live in persistent poverty are twice as likely to score below average in vocabulary scores at age five and that these patterns persist as they continue to struggle through primary school, affecting literacy levels at age 11.

The Read On. Get On. campaign is calling on the first minister to appoint a children's minister to provide strong leadership and ensure all children in Wales are able to reach their full potential.

Visit: <http://tinyurl.com/punzpe2>

**23**

topic areas in the RCSLT  
clinical online resources

**£300**

on offer from the Travers  
Reid Award



**Derek  
Munn**

COLUMN

## Poster casts light on stammering

Since 2006, the Dudley Paediatric Speech and Language Therapy Service has had input into mainstream secondary schools providing assessment and intervention for young people with speech, language and communication needs (SLCN).

We have a small but significant number of young people who stammer and we were concerned that their needs were going unmet. Together with Ellen Saunders we decided to host group therapy sessions at a central location during school holidays. During one of the group sessions, we discussed the challenges of having a stammer.

Both the students and parents present commented on the difficulties of other people's reactions. People may know about stammering, but do not know what to do when meeting someone

with a stammer. They came up with the idea of creating an information poster designed to increase awareness of the overt and covert features of a stammer – what the stammerer does to help themselves and what others can do.

The young people created the poster's content and layout and a graphic designer kindly created the poster for them. The final poster was shown to the students and parents, and the young people distributed it to their schools and places they visited. We have sent posters to health centres and

schools, and shared them with colleagues. It has been well received and we hope you like it too.

**Catherine Lander and Farah Hawa on behalf of Dudley Speech and Language Therapy Secondary Mainstream School Team. Email: Catherine.lander@bcptf.nhs.uk**



## HCPC updates guidance for disabled people

The Health and Care Professions Council (HCPC) has launched revised guidance for disabled people who are considering or training to become a professional regulated by the council.

According to the HCPC, the guide will also be useful for individuals working in education and training, careers advisers, those teaching, supervising or supporting disabled students and occupational health professionals.

The guide has four sections,

which encompass information about HCPC and its standards, useful information for disabled people, a section for education providers and where to find more dedicated website pages on health and disability. It also includes new guidance on disclosing disabilities, information about education providers' responsibilities and detailed examples of reasonable adjustments to reflect complex cases.

◎ Visit: <http://tinyurl.com/o3hxrmc>

## POLITICAL ROUND-UP

Another autumn, another set of party conferences: but interest this year in Labour's as the first with Jeremy Corbyn as leader. There was a sterner tone in Brighton with regard to the independent sector and a pledge that Labour would not sign up to support the £22bn 'efficiency savings' in NHS England.

Over at the Conservative party conference, Jeremy Hunt went beyond doctors and nurses to name-check a list of health professionals to whom thanks are due: "let's hear it for all 1.3 million NHS staff working so hard in such challenging circumstances – the nurses, cooks, surgeons, cleaners, clinicians, physiotherapists, mental health professionals, porters and volunteers." Well done physios for making the list. Elsewhere, Nicky Morgan spoke about support for children with special educational needs and their parents.

As the dust settled on the Labour leadership contest we got to know the full list of shadow ministers with whom we will be working.

Leading the health team is Heidi Alexander, who has been heavily involved in the

campaign around Lewisham Hospital, and there is a dedicated role for mental health. It's good news to see our friend Sharon Hodgson back in the children's brief at education and Seema Malhotra, who has been supportive of our justice work, is now shadow chief secretary to the Treasury.

The All Party Parliamentary Group on Speech and Language Difficulties held a packed meeting on 19 October to discuss the communication needs of young offenders.

News to come soon as well regarding the Education and Adoption Bill, and the implementation of the Health and Social Care (Safety and Quality) Act 2015.

Also good news – the National Institute for Health and Care Excellence has accepted a suggestion from the RCSLT that people with communication difficulties or who need help with eating and drinking may need longer home care visits. ■

*"It's good news to see our friend Sharon Hodgson back in the children's brief at education"*

## BSL (Scotland) Bill passes unanimously

A bill recognising British Sign Language (BSL) as a first language passed in the Scottish Parliament on 17 September. The bill will have far-reaching effects for the Deaf Community in Scotland because it requires the government and relevant public authorities to develop a national plan, setting out how they will improve access to information in BSL.

Janis McDonald, chief officer of the Scottish Council on Deafness (SCoD), says of the bill's passing, "SCoD is delighted at the success of the BSL (Scotland) Bill and is keen to support the Act in practice. This landmark decision recognises the language and culture of the Deaf

Community and legitimises their rights to equal access and opportunity in a positive way.

"It sends out a strong message of inclusion and acceptance. We hope to see greater support for BSL, better promotion and increased use of the language over time."

The RCSLT submitted evidence at the first stage of the bill. Kim Hartley Kean, head of RCSLT's Scotland office, says, "This bill not only offers progress on equality for people who use BSL, it potentially opens up avenues for greater equality for other communication support needs in Scotland."

◎ Visit: <http://tinyurl.com/q68sodx>



## New transgender CEN and competency framework

In June 2014, a group of SLTs and other professionals with an interest in gender dysphoria met to discuss some of the challenges and opportunities in this field. They identified a need for SLTs who work in this area to be able to share information and develop competencies. As a result, a number of specialist SLTs are setting up the Transgender Voice and Communication Clinical Excellence Network (CEN), and we welcome all interested colleagues to join us. Please register your interest in becoming a member by emailing matthew.mills@wlmht.nhs.uk

One of the first projects the CEN will undertake is to produce a framework to describe the competencies at both developing

and established specialist levels. We hope this will support a 'hub and spokes' model of service commissioning and provision, with established specialists supporting local SLT colleagues within their region. We have already developed a draft, with feedback gratefully received from those who took part in the June workshop. We now want to invite any other colleagues with an interest in this area to comment on the draft. Please contact RCSLT Project Coordinator Caroline Wright, email: caroline.wright@rcslt.org

**Matthew Mills, Specialist SLT (Voice) Gender Identity Clinic, West London Mental Health NHS Trust.**  
**Gillie Stoneham, Senior Lecturer University of St Mark and St John**

### Calling all northwest England CENs

The NWWest RCSLT Hub is holding a clinical excellence and resilience day in Manchester in March 2016 (#CLEaRSLT on Twitter). Clinicians from all disciplines, with all levels of experience and from all sectors – NHS, independent, voluntary – are invited; you need only be a member of the NWWest RCSLT Hub to sign up. A key aim for the day is to support the clinical excellence networks (CENs) in the North West to develop and maintain their principal role in guiding excellence in clinical practice and providing support for practitioners. To help the hub achieve this, it needs an up-to-date list of all CENs, support groups and professional networks you belong to.

◎ Please either access the existing list on Basecamp and update it with your group, or email: Jacqueline.gai1@gmail.com to make sure your group is involved in the planning and delivery of this event

### Travers Reid Award 2015

Action for Stammering Children is inviting applications for the annual Travers Reid Award. This £300 award recognises excellence and innovation from new researchers within the field of stammering. The award is open to any undergraduate or postgraduate student who has completed a research project within the last three years focusing on children or young people who stammer. Applicants can submit a 500-word abstract, together with a covering letter of recommendation from their supervisor, by 15 November 2015. Those applicants whose projects are shortlisted will be asked to send their full project. Travers Reid and Michael Palin will present the award on 15 December 2015.

◎ Email applications to: alisonnicholas@nhs.net

### IJLCD Winter Lecture 2015

Institute of Cognitive Neuroscience Deputy Director Professor Sophie Scott will deliver this year's International Journal of Language and Communication Disorders Winter Lecture.

Professor Scott's research and interests involve the neurobiology of speech perception, including the functional sub systems in human auditory cortex and the evolution of speech and profiles of recovery in aphasia. 'Speech on the brain: The neuroscience of vocal communication' will take place at 5.30pm on 2 December at City University London. Free tickets are available and are likely to go quickly.

◎ Visit: <http://tinyurl.com/qde2b8v>

### Dementia Words Matter

The RCSLT has signed up to the 'Dementia Words Matter' call for action. Dementia Words Matter is a guide intended for use by journalists and organisations, written by people with dementia. It sets out the words and descriptions of dementia to avoid. People with dementia prefer words and descriptions that are accurate, balanced and respectful. As an organisation, the RCSLT will review the words we use to describe dementia and its day-to-day experiences.

◎ Visit: <http://tinyurl.com/nmpglg3>

**Jess Jones and Liz Jones demonstrate the difficulties in achieving consistent texture with hand-thickened liquids and supplements**

## Are pre-thickened supplements a necessity?



ILLUSTRATION Trina Dalziel

**S**peech and language therapists frequently recommend using thickened liquids to promote safe swallowing and reduce aspiration (RCSLT, 2014). However, modified fluids and diet textures may result in reduced oral intake, thus increasing risk of malnutrition and dehydration (Paciaroni et al, 2004). Dietitians often prescribe oral supplements for such patients.

Within our trust, SLTs and dietitians meet regularly and discuss the variations in the thickening of fluids and nutritional supplements across the hospital. We had observed

differences in textures made by staff despite speech and language therapy swallow guidelines and instructions on the thickening powder containers. Garcia et al (2005) also found such differences

***"There appear to be too many factors affecting how supplement products can be hand-thickened"***

and that small alterations in the amounts of thickening powder or fluid caused significant changes in consistency which could put a patient at risk of aspiration, malnutrition and dehydration.

To raise awareness, we created and distributed a poster to all the wards, illustrating each fluid consistency (stages 1, 2 and 3) when poured from a spoon – based on the SIGN Guideline 119 (2010). We also discussed how to thicken different nutritional supplements.

In our trust, dietitian procurement contracts do not include pre-thickened supplements, so all prescribed supplements must be hand-thickened. Due to the variation in contents of each supplement, we found the instructions on the thickening powder pots were often misleading.

We sought opinions from nursing and healthcare staff on our stroke unit, where a high percentage of patients with dysphagia require thickened fluids, and gathered views informally on the process of thickening fluids and supplement products. The responses highlighted the need for a set of standardised instructions for thickening supplement products.

We created a set of instructions by thickening each supplement used within the hospital to each level of fluid consistency – ie, stages 1, 2 and 3. Quantities of thickening powder required for each individual supplement were recorded with any mixing techniques, eg, “shake bottle, add three scoops of thickener, replace lid, shake again for two minutes”.

We devised a ‘thickening matrix’ to communicate the optimum method to achieve each desired texture and launched this on our stroke unit, with copies attached to the medication and drinks trolleys and within the kitchen. We spent time with ward staff to demonstrate the matrix.

After a four-week period, we gathered opinions from staff to

determine its usefulness. Staff still reported difficulties in achieving the correct supplement textures despite following the matrix. Many commented that the thickened supplements changed consistency quickly once made and the advised mixing equipment was not always available. It appears that our attempts at making thickening of supplements more uniform had not been successful.

There appear to be too many factors affecting how supplement products can be hand-thickened. Although our matrix did not eliminate the difficulties experienced on the wards, our project was useful in demonstrating that our trust needs pre-thickened supplement products. The dietetic contract for supplements is out to tender and our findings have been used to drive the process to include pre-thickened supplements.

Do your colleagues report problems thickening supplements consistently? Are you using pre-thickened supplements? Write and let us know. ■

**Jess Jones and Liz Jones, SLTs, Southport and Ormskirk NHS Trust. Email: jess.jones@nhs.net**

**With thanks to Dietitian Kerry McCrea**



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# The RCSLT honours and Giving Voice awards 2015

This year's RCSLT honours and Giving Voice award presentations took place on 7 October at the University of Warwick. Our congratulations go to all the recipients. Our thanks also go to RCSLT President Sir George Cox who chaired the Honours Committee and presented the awards on the night

PHOTOGRAPHS BY Geoff Wilson

## RCSLT fellowships

RCSLT fellowships acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship within the profession. This year's recipients are:



### Maggie Cooper

Maggie has made an outstanding contribution to higher education in the field of speech and language therapy since taking up the role of head of department within the Faculty of Culture and Language Sciences at the University of St Mark and St John in 2003. She has held many academic roles that have made an outstanding contribution at a regional and national level to the training of SLTs.

### Rosemary Cunningham

Since 1987, Rosemary has worked with a predominantly adult caseload in Nottingham and Derby. Currently based at the Royal Derby Hospital, she is SLT team leader and in 2005 undertook a secondment as senior lecturer at De Montfort University. Rosemary is an RCSLT adviser for stroke, and has been an adviser for aphasia. She has represented the RCSLT on the Royal College of Physicians Intercollegiate Working Party for Stroke since 2006.



### Annie Elias

Since 1986, Annie has managed the adult speech and language therapy community service in what is now Kent Community Health NHS Foundation Trust. She has been instrumental in a number of developments, such as the home enteral nutrition team, the ENT/SLT voice clinic and Macmillan head and neck oncology. She has also made an enormous contribution to the understanding of psychogenic voice disorders. Annie was one of the developers of the East Kent Outcome System (EKOS) and has supported its expansion across a range of professions.



### Professor Sara Howard

Sara is an SLT and Professor of Clinical Phonetics at the University of Sheffield. She has taught SLT students for more than 30 years and devoted her career to the advancement and application of phonetics to practice and research. Sara has been particularly influential in the field of cleft palate, where phonetics is central to understanding the associated complex speech difficulties.



### Kate Young

Since 1999, Kate has been clinical lead SLT at the Royal Derby Hospital, specialising in voice, ENT and head and neck oncology. She has worked alongside her ENT colleagues on a number of innovative projects, including a paediatric voice clinic, an SLT-led voice clinic, and a trans-nasal oesophagoscopy clinic. Since 2003, she has been an RCSLT adviser on voice and has made annual visits to India, mainly in her own time, to work with colleagues from Derby to develop clinical services in ENT there.



Giving  
Voice

ROYAL COLLEGE OF  
SPEECH & LANGUAGE  
THERAPISTS

» **RCSLT AWARDS**

## RCSLT honorary fellowships

Honorary fellowships acknowledge and honour non-SLTs who have contributed outstanding services to speech and language therapy and for the benefit of those with communication disability. This year's recipients are:

### Mr Julian McGlashan

Julian joined the ENT team at the University Hospital in Nottingham as a consultant otolaryngologist more than 20 years ago. He asserts that speech and language therapy is essential in the assessment and rehabilitation of voice and swallowing disorders. Julian has supported and sponsored the speech and language therapy team to extend their roles for the benefit of patients. More recently, he has spoken up robustly for the speech and language therapy service in Nottinghamshire in the face of service cuts.



### Professor Mick Perkins

Mick has been teaching speech and language therapy students for 35 years and has been instrumental in establishing clinical linguistics as a

discipline on speech and language therapy courses. With a personal chair in clinical linguistics at the University of Sheffield, he has supervised and supported many SLTs to complete their PhDs and disseminate their findings. Mick has produced a number of books that are on the recommended reading lists of speech and language therapy courses internationally.



### Travers Reid

Travers established the Association for Research into Stammering in Childhood and in 1991 the charity employed its first specialist SLT to work at Finsbury Health Centre. In

1993, he approached Michael Palin to give his name to the centre. In 2012, the charity changed its name to Action for Stammering Children and with its support, there are now 12 specialist SLTs at the Michael Palin Centre, offering charitably-funded assessments to children from across the UK.



### David White

David first came into contact with the Swindon Speech and Language Therapy Service more than 25 years ago when he asked for support from the fluency service. Consequently, he

worked with SLTs and other individuals to establish the Fluency Trust to support young people. The registered charity informs people about stammering and raises money to fund places on the annual intensive fluency course provided by Swindon SLTs. David is dedicated to the trust and has ensured it has kept its focus throughout many local service reorganisations.

## The Sternberg award for clinical excellence

Kindly donated by RCSLT Senior Life Vice President Sir Sigmund Sternberg, this award is for innovative clinical work. This year we are pleased to announce two £1,000 award winners:



### The Aphasia Café at the University of Sheffield's Department of Human Communication Sciences

Since 2013, the Aphasia Café has provided communication support for people with aphasia and their families in Sheffield. Local people with aphasia attend the café, along with speech and language therapy students and volunteers. The main focus

is on enjoying conversation in the relaxed café atmosphere. The café offers a total of 720 hours of communication support to 36 people with aphasia per year. People attending feel it has led to increased confidence and independence, better communication skills, and a positive impact on family communication.



