

bulletin

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

November 2018 | www.rcslt.org



WORD

CPD and lifelong
learning

~
Ringing the changes with
telephone consultations

~
Digital Transformation
Project: a special report

An expert view: the evidence base underpinning
interventions for word-finding difficulties

Heard any good jokes lately?

Voice Box is a UK-wide joke competition for mainstream and special primary schools.

Run by the RCSLT, the competition is aimed at building confidence, supporting children's communication skills and raising awareness that some children need additional specialist help to speak or understand what is being said to them.

The competition, now in its fifth year in England and Scotland, is also being launched in Wales for the first time.



The Voice Box competition in England and Scotland runs
1 October-30 November 2018.
If you would like to get your local primary schools
involved, visit: [www.givingvoiceuk.org/voice-box/
voice-box-england-scotland/](http://www.givingvoiceuk.org/voice-box/voice-box-england-scotland/)



The Voice Box competition in Wales runs
5 September-21 December 2018.
If you would like to get your local primary
schools involved, visit:
www.givingvoiceuk.org/voice-box/voice-box-wales/
Supported by the National Association of Head Teachers
Cymru (NAHT Cymru) and Parentkind.



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Victoria Briggs

EDITORIAL



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



In full swing

The year might be gradually drawing to a close but here at the RCSLT the pace shows no sign of slowing. Quite the opposite, in fact. At the time of writing, as the digital team puts the new website through its final paces prior to launch, activity levels are high and the anticipation is almost tangible. If you follow the RCSLT on Twitter, you may have seen a sneak preview of the new website already. For those who haven't, the special report on p16 will give you the full low-down on what to expect, as well as feedback from those who've been at the forefront of testing the new digital platform to date: our website user panel.

Technology and innovation have altered the shape of working lives immeasurably in recent years. Our feature on CPD and lifelong learning (p20) sets out the RCSLT's range of resources and guidelines, developed to support members in changing times and throughout the course of their career. On the subject of careers, the consultation on a degree-level speech and language therapy apprenticeship standard is now in full swing (p5). The RCSLT is fully behind its development, and we welcome members' thoughts on it, too.

Victoria Briggs
editor

bulletin@rcslt.org
 @rcslt_bulletin

Your RCSLT

DR DELLA MONEY



I am delighted to be taking up the position of chair of the RCSLT Board of Trustees. After graduating from Birmingham in 1986, it was my adult learning disability student placement that started my very fulfilling career. I have worked mostly in Nottinghamshire, completing my PhD at De Montfort University in 1997.

Along the way there have been many patients, carers and staff who have inspired me. I have always had a sense of hearing the voices of the seldom heard—for me these were initially people with learning disabilities, but I realised my skills and knowledge were transferrable: good communication matters for everyone, everywhere, and inclusion is a key value that has run through my career.

It is the inclusive nature of a membership organisation that bought me to the Board of Trustees—initially as a general trustee. As chair I aim to keep the principles of inclusion at the heart of our organisation. I look forward to my two-year term of office and ensuring our organisation continues to be fit for purpose. I am proud to be both a member and chair of a professional body that is held in high regard.

Email: Della.Money@rcslt.org
 @dellamoney

SLTA query

I would like to make contact with any teams who have experience of creating speech and language therapy assistant (SLTA) practitioner (band 4) roles, particularly in the adult neuro field. What additional duties/roles does your band 4 SLTA complete compared to a band 3 SLTA, and what qualifications and experience were required for this post?

I would be grateful if anyone who is able to help with this query could email me at hmcDonald1@nhs.net.

Helen McDonald, specialist speech and language therapist in neurorehabilitation, Leeds Teaching Hospitals Trust

FOLLOW THE RCSLT ON **facebook** AND **twitter**



VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS



RCSLT general trustee wanted

The Board of Trustees is the highest governance body of the RCSLT, and is keen for members to put themselves forward to fill trustee roles. There is currently one vacancy for a general trustee, who should be a practising member. If you want to shape the future of your profession and the RCSLT, are up to date with current SLT matters and have the requisite experience, then think about applying for the role. Don't assume it's not for you. What matters most is a passion to see better lives for people with communications and swallowing needs, by supporting the speech and language therapy profession.

The role specification and application forms are on the website.

• Visit: bit.ly/zznzEkU

If you'd like an informal chat with a trustee or senior staff member please email: jo.offen@rcslt.org or tel: 020 7378 3007

Closing date 3 December. Telephone interviews with suitable candidates will be held on 20 December.

England apprenticeships update: the draft standard

The consultation for the degree-level apprenticeship in speech and language therapy opened in October. Berenice Napier, RCSLT policy adviser, explains the work that the trailblazer group has been doing to develop a draft standard



The word 'trailblazer' implies many things to many people. For the group charged with drafting a degree-level apprenticeship standard in speech and language therapy, trailblazing means embarking on something that hasn't previously been done within the profession.

Perhaps in terms of clarity it is first of all helpful to say what the trailblazer group isn't doing (at least at the moment). It isn't employing any apprentices. Neither is it working out how to implement an SLT apprenticeship. It has, however, been drafting a 'standard' for the apprenticeship—a standard that sets out all the skills, knowledge and behaviours required of a newly qualified SLT.

Informing that piece of work was the RCSLT's newly published Curriculum Guidance. The trailblazer group—comprising 14 SLTs employed by the NHS and independent organisations, four

university-based SLTs, RCSLT staff, and the Skills for Health organisation—had agreed it was important that they do so.

To reflect the content of the Curriculum Guidance in the very different format required of an apprenticeship standard, the group had first to pull them apart in order to put them back together again in a template provided by the Institute for Apprenticeships (IfA). The Curriculum Guidance applies whatever the method of education delivery, apprenticeships included, so it was logical to ensure that we make it clear and easy for future apprenticeship providers to identify those requirements directly, and for the RCSLT to see how these requirements are met.

We were delighted that the IfA agreed it would be possible to undertake the apprenticeship at either level 6 (undergraduate) or level 7 (post-graduate), and now that the consultation on the draft

standard has opened, we hope as many of you as possible comment on it (see bit.ly/2fpBz0u for more details).

This consultation is about the standard alone and does not address how universities and employers will use the standard to develop the content of their apprenticeship provision.

Another route into the profession

The RCSLT is fully supportive of the development of a speech and language therapy apprenticeship. We believe it represents an important alternative route for entry into the profession and will help support a more diverse profession that more closely represents the populations it serves. We are clear that it needs to be equivalent to, and of the same quality as, the traditional pre-registration routes, and are under no illusion about the challenges of developing a completely new pre-registration route that places employers and universities in new and different relationships to those they have currently.

We also know that some of the healthcare apprenticeships already in place have had teething problems and can see there are difficult issues to address, such as apprentice pay, banding, impact on placements and workload content. When it comes to the eventual level of finance that will be made available to the apprenticeship, we are reliant on the decisions of others and won't know the outcome of this for quite some time.

In the meantime, there is much to do, but we have confidence that the trailblazer group is committed to taking one step at a time, taking each challenge as it comes, and making it work.

Berenice Napier, RCSLT policy adviser



@pow_rebecca

It's so important to tackle language and communication issues early on—my Westminster House debate on this issue is mentioned in the RSLT Impact Report @nadhimzahawi @ICANcharity

@Han_b2013

It's really good to see what SLTs from all over are doing daily! It's also good as a mini reflection to think about what you have achieved and the positives of being an SLT

Childhood stroke toolkit launched



The Stroke Association has launched a toolkit for teachers and childcare professionals to help support children and young people who have had a stroke.

Containing information about stroke,

as well as practical resources to help with communication, planning and documentation, the toolkit also signposts users to additional sources of information and support for professionals and families.

Designed to equip teachers to support children within a childcare setting or classroom, the toolkit will also be of interest to allied health professionals who work with children affected by stroke, enabling them to help families and educational professionals to set up the right support in schools.

The toolkit covers children in pre-school, primary and secondary schools, college and further education settings.

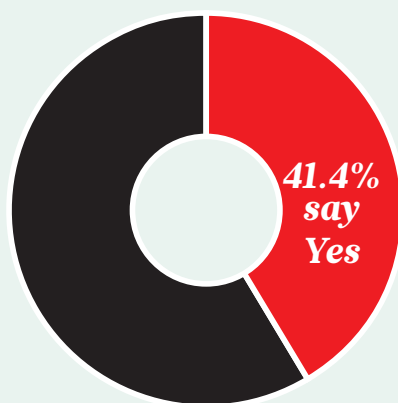
Parents and young people helped the Stroke Association to shape this resource by providing advice and sharing stories. The toolkit was also developed with support from Evelina London Children's Hospital, in addition to other professionals working in health and educational settings with experience of stroke and acquired brain injury.

The resource is free to download at www.stroke.org.uk/childhood

RCSLT Web Poll
Have your say...



Have you ever watched an RCSLT webinar?



VISIT: WWW.RCSLT.ORG

Are you ROOT-ready?

With the RCSLT Online Outcome Tool (ROOT) now being rolled-out across the UK, the RCSLT has embarked on an innovative and ambitious project to support SLTs with delivering and measuring effective outcomes.

The ROOT is a stand-alone tool that has been developed to collect, collate and report on outcomes data. So all that remains is: are you ROOT-ready?

Join Kamini Gadhok MBE, RCSLT CEO, with presenters, Jade Farrell, SLT from Abertawe Bro Morgannwg University Health Board, and Kathryn Moyse, RCSLT outcomes and informatics manager on 29 November 2018, at 1.00 – 1.45pm, as they discuss how the ROOT can add value to your practice, and top tips for becoming ROOT-ready.

This webinar will be of benefit if you:

- are interested in outcomes and outcome measurement;

measurement;

- want to find out more about the ROOT and how it can support your service ; or
- are looking to get involved and need some top tips for becoming ROOT-ready.

By attending this webinar, participants will:

- understand the value of collecting outcome measures at the individual and service level, and for local and national influencing;
- have a better understanding of ROOT, what kind of reports it can generate, and what you can do with them;
- hear from a pilot site and understand how the ROOT is being used to implement system change; and
- find out how you can be ROOT-ready, and implement the tool in your daily practice.

📍 **To register and ask a question, visit bit.ly/2rmBY55**

Save the dates!