### Leeds Beckett University and Leeds Teaching Hospital Trust Dysphagia Scheme

In August 2013, Leeds Teaching Hospital Trust and Leeds Beckett University introduced an innovative pilot programme to equip newly-qualified therapists with dysphagia skills. Following graduation, they undertook three months of work- and university-based learning, with the aim of meeting 18 competencies based on the 'specialist' level of the Inter-professional Dysphagia Framework. The scheme has expanded and now provides 10 places hosted by five trusts across the region, with additional trusts wishing to host graduates for 2016.

## Giving Voice awards 2015

The RCSLT presents its annual Giving Voice Awards to those who have made a significant contribution to the Giving Voice campaign over the past year. As with previous years, there has been a high volume of excellent nominations and the RCSLT would like to thank all Giving Voice champions for their continued support.



### Janet Cooper and Joan Walley MP – Stoke Speaks Out

Stoke Speaks Out is an award-winning initiative designed to 'make communication everybody's business'. In February, a 'Giving Voice to Stoke-on-Trent' seminar, chaired by Joan Walley MP and organised by Janet Cooper, celebrated the work of Stoke Speaks Out and explored options for its sustainability. Since the seminar, there is to be a huge investment in early speech, language and communication, and plans will include additional SLTs.



### London North West Healthcare, Paediatric Speech and Language Therapy Services Harrow

In 2015, the paediatric SLTs at Northwick Park Hospital ran a variety of Giving Voice events. Despite financial and time constraints, they harnessed the power of technology and social media to broaden the reach of Giving Voice. This included a

website, an e-newsletter, termly emails to schools and early years settings, and screensavers displayed throughout their trust. The team also set up a 'sign of the week' system within their multidisciplinary team office to share knowledge and expertise with the wider healthcare team.



### Wendy Neill – Leeds Giving Voice Choir

Leeds Community Healthcare SLT Wendy Neill launched the Leeds Giving Voice Choir in 2014. In partnership with Arts Trinity, the MS Society, Carers Leeds, the Alzheimer's Society and Parkinson's UK, it is an inclusive choir, for service users and their carers. The choir has since attracted nearly 40 members and due to the success of the initial pilot, project funding has been secured until December.



### Marjon 'Give Voice'

The Marjon 'Give Voice' student group at the University of St Mark and St John organised a series of events both on campus and in the centre of Plymouth. The students spent three days working with the Drake Circus Shopping Centre and retailers Lush and EE to raise awareness of Giving Voice. The students also wrote, performed and recorded a Giving Voice video, which they uploaded to YouTube to spread their message further.



### University of East Anglia Speech and Language Therapy Society

In the lead up to the 2015 General Election, the University of East Anglia's Speech and Language Therapy Society petitioned local politicians with a manifesto adapted from the RCSLT's 'manifesto asks'. The society also attended a local hustings event to ask local candidates how their parties intended to preserve speech and language therapy services. The petition was emailed to all the local politicians addressed in the manifesto and responses were received from Norwich North candidates from the Labour, Green and Conservative parties.



### University of Manchester SLT peer mentor student coordinators

Over the past year, University of Manchester speech and language therapy students have run a variety of events. Many of these supported the RCSLT's partner organisations – for example, inspired by the RCSLT's Giving Voice for People with Dementia campaign, the students supported Alzheimer's Society during May and June. In June, they held their annual Giving Voice Ball. The guest speaker shared her inspirational story of life with early onset dementia.

The RCSLT conference in Leeds in September 2014 encouraged us to 'Mind the Gap' between research and practice. Over two days, researchers,

clinicians and service managers had the opportunity to discuss evidence-based practice and share new innovations.

The drive behind this is to ensure new research findings are disseminated and implemented into clinical practice as quickly as possible. However, how can we be sure the research undertaken is what clinicians working with individuals with speech, language and communication impairments need most? While many researchers in the field have a background as practising SLTs, current clinicians have a clearer picture of the needs on the ground.

This issue was the motivation behind the workshop run at the conference by the Specialists in Specific Speech Impairment (SSSI) Network. The network consists of researchers, academics and specialist clinicians with a record of research and publications in the field of developmental speech impairment. The workshop aimed to develop a clinically-driven research agenda that meets the needs of children with speech impairment, as identified by clinicians.

### Nominal group technique

The workshop used nominal group technique to get a clear picture of the research needs of clinicians (Van de Ven and Delbecq, 1972). We limited the number of attendees to 18, split into two groups to enable sufficient time for each individual to contribute. We asked each attendee to consider their clinical uncertainties and write down research ideas. Each presented one of their ideas, starting with the one they were most passionate about. Facilitators asked for clarification where necessary and other members of the group refined their own list in light of those presented.

The attendees identified 58 research topics, sorted these into 10 initial coherent themes and prioritised them in terms of greatest need. Specifically, we asked them to independently identify and rank the five themes they considered most important. With these rankings, we assigned a score to each theme, with higher scores representing a higher ranking identifying the priority (table one).

# Research in specific speech impairment

**Yvonne Wren and colleagues ask, what questions should we be posing?**

**Table one: Themes of research ideas and ranking scores**

Service delivery	65
Classification and subgrouping	55
Intelligibility/connected speech/generalisation	43
Prognostic indicators	41
Direct versus other provision	36
Using research	19
Views of the child	13
Bilingualism	9
Co-morbidity	8
Instrumental tools	4

### Post workshop activity

While the prioritisation activity suggested service delivery was the area which attendees felt needed research most, it was clear from comments made that this category included a number of sub-themes. A post-workshop meeting of the SSSI Network allowed a second review of the questions. This confirmed that the initial broad categorisations remained valid. However, we added an additional theme of 'Approaches to intervention' and subdivided the 'Service delivery' into 13 subthemes based on the research questions generated in the workshop (figure one).

We shared this revised categorisation with workshop attendees by email and asked them to submit new priorities. To widen participation, we also invited members of the clinical excellence networks

(CENs) in speech from London, the south west and the north east, and clinicians interested in speech sound disorders, contacted via the RCSLT links system in Northern Ireland, to indicate their preferred priorities for research. From a total of 51 responses, research questions which address 'Approaches to intervention' received the highest priority ranking with questions relating to 'service delivery-dosage' and 'prognostic indicators' also rating highly (figure one).

### What's next?

The primary aim of this workshop activity was to inform the research community about the key priorities for research in the field of specific speech impairment. The SSSI Network will use the individual clinicians' questions, which led to the development of the themes, as indicators of need and drivers for future research programmes. Moreover, the attendees of the workshop, together with members of the CENs, are and will continue to be valued colleagues to the network, as we seek to involve practitioners in the process of research at all stages – from identifying research priorities and setting questions, through to data collection and analysis, and on to disseminating the results.

However, one notable finding from the workshop was the number of questions proposed for which some research evidence already exists. It wasn't possible during the workshop to explore whether the questions were suggested because individuals were unaware of the relevant research or whether they regarded the evidence as weak (ie, either lacking or ambiguous).

With regard to research awareness, new initiatives such as the RCSLT journals collection and The Communication Trust's 'What Works?' database are helping to enable SLTs to access the evidence base but time constraints and difficulties with reconciling conflicting sources of information can make it difficult for clinicians to integrate this knowledge into everyday practice. While the evidence base is expanding all the time, the evidence for many issues remains at a relatively low level with few systematic reviews and meta-analyses available. It is, therefore, not surprising that workshop attendees included these questions within their priorities for research.

### Patient and public involvement

The workshop enabled the SSSI Network to engage with clinicians about their priorities for research. Whilst the network also includes specialist clinicians, there is a danger that with a small group of researchers, biases regarding research priorities can creep in. The workshop will help the network to ensure future research in the field focuses on the most important and relevant questions.

Nevertheless, clinician opinion alone is insufficient as a base to research activity.

**"The workshop will help the network ensure future research focuses on relevant questions"**

Patient and public involvement in any NHS research (NIHR) is a must today and indeed, knowing what matters most to the parents and children we work with is crucial to our understanding of where research efforts should be targeted. As the range of people who commission our services increases, there is a need for funded research to answer clinical questions that have greatest relevance for all stakeholders. Researchers within the network will seek to better understand these clinical uncertainties in order to identify an overarching plan of research priorities in the field of developmental speech impairment that has maximum impact. ■

**Dr Yvonne Wren, North Bristol NHS Trust; Dr Sally Bates, University of St Mark and St**

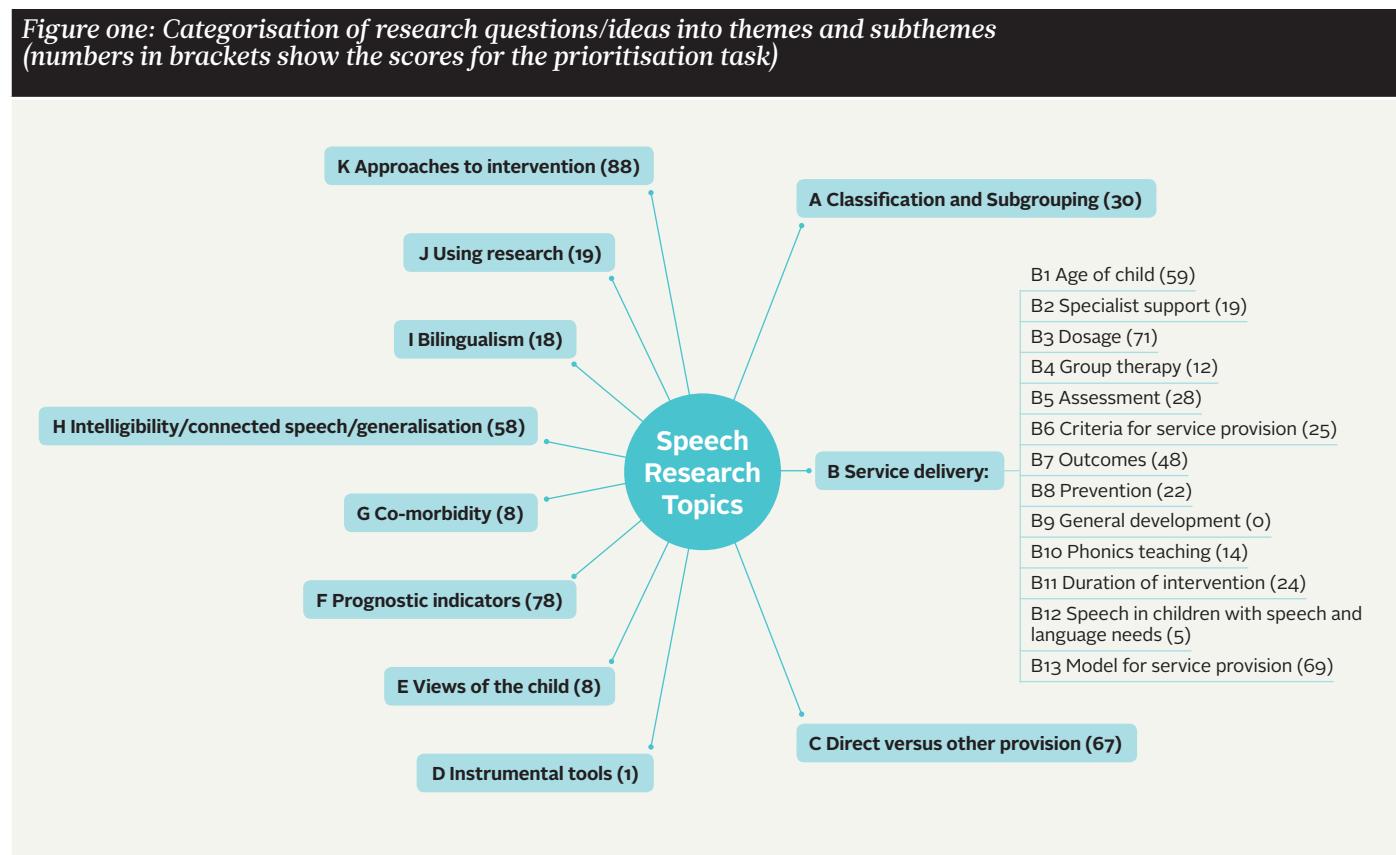
**John, Plymouth; Dr Anne Hesketh, School of Psychological Sciences, The University of Manchester; Dr Debbie Sell, Great Ormond Street Hospital NHS Foundation Trust; Dr Jocelynne Watson, Queen Margaret University, Edinburgh and the SSSI network**



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- The Communication Trust. 'What Works' database. [www.thecommunicationtrust.org.uk/whatworks](http://www.thecommunicationtrust.org.uk/whatworks)

**Figure one: Categorisation of research questions/ideas into themes and subthemes (numbers in brackets show the scores for the prioritisation task)**



**C**ollins (1996: p6) defines global aphasia as, "A severe acquired impairment of communicative ability across all language modalities where often no single communicative modality is strikingly better than another."

Although information on the prevalence of global aphasia is limited, Collins (1986) estimates that between 10% and 30% of people with aphasia have this form long term. There has been debate as to whether treatment for this client group is effective. In 1964, Schuell and colleagues trialled standard speech therapy (which includes tasks such as automatic speech, word repetition and picture naming) with people with global aphasia (PwGA) and concluded that it was not appropriate or cost effective.

Marshall (1987) re-iterated this opinion decades later when he put forward the view that clinicians should re-apportion time away from PwGA in favour of those with mild aphasia. By contrast, Samples and Lane (1980) and Sarno and Levita (1981) found that PwGA can benefit from impairment level therapy if they receive input over a longer period (one and three years respectively). Unfortunately, offering therapy for long durations is not feasible in most clinical settings in England. Despite the duration of input offered, neither of these studies demonstrated functional improvements.

While some writers have documented that therapy for PwGA is ineffective, we do not know the views of clinicians practising in England today. Neither do we know the type, intensity or duration of therapy PwGA are receiving. I sought to find out this information and given the lack of research in this area, wished to establish what SLTs consider as research priorities in this field.

### Investigating practice

I developed a 15-minute questionnaire using UCL Opinio 6.8 and sent an online link to



# Global aphasia: current perspectives and future directions

**Sharon Adjei looks at SLTs' attitudes to global aphasia and their approach to therapy provision**

ILLUSTRATION BY Jessie Ford

the survey via email to my clinical contacts and relevant clinical excellence and research networks for distribution. I analysed the majority of results quantitatively using descriptive statistics, frequency counts and percentages. I also analysed open question responses by grouping content of responses into key themes.

I received 52 responses but only 29 fully-completed questionnaires. The SLTs who took part represented a cross section of the profession in terms of years' experience and clinical setting (see tables one and two). All regions of England were represented.

In order to establish consensus on the definition of global aphasia, I asked clinicians if they thought there was a difference between global and severe aphasia. Of those that responded, 35 out of 39 SLTs felt the two conditions were distinct from each other. There was further agreement that severe aphasia refers to only one language domain being severely affected, while global aphasia refers to all language domains. Thirty-three out of 52 respondents reported using informal assessments rather than standardised assessment scores to classify people as having global aphasia.

**Table one: Clinical experience of respondents**

Experience in years	Number of SLTs
0-2	8
3-5	10
6-10	14
Over 11	12
Not stated	8

**Table two: Clinical band of respondents**

Clinical band	Number of SLTs
5	6
6	13
7	18
8 and above	3
Other	4
Not stated	8



The average intensity of intervention offered to PwGA was twice weekly. Only seven out of 44 services reported offering intervention to PwGA who are more than a year post stroke. Twenty-two services provided 1:1 intervention only to PwGA; two provided group therapy only; and 14 provided both 1:1 and group therapy. Of note is the fact that within those services that could provide 1:1 treatment, only 17 out of 52 respondents said their service offered it automatically to PwGA. Twelve out of 52 services reported they made the decision based on how the client had responded to any previous therapy and 13 on whether the client had the necessary pre-requisite skills to respond to treatment. Where 1:1 therapy was not offered, indirect intervention would be provided.

### Highlighted issues

These findings highlight two issues. One is that some PwGA do not receive further 1:1 therapy because they have failed to show sufficient improvement from previous intervention. One could argue, based on the aforementioned studies by Samples and Lane (1980), and Sarno and Levita (1981), that having a more severe form of aphasia means individuals are likely to require more treatment for a longer period to show any gains.

The second issue pertains to the finding that PwGA who lack pre-requisite skills often do not receive intervention. Again, it is arguable that those lacking pre-requisite skills to participate actually warrant the opportunity to have intervention more than those who already possess these skills. Therapy that targets basic cognition/early communication skills may not only enable PwGA to benefit from communication intervention in the future, but also other multidisciplinary input.

When asked what the most challenging aspect of working with PwGA was, 11 out of 28 responses related to the issue of the severely impaired pre-requisite/cognitive skills of these clients. A hypothesis for why such clients are not offered 1:1 intervention could be due to the SLTs' lack of knowledge, skill and confidence in working in these areas. One clinician identified that she is not always able to gain the support of occupational therapy colleagues because of limited capacity.

A later question regarding what the focus of future research should be highlighted the issue of cognitive deficits once again, with seven out of 27 respondents wanting more research in this area. Other suggestions were for researchers to find effective functional treatments/techniques and to develop new resources.

Respondents provided 33 different examples of goals set for PwGA. All but two were partially or wholly functional in nature. The most common goals for treatment were for clients to be able to indicate 'yes/no'; make a choice within a functional task (eg, what to drink; what to wear); use total communication; and for SLTs to support family/the multidisciplinary team to use communication strategies. Group therapy, Promoting Aphasics' Communicative Effectiveness (PACE) and total communication were the most common therapy approaches used (table three). Matching, functional choice making and 'Yes/No' response drilling were the most common task examples provided.

### Summary and implications

The results of this survey indicate that despite historic opinions that intervention may not be effective, PwGA receive some form of intervention routinely (although this is not always in the form of direct

1:1 therapy) and intervention is usually functional in nature.

Salis and Edwards (2015) describe interventions for other forms of aphasia that services could adapt for PwGA. However, more evidence-based treatment programmes and resources designed specifically for this client group are required. The survey results also highlight that the interaction between the cognitive and communicative impairments of PwGA present a challenge clinically and should be of paramount importance for future research. ■

**Sharon Adjei**, Doctoral Student (University College London) and Interim Head SLT, Homerton University Hospital. Email: s.adjei.12@ucl.ac.uk

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**Table three: Therapy approaches used with PwGA**

Therapy approach	Number of respondents using this approach
PACE (Promoting Aphasics' Communication Effectiveness) (Davis, 1980)	18
VAT (Visual Action Treatment) (Helm-Estabrooks et al, 1982)	1
Group treatment	13
Amer-Ind	1
Total communication	32
Computer therapy/apps	10
Other	4

**P**apworth Hospital is one of the largest specialist cardiothoracic hospitals in Europe and includes the UK's main heart and lung transplant centre. Dysphagia makes up more than 90% of referrals to the speech and language therapy department. Examples of reasons for referral are:

- Food debris found in the lungs during bronchoscopy.
- Post-surgical cranial nerve damage – for example, vagus nerve damage post heart/lung transplant.
- Reduced physiological reserve due to critical illness.
- Neurodegenerative conditions, such as motor neurone disease, ataxia telangiectasia and myotonic dystrophy.

Our remit with patients with dysphagia is to identify the physiology behind their dysphagia; identify and implement rehabilitation programmes and/or management options; and support patients in making informed decisions.

Until now we have assessed these patients using a clinical bedside assessment, with some being assessed in our twice-weekly videofluoroscopy clinics. However, the clinical assessment of swallowing is known to have low sensitivity to aspiration and videofluoroscopy is often not suitable or accessible for these patients – for example, those on mechanical ventilation, individuals who are sensitive to ionising radiation; or those requiring repeat or prolonged assessment with biofeedback to support rehabilitation.

In light of the service requirements and the evidence in support of the use of fibreoptic endoscopic evaluation of swallowing (FEES) in these patient groups, we prioritised writing a business case to gain charitable funding to set up and sustain a FEES service at Papworth. This article details the considerations made within this process that culminated in a successful bid, with the aim of supporting other SLTs proposing this service development.

### **Identifying the right equipment**

We trialled three different FEES stacks from three different companies, weighing up the pros and cons of each. We considered the versatility of each stack to be fit for the required immediate purpose as well as to adapt to future research opportunities. We



## **Bidding for change: A new FEES service**

**Pippa Hales and Corinne Mossey-Gaston consider the process behind their successful bid for a fibreoptic endoscopic evaluation of swallowing service**

also spoke to other SLT colleagues using each of the stacks to gauge their views. There was plenty of negotiating ground with each company to reduce the price from the original one they gave and then options to further alter the price by up or downgrading equipment – for example choosing between a video-scope and a fibre-scope. Ensuring the equipment was

available through the NHS supply chain also led to a 15% discount.

### **Business speak**

As frontline clinicians, we primarily identify a service need through the health benefits it will have for our patients. However, translating these benefits into economic outcomes is key to appealing

Corinne (left) and Pippa: getting approval from the executive board is only the start



# “Translating benefits into economic outcomes is key to appealing to those holding the purse strings”

the funding of this equipment was essential for our patients and the trust. We made sure to include the following:

- The objectives of the FEES service with a focus on patient benefit.
- How the service fits with key objectives for the identified directorate and the trust overall.
- How the service fits with the aims of the charity.
- How the service development would create a cost improvement.
- A financial statement detailing the costs of the FEES service as a whole in addition to the equipment itself to ensure its sustainability – ie, staff training, service contract and sterilisation costs.

## The pitch

The charitable funding team gave us the option to attend the decision meeting and present our case in person or to let them read through the paperwork alone. We chose to present the case in person, allowing them to see the passion behind the pitch and answer any questions that might arise.

To make sure we were fully prepared we made it a priority to seek advice from colleagues who had successfully pitched to the panel in the past to learn from their experience. In our case, we made the pitch to 10 impressive panel members who responded with a series of challenging questions and, on reflection, being pre warned of what to expect was a definite advantage. A day later we got approval from the charities committee, which then meant one more week of waiting for them to present the case to the executive board where they gave final approval. Cue big sigh of relief.

## Just the beginning

At the time, we felt this was the finish line reached, but with hindsight its clear this

was only the start and the hard work was just beginning. Since then we have:

- Written the trust guidelines with the use of the revised RCSLT position paper (Kelly et al, 2015).
- Worked closely with infection control to set up the sterilisation process, which is new to the trust.
- Worked with IT regarding data storage.
- Developed our FEES report template with outcome measures.
- Been trained in how to use the equipment.
- Updated out data collection to ensure the impact of the new service could be audited.

We have also promoted the launch of the new service across the trust through the staff magazine to ensure its purpose and referral process gets to those hard-to-reach staff.

Thanks to the engagement of the key stakeholders early on in the process the new service has been well received by both patients and staff, and we are now looking to roll the service out across the trust. In addition, we recognise the skill base this gives us and in the future we intend to support other trusts in setting up their FEES services and in achieving and maintaining their competencies. ■

**Pippa Hales, Speech and Language Therapy Lead; Corinne Mossey-Gaston, Specialist SLT, Papworth Hospital NHS Foundation Trust. Pippa.hales@nhs.net**



## References & resources

Kelly AM, et al. Fibroscopic Endoscopic Evaluation of Swallowing (FEES): The role of speech and language therapy. Royal College of Speech and Language Therapists Position Paper, 2015 London.

NHS Improving Quality. NHS Change Model. 2013. www.nhsiq.nhs.uk

to those holding the purse strings. We had to translate our knowledge that FEES was more accurate at detecting aspiration into demonstrating, with scientific and economic evidence, that it would reduce length of stay and cost of pharmacological treatment, and by doing so would increase bed capacity. It was then key that we worked closely with the finance department to tailor our pitch around a specific directorate in which cost saving was the main trust priority.

## Identifying key stakeholders

We identified and met with the key stakeholders over several meetings to ensure this improvement met with our shared purpose, recognising that engagement is fundamental for delivering change successfully (NHS Change Model, 2013). This resulted in the lead consultants writing statements of support to submit with our bid. In the eyes of the judging panel, this demonstrated the strong level of support for the new service and reiterated its clinical benefits from the consultants' perspectives.

## The written bid

The Papworth Hospital Charities application was restricted to two pages with predefined questions; however, the application form was sufficient for us to state concisely why

# Ask the experts

## *What is the impact on the individual with dementia and their carer, and the multidisciplinary team when an SLT is involved in early assessment and diagnosis?*

Pam Enderby

Professor Emeritus

University of Sheffield

**S**tudies show that the incidence of dementia rises with age. The prevalence rises from around 1% at age 65 to 35% at 85. Alzheimer's disease is the best-known and most common cause of dementia, affecting around 500,000 people in the UK. Around 5% of these people have early-onset Alzheimer's, which affects people under 65. However, it is estimated that 30% of those with age-related memory problems are not formally diagnosed as having dementia, particularly in the young onset group (under 65 years) who are usually diagnosed later in the course of their dementia (Metcalfe and Curtis, 2008). Around three-quarters of residents in care homes have dementia (Macdonald et al, 2002).

### Dementia deficits

Most individuals with dementia will have communication deficits and many have dysphagia. In many cases, these deficits give the impression of worse cognitive ability than is the case, causing frustration, anxiety and depression.

in both the person with dementia and their family. In some cases, the inability to communicate effectively may present itself as challenging behaviour. Appropriate assessment and management of communication difficulty is essential for managing challenging behaviour in dementia (James, 2011).

The Alzheimer's Society (2010) reported that people with dementia recognised 'relationships or someone to talk to' as their top priority for 10 quality of life indicators and 'ability to communicate' as number six on their list.

Speech and language therapists are the specialist professionals responsible for identifying, assessing, diagnosing and contributing to the management of the specific communication and/or swallowing disorders. While limited, there are some interesting research findings that should support evidence-based practice in this area. For this summary article, I have particularly considered systematic reviews. All of these reviews expressed concern regarding the quality of the trials undertaken and the limitations associated with the small numbers of subjects included. However, there are useful indications to influence our interventions.

Further information can be found at: [www.rcslt.org/clinical\\_resources/dementia/overview](http://www.rcslt.org/clinical_resources/dementia/overview)

### Evidence of the impact of speech and language therapy

Mahendra (2001) reviewed the different direct interventions to improve the communication and functioning of patients with Alzheimer's disease. The review covered spaced retrieval training (SRT), errorless learning, quizzes, using multisensory stimuli, use of memory wallets, books and personal computers, and cognitive-linguistic stimulation programmes.

The review found considerable evidence that cognitive-linguistic therapy benefits individuals with Alzheimer's disease. The review also found promising indications for combining approaches such as SRT and errorless learning and the use of meaningful sensory stimuli. The research was mostly conducted with mild to moderate Alzheimer's disease; therefore, impact of the interventions may be different or need to be modified for patients with severe disease.

A systematic review (Egan M et al, 2010) focused on the evidence of different interventions to improve verbal communication between people with dementia and their formal and informal carers. The review found only one technique, the use of memory aids combined with specific caregiver training programmes, to be 'possibly beneficial'. The 13 included studies had methodological weaknesses, which meant the strength of the recommendations was limited.

A detailed systematic review by Woods (2009) considered the effects of reminiscence therapy for individuals with dementia. This included five small studies using different approaches. All had positive results in improving cognition, mood and caregivers' strain.

**"Interventions can help to slow the decline in cognitive functioning"**



ILLUSTRATION BY Flora Waycott

Thirty-nine trials involving patients with primary progressive aphasia (Carthery-Gouler et al, 2013) showed positive results; however, the methodological quality of the included studies was, again, low. The authors suggested that therapy aimed at naming, lexical retrieval and object use showed some effect. Zientz (2007a) reviewed the evidence for the effectiveness of educating caregivers on communication strategies and interactions. Six studies were reviewed and were found to support the education and communication training of family and professional carers of individuals with dementia.

Eggenberger (2013) synthesised the evidence on the effectiveness of communications skills training of caregivers in nursing homes and home-care settings. Included studies indicated training can increase positive communication in nursing home and home settings. The training impacted significantly on the professional and family caregivers' knowledge, competencies and communication skills. However, the review found

inconsistent results around challenging behaviour, the use of restraints and the use of sedative drugs.

Two systematic reviews reviewed the evidence on interventions administered by caregivers (Zientz 2007b; Brodaty and Arasaratnam, 2012). The earlier review included three studies which aimed to maintain levels of cognitive and behavioural functioning in individuals with Alzheimer's disease. These studies found family caregivers can be trained to administer intervention programmes to the family member at home and showed benefits for both individuals with mild to moderate Alzheimer's disease and the caregivers.

The second review included a meta-analysis and concluded that interventions delivered by family caregivers on the management of behavioural and psychological symptoms of dementia were effective in reducing behavioural and psychological symptoms associated with dementia.

The evidence related to the evaluation and management of oropharyngeal dysphagia in dementia was synthesised

by reviewing international research from 1990 to 2011 (Alagiakrishnan et al, 2013). Dysphagia may develop during the early stage of Alzheimer's dementia but commonly develops during the late stages of frontotemporal dementia. The authors found limited evidence for the usefulness of diagnostic tests and the effect of management strategies and highlighted the significant gaps in the evidence on the evaluation and management of dementia patients with dysphagia.

Another systematic review and the two surveys focused specifically on the use of tube feeding in patients with advanced dementia. Candy et al (2009) synthesised the evidence on enteral tube feeding in older people suffering from advanced dementia. Six of the included studies investigated mortality and the other focused on nutritional outcomes. The effect on a patient's quality of life was not investigated. The review found insufficient evidence for benefits of tube feeding for patients with advanced dementia. Importantly, data on the adverse effects of tube feeding in this patient group was not detailed. Other papers have reflected on the complex ethical issues associated with this intervention with persons with dementia (Noberg 1980; Gillick 2000).

## Conclusion

Research related to dementia is known to be particularly difficult because of the many different underlying pathologies, heterogeneity of the symptoms, different onset times and variation in the disease progression. Many of the studies included in the review above show limitations associated with methodological flaws, small sample size, non-random allocation of participants to study groups, lack of control group and non-blinding of study personnel measuring outcomes.

However, in summary the communication intervention studies reviewed demonstrate that interventions can help to slow the decline in cognitive functioning, help maintain vocabulary and improve the communication of patients with dementia. The training of caregivers of patients with dementia about the disease, communication strategies and the use of memory books and wallets were generally found to help to improve communication interactions with patients and reduce strain. ■

**See page 33 for references and resources**



## Victoria Joffe

Anne Breaks, Carole Charters and Trish Chilton talk to Victoria Joffe about their experiences as SLTs undertaking professional doctorates

# Professional doctorates: a world of research opportunity

Many SLTs have expressed a desire to conduct clinical research while continuing to practise, and many tell me they are doing this by registering for a professional doctorate (PD). As more SLTs are showing an interest in this research pathway, highlighting the PD seemed like the perfect sequel to follow our features on MRes and PhD routes.

We asked three SLTs, from different sectors and at different stages in their professional doctoral studies, to share their experiences. Anne Breaks, an SLT and designated clinical officer for special educational needs and disability for Surrey, is in her second year of part-time study at University College London. Independent practitioner Carole Charters has almost completed her studies at the University of Northumbria.

Trish Chilton works as a highly specialist SLT in stammering in Kingston upon Thames and is midway through her studies at the University of Westminster.

**Professional doctorates**  
The PD is an alternative pathway to a more traditional doctorate qualification, a professionally-oriented counterpart to the more theoretical PhD, integrating professional and academic knowledge. It is a robust programme of advanced

study and research, designed to meet the needs of commerce, industry and professional groups. Fundamental to the PD is relevance and application of the research undertaken to the clinical context. Reflection on clinical practice is integral to the learning process.

Trish's definition really captures the essence of a PD: "The way I see it, a traditional PhD means you drill down and a PD means you spread out. There is an explicit expectation in a PD programme that producing quality academic work means it has an impact in the real world."

### The beginnings

When I asked our three SLTs how they got to the point of studying for a PD, it is clear none of them planned a research career from the start. Rather, their clinical work led them almost inevitably to this point. Research, however, was always on the horizon, and all three had experienced some aspect of this before embarking on their respective doctorates.

Anne completed a MA in IT and Education in 1996, and Carole, after attending "... every conference about autism that I could", then "... took a huge 'leap of faith' to do an MA (Autism) at Northumbria University".

Trish reflects on how her first joint honours degree in Psychology and Speech Pathology at Manchester Metropolitan University sowed

the seeds for her interest in research when she attended the Psychology Discourse.