- The closing date for this year's Voice Box joke competition in England and Scotland is **Friday 30 November**. Entry details can be found at bit.ly/2Jxz3yn
- We'll be bringing you a full round-up of the 2018 RCSLT Study Day and awards

ceremony in December's *Bulletin*, but for those of you who like to plan ahead, next year's RCSLT Conference has been announced for **25-26 September 2019**, to take place at the East Midlands Conference Centre.

@SJohnstonSLT

Wow a year already since the #RCSLT conference. Happy twitter anniversary! #wespeeches

@ShaguftaGhumra

#MyStudentSLTDay involved doing a presentation alongside some peers to 1st year students about inter-professional working, prepping for placement and doing some dissertation research! #SLT2B #SALTatDMU #Nearlythere

HCPC consults on fees increase

The Health and Care Professions Council (HCPC) has launched a consultation on proposals to increase the registration fees it charges.

The proposals include a renewal fee rise from £90 to £106 per year, with a similar level of increase suggested for its other fees.

According to the regulator, the increases are needed to support its 'new strategic focus of promoting professionalism and preventing fitness to practise issues from arising'. The operational impact of social workers in England transferring to new regulator, Social Work England, in 2019, is also cited, as is the need to keep pace with the cost of inflation.

Marc Seale, HCPC's chief executive and registrar said: "The revenue we generate from our registrant fees will ensure we can significantly increase our efforts towards preventing problems rather than taking action afterwards. It will also enable us to provide up-to-date services through the use of innovation and technology."

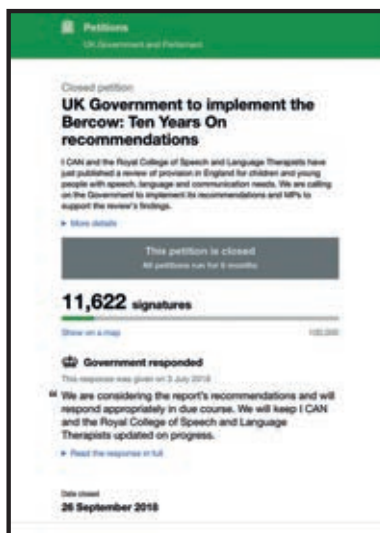
The HCPC's consultation is open until Friday 14 December 2018. Should the proposals be adopted, the changes would come into effect from 1 October 2019.

© Visit www.hcpc-uk.org/aboutus/consultations/ to take part in the consultation.

Bercow petition closes on a high

Gillian Rudd's petition calling on the government to implement the recommendations in the *Bercow: Ten Years On* report closed in September, having secured 11,622 signatures — a fantastic result and one we'd like to thank all our members for in helping to make this happen!

While the petition is closed, the influencing work continues. To mark the six-month anniversary of the report, the RCSLT published a



report card (bit.ly/2RmQQxh) with children's communication charity I CAN, highlighting the campaign wins achieved to-date, the areas where progress has been made, and those where there is more work still to do.

Peter Just, RCSLT public affairs adviser and Caroline Wright, RCSLT policy adviser



KAMINI GADHOK

DIGITAL MILESTONE

This month's issue of *Bulletin* brings you a special report (p16) about the RCSLT's Digital Transformation Project.

As the project sponsor, I have been closely involved in many aspects of the work, including the development of the organisation's digital strategy and leading the digital team and our external partners through elements of the website's development phase in preparation for a late November go-live.

I am confident that the launch of the new website will benefit members and non-members alike, impacting on how the profession works and communicates.

While the launch of the website is undoubtedly a key milestone, it also marks the start of an ongoing process of change in how the RCSLT uses digital technology as part of its organisational development.

The key features of the website are highlighted in the special report and I hope that you are able to set time aside as individuals, in teams or professional network meetings at a local, regional and national level to go through the new features and identify how to get the most from these as part of the different elements of your work.

For example, as well as making the content that's relevant for you much easier to find, we hope the new website's functions will enable a much more interactive and engaging approach to sharing practice and issues of common concern.

As highlighted in the special report, the initial key step is for all members to ensure that their personal profile and data are up-to-date. This will help drive the relevant content to meet your needs.

Also, whilst we have a long list of on-going development ideas, feedback from you, our members, will help inform and drive further iterations of the website. Some of the new functionality will also change how RCSLT staff engage with you, enabling a more effective team approach in the development and delivery of key resources, for example.

We look forward to getting your feedback and remember, our staff will be on hand via the help and support page on the new website if you experience any difficulties. ■

Kamini Gadhok, MBE, RCSLT chief executive.
Email: kamini.gadhok@rcslt.org

'Member feedback will drive further iterations of the website'

A joint approach to DLD

A multi-stakeholder workshop on developmental language disorder (DLD) hosted by the RCSLT and the National SEND Forum took place in London in September.

Representatives in England came together from a range of backgrounds, including psychology, government organisations, charities and education, along with parents and service users, to discuss next steps for the profession and beyond.

While changes in terminology and diagnostic criteria for DLD have been well-documented in previous issues of *Bulletin*, it was agreed that awareness-raising outside of the profession was necessary to ensure that individuals with DLD are being identified and supported.

The workshop began with a context-setting session, which included an overview of what DLD is, and the recent changes to diagnostic criteria. With two children in every classroom having DLD (Norbury,



2016), the importance of cross-sector discussion resonated with the group when discussing reported prevalence levels.

A powerful description of what it is like to have DLD followed when 14 year-old Juliet Wright highlighted the difficulties she experienced as a result of the disorder, such as adults losing patience when she cannot explain something, or feeling anxious about returning to school after the summer holidays.

Juliet also highlighted some of the wider impacts, such as not being able to access talking therapies offered by mental health services, and difficulties completing GCSE exam questions in the allocated timeframe due to the language demands. More positively, Juliet shared her ambition to become a tattoo artist and demonstrated her creative flair through a 'top tips' leaflet that was given out to delegates.

Led by Dr Cristina McKean, Dr Joanna Vivash, Amanda Finer, and Becky Clark and Natalie Orringe from Raising Awareness of Developmental Language Disorder (RADLD), the day's workshop sessions addressed issues

such as the long-term, wider impacts of DLD, implementing evidence-based support in the classroom setting, and the importance of multi-disciplinary working.

Common themes throughout the workshop sessions emerged. It was felt strongly that DLD should be everyone's business and not the sole responsibility of SLTs, while the importance of establishing a multi-disciplinary culture, embedding speech and language therapy in the educational environment, and learning from best practice, were considered key to providing needs-led support.

Raising awareness about DLD was high on the agenda, with delegates encouraged to think outside of the box and consider potential impact against feasibility, in order to help determine where efforts should be focussed. Finally, there was mutual understanding that a multi-professional approach to DLD is still in its infancy and that a long-term effort is required to provide gold standard care for children and adults with DLD.

Lauren Longhurst, RCSLT research and development officer

RCSLT online resource of the month



Are you interested in speech and language therapy research? Then why not sign up to the RCSLT Research Newsletter? This bimonthly email newsletter provides a round-up of the latest news, resources, events and funding opportunities in the world of speech and language therapy research. Whether you're passionate about research, looking for a new opportunity, or you just want to know more about what's out there, it's a great resource to check out. To subscribe to the Research Newsletter, email lauren.longhurst@rcslt.org

DLD: 2019 workshop

A multi-stakeholder, multi-professional workshop to inform the RCSLT's DLD research priorities project takes place in London on **22 January 2019**. Anyone with an interest in DLD is encouraged to submit

an application to attend, but spaces are restricted. Expressions of interest should be sent to lauren.longhurst@rcslt.org by **23 November**. For more information visit bit.ly/2yhJ28e

11,622

signatures on the
completed *Bercow: 10 Years*
On petition

286,000

children in the
UK have a learning
disability



Derek
Munn

COLUMN

Justice webinar highlights SLCN



The RCSLT and the Association of Youth Offending Team Managers delivered a joint webinar in September on supporting speech, language and communication needs in the justice system. The webinar was aimed at those working with people who offend or are at risk of offending, to increase awareness and understanding of speech, language and communication needs (SLCN).

A total of 252 people registered for the webinar, which featured Diz Minnitt, manager of Milton Keynes Youth Offending Team (YOT) and Lisa Ogden, an SLT embedded in Sutton YOT.

Highlighting Professor Karen Bryan's compounding risk model, Diz explained that children who enter school with SLCN have a greater probability of experiencing literacy difficulties, which places them at risk of further educational problems, an increased likelihood of behavioural and mental health problems, and resulting involvement in the justice system.

Following a review in 2008, Milton Keynes YOT placed speech and language therapy at the heart of the service, Diz said. It also

began conducting assessments with the assumption that all young people have SLCN, until proven otherwise—a very different starting point from other screening tools, which screen people in, rather than screening them out. As a result, all young people involved with Diz's service are assessed for SLCN.

Lisa described her role at Sutton YOT and highlighted the benefits that exist for staff, SLTs and young people alike when an SLT is embedded in a YOT. She also outlined the two ways of screening for SLCN, led by an SLT or workers trained by SLTs to screen young people. She stressed the importance of staff access to speech and language therapy to enable them to carry out more accurate screenings, and to provide support, advice and further training.

The presentation and transcript of the webinar is available on the RCSLT webpage at bit.ly/2lfmMFN.

To access The Box, which helps people who work in the justice system to understand SLCN and how to improve their interactions with clients who have SLCN, visit www.rcsltcpd.org.uk

Claire Moser, RCSLT policy adviser

FIVE AND TEN

The early part of the autumn was one of those times when, alongside the work you had already planned, a whole other strand appears and threatens to take over.

This was true not just for the RCSLT but for the whole health system in England, as NHS England undertook a huge short-term exercise to set out a 10 year vision and to come up with proposals for spending the additional resources found by the government for the next five years. Officials in a range of teams were quickly calling us up asking for help, while we proactively reached out to new and existing contacts.

NHS England decided to divide up the work into no less than 14 strands. It had to be organised some way but this has been felt to work against integrated thinking, not least in social care. Speech and language therapy has an interest in most of the strands.

For example, in the 'life stage' section we are concerned with all of early life, staying healthy and ageing well. Under 'clinical priorities' we are engaged with cancer; respiratory and mental health. Under 'enablers' we contribute to primary care, and so on.

Thanks to the invaluable support from members, our input to the different strands included long-term aspiration; worked, costed examples of good practice that could be replicated; workforce data to support financial modelling; and much more.