### Motivation

I asked about their motivation for choosing to study for a PD.

Anne: "I really like the idea of being part of a cohort of students who were all working and studying. I spoke to a colleague who was studying for a traditional PhD and one who was on the doctorate programme, and felt the doctorate programme suited my learning style. Following a programme of lectures, seminars and tutorials, and having assignments enables me to develop my research skills and form my research in a gradual and consistent manner."

Carole: "When I attended my pre-acceptance interview at Northumbria it was explained to me that I could follow one of two paths – that of PhD or PD. I already knew I wanted to study the employment experiences of adults with Asperger syndrome (AS). Because of my professional background and experience concerning my chosen research topic it was suggested that a PD (part time) was my best route."

Anne: "The taught doctorate provided me with a means of carrying out research while continuing to work."

### Qualitative focus

Most PDs include a significant formally assessed taught study component. These typically include the teaching of research methods, as well as subjects in or related to the discipline in which they are researching. The other major common element is the conduction of an original piece of applied research. There is an interesting commonality in the subject areas that all three PD students are researching in that they all have a qualitative methodological approach. Anne and Trish are researching

*"Although this is a journey  
you alone are able to  
complete there is much  
cheering from the sides"*

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

at the level of service delivery – with Anne investigating factors that affect engagement in intervention and Trish exploring the client experience of care. Carole's topic explores a specialist clinical area and looks at the employment experiences of adults with AS using interpretative phenomenological analysis.

## Benefits

When I asked about the benefits of studying for a PD, I was struck by how all three

mentioned stepping out of speech and language therapy to some degree, entering into new and exciting domains of study, and having the opportunity to refresh knowledge in some areas, like research methods.

Carole: "Both of my supervisors are sociologists. They have taught me so much and I have accessed sociological journals that I would never have known of or certainly thought to access. I have also used adapted sociological models in my research study. I feel I now

work not only from a health professional perspective, but with greater knowledge and insight about social models/sociological thinking."

Anne: "As part of a small cohort of students undertaking the doctorate I have benefited from learning about other research areas and methodology. I have also enjoyed the experience of taking modules with other students both from the world of speech and language therapy and beyond. We took a module called investigating research with PhD students from chemistry and computer sciences, which resulted in some very stimulating debates."

Trish: "I am so grateful for reaching the stage where I understand that there is room for multiple perspectives; that qualitative methodology has so much to contribute to the bits that randomised control trials are unable to reach; and that although this is a journey you alone are able to complete there is much cheering from the sides."

## Combining study and practice

Considering one of the key reasons why many professionals choose to undertake a PD is that they can combine their studies with their practice, I was interested to hear about the reality of this accepted belief.

Anne: "I can confidently say I have found the combination of studying and working really beneficial. I have been able to apply some of the learning from the course to my workplace and conversely have had extensive opportunities to consult with stakeholders regarding speech and language therapy services in my current role as a commissioner, including using thematic analysis which I will be using within my research methodology."

Trish: "My developing

knowledge from the literature around the client experience of care has given me the confidence and legitimacy to bring even more solution-focused practice into my work and evaluate the impact of this. Learning about the limitations of research has helped me to articulate ways to explore efficiency and efficacy in all of our work and this has led to me contributing to practise-based evidence, and becoming brave enough to ask clients 'in what way has this been useful for you?' at the end of a session."

Carole: "[The PD allowed me to maintain]... close links with my professional background and knowledge. My research is written through a professional lens. I am hoping that this research will contribute to speech and language therapy service development for individuals with AS."

## Food for thought

I asked Anne, Carole and Trish to impart some of the wisdom they have gained to those looking to embark on a similar pathway. Their responses converge on the three simple words uttered by Anne: 'Go for it.'

Carole: "The best advice I can give is that given to me when I was embarking on my journey. I was advised to look at a PD as a series of little steps, which as I achieved I could look back on and realise how far I had come."

Trish: "In solution-focused practice, one of the most useful questions is 'and what difference does that make?' Knowing I have started to learn how to demonstrate that difference is rather addictive and it will keep me in good stead with whatever serendipitous event occurs next." ■

**Professor Victoria Joffe, RCSLT**  
Trustee for Research and Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk); [@vjoffe](mailto:@vjoffe)

# Taking a step forward

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References: 1. Data on file.





## Our monthly look at the latest in published research

# In the journals

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

### Quality of life after TBI

Some individuals demonstrate improved quality-of-life (QoL), even after significant traumatic brain injury (TBI), and acknowledging the largely negative picture usually presented, clinicians need 'to understand the full range of outcomes after TBI from the perspective of the individual', according to an Australian study.

Researchers recruited 95 participants with moderate or severe TBI, from admissions to a rehabilitation hospital and assessed them on QoL, psychiatric, coping and psychosocial measures. A retrospective rating of QoL pre-injury was made as early as possible and subsequent prospective assessments took place over a four-year period.

The key finding of the study was that a third of participants had significantly higher post- versus pre-injury QoL scores on at least one subsequent assessment.

The authors suggest these people may have "searched internally to find benefit ... or have experienced post-traumatic growth". There was also a tendency to place greater importance on relatives. Those who did not show positive changes tended to have higher pre-injury ratings, and may have perceived a greater pre-/post-discrepancy (the 'good old days' bias).

**Reviewed by Dr Rosemary Gravell,  
Head SLT, Livability Icanho, Suffolk**

#### Reference

Gould KR, Ponsford JL. A longitudinal examination of positive changes in quality-of-life after traumatic brain injury. *Brain Injury* 2015; 29(3): 283-290. DOI: 10.3109/02699052.2014.974671

### Employment outcomes after TBI

Return to sustained employment is a frequent challenge following traumatic brain injury (TBI) but links between communication deficits and employment outcomes are difficult to determine. This American study used a cross control design to establish if degree of communication impairment was associated with employment outcomes in those who attempted to return to skilled jobs after TBI.

Researchers recruited 31 participants with moderate to severe TBI. All had previously held positions requiring a 'moderate' degree of training and communication skills for managing others. Participants were categorised as either in stable employment, ie, in post 12 months after injury or in unstable employment.

Communication measures explored language processing, comprehension and verbal memory, reading, verbal reasoning, pragmatics, verbal multitasking and social inference. Findings showed performance on specific communication tasks were associated with work stability in skilled jobs after TBI.

This study helps clinicians to fill the gaps in understanding how communication disorders can affect work outcomes, particularly with work stability rather than job loss. The authors highlight that communication skills can be critical for 'soft skills' in employment and highlight assessments that can help predict work outcomes.

**Reviewed by Clare Keohane, Lead  
SLT, Oliver Zangwill Centre for  
Neuropsychological Rehabilitation**

#### Reference

Meulenbroek P, Turkstra L. Job stability in skilled work and communication ability after moderate-severe traumatic brain injury. *Disability and Rehabilitation Online* May 2015. DOI: 10.3109/09638288.2015.104462

### Assessing communication in TBI

This Australian study is the first to document international assessment practices of speech-language pathologists (SLPs) working with adults with acquired cognitive communication impairments following a traumatic brain injury (TBI).

Researchers looked at the survey responses of 265 SLPs – from Australia, New Zealand, the UK and US – reported to have clinical expertise in rehabilitation of people with TBI. The 12-item questionnaire included questions on geographical location, years of experience and clinical setting along with four open-response questions.

The SLPs reported assessing functional communication skills most frequently, followed by receptive and expressive language. Areas of communication considered sensitive to TBI, for example, word-finding, high-level language, discourse, literacy and problem-solving skills, were not routinely assessed regardless of country, setting or experience, but were more likely to be assessed by experienced SLPs.

Most assessments were used equally across inpatient and community settings. Discourse and pragmatic skills assessment tools were more likely to be used in a community setting. Differences in preferred formal assessment were evident in different regions.

The authors support the need for clearer guidelines about assessment protocols for assessment of cognitive communication difficulties.

**Reviewed by Leyla Prince, Highly-specialist SLT, The Oliver Zangwill Centre for Neuropsychological Rehabilitation**

#### Reference

Frith M, et al. Assessment practices of speech-language pathologists for cognitive communication disorders following traumatic brain injury in adults: An international survey. *Brain Injury* 2014; 28:13-14, 1657-1666. DOI: 10.3109/02699052.2014.947619

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 follow them up and apply your own critical appraisal,

**Save the date:**  
Wednesday, 9 December 2015

## RCSLT National Student Study Day 2015

### Leeds Beckett University

Carnegie Stand, Leeds Rugby,  
St Michael's Lane,  
Headingly, LS6 3BR

**Join us at this interactive event, packed full of advice and resources to prepare you for your career in speech and language therapy.**

Find out first-hand what speech and language therapy managers look for in job applicants; learn what it's really like to be a newly-qualified practitioner; and much more.

The National Student Study Day will give you the opportunity to meet and network with fellow SLT students from across the UK, as well as learn more about the RCSLT.



#### **Booking your place**

The delegate fee is £10 (inc VAT) for RCSLT members and non-members. This rate includes lunch, refreshments and materials. Places are limited, therefore priority will be offered to final year students until Monday 16 November 2015. Students from other years of study are invited to book (with payment) prior to this date; however, their booking will be confirmed, and payment processed after 16 November (subject to availability of places).

For out about the event and how to book.  
Visit [www.rcslt.org/news/events/forthcoming\\_events](http://www.rcslt.org/news/events/forthcoming_events)



**We are delighted to announce we will be running the Voice Box joke telling competition again this year and extending the competition to secondary pupils.**

**We are inviting mainstream primary, secondary and special schools in England, Scotland and Wales to work on their own, or with their SLT, to hold a joke-telling competition between 7 September and 14 December 2015.**

Send us the winning joke from your school by 14 December and our judging panel will shortlist the best ones they receive. For each category – primary and secondary – there will be 10 finalists.

We will invite the shortlisted joke tellers and their parent or guardian to a grand final in Westminster on 2 March 2016.

Last year's final was a fantastic day with our young finalists telling their winning joke at Speaker's House to a judging panel that included comedian Lee Mack.

Visit: [www.givingvoiceuk.org/voiceboxwestminster](http://www.givingvoiceuk.org/voiceboxwestminster) to download the online toolkit with everything you need to run your own Voice Box competition.

If you have any questions, please email: [josephine.olley@rcslt.org](mailto:josephine.olley@rcslt.org)

# VOICE BOX RETURNS FOR 2015



Lee Mack with 2014 Voice Box winner Jack Johnson

Over the past months, we have produced a dedicated set of RCSLT webpages for key clinical areas and other topics, containing information and

resources in an easy-to-navigate format.

We intend the webpages to be relevant for all RCSLT members, irrespective of their level of experience, geographical location, work setting or employment context, and hope these resources will support you in your clinical practice.

### Dynamic approach

The pages will bring together existing resources and remove duplication on the RCSLT website. They will also support a more coherent, dynamic and consistent approach to the updating of clinical information. RCSLT advisers, expert clinicians and clinical excellence networks will have a sense of ownership of these pages and will play a large role in their ongoing development.

### Topics covered

The webpages cover the A-Z (almost) of speech and language therapy conditions – from acquired speech disorders, aphasia and augmentative and alternative communication; through to head and neck cancer and deafness; and on to visual impairment and voice.

Each topic landing page includes relevant terminology, characteristics and aetiology, and associated vulnerability and risk issues. It also discusses prevalence and incidence statistics, and the role of speech and language therapy.

The pages feature the national policy context (government policies, legislation and reports); relevant publications and guidance (both RCSLT- and externally-generated); and links to a wealth of online resources, including evidence-based practice, journal articles and relevant research. They also provide links to useful contacts, such as RCSLT advisers, clinical excellence networks and key organisations.

A ‘key contributors’ section will provide the name and contact details of the relevant RCSLT staff member (webpage owner) along with the date of the next review.

### Get involved

The online clinical pages are an iterative resource, developed by members for members. If you would like to provide

# Essential clinical resources at your fingertips

**Gemma Lotha outlines the development of the RCSLT's new online clinical resources**

feedback or make a suggestion for the pages, please email: [gemma.lotha@rcslt.org](mailto:gemma.lotha@rcslt.org)

Here is some of the feedback members have already given us. We look forward to finding out what you think.

#### Selective mutism

“This is going to be such a good and important resource. As awareness of selective mutism increases in the population, it is more crucial than ever for all SLTs to have a good understanding of the nature of selective mutism and how best to manage it.” **Alison Wintgens, RCSLT Adviser, Selective Mutism (newly-established CEN)**

#### Hearing impairment

“I just wanted to say a big thank you to everyone who has worked so hard on these webpages – they look amazing.” **Suzanne Harrigan, RCSLT Adviser, The Ear Foundation**

*“This is going to be such a good and important resource”*

“It has been a great honour to work alongside other experts in the field and to be part of something so significant. Having the quality standards online will not only make them much more accessible, it will also help us to stay up to date with current practice and research so we can be even more effective and see improved outcomes.”

**Catherine White, RCSLT Adviser, Auditory Verbal UK**

“First of all, I have to say what an amazing document it is and what an incredible amount of work must have gone in to it to make it so comprehensive. It will be an extremely useful tool for those wanting to find out more about working in hearing impairment.” **Liz Stott, Principal SLT, National Deaf Services, Adult Team, Springfield Hospital, Tooting**

#### Mental health

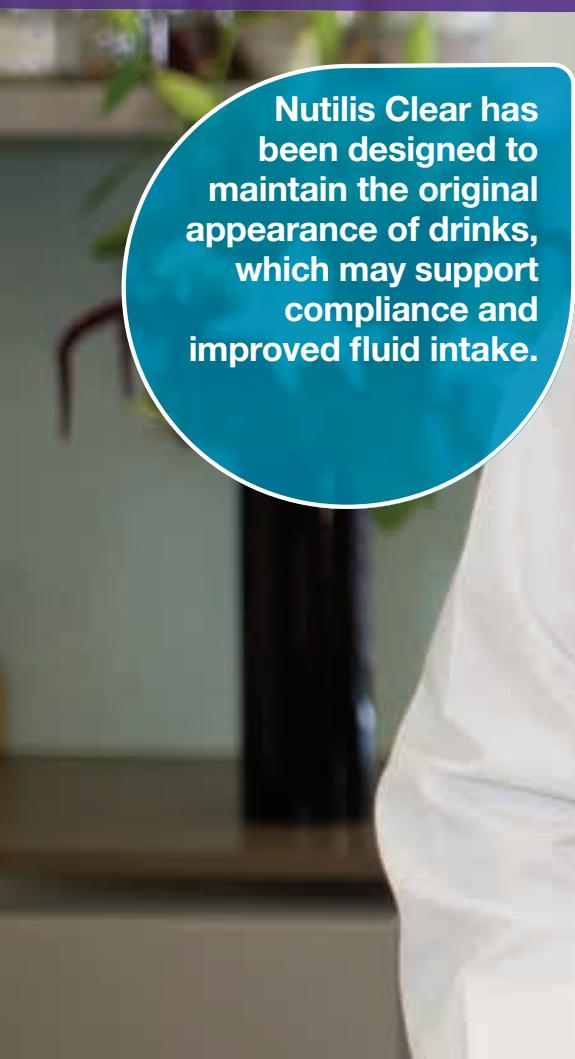
“Thank you for this fabulous piece of work. I think often people do not have the time to get hold of this sort of information and might not even know where to get hold of it, and yet this is what is needed in order to make a case for speech and language therapy. Coming from the RCSLT will make it even better accepted.” **Sarah Kramer, RCSLT Adviser, Mental Health** ■

**Gemma Lotha, RCSLT Programme Manager.**  
**Email:** [gemma.lotha@rcslt.org](mailto:gemma.lotha@rcslt.org)

**Find out more about the RCSLT's new online clinical resources. Visit: [www.rcslt.org/clinical\\_resources/Topic\\_areas](http://www.rcslt.org/clinical_resources/Topic_areas)**

# NEW MyNutilis

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



The new [MyNutilis.co.uk](http://MyNutilis.co.uk) website aims to inspire patients and carers to cook delicious meals with Nutilis Clear.