As this is to some extent a competition for resources, we are aware that we are part of bids under various strands for the same pot. On just one day we were dealing with children's early language; frailty and old age; and learning disability and autism, aware that all these ideas will go into the same process with no guaranteed outcome. But we can only work with the system available, and now—along with the rest of the health sector—we await ministerial decision and outcome in November.

To read the RCSLT's response to NHS England Long Term Plan in full, visit: bit.ly/2NifsEc ■

“Speech and language therapy has an interest in most of the strands”

Derek Munn, RCSLT director of policy and public affairs. Email derek.munn@rcslt.org

Research champion awarded



winning abstract gave her the opportunity to present a poster at the Public Health England Annual Conference entitled 'Feasibility of digital therapy to improve vocabulary and influence wellbeing in child language'.

For more information about the CAHPR awards, visit bit.ly/2lvPRqI

Congratulations to RCSLT research champion Rafiah Badat (pictured), who scooped one of this year's Council for Allied Health Professionals Research (CAHPR) awards. Rafiah's

Rafiah Badat, highly specialist speech and language therapist
Email: rafiah.badat@nhs.net
Twitter: @RafiahB

Emeritus professor honoured

The career of Emeritus Professor Nick Miller, who retired from Newcastle University earlier this year, was celebrated by colleagues from around the country at an event hosted by the university's head of speech and language sciences, Dr Julie Morris, and Professor James Law.

Tributes to Nick came from far and wide, with close collaborators sharing stories about the positive impact that his work has had on researchers, SLTs, and service users alike.

While the focus of Nick's research has been on motor speech with dysarthria—with Parkinson's disease, foreign accent syndrome, intelligibility and bilingualism also playing a part—it



was Nick's warm sense of humour, his attention to detail and natural sense of enquiry that were all acknowledged by a wide range of speakers over the course of the afternoon.

Nick ended the event by giving his audience a tutorial on 'How to become an emeritus professor', leaving everyone in no doubt that if his retirement ever gets too dull, a new career in stand-up comedy would be a good choice.

Learn more about the people who contributed to the day at chirpstory.com/li/403885 or by reviewing the #ProfNickMiller hashtag on Twitter.

Dr Helen Stringer, Dr Julie Morris, Professor James Law

Neurorehabilitation award

The deadline for the World Federation for Neurorehabilitation (WFNR) Franz Gerstenbrand award is 30 November 2018. Worth £3000 to the winner, the award is open to all professionals working in the field of neurorehabilitation. Entries can come from any aspect of neurorehabilitation, including a patient or clinic management initiative, research project, best practice development or the use of a new technology. The prize will be awarded as either a travel bursary to a clinical conference, professional development course or for a research project.

For details visit: wfnr.co.uk/education-and-research/wfnr-award

Schools guidance

The RCSLT will soon start working with the National Association of Head Teachers (NAHT) to develop guidance for schools as commissioners of speech and language therapy services.

To be involved in developing the guidance, contact lorna.baxter@rcslt.org with expressions of interest.

Anniversary lecture

Bristol Speech and Language Therapy Research



Bristol Speech and Language Therapy Research Unit

Unit marks its 30th anniversary next year by hosting the inaugural Underwood Trust Annual Lecture. The event's keynote speaker will be Dr Rebecca Palmer, RCSLT research trustee and reader in communication and stroke rehabilitation at The University of Sheffield, who will be talking about the Big CACTUS trial. Other speakers include Professors Pamela Enderby and Sue Roulstone. The event takes place at Southmead Hospital Learning and Research Centre in Bristol on Tuesday 12 March 2019, 5-7pm. Attendance is free at the event but spaces must be booked in advance.

For more information email: fay.smith@nbt.nhs.uk

Awards for AHPs

Allied health professionals (AHPs), healthcare scientists and those who work with them in support roles have until 14 January 2019 to enter the Advancing Healthcare Awards. The awards programme, which 'crosses boundaries and fosters partnership working', introduces new award categories this year, including one for AHP clinical leadership. Information about how to enter the awards can be found at www.ahpandhsawards.co.uk or by following @AHAwards on Twitter. An awards ceremony will take place in April at a central London venue.



**Alison
Smith**

Opinion

After visiting a cancer clinic in Texas, Alison Smith considers whether SLTs could be doing more for patients with head and neck lymphedema

A hands-on approach

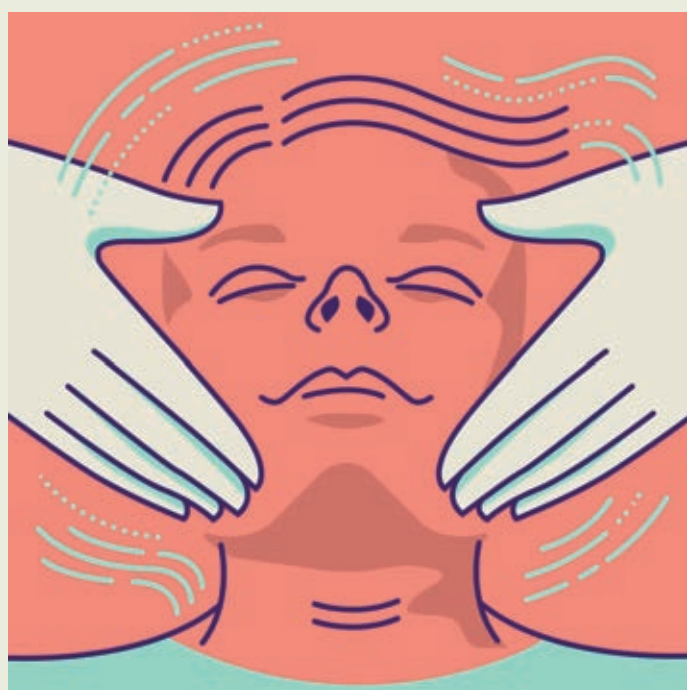


ILLUSTRATION Sara Gelfgren

It is well documented that one's quality of life (QOL) post-head and neck cancer treatment can be impacted significantly. Patients can experience long-term problems with swallowing, voice, speech, dry mouth, dental caries, neck and shoulder dysfunction, pain, tracheostomy or feeding tube dependence, as well as cosmetic or facial disfigurement (Jamal et al, 2017). Lymphedema in the head and neck, however, is often poorly defined and under-reported in the literature in comparison to its counterpart in limbs (Smith & Lewin, 2010).

In my practice though, it is a complaint I hear most days from my patients who report a swollen, tight, heavy or painful sensation in their face and neck.

Head and neck lymphedema (HNL) occurs primarily as a result of vascular malformation, but also from acquired damage to the lymphatic system after head and neck cancer treatment, where the fluid load exceeds the capacity of the drainage system that transports the fluid (Smith & Lewin, 2010). Its external symptoms can cause swelling of the face, neck, shoulders, lips and eyelids, causing facial

disfigurement and significant distress for patients. In severe cases, vision and mobility is affected (Deng et al, 2016). Internally it can affect the tongue, pharynx and larynx, causing difficulties with speaking, swallowing and breathing (Becze, 2011).

Complete Decongestive Therapy (CDT) is currently the gold standard treatment for lymphedema in the limbs, and this is well supported in the literature for breast cancer and lower limbs (Jamal et al, 2017). CDT involves a combination of manual lymph drainage (MLD), compression or elastic bandages, exercises and skin care—none of which can be easily applied to the head and neck area, particularly compression.

CDT and MLD in the head and neck is an emerging interest in the literature, with successful trials with HNL patients taking place in recent years. The most notable of these in terms of sample size and quality of evidence is the work of the speech and language therapy team at MD Anderson Cancer Centre in Texas. Their study evaluated 733 patients over a six-year period who underwent MLD by SLTs trained as certified lymphedema therapists (Smith et al, 2015), and demonstrated a 60% improved treatment response in HNL following CDT.

I recently completed a short-term educational programme observership at MD Anderson Cancer Centre to look into the protocol of this study as well as their MLD techniques. Prior to the visit, I completed a fluoroscopy guided manual lymph drainage course, funded by the Get A-Head charity, and am now a certified lymphoedema therapist.

The visit was enlightening, not only because of how aggressive their approach to head and neck cancer treatments are compared with the UK, but also to see their approach to manual therapy. I

was able to spend quite some time in the outpatient clinic where SLTs were performing MLD, applying custom compression masks and conducting physical manipulation intra-orally to increase tongue and jaw mobility.

In contrast to the UK, manual therapy was delivered with patients during radiotherapy. Initially I was shocked due to the obvious risk of pain, but on reflection the patients were motivated in their requests to continue the treatment as they derived such obvious relief from the manipulation. It really was a marvel to see the instant effect of increased jaw depression in a patient with limited mouth opening who has received manipulation to his masseter muscles by simply increasing the blood flow and, as a result, increased contraction of the muscle.

My overall experience of the visit was to be grateful that we have an NHS in this country, while recognising there is a lot to be learned from institutions where access to equipment and the latest technology is less restricted, and interventions more aggressive. I feel that clinically we are missing an opportunity to improve the QOL of this patient group in the UK. Previously I had adopted the general belief that HNL is a necessary evil of surgery and radiotherapy, but have come to realise that it is very treatable and as SLTs we could, and should, be doing far more for our patients. ■

Alison Smith, senior Macmillan speech and language therapist
Email: Alison.Smith3@uhcw.nhs.uk



Reference

Smith, B & Lewin, J (2010). *The Role of Lymphedema Management in Head and Neck Cancer Current Opinion Otolaryngology Head and Neck Surgery* V18 (3): 153-158



Weaving together word-finding therapies for children and adults

Wendy Best and Susan Ebbels discuss the links between word-finding difficulties in children and anomia in adults, and provide an update on intervention studies with both populations

ILLUSTRATION BY Richard Keeling

Many children with developmental language disorder (DLD) have word-finding difficulties (WFD), including an estimated quarter of those attending language support services (Dockrell et al., 1998), while some children have isolated WFD without co-occurring language difficulties (Best, 2005).

WFD (anomia) is also a very common language difficulty in aphasia after stroke and therefore constitutes a major focus for rehabilitation (Nickels, 2002).

What are WFD?

Core features of WFD in children and adults include an inability to retrieve words that they understand, inconsistency in word retrieval across occasions, difficulty in new word learning, and errors in confrontation naming that are related to the target and which can demonstrate some knowledge of meaning and or phonological/orthographic form.

WFD behaviours such as circumlocution, increased use of gesture, drawing and sky writing also occur in conversation, where they may be used very successfully.