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



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

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



**Transparent results**  
[MyNutilis.co.uk](http://MyNutilis.co.uk)

 **NUTRICIA**  
**Nutilis**  
Clear

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

# Reviews

## DVD

### Understanding Suraj

**PRODUCER:** Ian Ingram

**PUBLISHER:** NL Productions UK

**PRICE:** £27.49 from Amazon (<http://tinyurl.com/p2lw6rx>) or directly from [ian.nlproductions@gmail.com](mailto:ian.nlproductions@gmail.com)

**REVIEWER:** Leanne Ruggero, Specialist SLT, Cambridgeshire and Peterborough Foundation Trust

**RATING** DVD

This film follows Suraj, 34, who has severe learning disabilities and is non-communicative. For more than two years, Suraj is filmed while his SLT, therapy assistants and carers use 'Intensive Interaction' to reduce his self-harming behaviours, which include repeatedly punching himself in the head to the point of splitting the skin.

Intensive Interaction encourages others to join in with someone's behaviours. The approach treats all people as intentional communicators in their natural modality, rather than expecting them to adapt to others' expectations for social interactions. This allows the team to discover that Suraj relaxes when they mirror his hitting rhythm or when they introduce new rhythms, such as clapping, hitting a drum or shaking bells. Increasing these activities reduces his self-harm and the team conclude that 'perhaps rhythm is his language'.

The film is very insightful and accessible. I can see it being a good resource to introduce the concept of Intensive Interaction for SLT students or for carers new to working with severe disability.

## BOOK

### Communicating across dementia

**AUTHOR:** Stephen Miller

**PUBLISHER:** Constable and Robinson

**PRICE:** £9.98

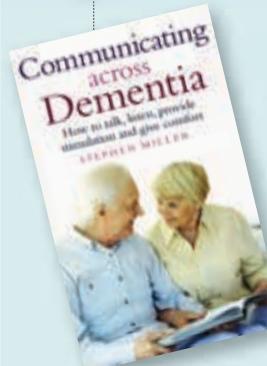
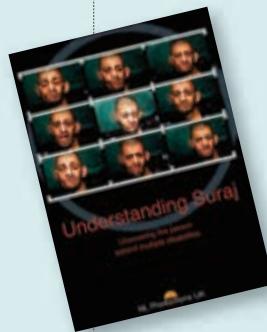
**REVIEWER:** Gillian McAlister, Consultant SLT, Go Communicate Consulting, NI

**RATING** Book

I highly recommend this book to anyone who has contact with people with memory difficulties or dementia/ Alzheimer's disease. The title adds, "how to talk, listen, provide stimulation and give comfort". There are 12 chapters and the introduction provides a thoughtful and touching insight into the difficulties for people with memory difficulties and their carers.

While there is no chapter dedicated to carers looking after themselves, there is an emphasis on the carer making decisions about the level or effectiveness of the communication strategies, language type/level, non-verbal communication and activities to try. The chapters in these areas are well presented with frequent headings and good explanations with examples, making it easier for non-professionals to gain a deeper insight into strategies and activities.

Miller frequently refers to the need for the carer/professional to change their own methods of communication and attitudes to the person with memory loss/ dementia. Other chapters look briefly at challenging behaviour, legal issues such as wills and care homes.



## APP

### Talk Around It HOME

**PUBLISHER:** Neuro Hero Ltd

**PRICE:** €19.99 (<http://tinyurl.com/nrmwj68>)

**REVIEWER:** Jessica Allen, SLT Allen Speech and Language, Essex

**RATING** APP

There are four versions of the Talk Around It app including the categories of Personal, Nature, Men and Home. All use the Semantic Feature Analysis technique to support word retrieval for patients with word finding difficulties. It is the Home version that has been reviewed in this instance.

The app is well designed with a clear layout and is intuitive with a library of clear pictures to choose from. There is an array of sound and written cues, including first sound, first syllable, noise, information and sentence completion. The test section allows you to choose from 10, 50 or favourite words and provides a final score, which is plotted on a graph and can be compared to previous or future tests.

Working with clients, I found the app would benefit from increasing the amount of pictures and organising them into categories, such as food, inside the home and the garden.

Some items make no noise as such and therefore the 'noise' cues are tenuous in these instances. Overall, the app has a user-friendly interface and I would recommend it as part of a word retrieval toolkit.



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

**Yorkshire Voice CEN**

**Request for information**

The Yorkshire Voice SIG is now known as The Yorkshire Voice CEN. We would like to invite all existing and interested members to send us your current email addresses so we have comprehensive and up-to-date information. Email razia.whitaker@anhst.nhs.uk

**CEN for Cleft Palate and Craniofacial Anomalies (National)**

**2 November, 9.30am – 4.30pm**

Includes instrumental approaches in assessment and therapy; EPG and ultrasound; iPad therapy; 'My mouth music'. Practical workshops.

Birmingham Children's Hospital. Members £35; non-members £50. Book via: [www.cleftsig.co.uk](http://www.cleftsig.co.uk)

**East Midlands SLI CEN**

**3 November, 10am – 3.30pm**

'Words are the key to your future: vocabulary intervention in secondary schools': Billie Lowe, City University London. + AGM to discuss the future of CEN. Light Workshop Room, Rehabilitation and Dietetics Department, Outpatients, Corridor B, Grantham and District Hospital, 101 Manthorpe Road NG31 8DG. £5. Email: [sarah.hassnip@lincs-chs.nhs.uk](mailto:sarah.hassnip@lincs-chs.nhs.uk) or tel: 01522 514 814

**Trent Dysphagia CEN**

**3 November, 9.30am – 4pm (reg 8.30am)**

'Dysphagia practice initiatives, innovations and research': collection of interactive presentations from SLTs working in acute and community settings. + AGM. Northern General Hospital Medical Education Centre, Sheffield S5 7AU. Members £5; non-members £10 (includes one-off membership fee). Pay on day (cheque/cash). Refreshments/lunch provided. Book in advance: [mark.jayes@sth.nhs.uk](mailto:mark.jayes@sth.nhs.uk)

**Surrey SLI CEN**

**4 November**

Presentation, discussion and workshop: Assessment and intervention for 7-18 year olds with persistent speech sound production difficulties. Moor House School. £10 for one meeting; £15 for annual membership (two meetings). Email: [nicoll@moorhouseschool.co.uk](mailto:nicoll@moorhouseschool.co.uk). Visit: <http://moorhouse.surrey.sch.uk/cen>

**Scottish SLT Dysphagia CEN**

**5 November, 9.30am – 3.30pm**

'Basing dysphagia practice on evidence: evaluating the use of thickeners in the management of dysphagia' – Tracy Lazenby-Paterson. Perth Royal Infirmary. Members £15; non-members £25 (lunch included). Email: [scotland.dysphagiacen@nhs.net](mailto:scotland.dysphagiacen@nhs.net)

**Scottish Brain Injury CEN**

**6 November, 9.30am – 3.45pm**

'Working with adults with prolonged disorders of consciousness following brain injury'. Presentations and case discussions from brain injury MDT and family experience of fMRI. £20 waged; £10 unwaged/students. Astley Ainslie Hospital, Edinburgh EH9 2HL. Email: [linda.prevett@nhs.net](mailto:linda.prevett@nhs.net)

**East Midlands ASD CEN (Children/Young People)**

**11 November, 9.30am – 3.30pm**

Attachment difficulties and autism: Presentation, case studies, identification/diagnosis, therapeutic approaches. Opportunity to consider implications for those working in ASD. Information and relevant papers available on Basecamp. Coordinated by Autism East Midlands and Portland College. Portland College, Nottingham Road, Mansfield, Nottinghamshire NG18 4TJ. £5. Email: [sarah.williams@autismedeastmidlands.org.uk](mailto:sarah.williams@autismedeastmidlands.org.uk)

**South East CEN in Deafness**

**11 November, 9.30am – 4.30pm**

Details tbc. Room Bo2, Chandler House, 2 Wakefield Street, London WC1N 1PF. Members free (£10 annual membership); non-members £7. Email: [helen\\_prendergrast@hotmail.com](mailto:helen_prendergrast@hotmail.com)

**London ASD CEN**

**16 November, 9.30am - 4pm**

Topics include NAS Healthy Minds Programme and SCERTS parent groups. Royal National Hotel, WC1H 0DG. Annual membership £40 or £20 per meeting. Members free but tickets must be booked via website as places limited. Pay in advance. For more information and bookings visit: <http://groupspaces.com/ASDSIG/>

**Joint Head and Neck North and South CEN**

**16 November, 9.30am – 4.15pm**

Human papilloma virus in head and neck cancer. Includes Dr Mererid Evans, Mr Andrew Schache and Dr Justin Roe. Queens Medical Centre, Nottingham. North and South CEN members £20; students £30; non-members £40. Email: [Lindsay.Lovell@stgeorges.nhs.uk](mailto:Lindsay.Lovell@stgeorges.nhs.uk)

**Psychiatry of Old Age (Southern) CEN**

**17 November, 9am – 4.30pm**

Includes: Dyscover – working with people with PPA; Horniman museum – using museum objects in therapy; capacity assessments for people with communication difficulties – research by Mark Jayes, workshop. + AGM. RCSLT, London. Email: [SIGPOA@gmail.com](mailto:SIGPOA@gmail.com)

**Children Who Have Social, Emotional and Mental Health Needs CEN (South East)**

**18 November, 9.30am – 3.30pm**

Issues raised from practice, evidence for our work, development of a position paper and assessment (bring assessment/screening/observation materials). Also evidence-based interventions and resources. West Heath School, Sevenoaks. Lunch provided. Email: [amy.marchant@westheathschool.com](mailto:amy.marchant@westheathschool.com) by 14 October

**Trent Voice CEN**

**19 November, 9am – 4.30pm**

The five voices. Whole-day workshop with Dr Lesley Hendy: [www.the5voices.com](http://www.the5voices.com). London Road Community Hospital, Derby. Members £30; non-members £35; students £20 (includes lunch). Pay by cheque/BACS on booking, email: [elizabethrowe@nhs.net](mailto:elizabethrowe@nhs.net)

**Computers in Therapy CEN**

**19 November, 9.30am – 4pm**

Online training and CPD in SLT: Using it and creating it. Includes Rhiannon Walton + app share, case studies, journal review. £20. Education Centre, Royal United Hospital, Bath. Email: [shelagh.benford@salisbury.nhs.uk](mailto:shelagh.benford@salisbury.nhs.uk)

**CENAAD Adult Acquired Dysphagia CEN**

**20 November, 9am – 4.30pm**

The Big Picture – dysphagia therapy in action. Featuring specialist presentations on dysphagia therapy techniques, the evidence base, real world applications and an opportunity for case discussion. Wolfson Lecture Theatre, National Hospital for Neurology and Neurosurgery, Queen Square, WC1N 3BG. £15 for day. To book: <http://cenaadnovember2015.eventbrite.co.uk>. For information: [contactcenaad@gmail.com](mailto:contactcenaad@gmail.com)

**London and South East Region Secondary CEN/SIG**

**20 November, 9am – 4pm**

VERVE child interaction therapy with Keena Cummins. QE2 School's Access and Inclusion Centre, Kennet Road, London W9 3LG. £20 (inclusive of membership for 2015-2016) or £15 day fee. Group rates available.

Email: Nafisa.shehu@merton.gov.uk

**South West Autism Spectrum Disorder CEN**

**23 November, 9.30am – 4.30pm**

AM: Robyn Steward, autism trainer, author, consultant, mentor, artist, talking about women and girls with ASD. PM: Attachment/ASD differential diagnosis TBC. Members free; non-members £15. Vassalls Centre, Bristol. Email: geraldine.bates@nbt.nhs.uk

**AAC London CEN**

**23 November, 9am – 4.30pm**

AAC topic: Choosing and using AAC - the client's perspective: latest research and presentations from AAC users. Whittington Hospital. Refreshments only provided. £25. See ticket for details. Contact Helen Paterson: aaclondoncen@gmail.com. Search AAC LONDON on Eventbrite to enrol

**Essex SLI CEN**

**25 November, 1pm – 5pm**

Anita McKiernan, Highly-specialised SLT: Managing clients with selective mutism and language difficulties. Cordite Room, Wat Tyler Country Park, Pitsea Hall Lane, Pitsea, Basildon SS16 4UH. Members free; non-members £10. Cafe on site for lunch and refreshments. Email to confirm place: kfarrow@nhs.net

**London Adult Neuro CEN (LANCEN)**

**26 November, 9am – 5pm**

'Fully functional? Assessment and management of patients with functional neurological disorders'. Specialists from Hughling Jackson Ward and Lishman Unit on classification of and approaches to functional neurological disorders. £30; student £10. St George's Hospital SW17 0QT. Info: [www.londonadultneurocen.weebly.com](http://www.londonadultneurocen.weebly.com). Book: [www.londonadultneurocen.eventbrite.co.uk](http://www.londonadultneurocen.eventbrite.co.uk)

**Scottish Adult Acquired Communication Disorders CEN**

**26 November, 9.30am – 4pm**

Topics include cognitive stimulation therapy and how to improve inpatient engagement in rehabilitation. £15. AK Bell Library, Perth. Email: Helen.Maclean@lanarkshire.scot.nhs.uk or a.colquhoun@nhs.net

**London SLI CEN**

**30 November, 1.30pm – 5pm**

Leaving school with SLI: Successful and less successful transitions. Speaker: SLT working in youth offending. The Whittington Hospital Education Centre, Highgate Hill N19. Members free; others £15. Email: [londonslicen@gmail.com](mailto:londonslicen@gmail.com) or tel: Marie/Ann: 020 8442 6305

**Promoting Communication in the Early Years CEN**

**2 December, 9.30am**

Impact and effective practice: Being/staying current. Speaker Keena Cummings on VERVE. RCSLT. Members £20; non-members £30 (to include membership until 31 August 2016). To book a place: [jayne.blincoe@walsallhealthcare.nhs.uk](mailto:jayne.blincoe@walsallhealthcare.nhs.uk)

**South East and London CEN Study Day**

**29 January**

Stammering support at school, work and clinic: A day of practical tips and sharing ideas about support for children, young people and adults who experience stammering. Presentations: BSA colleagues on the Employers Stammering Network and working with schools to support pupils who stammer; Lightening talks – members sharing what is working in their area and sharing successful resources; Workshop – how might we integrate these ideas in to our own practice? RCSLT, London. Email: [helen@building-blocks-slt.co.uk](mailto:helen@building-blocks-slt.co.uk) to request a place

**Continued from page 23...**

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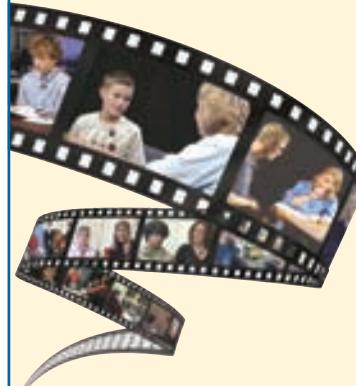
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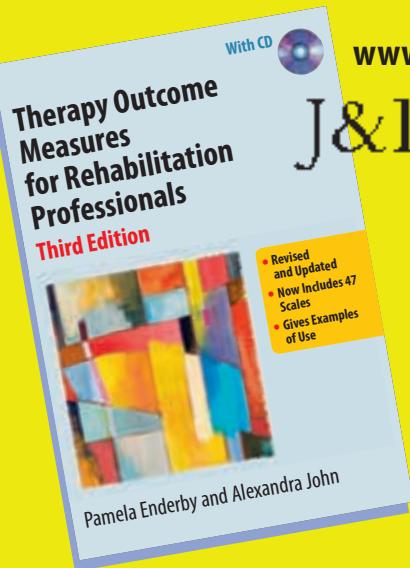
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- Disclosure

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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**bulletin**



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

REMEMBERING

# Obituary

## Auriol Margaret Penniceard (formerly Drew)

1952 – 2015

It is with regret and sadness that we say goodbye to our friend and colleague Auriol, who died on the 27 March 2015 of lung cancer. Having never smoked, she decided it was caused by cycling in the pollution of London. A new targeted drug gave her a further 18 months, which she used to the full to plan, research and organise her own farewell. Typically, she made her final wishes clear before her death with the same clarity of thought and focus she brought to life.

Auriol started her working life in the Foreign and Commonwealth Office M16 and was posted to Jordan. In 1975, she returned to London and the following year, married Walter Drew and started training

as an SLT. After moving to Derby in 1979, she began work as a therapist for Nottingham Health Authority. Auriol returned to London in 1987 and worked at St Thomas' Hospital before becoming lead therapist at the Newcomen Centre at Guy's Hospital in 1990 where she met Roger Penniceard. Auriol worked closely with Dr Gillie Baird and made a significant contribution to the identification and management of autism, co-authoring 14 academic papers on the research. She brought to the profession knowledge, experience and clarity of thought, which supported everyone she worked with.

Auriol and Roger married in 2005 and after much travelling moved to Somerset,

where they developed their home and land on ecological principles. Auriol felt as strongly and deeply about the environment as she did about therapy and typically lived by her beliefs, bringing all her research skills and focus to the project.

Auriol touched the lives of many people; we will miss her spirit and her wisdom. She wrote in one of her poems, "so many colours, shades and textures of existence". These she knew. Her first marriage broke up in 1985 after the death of her daughter, Louisa, at the age of four years from cystic fibrosis. This gave her a special insight into childhood disorders and the cost to the parents. Throughout her life and work, she never lost hope or the will to carry on. She kept this resilience until the very end.

Our thoughts at this time are with Roger and Auriol's family.

Roger Penniceard, Pauline St Leger, Caroline Poole



*"She touched the lives of many people; we will miss her spirit"*



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### Counselling skills for recently-qualified speech and language therapists

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Relevant to work with both paediatric and adult client groups, this introduction to mindfulness-based stress management and mindfulness-based cognitive therapy will provide valuable professional learning as well as personal strategies for stress management.

### Acceptance and Commitment Therapy for SLTs

**26 - 27 May 2016 £146**

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### Effective counselling skills for SLTs

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Counselling skills are central to speech and language therapy. This course (relevant to work with any client group/carers) will develop confidence in understanding and using these skills.

### Fluency skills – introductory workshop

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This course will introduce you to the fluency skills used in the evidence-based CSP at the Institute for Stuttering Treatment and Research (ISTAR) in Canada.

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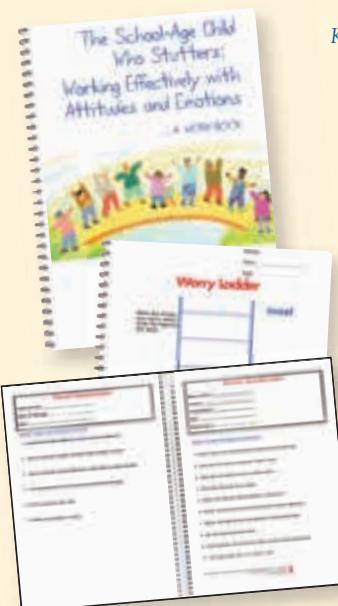
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# Appointments



The Eden Academy is an outstanding multi-Academy Trust comprising five schools in North West London. It is currently looking to recruit two full time Speech and Language Therapy posts that will join an innovative and dynamic team of therapists providing services to a range of pupils with learning difficulties. Therapy is well embedded within all our schools and is seen as an integral part of what is offered to our pupils. The therapy team is also expanding its current outreach and networking services within North West London giving our therapists the unique opportunity to deliver across a range of settings.

The SaLT service within the Eden Academy is well established and offers:

- Structured training opportunities and career progression
- Exemplary multidisciplinary team working
- Clinical and peer supervision and strong CPD support
- Excellent relationships with class teams

*The Eden Academy 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 candidates will be subject to a DBS check.*

## Specialist Speech and Language Therapist

Band 6/7 Equivalent

£28,902 – 32,096 POA Point 35 – 39 depending upon experience (This is the pro rata salary for working 36 hours per week and 39 weeks of the year). To apply for the Specialist role, please visit: <https://www.schoolhrcooperative.co.uk/job/view/3081-specialist-speech-and-language-therapist>

## Senior Speech and Language Therapist

Band 7 Equivalent

£32,822 – 36,892 POB Point 40 - 44 depending upon experience (This is the pro rata salary for working 36 hours per week and 39 weeks of the year).

To apply for the Senior role, please visit: <https://www.schoolhrcooperative.co.uk/job/view/3082-senior-speech-and-language-therapist>

Both posts holders will be based in one Academy School for a minimum of two days with the potential to work in other schools or provide an outreach service.

HCPC Registered Posts

Maximum 36 hours per week

Term time only (39 weeks per annum)

Permanent

### Successful candidates will be:

- Experienced in delivering a SaLT service within a Special Education setting or highly motivated to learn
- Experienced in working with young people with learning difficulties
- Dynamic and creative in their approach
- Ability to work in a variety of settings and engage autonomously with educational colleagues

CLOSING DATE:

**25th November 2015 – NOON**

INTERVIEWS:

**Week Commencing 2nd December 2015**

CVs will not be accepted

For an informal discussion and further information please contact Helen Milward, Therapy Service Manager or Lauren Garfield, Speech and Language Clinical Lead on 01895 676401 who will be very happy to discuss the roles.



**Good Communication**  
Speech & Language Therapy

## Speech & Language Therapists

We are looking for SLTs to join our friendly team working in mainstream and independent schools and colleges in Gloucestershire, West Midlands, and North Bristol areas. The 3 posts are primarily termtime – based.

Two years experience preferred in these areas: ASD, SLI, PMLD, EBD, and other complex communication needs and barriers to learning.

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Regular whole team meetings; group email forum; phone links; one-to-one supervision and mentoring sessions.

**Post 1:** Four days p/w, working with pupils 6-19, specialist school in South Gloucestershire. Start April 2016.

**Post 2:** One day p/w, working with pupils 16-25, specialist college in central Gloucestershire. You would be supported by the established therapist. Start April 2016.

**Post 3:** Three days p/w rising to four days p/w in 2016, working with students 16-24, specialist college in West Midlands. You would be supported by the established therapist. Start time as soon as possible.

**Note: Posts 1 & 2 or 2 & 3 could be held by one person working five days p/w.**

Please email your CV to [alison.roberts@good-communication.co.uk](mailto:alison.roberts@good-communication.co.uk)  
For more information about us see our website [www.good-communication.co.uk](http://www.good-communication.co.uk).  
Closing date 30th November 2015

**Pennine Care NHS**  
NHS Foundation Trust

## Specialist Speech and Language Therapist Paediatric Learning Disability SaLT Team

### Role Summary:

This permanent and full time post will be based in Bury, working predominately with children with complex needs. The majority of the role will be based within Millwood Specialist Primary School. This is an outstanding specialist provision (Ofsted report 2010 & 2013) located in a new building with fantastic facilities for children. The role has extensive opportunities to work closely with families and other medical and education staff, as part of a multi-disciplinary team. You will receive support from a small, dynamic team of SaLT's through regular supervision. Training and other CPD linked activities available for the right candidate.

### Key Responsibilities:

To assess, develop and implement specialist programmes of care and treatment to meet the needs of clients with a wide range of speech and language and communication disorders, including clients with special educational needs.

Contributing to clinical teams by discussing input around client needs, ensuring a well-coordinated care plan.

Formulate and deliver individual treatment programmes based on specialist knowledge, differential diagnosis for communication utilising evidence based practise, using profession specific clinical skills and techniques.

Communicate with clients, relatives, carers, colleagues, external agencies appropriate to develop and maintain relationships, provide information, persuade, influence or communicate difficult information.

For information contact Jeremy Bentham/ Sarah Stinson: 0161 796 6415.

To apply for this post visit [www.penninecare.nhs.uk](http://www.penninecare.nhs.uk) and follow the link 'Working for us'.  
Closing date 30th November 2015.

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215



Better futures for young lives with epilepsy and associated conditions

## Speech and Language Therapist

A role is available for an experienced Band 5/6  
Based in Lingfield, Surrey

**Looking to develop your career in therapy?  
There's no better time to join us here at Young Epilepsy!**

We are embarking upon an exciting new phase in our over 100 year history:

- A purpose-built College Therapy Centre opened in Summer 2015.
- In January 2016, a brand new School will open.

Therapy is an integral part of what we do and is highly valued by both our teachers and our support staff. At Young Epilepsy, we can offer:

- A beautiful green-field campus with ample parking spaces, a staff restaurant in a converted tithe barn, a gym and even staff accommodation.
- The opportunity to work within dynamic, multi-disciplinary, student-centred teams.
- The support of a dedicated administrative team.
- Your own desk and computer.
- Opportunities within various campus-based services (School, College, Assessment & Rehab unit) with also a possibility of outreach.
- Encouragement and support for direct therapy.
- Personal learning and development opportunities.
- Collaboration with our on-site consultant paediatric neurologists and research team.

Young Epilepsy is the leading national charity focusing on the delivery of education, care and health services to young people with epilepsy and associated neurological conditions. We make a real and lasting difference to young lives and we are proud of our culture and the quality of our services.

Please call us to hear more. Informal visits welcome.

**For further details of this and other vacancies, our benefits package, or to download an application pack, please visit our website [youngepilepsy.org.uk](http://youngepilepsy.org.uk)**

**Alternatively, you can email:**

**recruitment@youngepilepsy.org.uk or telephone:**

**01342 831234.** When applying, please complete your supporting information detailing why you think you would be suitable for the role.

**Closing date: 16 November 2015.**

We welcome applications from all sections of the community and guarantee to interview all applicants with a disability who meet the minimum criteria. We are committed to safeguarding and promoting the welfare of children and young people.

An enhanced Disclosure and Barring Service check (formerly CRB) will be required.

[youngepilepsy.org.uk](http://youngepilepsy.org.uk)



Charity No.  
311877



INVESTORS  
IN PEOPLE

## RCLST jobs



**Speech and Language Therapist**

South East England  
Band 5



**Speech and Language Therapists**

West Midlands  
Band 6, Band 7



**Highly Specialist Speech and Language Therapist**

Greater London  
£35,000 pro-rata



**Speech and Language Therapist**

South East England  
Up to £35,000



**Speech & Language Therapist**

South East England  
£26,798 to £38,312 FTE

To check the latest jobs, visit:

[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)

**GAINSBOROUGH  
PRIMARY SCHOOL**

Inclusion Team  
Gainsborough Road, London E15 3AF  
info@gainsborough.newham.sch.uk



**Specialist Speech and Language Therapist**

Salary Band 6/7 – £37,476 - £39,647  
(including London weighting)

Paid school holidays (11 weeks)

Maternity Cover from 1 January 2016 for one year

This is a one year full-time fixed term contract with the possibility of extension.

Gainsborough Primary School is a Good 2 form entry primary school in the London borough of Newham. We have a strong inclusive philosophy and have a whole child centred approach based on real learning experiences.

We are seeking a Speech and Language Therapist who can deliver:

- Universal work supporting and developing provision in the Early Years Foundation Stage.
- Targeted work with a mainstream caseload of pupils with identified speech and language needs across our whole school.
- Specialist work with our pupils with ASD that are part of our resource provision.

Key responsibilities of the post include:

- Maintaining close and regular face- to- face contact with identified children and their families.
- Working closely with school staff, parents and other agencies to deliver support and intervention, through training, advice and direct contact.
- Developing and maintaining links with the local NHS Speech and Language Therapy Service and local authority language communication interaction team.
- Supporting and promoting the development of inclusive education principles and practice.

Although this is a school based post the professional terms and conditions that usually apply to the employment of speech and language therapists have been maintained including:

- Regular support, supervision and appraisal.
- An entitlement to appropriate training and development opportunities.
- Time and support for administrative duties.
- A designated work space.

**For further information and/or to arrange an informal visit please contact Penny Bullen on 020 7476 3533.**

Application form and further details please apply online at [www.londonschooljobs.co.uk](http://www.londonschooljobs.co.uk) quoting Reference: 1915.

For technical enquiries please call 020 8249 6946.

For any other enquiries please contact the school directly.

Closing date: Monday 23 November 2015.

Proposed Interview date: Thursday 26 November 2015.

*The schools in Newham are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment. A disqualification declaration questionnaire maybe required for this post.*

NPW, managing recruitment on behalf of Newham Schools.

# Speech and Language Therapist

(School ages 2-19years)



**Salary:** SCP 26-33 (£26,037 - £32,008) Equivalent to band 6

**Hours:** 52 weeks / 22.5 hours per week (3 days per week)

**Holidays:** Holiday Entitlement calculated based on length of service starting at 25 days + bank holidays pro rata

Seashell Trust has a successful residential School and College which supports both day and residential students with complex communication and learning difficulties. The children and young people at Seashell Trust have a range of learning, communication, multi-sensory and physical needs and a number of students with autism spectrum condition.

We are currently looking to recruit an experienced Speech and Language Therapist to provide a speech and language therapy service to young people at the Royal School Manchester and its residential provision through assessment and treatment of a specialist case load. The role will support staff in School and Residence to ensure a high level of proficiency in issues related to communication and deliver services as part of a multidisciplinary team.

We value diversity and are committed to equal opportunities. Disabled candidates who meet the minimum criteria on the person specification will be guaranteed an interview.

*This charity is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.*

For more information and to apply for this position please visit our website [www.seashelltrustcareers.org.uk](http://www.seashelltrustcareers.org.uk)

Closing date: Friday 27th November 2015



## The UK's leading Speech Therapy Recruitment Company

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



For the best SLT jobs visit [mediplacements.com](http://mediplacements.com), call us on 0845 230 6666 or email [speech@mediplacements.com](mailto:speech@mediplacements.com)

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

# SPEECH AND LANGUAGE THERAPIST

**Adult Learning Disability Services 37.5 hours per week (Open to Job Share)**

£29,106 - £32,215 / £35,879 - £39,401 per annum (depending on experience)

**We are seeking a dynamic and innovative SLT to join our friendly multi-disciplinary team and work across our on-site residential FE College and Adult Residential Services for adults with epilepsy, learning disabilities and/or complex health needs.**

The successful candidate will be a professional who is passionate about facilitating people to achieve their full potential and maximum independence. Essential requirements include:

- At least two years post graduate experience
- Post graduate dysphagia qualification (or willingness to undertake this)
- HCPC and RCSLT registration

Experience working with adult clients with speech and language disorders and with clients on the autistic spectrum is desirable, along with skills in the area of alternative and augmentative communication.



You will be expected to:

- Develop and deliver a high quality and effective SLT service to ensure a Total Communication environment
- Provide a clinical dysphagia service (with supervision if required)
- Carry out assessments, set targets and monitor progress
- Contribute to annual progress reports, transition assessments and reviews
- Supervise students, therapy assistants and deliver staff training

We offer excellent leave, CPD support, life assurance, a company pension scheme, free on-site parking and a cafe, plus a great range of voluntary benefits such as staff discounts (high street and online shopping) and a childcare voucher scheme. Our main site is based in beautiful parkland close to local towns and amenities, with a satellite site in nearby Bishop's Stortford.

A Relocation Allowance is also available where applicable.

**Closing date: 16th November 2015, 5pm. Interviews 24 / 26 November 2015**

For further details and to apply on-line [www.stelizabeths.org.uk](http://www.stelizabeths.org.uk)

St Elizabeth's Centre is committed to safeguarding and promoting the welfare of all children and adults who use our services and expects all staff to share this commitment. All posts are subject to enhanced DBS clearance. We are an equal opportunities employer committed to diversity and we welcome applications from all parts of the community. Registered Charity 1068661



## Band 7 Speech & Language Therapist

South East

37.5 hours per week

Salary: £38,300 per annum

We are looking for an experienced Therapist to support adults with sight loss and a range of complex and multiple disabilities.

This will be an exciting opportunity to develop your leadership and clinical skills within an innovative and person centred voluntary organisation.

This 37.5 hour post is located primarily within our Surrey Services, although travelling to other areas in the South East will be required as necessary.

We will want you to offer a breadth of experience covering Dysphagia, AAC, communication strategies and to display an ability to train and motivate staff to ensure strategies and guidelines are delivered with skill and consistency.

For an informal chat please contact Martin Thomas on [m.thomas@seeability.org](mailto:m.thomas@seeability.org)

Application from SeeAbility **01372 755023** or visit [www.seeability.org](http://www.seeability.org)

**Closing date: 16th November 2015**

**Interviews: Week commencing 25th November 2015 at Epsom, Surrey**

SeeAbility is an equal opportunities employer. Registered Charity No 255913



**National Star**

Realising the aspirations  
of people with disabilities

**National Star College "an outstanding college"** (Ofsted 2012), based near Cheltenham is a leading residential specialist college committed to providing high quality learning and therapeutic support to young adults with physical disabilities and/or learning difficulties.