Types of error

For both children and adults with WFD, the main error types are phonological, semantic or mixed (sharing both meaning

and form with the target). Phonological errors are likely to indicate difficulties with phonological representations, accessing these, or assembling phonology for production. However, semantic errors (eg tiger for lion) could arise for a variety of reasons. These could indicate difficulty with semantic processing or knowledge, but could also indicate difficulty in accessing word forms. This is because, in language production, a range of semantically related words are active and if the phonological representation of the target is less accessible, a word close in meaning to the target may be produced instead.

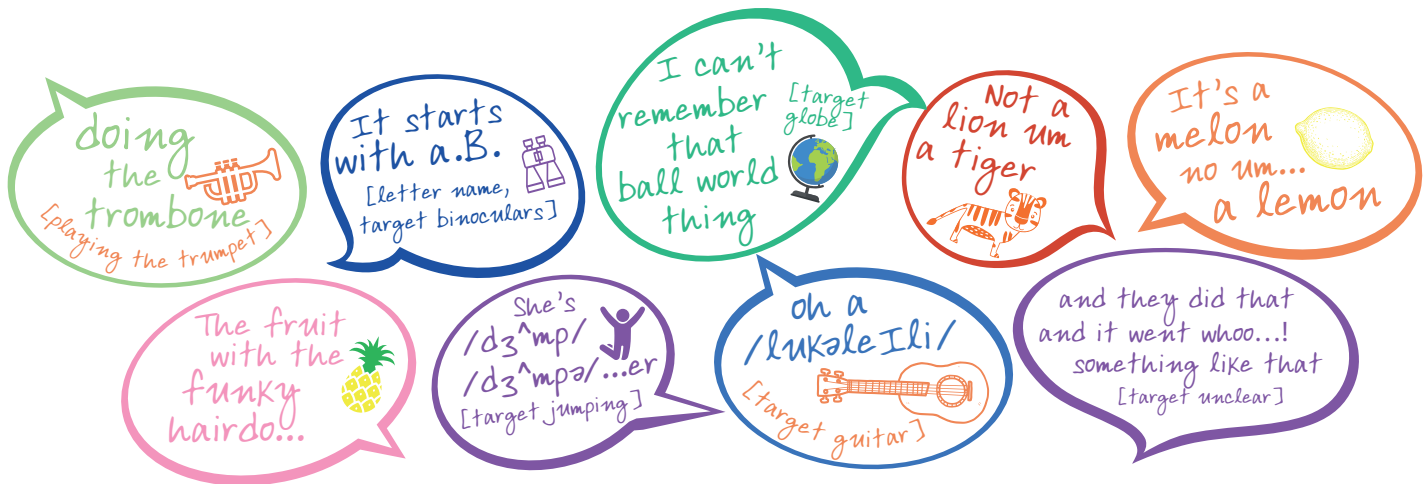
Interventions with adults

A 2009 meta-analysis of the literature concluded that interventions for anomia can be effective at improving word-finding (Wiseburn and Mahoney 2009). Many studies demonstrate effects that maintain at follow-up assessment, but which are limited to treated items. A widely used treatment for anomia is Semantic Feature Analysis (SFA), an approach in which the semantic features relating to a target word are systematically considered with the aim of activating information to aid word-retrieval (eg Boyle and Coelho, 1995). One reason for the popularity of this approach may be the claim that the effects can generalise to untreated words. However, some recent research calls this into question. Morris, Howard et al. (2015) carried out a pilot randomised control trial (RCT) in which all the adults

participated in both SFA and Repetition in the Presence of the Picture. While both resulted in improved word-finding, neither approach resulted in generalisation to untreated items for the group, suggesting it is important not to assume generalisation is occurring. In contrast to repeating the target word, intervention may focus on providing phonological cues or, in a parallel intervention to SFA, systematically considering the phonological components of a target word (Phonological Components Analysis [PCA], Leonard, Rochon and Laird, 2008). Alternatively, interventions may include both semantic and phonological information, often in a cueing hierarchy aimed at promoting word-retrieval.

There are also several successful approaches that rely on orthography. This might entail an internal process of self-cueing from retained initial letter knowledge (Nickels, 1992) or pressing a letter in order to provide a phonological cue to aid word-finding (Bruce and Howard, 1987). We note that orthographic to phonological cues can also be used successfully with children with WFD (see overleaf).

Many studies in the adult field employ experimentally controlled case series designs in order to try to answer the high priority question of which treatments are best suited to which clients in order to optimise the therapy approach offered. However, studies have struggled to find clear and consistent links between level of breakdown, strengths and outcome. For example, in a study by →



van Hees et al (2012), everyone participated in both SFA and PCA. Importantly, and contrary to the author's expectations, those with semantic level difficulties did not benefit from the semantic approach. In this study PCA was beneficial for most (7/8) participants.

A further difficulty with selecting the optimum approach for an individual is that clients can learn to use cue types that did not help their word-retrieval on initial assessment (eg Lorenz and Nickels, 2011).

Finally, the aim of working on anomia is to change word retrieval in everyday conversation. There is evidence for carry-over (eg Best et al., 2011) but this is not a consistent finding (Woolf et al., 2016). Specific work targeted at changing word retrieval in discourse may be required (for example, Herbert et al., 2003). The findings from the recently completed large Big CACTUS study are also relevant here (see bit.ly/2MRsfNC). The results add to the evidence that anomia can be helped by practising word-retrieval tasks, in this case using step-by-step software, and show computer therapy is likely to be cost effective for people with mild and moderate word finding difficulties. The report also highlights the need to work on word retrieval in everyday communication.

Interventions for children

Intervention studies for children with WFDs are similar to those with adults with anomia in that they focus predominantly on semantics or phonology, while some compare the two. Generally, studies report positive results but vary as regards the degree of generalisation found. Word-webs, widely used in clinical practice, have recently been shown to improve retrieval of treated items in an RCT involving children in mainstream primary schools, when they've been used according to an intervention protocol aligned with that for SFA/PCA (Best et al., 2017).

Studies focusing on semantics have mainly been with children with WFD in the context of wider language difficulties

and have found significant progress in naming of targeted words (Marks & Stokes, 2010; Wilson et al., 2015), or significantly more progress than waiting controls on a standardised test of word-retrieval (Ebbels et al., 2012). In this latter study, the waiting controls also made progress when they too received the intervention, while the original therapy group maintained their progress. Some generalisation has been found to untreated items in the same semantic category (e.g. to other animals, Wilson et al., 2015) or untreated words on a standardised test (Ebbels et al., 2012), but not to discourse (Marks & Stokes, 2010; Ebbels et al., 2012).

Studies focusing on phonology have mainly been with children with more isolated WFDs and have found significant progress in targeted but not control words (McGregor, 1994; German, 2002). Techniques that use orthography to phonological links can aid word retrieval in adults with anomia. This approach has also been used successfully with children (Best, 2005) and this study found some generalisation to discourse.

Studies that have compared semantic versus phonological approaches report conflicting findings. Wright et al (1993) showed participants receiving semantic intervention made more progress than controls, but those receiving phonological intervention did not. However, the groups receiving the semantic versus phonological interventions were not compared directly. In contrast, Wing (1990) found significant progress in children receiving intervention focused on phonology (and perceptual features of objects), but not in children receiving semantic intervention. Again, the performance of the two groups was not directly compared. There are indications that different children respond differently to the two intervention approaches (Bragard et al 2012; Best et al. 2015) but, as with adults, the best way to identify which approach may be optimum for which children is not yet clear.

Summary

Studies of interventions for children and adults with WFD show many similarities.

Research and practice in one field may precede that in the other, and making links between the findings can be useful. Intervention is generally effective and the effects are maintained. Generalisation to other items has been found in some (but not all) studies using semantic approaches, and some using phonological/orthographic approaches. Carryover to discourse has only been investigated in a few studies, with the limited evidence demonstrating that word-finding therapy can result in changes in discourse in both populations, but specific intervention targeting discourse may be needed. Further research on this important issue is necessary.

It is also not always clear how to identify whether an individual child or adult is likely to benefit more from a phonological or semantic approach. SLTs could use a combination of semantic and phonological approaches, monitor response to intervention, and place greater emphasis on those features of intervention that are most useful to the individual. Given limited evidence regarding carryover to discourse and generalisation to other words, we recommend carryover beyond single words, including to conversation, should be specifically targeted. SLTs should, with clients and their communication partners, select words that are most useful to the adult/child. ■

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Resources & References

The WORD intervention protocol (semantic and phonological word-webs) is available via the Centre for Speech and Language Intervention research (UCL CSLIR, www.ucl.ac.uk/pals/speech-language-intervention-research).

To see the full list of references visit bit.ly/2lYmmy3

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**SUPPORTING YOU TO
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Special report: Digital Transformation Project

As the RCSLT prepares to launch its new website, those at the forefront of the organisation's Digital Transformation Project explain what impact the new platform is likely to have on the profession, and what members can expect to find online in the coming weeks

If you think 'digital transformation' sounds like a large-scale undertaking, you'd be absolutely right. More than just a simple website redesign, a digital transformation encompasses a fundamental shift in how an organisation carries out its activities and operations, as well as ensuring that its business processes, enabled by technology, are more streamlined and dynamic.

While regular readers of *Bulletin* will know from recent issues about the progress being made with the RCSLT website, less well known is the scale of the undertaking, the level of support that the new website is expected to offer the profession, or the reaction of those who've been piloting the platform.

"There's been a huge amount going on beneath the surface," says Dominique Lowenthal, RCSLT head of professional development, who is spearheading the Digital Transformation Project. "It's like an iceberg and the website itself is just the tip of it. We've literally had to dismantle everything in order to rebuild it in a way that offers maximum flexibility and room for continual development."

Also guiding the organisation's Digital Transformation Project is lay trustee, John Humphrey. With significant digital experience in the public sector, John joined the RCSLT board in January this year and admits that, as a result of the development process, the new website has emerged as

a far more elaborate platform than was originally envisaged.

"Large-scale technological change is always complex, and this website has involved so many elements—external suppliers, infrastructure, platforms, the applications themselves. Then there's the membership element, the financial systems, the billing—all the back office stuff. There are so many moving parts to this website, but the result is a very impressive, leading-edge site," says John.

The complexity associated with digital transformation will no doubt be familiar to anyone working for an organisation that has headed down the same path.