Due to the continued expansion of the speech and language provision, the College is seeking to recruit SLTs with HCPC registration and RCSLT membership, to join the existing team of experienced therapists to work in this fantastic environment.

## Specialist Speech & Language Therapist

**£26,041 - £29,043 per annum • Full-time, 44 hours per week**

**Term time only (39 weeks)**

You will have developed specialist skills in working with people with disabilities and experience of working with AAC. Additional qualifications in assessing dysphagia is highly desirable.

Both roles are based at the main college site at Ullenwood, Cheltenham and may include work at our off site provision.

**For further details and to apply, please visit:  
[www.jobs.nationalstar.org/vacancies/](http://www.jobs.nationalstar.org/vacancies/)**

**Closing date: Friday, 13th November 2015**

**Interview date: w/c 23rd November 2015.**

An enhanced DBS check will be required for all posts. The organisation takes seriously its responsibilities and is committed to safeguarding and promoting the welfare of young adults and expects all staff to share this commitment. We value a diverse workforce and welcome applications from all sectors of the community. Charity no: 220239.



## 8A Principal Speech and Language Therapist

**37.5 hours per week (full time)  
permanent contract**

**Western Sussex Hospitals NHS Foundation Trust has an exciting new SLT post to support the operational running of our acute inpatient SLT team at Worthing Hospital. If you are passionate about Acute Speech and Language Therapy provision, enjoying the challenge of fast paced work within a busy hospital setting then please read on.**

**Where we are:** Worthing is situated on the beautiful West Sussex coast, just 12 miles from Brighton with great rail links to London, Brighton and Hampshire.

**What we do:** Our team is committed to the hospitals Patient First Programme, providing quality, evidence based and equitable services to the population we serve across all of our hospital sites. As an employing organisation and department we can offer:

- A well-established CPD programme where postgraduate study is actively encouraged
- Bi-monthly departmental clinical forums and team meetings
- Monthly management/operational updates and support
- Excellent professional development via regular supervision, appraisal and training (both internal and external)
- Excellent library facilities and IT resources
- Well established links with local education providers; University of Brighton and SLT course providers

**What we need:** We are looking for a clinically skilled, enthusiastic SLT to lead our acute inpatient and Stroke team. The post holder will work closely with the 8a Acute team lead at St Richards hospital site and the team lead for the ENT and Voice Disorders Service.

You will have advanced dysphagia skills and demonstrable clinical experience of:

- complex dysphagia management
- acquired communication disorders
- stroke/neuro rehabilitation.

It is desirable that you have demonstrated experience of day-to-day SLT management and developing, training and supporting a team of clinical staff. There will be opportunities to deputise for the Head of Speech and Language Therapy and to share the responsibility for representing the Service within trust forums.

Applications would be considered for experienced band 7 SLT's looking for a development opportunity to become an 8A/Principal SLT.

**If you would like more information and/or an informal visit please contact Murray Seivwright Head of Speech and Language Therapy on Worthing 01903 205111 ext 85582 or via email at [murray.seivwright@wsht.nhs.uk](mailto:murray.seivwright@wsht.nhs.uk)**

**Closing Date: 30th November 2015**  
**To apply for this application please visit:**  
[www.healthjobsuk.com](http://www.healthjobsuk.com)

ISLTS Ltd is based in Norwich and has been established for over 20 years. We are a team of 5 therapists offering a service to both children and adults throughout Norfolk and East Anglia. We treat a wide range of communication disorders.

**A permanent post has arisen for a therapist to work term-time only, 30 hours per week, offering a service to children within pre-school and mainstream schools and a higher education college. We require a therapist of at least 3 years postgraduate paediatric experience. We offer a salary of £30,000 pa (pro-rata)**

Therapists work autonomously with their own caseload offering detailed assessment, consultation and regular individual and group therapy. We also offer school support and training including parent teaching sessions. We offer a domiciliary service when required. We have a permanent clinic of 3 consulting rooms and office. We have a clinic administrator, a wide range of assessments and resources and access to regular CPD. Staff are encouraged to attend courses and training.

The successful applicant must have a full driving licence and their own car.

**Norfolk is a most beautiful County providing a glorious North coastline; a vibrant and cultural City and distinctive countryside.**

If you would like to have an informal conversation about this post telephone our administrator on 01603 664433 or email [liesl@islts.co.uk](mailto:liesl@islts.co.uk)

**INDEPENDENT SPEECH AND LANGUAGE THERAPY SERVICES**  
**155 Unthank Road, Norwich, NR2 2PG , TEL: (01603) 664433**  
**[www.islts.co.uk](http://www.islts.co.uk)**

## Speak-Easy London



Experienced, creative and confident Therapist required to join Speak Easy, a small independent practice providing SLT to children in schools, at clinic and at home. We offer:

- Fulham Broadway base
- Full time mainstream schools role with some possible clinic hours
- Paid supervision, admin and travel
- Hourly pay
- Term time with optional holiday hours

Required ASAP. Long term commitment essential.

**Contact Zoe Urban with CV and covering letter at:**  
**[zoe@speakeasylondon.com](mailto:zoe@speakeasylondon.com)**

**[www.speakeasylondon.com](http://www.speakeasylondon.com)**

## NEW JOB?

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

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

Start your search today and visit  
[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)



## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

# A team that changes lives. Be part of it.

## Therapeutic Services Lead – Senior SaLT

Unsted Park School, Godalming – Surrey

Term time plus 10 training days

£31,072 - £40,964 depending on experience and qualifications

Unsted Park School and Sixth Form provides specialist education for boys and girls aged 7 to 19 with Asperger's Syndrome, higher functioning autism and associated disorders. Our aim is to help them reach their full potential to live and work as self-reliant adults.

We're looking for someone to build on our success. Taking the lead of a small therapy team and your own specialist caseload, you will develop our core values of education, independence and integration through joint working and training to make a tangible difference to lives of the children we support.

It goes without saying, you will be a Senior SaLT, registered with the HPC and RCSLT. Experience of leading a multi-disciplinary team is essential, as is knowledge of SpLD, Autism and AAC. In return, you can expect a supportive environment, commitment to your professional development and outstanding training.

Closing date: Friday 27th November.

[jobs.priorygroup.com](http://jobs.priorygroup.com)

We are committed to safeguarding and promoting the welfare of children and young people and expect all our employees to share in this commitment. We are an equal opportunities employer.



# Piers Meadows Recruitment

Keep it simple...



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Contact us  
for locum SLT  
Positions nationwide

t: 020 7292 0730

e: [info@piersmeadows.co.uk](mailto:info@piersmeadows.co.uk)

[www.piernmeadows.co.uk](http://www.piernmeadows.co.uk)



Join our growing team in North London

### THE ROLE

- Band 6 Therapist
- 3 days / week in North London (Brent & Barnet)
- Working in homes and schools
- Working with children from 3-18 years old

Regular supervision & peer support  
Own budget for new resources  
Some funded C.P.D

### THE SUCCESSFUL CANDIDATE MUST HAVE

- Experience with Primary & Secondary schools
- Experience working with parents, carers & school staff
- Own car and license
- Up to date DBS check
- Membership of HCPC & RCSLT

CV's to [hannah@talkwithus.co.uk](mailto:hannah@talkwithus.co.uk)

or call Hannah 07769 694 120 / Naomi 07956 546 413

## Band 5 Speech and Language



## Therapist | Adult Neuro

(Fixed term contract - maternity leave cover, 4 days/week)

We are looking for an enthusiastic SLT to join our integrated multi-disciplinary team. We are a well-established charity based in south west London. We offer long-term therapy and support in the community to adults with neurological conditions. **Would suit a newly qualified therapist.** Car owner preferred

**Closing date: 30th November 2015**

For further information contact Integrated Neurological Services on **020 8755 4000** or at [admin@ins.org.uk](mailto:admin@ins.org.uk)

Registered Charity No.1107273

[www.ins.org.uk](http://www.ins.org.uk)



## Speech and Language Therapists

Band 5 and Band 6 equivalent

Hillingdon, Uxbridge

Salary on application | Flexible, Full or Part-time

We are a dynamic and innovative team looking for pro-active speech and language therapists wishing to develop their clinical skills within a supportive MDT team. A minimum of 18 months' postgraduate experience is essential for the Band 6 equivalent position. Both positions require experience of working with children and adolescents with special educational needs as well as the ability to work collaboratively.

Post registration paediatric/ALD dysphagia Quest Training (RCSLT Registered) is desirable although not essential with the ability to offer assessment and intervention accordingly.

The roles are based within a secondary SEN school for children with severe and moderate learning difficulties aged 11-19 with a wide variety of conditions including ASD, developmental delay, respiratory, neurological and neuromuscular pathologies.

The postholders will work as part of the Multidisciplinary Team to integrate clinical intervention across all aspects of an educational curriculum, ensuring that all pupils readily access and engage in learning. Opportunities for further training/CPD will be provided as well as supervision and sign off with an experienced SLT. Both postholders will be supported by the MDT lead as well as by senior colleagues in the other therapy disciplines.

For further information please contact:-

Jan Walker Business Systems and Support Manager  
Tel: 01264 326308 Email: [jan@kateleadsassociates.com](mailto:jan@kateleadsassociates.com)  
Closing date 16th November 2015.

# SPECIALIST SPEECH AND LANGUAGE THERAPISTS (Adults)

**Band 6/7 Full time**

*As one of the biggest charitable organisations in the East Midlands, Autism East Midlands offer a wide range of services supporting people affected by Autism, including family services, a specialist school (4-19yrs), a range of 13 day and residential services for our adult service users across Nottinghamshire.*

Our clinical team: Therapeutic and Psychology Service currently includes Speech Therapy, Clinical & Educational Psychology (including Psychology Assistants) and Occupational Therapy provision.

We are currently seeking to employ full time Speech and Language Therapists as part of our adult services. The service is relatively newly established and is a highly valued provision working as part of multi-disciplinary team. We are looking for empathic and highly skilled therapists, with a minimum 3 years relevant experience in adult learning disability and autism, who can provide effective outcome driven, interventions, support and staff training, working in collaboration with clinical team, residential and day service managers and staff, other agencies, families and carers. Experience of developing services that support staff teams to use person centred approaches would be an advantage.

The posts are supported by a full time speech therapy assistant, and clinical supervision/line management provided by the Speech Therapy Team Lead. Peer support is available as the post forms part of a wider team supporting adults and children's services, who meet together regularly.

There are exciting opportunities for training, growth, research and work based learning. We would welcome applicants with relevant skills and experience of working closely with individuals with ASD/associated complex needs. Experience of supervising a speech and language therapy



Quality of Life for People with Autism

assistant is important. Office base in Creswell. Day and residential services are located across Nottingham/North Nottinghamshire. Car driver essential.

Pay scale in line with AFC band 6/7 commensurate with knowledge and skills. Full time, based on 37.5 hours per week.

AUTISM EAST MIDLANDS place great value on person centred approaches and aim to make a positive difference to the lives of all the individuals we support. Our integrated service provides excellent opportunities for professional growth, supervision/peer support, training and protected CPD.

For further information or to arrange a visit contact Louise Pennington, SaLT Team Lead: 01909 506678

E-mail [louise.pennington@autisimestmidlands.org.uk](mailto:louise.pennington@autisimestmidlands.org.uk)

Please log on to [www.autisimestmidlands.org.uk](http://www.autisimestmidlands.org.uk) for more information and to apply.

Therapist Job Ref: S&L/Th/10.15 (Adults)  
Closing date: 13th November 2015

Please note the successful applicant will be subject to an Enhanced Disclosure and Barring Service check at a cost to the individual.

Autism East Midlands is an Equal Opportunities Employer

"Promoting Quality of Life for People with Autism"

*The School is committed to safeguarding and promoting the welfare of children and young people*



## Specialist Speech & Language Therapist

**Band 6/7 Equivalent**

**Salary negotiable dependent on experience,**

**5 days per week, term time only**

**1 year maternity cover with possibility of extension**

**The Boleyn Federation**



An opportunity has arisen to work within our experienced inclusion teams across the two schools in the federation for a speech therapist wishing to develop a specialism in autism.

Part of the week will be based at Tollgate Primary School, an outstanding primary school with a well-established resource provision for children with ASD in east London. The only National Autistic Society accredited mainstream school in the country. Winning the NAS award for inspirational primary provision of the year in 2015. The school is committed to inclusive education for children with autism and offers a broad range of therapeutic and educational interventions.

Part of the post is a new post based at Tollgate's sister school, Cleves Primary school, an inclusive mainstream school and will involve establishing a speech and language therapy service onsite.

We have strong links with local NHS and education therapy teams and have a commitment to supporting CPD.

For further information or for an informal visit please contact [Annabelle.greyling@tollgate.newham.sch.uk](mailto:Annabelle.greyling@tollgate.newham.sch.uk) or call on 020 7476 1848

For an application pack please contact: [Margaret.patient@tollgate.newham.sch.uk](mailto:Margaret.patient@tollgate.newham.sch.uk)

**Closing Date: 30th November 2015**

**Interviews: 10th December 2015**

*This post will be subject to an Enhanced DBS check to fulfil safeguarding requirements*

**[www.tollgate.newham.sch.uk](http://www.tollgate.newham.sch.uk)**

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

West Heath School is an Independent SEN residential School with Charity status. We provide a therapeutic learning environment for children aged 10-19 who have suffered some form of trauma and are unable to access main stream education. We believe in "rebuilding lives through education" developing life skills and encouraging students to enjoy social activities. The School is set in 35 acres of park land in Kent

### Speech & Language Therapist

starting January 2016

Salary: £25,000 p.a.

Full Time - Term Time only

Potential Job Share

We are looking for a qualified and experienced Speech and Language Therapist to work within our multi-disciplinary HEART (Health Education and Revitalising Therapists) team. This active department receives excellent support from school staff and senior management and provides opportunities for working with students who the majority have a statement of special educational needs.

Successful candidate will be subject to an Enhanced DBS check and subscribe to the Updating Service

If you would like to find out more about our school, plus application form and JDs please visit the website [www.westheathschool.com](http://www.westheathschool.com) or contact [lynne.mcgrath@westheathschool.com](mailto:lynne.mcgrath@westheathschool.com) if you have any questions

Closing date for applications is 27 November 2015

The School is committed to safeguarding and promoting the welfare of children and young adults.



WEST HEATH SCHOOL  
Ashgrove Road, Sevenoaks, Kent TN13 1SR  
"Rebuilding lives through education"

**Cumbria Partnership NHS Foundation Trust** Tel: 01228 603076



### SPEECH AND LANGUAGE THERAPIST

• Band 6 £26,041 - £34,876 pro rata, pa • Up to 22.5 hours per week (Part time, office hours) • Ref: 262-A-15-12122

As a result of an exciting service development, we are looking for another Speech and Language Therapist to join our Learning Disability Service in the West of Cumbria.

The Learning Disabilities Service in Cumbria is a supportive multi-disciplinary team who are committed to using a person-centred approach to promote a good quality of life for adults with learning disabilities. We are an experienced and stable team with a history of working well together and with our clients and carers.

You will work with adults with learning disabilities, their families and carers providing appropriate specialist assessments and interventions for either swallowing or communication impairments.

You will be enthusiastic, creative and flexible and have excellent communication skills. You must have experience in Dysphagia assessment and treatment and also some experience of working with adults with learning disabilities is essential. You will be supported by an experienced Specialist Speech and Language Therapist.

For more information, please contact Eulyth McMorrow, Specialist Speech & Language Therapist on 01228 603189.

Closing date: 30 November 2015.

### APPLICATION INFORMATION

Apply online now at [www.jobs.nhs.uk](http://www.jobs.nhs.uk)

**Cumbria Partnership NHS Foundation Trust**

We are committed to Equal Opportunities,  
Improving Working Lives and operate a  
No Smoking Policy.



Exciting opportunity for

### Specialist Speech & Language Therapist in Neuro-rehabilitation



Permanent, full time

Salary: £28,555 - £33,436 inclusive Band 6 equivalent

Ascot Rehab in Surrey is a 15 bed specialist rehabilitation unit providing intensive interdisciplinary rehabilitation to in-patients, out-patients and to patients seen at home on an outreach basis.

An opportunity has arisen for a highly motivated specialist speech and language therapist in neuro-rehabilitation to join our expert team of speech and language therapists in our dynamic privately run neurorehabilitation unit. The ideal candidate will have sound clinical skills in acquired disorders of communication and independent in dysphagia management.