At the time of writing, the RCSLT's new website is due to launch in late November. While the development process has been rigorous, it is hoped that the experience of using it will be one of benefit and ease. Members will be able to access the new site from their own devices at home and work, and be confident in the knowledge that robust cyber security measures will mean their data is protected.

"We were certain from the start that we wanted this website to lead the way in supporting members throughout their professional lives," says Dominique. "It will be very flexible and deliver the things members need it to, like the CPD diary, but enable them to do it in a way that proves valuable to them on a daily basis, and beyond meeting regulatory purposes."

John agrees: "The new website will be

able to offer more support for professional communities while supporting better access for learning. It will also reflect the changing needs of both members and the environment so that the RCSLT continues to stay up-to-date and relevant."

Some of the major issues affecting the profession as a whole, such as the fragmentation of services across the NHS and the increasing variety of SLT roles across sectors, have underpinned the drive to develop the new website.

"We needed it to be able to offer value and benefits for all members, regardless of the role they're working in. One strand of this will be the online professional networks that will enable easier sharing of up-to-date clinical practice, and another is that most content across the website will be tailored around members' specific interests, hopefully saving time, as well as helping our members to continue to deliver high quality services," says Dominique.

While there is considerable focus on the website, the launch itself does not mark the end of the digital transformation process.

"There will be constant evolution," says Dominique. "This is only phase one—there are other things coming down the line. To that end, our user groups will continue and member feedback is essential in that process. If readers are interested in helping the RCSLT develop further, please get involved! We owe our user panel, past and present, a huge thank-you. If any new members want to join, they'll be sure to find an open door."





“We can create a platform but members need to use it,” says John. “Explore, try out all the features—some things will work better than you expect, while in other areas there might be glitches. We’ll respond to any issues raised and continue to evolve the website over time.”

“Proportionate to the size of our organisation, the RCSLT punches above its weight when it comes to the new website. It represents a fundamental shift to a more digitally-focussed organisation,” says Dominique. “It’s more than just a website—it’s a platform for building a profession for the future.”

Digital launch: what to expect

Members will be notified by email on the day the website switchover takes place. Email notifications containing your new login details will be sent and you will also be able to reset your password directly from the login page once the website launches. A virtual guide will automatically pop up to take you through the process and you can always get in touch with us via the ‘help and support’ page on the new site if you have additional queries.

Your new RCSLT key features

Personalisation

Members will have one username and password to sign into the whole site, new CPD diary and professional networking areas. To personalise your RCSLT journey,

it is important to first ensure that your profile, contact details, communication preferences and areas of interest are all up-to-date. Your homepage will then show content that is tailored to you.

Professional networking

The professional networking section of the website will replace the current Basecamp system. Existing Clinical Excellence Networks that have completed the re-registration process will transfer over. New groups can also be created. All members will be able to add posts and comment on the main RCSLT and Hub groups. Within these areas you can share documents with colleagues, post CPD opportunities, and ask questions to your peers and RCSLT staff.

New CPD diary

Our CPD diary has been redesigned in response to user feedback. It now works on mobile devices and will help you plan your CPD more effectively. You can save content to read and reflect on later, and your homepage will display a summary of your goals and activities. The contents of your old CPD diary will be saved and can be exported. However, as it uses a very different technology and format, all new entries will be made in the new CPD diary. We will support any members with CPD diary queries, to help get you going in the new system without any hitches.

Member insight

The RCSLT website user panel has been at the forefront of testing the new digital platform, sharing feedback on its functionality and critiquing its performance. Following the latest user panel sessions, the *Bulletin* team caught up with panel members to hear their reaction to the site first-hand.



Stephanie Stollery is a technical instructor for speech and language therapy in Ipswich.

“I used to sit on the membership and communications board and enjoyed being involved with the RCSLT. I wanted to keep up that involvement and being on the user panel offered an opportunity to do that.

“Over the years, I’ve also received funding from various RCSLT minor grants for CPD and I felt that I wanted to give something back.

“Having just finished an Open University (OU) degree with modules in ICT and Maths, I felt I could contribute.

“This September was my first user panel session and after seeing the new website →

“Proportionate to the size of our organisation, the RCSLT punches above its weight when it comes to the new website”

for the first time, I'm excited about it. My first impression was how clean and clutter-free it looked. I also found it much quicker to access and was keen to make sure that SLTAs were not forgotten within the redesign, so I'm pleased there'll be an SLTA group within the professional networks section. It is important that the website works well and is easily accessible and easy to navigate given the busyness of SLT and SLTA roles. I'm sure members will use it more.

"I really rated its capacity for personalising content, and the ability it offers to link up with other people via profiles. It's very intuitive and offers good help and support.

"Through my OU studies, I know what's involved in making a website. It's a long process.

"Doing it right is going to take time and the odd bug is inevitable. I'd say to members: engage with the new website and help the RCSLT to develop it. Let them know if there are any hiccups or if you have any suggestions for improvement—it will help to move things along and develop them further."



Jenni Crisp is an SLT at Sheffield Teaching Hospitals NHS Foundation Trust.

"I've been on the website user panel for 18 months and joined partly out of curiosity—I thought the website could do with an overhaul and that I could make a useful contribution.

"I've been an SLT for nearly 30 years but up until now I've had limited direct involvement with the RCSLT. I've really valued being involved in the world of web design—it's something completely different to my day job.

"Clinically, I've been involved in setting up iPads for service users on the stroke pathway. As SLTs, I think technology solutions are something we should all embrace. The new website will be really useful in enabling that. Plus, patients expect to be able to find more of an SLT presence online. The new website will be important to us professionally.

"Personalisation is the thing I'm most impressed by—the way in which the website will select news and content that's relevant to me. It feels very significant and helpful from that point of view.

"I think it will be really well received—it's such a step change from what has come before and I'm optimistic about its potential. I think it will improve the profile and add to the cohesion of the profession."



Ashleigh Denman is principal SLT in the Gloucester brain injury team and also works at the National Star College. She has been working in the specialist area of brain injury for the last 25 years and was a one-time member of the RCSLT Board of Trustees.

"When I entered the profession, you worked with bits of paper. There was no internet and technology was far more limited. As one of the older generation of SLTs, I wanted to make sure the voice of my generation was heard in the RCSLT's process of digital transformation.

"What I like most about the new website is its capacity for personalisation. It means the website will get to know you as a therapist.

"Because the profession is so broad and I'm in a specialist niche, I don't need to know everything there is to know. The new website will give me just the bits I need to know.

"It's really intuitive. Anybody with any level of IT knowledge will be able to use it.

"From being on the user panel, I understand the website has taken time to get right, but it's going to be great when it launches. Everything's so interlinked, from professional networks, to the CPD diary it will all be integrated.

"My biggest message to members is make sure your profile is accurate and updated to get the most benefits out of it."



Bethan Williams is an SLT and board certified behaviour analyst. She also chairs the CEN for SLTs with an interest in

Applied Behaviour Analysis and describes herself as being 'very dedicated to the profession'.

"I've been on the RCSLT's website user panel for two years and have loved the process. What I've enjoyed is the way we've been made to feel that our voices are being heard. I've found it really interesting to see just how much work has gone into the [digital transformation] process. It's the most important project the RCSLT has undertaken in the last 20 years and I wanted to contribute to that. The new website is a huge improvement—it's user-friendly and easily navigable. I envisage using it a lot.

"It will enable better communication and make a massive difference to SLT engagement. It's easily accessible and heralds a new age for the RCSLT.

"It's been really worthwhile to be involved in RCSLT business and I would encourage other members to do the same. Get involved! It's your organisation, have your say!"

Get involved!

If you'd like to have your say in the RCSLT's digital transformation, email Laura Kelly at laura.kelly@rcslt.org who can advise you about forthcoming website user panel sessions.

For members on Twitter, tell us what you think of the new website once it launches using the hashtag **#RCSLTWebLaunch**. Or get in touch with our digital team via the help and support page on the new website. ■

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FOODS

CPD and lifelong learning

Victoria Harris and Louise Borjes outline the RCSLT's new guidance, frameworks and resources to support SLTs over the course of their professional lives

ILLUSTRATION BY Holly Maguire

Lifelong learning is about using a whole range of formal and informal learning opportunities throughout one's life in order to continuously develop and improve knowledge and skills. Continuing professional development (CPD) refers to the process by which an individual regularly identifies, plans, engages in and evaluates learning in order to support their career. When utilised in tandem, CPD and lifelong learning can help to ensure that SLTs stay current and practice safely in an employment landscape undergoing rapid change as a result of new technology, innovation in practice, extended roles and evolving working practices, such as multi-disciplinary working and portfolio working.

It is against this backdrop that the RCSLT is keen to encourage members to adopt a lifelong learning approach to their careers, in which a member's professional life—from student days onwards—is seen as a continuum, with learning taking place at all stages.

The new resources and infrastructure for lifelong learning are as follows:

Curriculum Guidance

The RCSLT has recently updated its Curriculum Guidance to more accurately reflect the changing educational and practice context that SLTs now work in. The new

guidance, developed over a two-year period with more than 1,400 members, will ensure that the future SLT workforce is appropriately equipped with the skills, knowledge and behaviours that a 21st century career requires.

As part of its Curriculum Guidance, the RCSLT has also developed a framework of five core capabilities that SLTs can draw on throughout their careers, with each representing a particular strength that SLTs bring to the services they provide:



1. Communication

Communication is an essential capability that SLTs need in order to support service users develop their own communication methods and abilities. Crucially, SLTs themselves must be able to demonstrate adaptability, self-awareness and sensitivity

in their own communication with service users, and with members of their teams and other agencies.

2. Partnerships

SLTs are uniquely placed to advocate collaboratively with service users, their families and other agencies and professionals involved in their care. SLTs' expertise in communication science and eating and drinking enables them to form and maintain strong collaborative partnerships directly with the people they support. These partnerships promote service user outcomes that transform the lives of people with communication, eating, drinking and swallowing difficulties.

3. Leadership and lifelong learning

SLTs as leaders in communication science and the management of eating, drinking and swallowing difficulties unlock the opportunities and potential for service users to achieve their goals. In order to do that, they need to keep pace with the clinical and professional landscape and respond proactively, leading innovation within their area of practice.