The ideal candidate will be aiming to focus their clinical skills in neuro-rehabilitation cognitive communication disorders, Facial Oral Tract Therapy, FEES, and LSVT Loud™. You will have the opportunity to deliver intensive client-focused rehabilitation for patients with a range of neurological disorders, including TBI, CVA and neuro-degenerative conditions. We offer:

- High levels of clinical support and supervision and CPD opportunities.
- The post holder will participate in a range of exciting service developments, as the service expands, including opportunities for contribution to audit and research.
- Working hours: 40 hours a week (including one Saturday a month).

Please email Emma Gale and Sarah Haynes, Joint Heads of Speech and Language Therapy for further information on the application process, or call on 01276 450820 x 112.

[emma.gale@ascotrehab.com](mailto:emma.gale@ascotrehab.com)

[sarah.haynes@ascotrehab.com](mailto:sarah.haynes@ascotrehab.com)

Closing date: 18 November 2015

Interviews: 3 December 2015

### St Dominic's School

Hambledon, Godalming, Surrey GU8 4DX  
Tel: 01428 684693 • Fax: 01428 685018

### Speech and Language Therapist

£24,646 – £34,414 per annum, pro rata, depending on experience

Full time, term time only

St Dominic's School is an Autism Accredited school, rated "Good" by Ofsted, is a weekly residential and day school catering for up to 110 students between the age of 7 – 19 who have a range of academic abilities but with complex special needs. We offer a truly multi-disciplinary approach, teachers work with therapy and care staff to enhance the learning process and provide an exciting waking day curriculum. Staff work together to provide a blended approach to therapeutic and educational support, both within individual lessons and across the school as a whole.

We are looking for an enthusiastic and strongly motivated therapist to join our experienced team providing intensive specialist support for pupils and students. We seek a therapist who wants to develop their career, skills and knowledge in a specialist educational setting from Key Stage 2 to 5. Experience of working with children and young people with a range of needs including SpLD and Autism is desirable.

This is a unique opportunity to develop clinical skills within an educational environment, offering the chance to work collaboratively with a range of professionals and to use therapeutic skills creatively to meet the needs of pupils and students. In return, we offer excellent support from colleagues and staff, commitment to CPD, access to internal and external training.

If you believe you can help our learners to fulfill their potential at school, at home and in their communities and are looking for a fresh challenge, then this role may be just what you are looking for.

For an informal discussion about the role please contact Emily Rackstraw, Clinical Lead SalT at [erackstraw@stdominicsschool.org.uk](mailto:erackstraw@stdominicsschool.org.uk)

An application pack is available from our website [www.stdominicsschool.org.uk](http://www.stdominicsschool.org.uk)  
Please email the completed application to [office@stdominicsschool.org.uk](mailto:office@stdominicsschool.org.uk)

Closing date: Friday 20 November 2015.



We are committed to safeguarding and promoting the welfare of children and all staff will be DBS checked.

St Dominic's is part of Radius Special Education Trust.

# RCSLT Outcomes Project Officer

**Band 6 equivalent**

Full time 35 hours per week

Fixed-term position for one year in the first instance

We have an exciting opportunity for an enthusiastic SLT to join the RCSLT Outcomes Project Team to lead on the day-to-day running and coordination of this important piece of work for the profession.

This is an excellent opportunity for professional development and to take an active role in supporting the profession to establish an effective approach to measuring outcomes across clinical areas in the UK.

You will play an invaluable role across all aspects of the project, including developing relationships with a wide range of internal and external stakeholders; producing communications and resources; linking the measurement of outcomes to evidence-based practice initiatives; and researching the priorities for commissioners, policy makers and service users in relation to the measurement of outcomes.

Specific responsibilities include responding to queries; ensuring regular communication with the RCSLT membership about the project's progress; updating information on the website; signposting members to relevant resources; liaising with representatives for working groups and steering group; supporting meetings; online surveys; maintaining databases relating to UK projects and resources currently under development; consultation and action research with pilot sites; and undertaking identified pieces of work.

You will have:

- HCPC registration, RCSLT membership and have completed the RCSLT Competencies Framework or equivalent
- A good knowledge of outcome measures, their purpose and relevance to the profession in relation to the commissioning and procurement of services
- Excellent organisational and communication skills and ability to work effectively and flexibly within a team
- Strong analytical and problem solving skills

For further details and how to apply, please visit:  
[www.rcslt.org/about/jobs](http://www.rcslt.org/about/jobs)



## RCSLT Committee and Hub Vacancies

# Professional Practice and Policy Committee (PPPC)

A vacancy has arisen on the PPPC for a member who works in Northern Ireland. If you would like this chance to serve on the committee and contribute to the work of the RCSLT, in particular on issues around workforce, member development, standards, policy and public affairs, then we would like to hear from you.

# RCSLT Hub Forum England

Members who are active in their regional hub in England, the Channel Islands or the Isle of Man are encouraged to apply to be part of the RCSLT Hub Forum England. You can find the terms of reference and other relevant information on the website.

We would particularly like to hear from students, those who have qualified in the past two years and those working in the independent sector.

The time commitment for the above roles is an initial three-year term, with an expectation of attending three meetings a year. This is an excellent opportunity to make a real contribution to your RCSLT.

For the avoidance of doubt, if the three-year term is off-putting to members or their managers, it is possible to be elected/selected for the role and then resign before the end of term of office if personal circumstances change, so members should not feel they are tied in to three years.

**Closing date for applications is 1 December 2015, with Board approval of applications before Christmas.**

Full details of what's involved and application forms are available on the RCSLT website at:  
[www.rcslt.org//about/howwearerun/apply](http://www.rcslt.org//about/howwearerun/apply)



## QUICK LOOK DATES

### Picture Exchange Communication System (PECS) Level 1 workshops

London, Edinburgh, Birmingham, Cambridge, Liverpool, Canterbury, Sheffield and Glasgow. Transitioning from PECS to Speech Generating Devices – London and Glasgow. PECS in your Curriculum – Sheffield, Birmingham and London. Visit: [www.pecs-unitedkingdom.com](http://www.pecs-unitedkingdom.com) or tel: 01276 609 555

### 3-4 November, RCSLT London

#### Elklan total training package for pupils with SLD

Equip SLTs and teaching advisers to provide practical, accredited, evidence-informed training to develop communication in children and young people with severe learning difficulties in all settings, including mainstream schools. £450 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 13 November, 8.45am – 4pm, Manchester Conference Centre M13BB

#### Respiratory SLT clinical skills study day

Focus on vocal cord dysfunction and chronic cough management clinical skills within adult respiratory care. Early booking advisable. £50. For further information email: [claire.slinger@lthtr.nhs.uk](mailto:claire.slinger@lthtr.nhs.uk), tel: 0172 523 237

### 25 November, The Ear Foundation

#### Practical apps: Technology for listening and language

There are so many apps out there, it's a minefield. Explore flexible uses and share apps to use with hearing impaired children from 3-7 years. £85. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

### 25 November, Raphael Medical Centre Tonbridge Kent

#### Living with a brain injury: Learning from the patient

This didactic and interactive one-day workshop is case study based and aimed at highlighting difficulties following brain injury and learning from 'survivors' and their families. Each one will focus on assessment, interventions and subsequent lives led by affected subjects. Further details and to book go to: [www.rafaelmedicalcentre.co.uk](http://www.rafaelmedicalcentre.co.uk)

### 26-27 November, RCSLT London; 7-8 March, Salford

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

Equip SLTs and teaching advisers to provide practical, accredited, evidence-informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £450 pp (£470 as of 1 Jan 2016). Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 26-27 November, RCSLT London; 7-8 March, Salford

#### Elklan total training package for Under 5s

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £450 pp (£470 as of 1 Jan 2016). Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 30 November, RCSLT London

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

This course is designed for SLTAs, HLTAAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers

of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for 5-11s. £225 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 30 November, RCSLT London

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

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. £225 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 4 December, The Ear Foundation

#### Communication, language and cognition: Better assessments, better targets, better therapy

A one-day conference looking at the benefits and challenges of assessing deaf children from birth to 16. Keynotes, workshops and technology catch-up. £95. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

### 4-5 December, Gatwick Hilton Hotel

#### Attention and Information Processing: Advanced Cognitive Rehabilitation Workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £175. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: [www.braintreetraining.co.uk/acr\\_spf.php?id=47](http://www.braintreetraining.co.uk/acr_spf.php?id=47)

### 7 December, RCSLT London

#### 'Counselling skills, caring and maintaining boundaries'

Practical, friendly and empowering day course. We focus on developing helpful strategies for therapists in their clinical settings. Specifically designed for newer or returning therapists. £95 (Early Bird £85). Contact Sally Newman at Therapy Skills Training Alliance. Email: [newmansallyspeech@yahoo.co.uk](mailto:newmansallyspeech@yahoo.co.uk) or tel: 07821 250 312

### 11-15 January, Michael Palin Centre London

#### 'Working with deaf people'

Part 1- An introduction to all aspects of assessment and therapy with deaf children and adults. £450. Email: [ruthmerritt@csdconsultants.com](mailto:ruthmerritt@csdconsultants.com) or tel: 01227 262 141. Apply online now at: [www.csdconsultants.com](http://www.csdconsultants.com)

### 30 January and 28 February

#### The Voice in Distress

Two half-day events exploring the effect of stress on the voice and ways to resolve vocal problems associated with emotional difficulties: burnout (Jan) and emotional repair (Feb). See website for further details: [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk) (Courses & Events). Email: [administrator@britishvoiceassociation.org.uk](mailto:administrator@britishvoiceassociation.org.uk)

### 1-2 February: RCSLT London; 10-11 March, Ramada Hotel Salford Quays

#### Elklan Total Training Package for 5-11s

This course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £450 pp (£470 from Jan

2016). Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 12-14 February, Derbyshire

#### TalkTools level three course

Learn how to integrate oral placement therapy techniques, sensory feeding techniques and assessment and programme plan development. Three days, hands-on tutoring with a TalkTools instructor. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk), tel: 01530 274 747, email: [info@eg-training.co.uk](mailto:info@eg-training.co.uk)

### 25-26 February, RCSLT London

#### Word Aware: training for trainers

Become an accredited Word Aware trainer and deliver who school vocabulary in your schools and local area. Trainers: Stephen Parsons and Anna Branagan. £550 including resources. Visit: [www.thinkingtalking.co.uk](http://www.thinkingtalking.co.uk)

### 25-26 February, The Bobath Centre London

#### Introductory Bobath course for SLTs

Tutor: Yolanda Broek (Senior SLT Tutor), The Bobath Centre, London. A two-day course for SLTs on the Bobath approach to assessment and treatment of children and babies with cerebral palsy. £380. Full course description and booking, visit: [www.bobath.org.uk](http://www.bobath.org.uk), email: [training@bobath.org.uk](mailto:training@bobath.org.uk) or tel: 020 8444 3355 (Contact Abby)

### 29 February – 3 March, Birmingham

#### Post-registration paediatric and ALD dysphagia course

This four-day taught course plus work based learning develops skills and competence in dysphagia assessment and management. £590. Jo Frost Quest Training, tel: 0790 4981 462, visit: [www.quest-training.com](http://www.quest-training.com)

### 3 March, Birmingham

#### Assessment and diagnosis in the voice clinic

Two-day interactive course. Course organisers: Declan Costello, Julian McGlashan, Sue Jones. Email: [jackie.ellis@btopenworld.com](mailto:jackie.ellis@btopenworld.com)

### 7-8 March (with optional day TTP for 0-3s on 9 March), Salford Quays

#### Elklan total training package for under 5s

Equip SLTs and teaching advisers to provide practical, accredited, evidence-informed training to staff working in Early Years settings from 0-5 years. Teacher/therapist teams welcome. £470 for under 5s two days. £670 for all three days. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 7-11 March, Imperial College London

#### Laryngectomy: Surgical voice restoration

Presented by leading experts, this unique advanced level programme for SLTs working with laryngectomy patients (standard and extensive surgical reconstruction) includes communication and swallowing rehabilitation, emphasising surgical voice restoration. Specifically, will focus on problem solving post-laryngectomy; videofluoroscopy, air insufflation, Botox and Candida management. Visit: [www.imperial.ac.uk/cpd/svr](http://www.imperial.ac.uk/cpd/svr) or contact Eva Moreno at the Centre for Continuing Professional Development. Tel: +44 (0)20 7594 46885, email: [cpd@imperial.ac.uk](mailto:cpd@imperial.ac.uk)

### 9 March, Salford

#### Elklan total training package for 0-3s

One-day course for existing Elklan tutors. Equips SLTs and teaching advisers to provide practical, accredited, evidence-informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. This course is only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

### 9-10 March, Salford

#### Elklan total training package for children with complex needs

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

### 16 March, RHN London

#### A multidisciplinary approach to the assessment and management of Huntington's disease

This course will enrich knowledge of HD, give a thorough overview of multiple aspects of assessment and management (including communication, swallowing and advanced decision planning) and provide practical ideas to take away. £120. Email: [institute@rhn.org.uk](mailto:institute@rhn.org.uk)



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*“Rather than focusing on a medical or social model, the ICF takes a ‘biopsychosocial’ approach with a focus on individuals’ functioning”*

In April 2015, I received a grant to participate in the Collaboration of Aphasia Trialists (CAT) summer school for early career researchers. This intensive school in Malta, taught by leading international aphasia researchers, focused on the application of the International Classification of Disability and Functioning (ICF) in aphasia research.

The current version of the ICF framework has the primary purpose of providing a unified and standard language and framework for the description of health and health-related states. Rather than focusing on a medical model, where impairment lies at the centre of understanding a condition, or a social model, where society is seen as the source of the problem, the ICF takes a ‘biopsychosocial’ approach with a focus on individuals’ functioning.

A health condition (such as aphasia) is viewed from within the ICF in context of its impact on body structure and function (for example, a stroke to the left side of the brain causing anomia) and the resulting impact on activity (difficulty making oneself understood) and participation (such as hobbies or interests or returning to work). In addition, the ICF considers the impact of contextual factors. These are both environmental – for example, the responses of others or the influence of surroundings – and personal – including age, gender, race, education, etc.

A number of areas of aphasia research use the ICF. As a conceptual framework it

has been used to view therapy assessments and types of therapeutic interventions (Simmons-Mackie and Kagan, 2008); to investigate prevalence of difficulties with activity and participation (O'Halloran et al, 2012); and as the basis for modelling aspects of quality of life for people with aphasia (Cruice et al, 2003).

As a detailed and universal classification scheme, the ICF has been used to code and describe existing assessments, in order to make meaningful comparisons between them (Brandenburg et al, 2014). It has also provided support for qualitative research looking to describe the nature of aspects of life with aphasia (Worrall et al, 2010).

Training school attendees had the opportunity to study the ICF in depth in relation to its use in aphasia research and to consider possible applications within their own areas of interest. We also obtained hands-on experience with coding using the classification system. Most importantly, we were able to meet other researchers from across Europe and beyond, with whom we engaged in much debate and discussion on the ICF and aphasia in general.

The training school was an invaluable

opportunity to reflect on the use of the ICF within my own PhD research. It has given me a solid understanding of the framework and its potential uses, and has led to connections with other researchers with similar interests. As a direct consequence of the school I have been able to use the coding system as part of a journal article, and continue to consider its application to my work. ■

Email: [fiona.menger@newcastle.ac.uk](mailto:fiona.menger@newcastle.ac.uk)  
For more information on CAT, visit:  
<http://www.aphasiatrials.org>

With thanks to Professor Linda Worrall for her support with writing this article.



## References & resources

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- O'Halloran R, Grohn B, Worrall L. Environmental factors that influence communication for patients with a communication disability in acute hospital stroke units: A qualitative metasynthesis. *Archives of Physical Medicine and Rehabilitation* 2012; 93:1, S77-S85.
- Simmons-Mackie N, Kagan A. Application of the ICF in aphasia. In *Seminars in Speech and Language* 2007; 28:4, 244-253.
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- World Health Organisation. *International classification of functioning, disability and health: ICF*. Geneva: World Health Organisation. 2001.



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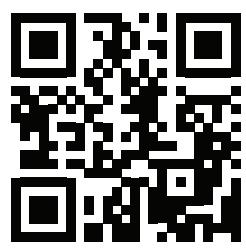


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