4. Research and evidence-based practice

The expertise that SLTs use to transform lives is rooted in the ability to search for, critically evaluate and contribute to the body of professional knowledge and best practice. SLTs are able to deliver focused



and professionally-reasoned practice in support of service users by accessing, evaluating, applying and informing the latest evidence.

5. Professional autonomy and accountability

As regulated health professionals, SLTs have a professional responsibility to be autonomous and accountable for their practice.

NQP framework

To emphasise the lifelong learning journey, a new framework for newly qualified practitioners (NQPs) has been linked to the core capabilities and integrated into an enhanced CPD diary (which you will be able to access once the new RCSLT website launches—see below). The competencies have not changed, so you won't have to start all over again, and the framework is still designed to be used alongside other local frameworks. The change will mean that all NQPs can transfer into fully practising members of the RCSLT far more seamlessly once their competencies have been achieved.

CPD diary and goals-based approach

The CPD diary has been redesigned to help you plan your CPD and lifelong learning more effectively. The new version of the diary will allow you to set goals, plan the actions you need to reach these goals and, as you work through your goals, add

reflections and evidence that support your achievements. Furthermore, you'll be able to update your CPD diary on the move as it will be mobile-enabled.

Depending on what career stage you are at, you will see a different view of the CPD diary and goals:

Students

The Curriculum Guidance comprises key graduate capabilities related to the five core capabilities, and students are expected to work towards these capabilities once the Curriculum Guidance has been fully implemented in 2020. The CPD diary is not mandatory for students, but the RCSLT encourages students to engage with the platform to establish good habits for when they need to use it to complete the NQP framework.

NQPs

NQPs are now required to complete a set number of goals to apply for fully certified membership of the RCSLT. As an NQP, you are expected to select pre-defined goals that are linked to the RCSLT core capabilities (these goals were previously called 'competencies'). Completing NQP goals using the CPD diary still supports learning and development in an SLT's first year of practice. You can also choose to create additional goals with your supervisor(s), although these will not count towards a fully certified RCSLT membership.

Fully practising

Fully practising members will create their own goals and agree these with their supervisor(s). The CPD diary is not mandatory for fully practising members with a fully certified RCSLT membership and HCPC registration. However, it is important that these members record their CPD activity in an accessible way, which the CPD diary can assist with.

Overseas qualified practitioners (OQPs)

OQPs are expected to complete a competency-based transitional framework by using the CPD diary. As an OQP, one competency from the framework equals one goal, and these have to be manually entered into the CPD diary. You can also choose to create additional goals with your supervisor(s), but these will not count towards completion of the OQP framework.

Assistants

Assistants are also able to use the CPD diary as a tool to record their CPD activities, should they wish to do so. A supervisor is not required to approve assistants' goals.

Supervisors

- NQPs and OQPs need their goals approved by a supervisor.
- Fully certified members and students are not required to have their goals approved by a supervisor, but they may wish to do so.
- Assistants do not need a supervisor to approve goals.
- If you have been asked to supervise another RCSLT member, you need to be fully a certified member of the RCSLT and HCPC registered.

New website features

As well as a redesigned CPD diary, the new RCSLT website will include features that embed learning. For example, learning opportunities and resources will be threaded in topic pages across the site. The new site will also have a member community area where you can network and learn from peers, and a member directory where you can find colleagues to link up with for professional advice.

Learning journeys

The RCSLT has been piloting the creation of learning resources for members by using a curated approach to our learning journeys, which include eHealth and The Box (for those working in the justice system). We are now developing the next learning journey, on 'Leadership and local influencing'.

Learning champions

We have set up a new category of member champions called 'Learning champions', to better engage members around CPD; to help us to develop and test resources such as the CPD diary and learning journeys; and to be advocates for CPD in their networks. ■

.....
Victoria Harris, RCSLT learning manager.

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Louise Borjes, RCSLT project co-ordinator.

Email louise.borjes@rcslt.org

Find out more

■ Learning journeys: bit.ly/2Acs4JZ

■ Learning champions: bit.ly/2AcOoTz

The new Curriculum Guidance, CPD diary, NQP framework and details of the five core capabilities will be available on the new RCSLT website in late November. Follow **#RCSLTWebLaunch** on Twitter for more details about the web launch date.

Ringing the changes

Alexandra Wiles explains how a telephone consultations scheme to manage assessments for young children was introduced within her team

ILLUSTRATION BY Lauren Rebbeck

With the number of new referrals to Newcastle Paediatric Speech and Language Therapy steadily increasing, and the percentage of total referrals for children aged three years and under significantly increasing, too (see table below), our team began considering how best to manage the rising numbers. As staffing levels had not increased in line with the referral rate, and waiting times for initial assessment were gradually getting longer, we decided to launch a telephone

consultations service for completing initial assessments for children under three, replacing home visits for the same, as was standard practice. After instigating this large service improvement project, we piloted the new scheme for 13 months before evaluating the results.

Pre-pilot system

On reaching the top of the waiting list, families of children aged three and younger used to be sent an appointment letter offering them a home visit for their child's initial assessment (IAX) with a therapist (SLT) and an assistant (SLTA).

Three visits in a clinical session (morning or afternoon) could be made this way, and two staff members were required: while one completed a case history with the parent, the other did some play-based assessment with the child.

The same system had been in place for many years, but we had started to find it unsuitable for several reasons:

1. Many children did not cooperate or were asleep during the home visit, so SLTs were making decisions based solely on parental report and information from the case history.
2. Sometimes families were not at home when we visited as we were not able to offer an opt-in system, and visits were scheduled according to geographical location.
3. Many children made significant progress in the time between referral and initial assessment—by the time of the home visit, parents were no longer concerned.

This was in keeping with the findings from the Early Language in Victoria Project, which suggested that just under 20% of children at age two could be considered late talkers, but by age four the majority (74%) of these late talkers could be classed as typical talkers. Only 5% of the late talking children continued to present with language difficulties at age four.

Table 1. Referral management		
Year	Total number of referrals for children aged 3;0 and under	Number of referrals of children aged 3;0 and under as a % of total referrals to service
2014	406	32.6%
2015	505	37.2%
2016	565	40.8%
2017	567	48.2%

*data for 2016 and 2017 excludes some referrals previously made as part of a joint referral system with the LEA as this stopped mid-way through 2016 due to LEA service changing to buy-in only access for schools





New system

The team now completes initial assessments for children aged three years and younger via telephone consultation with parents. We use a standard set of questions during the consultation, with time for discussion and advice, and send a written report and information after the appointment. The content of the case history questions are very similar to ones we previously used during home visits, but updated to try to determine those children who may have social communication difficulties by asking more about how the children communicate and play.

The clinics are offered as opt-in, so parents can choose the time and date that best suits them, and require one SLT to complete them, rather than an SLT and an SLTA. This way, we are able to offer five appointments per clinical session, and although that means the play-based assessment does not take place, we realised we can make clear decisions based

solely on parental report. Another advantage of telephone consultations is that it offers busy families more flexibility as they don't have to be at home for the assessment.

Other changes were made to our systems and pathways to support this new way of working. We now use telephone interpreting to help families with English as an additional language (EAL) to access this service, with an SLTA contacting families with EAL using the telephone interpreting service to explain the process of IAX and booking them into a telephone consultation clinic.

In the case of families who do not opt-in for IAX, a second invite is issued the following month and copied to the referrer, unless the family lives within the postcodes for community family hubs (previously known as Sure Start centres). In these cases, we pass the files to our SLT colleagues there to follow up with families via phone or home visit.

Around 85% of our referrals for children

under three come from health visitors, with the remainder from early years settings or other health professionals. We updated our referral form, including more detailed questions about the referrer's concerns and additional information about the child's needs, so that we can use information from referrers, as well as from families, to help us make clinical decisions.

Saving time

The pilot was considered to be a success, resulting in significant savings of clinical time and a reduction in waiting times for initial assessment of children, all without compromising the quality of clinical decisions.

Mainstream SLTs completed 404 initial telephone consultations, taking 81 sessions of clinical time, during the 13 month pilot. This saved 174 clinical sessions based on our previous system.

At the start of the pilot in June 2016, the average time between referral and IAX for children under three was 16 weeks, but by the end of the pilot in August 2017, the average time between referral and IAX for these children was seven weeks: a reduction of nine weeks, or 56% of waiting time.

Several pathways for children aged three and below exist within our service (see overleaf):

- The 'no further face-to-face' category includes families who were discharged or offered another telephone review. Only 5% of these families ever need to be seen face-to-face.
- Group intervention via our parent language group: three sessions based on parent-child interaction techniques, where parents attend an information and training session, followed by two group sessions with their child for side-by-side coaching. These sessions allow us to meet the children and assess their needs.
- Home visit follow up with home-based assessment and support. These pathways are for children who may have autism (n=77) or need a face-to-face assessment to allow us to select the next action (n=36).
- Individual review in clinic: children are seen for a home visit if we are unable to determine their primary need and most appropriate next step based on the telephone consultation alone. These children are offered a review in clinic if they are making good progress so that we have another opportunity to assess them.

404
children

81 sessions
for phone
consultations

174 clinical
sessions
saved

“...with the information collected so far suggesting that our clinical decisions are just as appropriate from phone consultations as they were from home visits”

- CNA/DNA includes families who cancelled their appointment or were not available at the time of the appointment.
- The ‘other’ category includes children who had moved out of area or were transferred to specialist services such as the regional cleft lip and palate team.

Conclusions

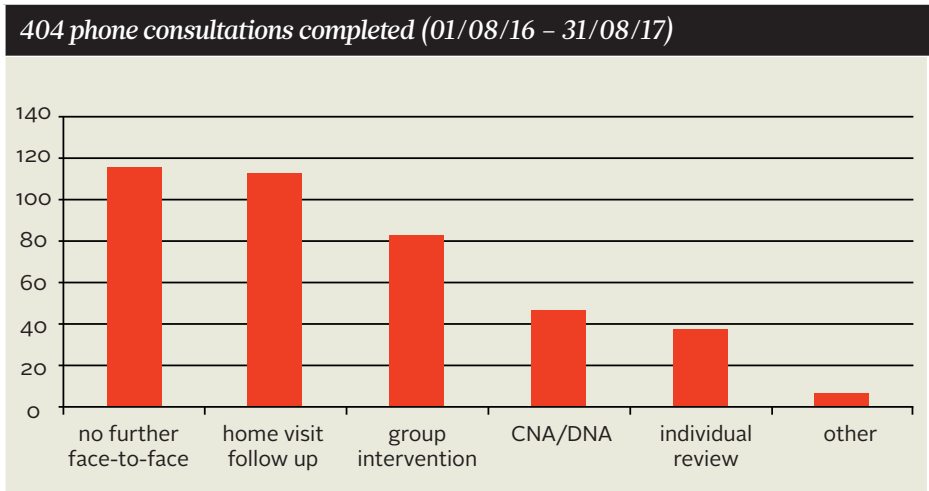
The new model of working has now been officially adopted, with the information collected so far suggesting that our clinical decisions are just as appropriate from phone consultations as they were from home visits. Feedback from SLTs has been positive and we have made some minor changes and improvements to the pathway as we’ve progressed, for example the use of telephone interpreters to book in families who have EAL, and rephrasing two questions on our case history form following feedback from SLTs. We will continue to evaluate the new pathway annually and are working with the local health visiting team to support staff in accessing training for making referrals and understanding our core pathways. ■

Alexandra Wiles, lead speech and language therapist for early years, Newcastle Paediatric Speech & Language Therapy service
Email: Alexandra.Wiles@nuth.nhs.uk



Reference

Reilly, s; Wake, M; Ukoumunne, O et al. *Predicting Language Outcomes at 4 years: findings from the Early Language in Victoria Study*. Pediatrics, 2010 126 (6): E1530 – W1537



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- Primary School of the Year Award
- Secondary School or College of the Year Award
- SEN School or Group of the Year Award
- Youth Justice of the Year Award
- SLCN Innovation Award
- Augmentative and Alternative Communication Award
- Communication Champion Award
- Pearson Outstanding Achievement Award



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Lauren Longhurst & Katherine Broomfield

Lauren Longhurst and Katherine Broomfield discuss the benefits of patient and public involvement in research

Prioritising PPI

Patient and public involvement (PPI) is considered to be good practice in healthcare research (www.nihr.ac.uk/patients-and-public/) and is becoming increasingly important in delivering and evaluating healthcare services (Department of Health, 2012). But what is PPI and how do we do it? There are often barriers to engaging people with communication difficulties in decision-making and providing feedback. What are these challenges and how can we overcome them to the benefit of our research and clinical services?

What is PPI?

Funded by the National Institute for Health Research (NIHR), INVOLVE (www.invo.org.uk) supports the active involvement of the public in NHS, social and healthcare research. They refer to PPI in terms of:

- **Involvement** — being actively involved in research projects
- **Participation** — people recruited to research studies

■ **Engagement** — where information about research is shared with the public
When done well, PPI improves the quality and relevance of research to the public and can empower those involved (Brett et al. 2014). PPI can also support researchers to ensure that methods used are appropriate, that outcomes are translated into accessible language, and that the questions addressed are those of greatest relevance to the patient population under investigation.

There are three levels of PPI:

- **Consultation** — asking for views which then inform decision making
- **Collaboration** — ongoing partnerships between the researcher and experts resulting in decisions about the research project being shared
- **User-led research** — research that is controlled, directed and managed by experts
Increasing value is being placed on collaboration in PPI, in preference to consultation alone, with INVOLVE recently publishing guidance on co-

producing research.

The rationale and mechanisms for PPI in research correlate strongly with the principles and practice of patient-centredness in healthcare provision. The barriers to involving people with communication difficulties and the strategies for overcoming these are similar, too.

Research engagement

Methods for engaging people in research and providing feedback to health services frequently relies on speech and language competence (focus groups, interviews, questionnaires). Such methods can lead to people who have language or communication difficulties being excluded.

As SLTs, we are trained to adopt and practise multi-modal communication in order to improve engagement in clinical situations. It is important to remember that such strategies can also be used to engage experts in research, service evaluations and service developments. Adapting the language used,

involving communication supports, and altering the environment are all valid methods to enable meaningful PPI. Other ways include:

- **Social media** — using hashtags and handles on Twitter and Facebook can enable initial consultation with populations of interest.
- **Visual media** — using pictures, videos and animations can facilitate engagement and enable discussion in project advisory groups.
- **Inter-professional networks** — engaging others with complementary skills, such as artists and drama therapists, can support expression and involvement for your patient population.

Meeting PPI standards

The 2016 RCSLT research priorities project focussed on developing research questions in the clinical areas of dysphagia, learning disabilities, developmental language disorder, autism and aphasia.



Research and Development Forum



ILLUSTRATION BY Dan Mitchell

Although the aim was to co-produce the priorities with service users, SLTs, researchers, charities, and parents/carers, in reality, a lack of guidance and examples of best practice contributed to us being far less equipped than we had anticipated for engaging service users with communication difficulties, despite our desire to do so.

Exploring the concept of PPI further, it became evident that patient involvement needed to be about more than just inviting service users to a workshop with SLTs. INVOLVE's guidance emphasises involving people throughout the project development. Who better then to advise on agenda items, input on the design of materials and communications, and recommend dissemination methods to gain maximal impact with a wider audience, than service users themselves?

When an opportunity arose to test the new national public involvement standards, the RCSLT applied and, along with

nine other organisations, was appointed to use them to develop and report on PPI.

Established by what is known as 'the partnership' (which involves key organisations such as NIHR and Chief Scientist Office leading the way on PPI – see sites.google.com/nihr.ac.uk/pi-standards/home), the standards are designed to describe good practice and act as a tool for researchers to identify areas of strength, and those where outcomes have been less successful.

The standards encourage self-reflection and learning. They are purposefully adaptable and flexible to different research designs and methods:

Standard one: inclusive opportunities

Accessible and diverse opportunities are encouraged that reach people according to the needs of the research. The RCSLT's research priorities project working group has continuously evolved its methods to engage people in the project whilst following the priority-setting principles of the James Lind Alliance (2018). By increasing the range of opportunities for service users to get involved, we can feel more confident that research priorities reflect the preferences and thoughts of the people using speech and language therapy services, and that opportunities are not tokenistic.

Standard two: working together

The partnership is aiming for an environment where all contributions are valued and for an emphasis on building and sustaining mutually respectful relationships. Our working group has established rapport by involving people from established service user groups on an on-going basis, giving information prior to visits and giving individuals a choice in their level of involvement.

Standard three: support and learning

The partnership is striving for people involved in research to build confidence and skills through a supportive learning environment. Throughout the project we have identified barriers such as location, travel costs and information overload, as well as unfamiliarity with research and the project team. We have taken steps to remove these barriers where possible for example, by visiting people in a location that suits them, at a time that suits them. Service user attendance was encouraged at a recent workshop for the national standards project.

Standard four: communications

The partnership aims to supply information using plain language and timely, two-way communication. A flexible, individualised approach to adapting information is considered key for best outcomes in terms of involvement. The profession has an opportunity to add real value here given the skills and expertise of SLTs. Within our project, service users will continue to be involved in developing communications to promote involvement.

Standard five: impact

The partnership is keen to capture the impact of PPI on research and subsequent healthcare provision. The standards project has made us think about how we go about this ourselves, and by sharing our learning with other projects in the partnership, we have been able to collaboratively problem-solve and generate solutions to improve PPI within our work.

Unexpected opportunities

Whilst the standards project has helped us to hone and reflect on our PPI activity, there have been additional opportunities that have sprung up along the way. Liaison with other organisations

has given us further opportunities to help other researchers think about how they might involve someone with communication difficulties in their research. There has been genuine interest and substantial motivation to carry this forward, which has been very encouraging.

PPI is becoming increasingly recognised as fundamental in the healthcare research world. With the guidance and resources available, as well as the national standards, we can all make sure we are including service users routinely in our research activity, ultimately ensuring all research matters to the people it is serving. ■

Lauren Longhurst, RCSLT research and development officer. Email:

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katherine.broomfield@nhs.net,

Twitter: @kathbroomfield



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Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C. and Suleman, R. (2014) *A systematic review of the impact of patient and public involvement on service users, researchers and communities*. Patient, 7: 387-395 x

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

REMEMBERING

Obituary

Susan Mellor (née McKerr)

1962–2018



It is with great sadness that we say goodbye to our dear friend and colleague, Susan Mellor.

Sue grew up in Northern Ireland and came to The University of Manchester in 1981 to train as an SLT. Sue loved Manchester, which was partly founded on a love of Manchester United, and, on graduation, began her career in Oldham where she managed a clinic that catered for adults and children with a huge range of communication difficulties. She later moved to work in a language unit in Oldham and loved multi-disciplinary working alongside a teacher and teaching assistant.

In 1991 Sue joined the Trafford speech and language therapy department. She worked with children in community clinics and went on to manage the community team. Sue was influential in leading on the training aspect of the service and many SLTs have used her training presentations over the years.

Sue married Mike in 1992 and had two boys, Thomas and Richard. She qualified as a Hanen trainer and ran many parent workshops in Trafford. Sue was always sympathetic and supportive to parents, helping them to understand how they could improve their child's language development using everyday situations. She was very skilled at using a combination of group training sessions and individual

consultations with parents and children. She was always able to put parents at ease when videoing them, and was able to create a comprehensive and personalised learning experience for each family that participated in the programme.

Sue developed a role with Sure Start as part of a team commissioned to develop preventative work, where she was involved in a parent interaction project. Here, Sue worked with disadvantaged families, and her kind and sympathetic personality enabled her to interact with everyone she encountered. Whether running groups or visiting homes and advising parents, she was always warmly welcomed.

Sue took a career break for 18 months to complete a diploma in counselling and trained to become a Relate counsellor. Sue had the perfect personality for this as she was always interested in others and had a loyal and caring nature. She was a great listener and gave wise and thoughtful advice.

In 2011, Sue left Trafford to spend more time with her family. Her sons were always her priority, and she wanted to be there for them through the ups and downs of school and university life.

Sue later returned to Trafford speech and language therapy department to work with

the early years team, where she juggled her two jobs as an SLT and counsellor for Relate. Sue had such empathy for the families of very young children: she understood parents' difficulties and worked hard to get the children the support they needed.

Sue filled her life with great experiences. This was never more so than during the last few years when she faced up to the physical and emotional challenges of her illness. With seemingly endless energy, Sue continued to spend wonderful times with friends and family, enjoying everything from Manchester United to walks in the Lake District. Sue knew what was important – family, friendship and social responsibility. She cared for elderly neighbours, volunteered in church activities, and held a Macmillan coffee morning only weeks before she died.

Sue never ceased to find speech and language therapy fascinating and rewarding. She felt she had personally gained so much from her work throughout her life. During her illness, Sue continued to work and showed incredible professionalism, always putting her family before herself and continuing to support her colleagues. She was an incredible mentor and her calm and thoughtful nature created a very open and supportive team.

Sue was loved and respected by all who worked with her and will be greatly missed by so many.

“She was a great listener and gave wise advice”

Cathy Colligan, Nadine Arditti, Terrie Murphy, Trafford Speech and Language Therapy Service



Our monthly look at the latest in published research

In the journals

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

Non-verbal intelligence link

This study examines the relationship between working memory and persistent speech sound disorder (P-SSD) in children. The findings indicate a link, but the association is dependent on non-verbal intelligence.

The participants were 20 typically developing children, age-matched with 20 children with P-SSD, aged 7;5 to 11;8, with age appropriate non-verbal intelligence and normal hearing.

Tasks probed Baddeley and Hitch's model of the three constructs of working memory (1974): phonological loop with CVC non-word repetition in sequences of increasing length; visual spatial sketchpad with puzzle piece identification; and inhibitory control, a function of the central executive, in a computer game.

Children with P-SSD showed poorer working memory and low-average non-verbal intelligence was linked to this.

Results suggest these children may have weaknesses in their auditory and somatosensory feedback loop, which supports storage of motor representations for speech sound production. Limitations in the episodic buffer may curtail the integration of phonological and linguistic representations with motor representations. Lower non-verbal intelligence is associated with poorer prognosis, suggesting a cognitive component.

"It is plausible that younger children at risk for P-SSDs have low non-verbal intelligence and that this may serve as a red flag for earlier intervening services," conclude the authors.

Longitudinal studies using a wider range of measures are recommended to explore causal mechanisms in P-SSD.

Leela Baksi, SLT, Symbol UK Ltd.



Reference

Farquharson, K., Hogan, T. P. & Bernthal, J. E. (2018). Working memory in school-age children with and without a persistent speech sound disorder. *International Journal of Speech-Language Pathology*, 20 (4), pp. 422-433.

Dysphagia study

Dysphagia post-stroke can lead to poor outcomes. This study showed clinically meaningful improvements in swallowing rehabilitation using the Ampcare Effective Swallowing Protocol (ESP), combining transcutaneous neuromuscular electrical stimulation (NMES) with swallow-strengthening exercises.

This pilot randomised control trial (RCT) recruited 30 patients experiencing dysphagia with reduced laryngeal elevation from three NHS trusts. They were randomised to either the intervention arm using the ESP or to usual care, and their progress was assessed at baseline, after treatment, and one month post treatment using the Functional Oral Intake Scale (FOIS), Rosenbek Penetration-Aspiration Scale (PAS) and the Swallow Related Quality of life (SWAL-QoI).

The intervention group had 30-minute treatment sessions five days a week for four weeks. This involved NMES via electrodes under the chin while performing different exercises with increasing challenge.

Those receiving the intervention improved more (75% or 9/12) compared with the usual-care group (57% or 8/14). They also comparatively improved 1.5 on the FOIS and 1.5 for diet and 0.3 for fluids on the PAS, and reported much better outcome satisfaction.

The authors conclude: "These findings support previous research into the use of NMES as an adjunct to therapy and support progression to a fully powered RCT."

Dr Tammy Davidson Thompson,
principal SLT, Colman Centre for
Specialist Rehabilitation, Norfolk.



Reference

Sproson, L., Pownall, S., Enderby, P., & Freeman, J. (2018). Combined electrical stimulation and exercise for swallow rehabilitation post-stroke: a pilot randomized control trial. *International Journal of Language & Communication Disorders*, 53 (2), pp. 405-417. DOI <https://doi.org/10.1111/1460-6984.12359>
doi: 10.1080/02687038.2017.1278739.

Intensive interactions

This study aimed to evaluate a city-wide Intensive Interaction training programme by investigating how staff used their training with adults with profound and multiple learning disabilities (PMLD), and their perceived impact of the approach.

A total of 120 staff working with adults with PMLD who had previously attended the training programme completed a survey about their experiences of using Intensive Interaction. Of these, 28 had also participated in an interview to explore their perspectives in more depth.

Survey results indicated that 96% of participants were using Intensive Interaction, with 94% agreeing it helped the person they supported to communicate, and 76% reported wanting to use the approach with more people.

Multiple themes emerged from the interviews including the impact of Intensive Interaction and ways its implementation can be facilitated by an organisation.

The research implies that training care staff in Intensive Interaction promotes social inclusion for adults with PMLD, but services need to reduce the staffing, management and organisational barriers to its implementation.

The authors report: "Using Intensive Interaction enabled staff to build relationships with service users. These increased relationships then enabled staff to more confidently identify changes in their service users such as seeking out interaction, increased eye contact and appearing more content."

James Reid, SLT, Stirling Community Hospital.



Reference

Clegg, J., Black, R., Smith, A. & Brumfitt, S. (2018). Examining the impact of a city-wide intensive interaction staff training program for adults with profound and multiple learning disability: a mixed methods evaluation. *Disability and Rehabilitation*, DOI: 10.1080/09638288.2018.1495769.

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

NOVEMBER CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to bulletin@rcslt.org by 6 November for the December issue, 6 December for January and 6 January for February. To find out more about RCSLT CENs, visit: tinyurl.com/rcsltcens

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

Relaunch event: Network meeting followed by Dementia and Mental Health of Older Adults CEN (formerly Psychiatry of Old Age (Southern) CEN)

6 November, 9.30am – 4.30pm

Study Day. Programme to include: Dr Chris Hardy, sharing information on the National Rare Dementia Support Group; Dr Vitor Zimmerer on formulaic language use in dementia and schizophrenia; Lindsey Collins on people with dementia and dysphagia in care homes; workshops on formal language assessment in dementia; AGM and more. Venue: RCSLT, London. Cost: members and students £15; non-members £25. For more information and to book, email dmhcn@gmail.com or visit www.dementiamentalhealthcen.com

Midlands Paediatric Dysphagia CEN

13 November, 9.30am – 4pm

Theme: Sensory feeding difficulties, what are they, where do they come from and what do we do about them? Speakers from specialist services in the Midlands. Discussion groups and parent experience presentations. Venue: St Luke's Church Centre, Birmingham. Cost: £10 per study day. Tea, coffee and lunch provided. For more information, email: cpdcen2017@gmail.com

Trache CEN

14 November, 9.30am – 4.30pm

Therapy and rehab for patients with a trache – what is our role and how do we do it? North London. Cost: £21.55 (includes lunch). Please register online: tinyurl.com/y76lhm7r

West Midlands Augmentative and Alternative Communication CEN

14 November, 9.30am – 3.30pm

General interest meeting, and of interest to those working with adults with a learning disability. Presentations will cover Communicate open access AAC, review of a journal article and a selection of highlights from the Communication Matters Conference. Supplier presentation from Speaks4me. Venue: West Midlands Rehab Centre, Oak Tree Lane, Birmingham B29 6JA. Cost: free for members (yearly membership £5 for 3 meetings). To book, email terri.kelly@bhamcommunity.nhs.uk

South West Brain Injury CEN

15 November, 10am – 4pm

Theme: Social communication interventions for people with ABI. Guest speaker Dr Nicholas Behn, City University. Cost: £15 (to be paid on the day). Location: The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. The agenda for the study day will be advertised on Basecamp. For more information and to reserve a place, contact Sarah Gibbin (email: sarah.gibbin@nbt.nhs.uk)

National CEN in Selective Mutism

15 November, 9.30am – 4pm

'A day on Practical Approaches in Selective Mutism Management', to include Maggie Johnson and others. Venue: The Church at Carrs Lane conference centre, Carrs Lane, Birmingham, B4 7SX. To book, visit: bit.ly/2yGGGQI

South West Dysphagia CEN

15 November, 1 – 4pm

This study afternoon will focus on cancer management in community and acute populations for SLTs who do not specialise in head and neck cancer. Venue: The Vassall Centre, Bristol. For more information, and to purchase tickets, visit: bit.ly/2CPqMqRp

AAC CEN

15 November, 9.30am – 4pm

Study Day topic: Transition: What makes it work? A study day about transitions through all stages of life. Presentations from AAC users and their families, and a solicitor regarding EHCPs. Venue: Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford OX3 7LD. Cost: members free; non-members £15. For more information and to book, visit www.aacsig.org.uk or email gillian@aac-consultancy.co.uk

Medico Legal CEN

16 November

Bond Solon Training: Experts are increasingly asked to write Joint Statements, so the CEN has arranged for Bond Solon to provide their half day to support this process training at a significantly reduced price. Half-day training (am or pm). Venue: London, E1 8QS. Cost: members £150; non-members £200. Email: jo.intospeech@gmail.com to attend.

Computers in Therapy CEN

20 November, 9am – 4pm

Venue: Winter Gardens Weston Super Mare. Exploring the use of Virtual Assistants (Alexa/Siri/Ok Google) in therapy. Guest speakers and hands-on demonstrations. Looking at emerging evidence, and discussing their uses with a variety of client groups. Cost: £20 to be paid in advance (£10 for livestream attendance). To book, visit tinyurl.com/CITCENNov2018

Promoting Communication in the Early Years CEN

20 November, 9.30am – 3.30pm

Study Day: The impact of parental mental health on early childhood experience. Venue: RCSLT, 2 White Hart Yard, London, SE1 1NX. Cost: £20 for members; £30 for non-members to include membership to August 2019. To book, please email lesley.cherriman@gmail.com

Central Paediatric Learning Disability CEN

21 November, 10am – 3pm

First meeting of the Central Paediatric Learning Disability CEN. Location: Kimberworth Place, Rotherham. Contact: e.keefe@nhs.net

MSI/VI CEN

22 November, 10am – 4pm

Venue: TouchBase Pears, 750 Bristol Road, Selly Oak, Birmingham B29 6NA. Cost: members and students £5 (plus £15 annual membership); non-members £15. To book, email sshah@thechildrenstrust.org.uk or julia.hampson@rnib.org.uk

Trent Voice CEN

29 November

New to Voice Study Day. Offering practical skills for therapists who are completely new to voice or those returning to the field of voice disorders. Venue: Rotherham General Hospital. Cost: non-members £50 (includes automatic membership), members £40. Email: TrentvoiceCEN@outlook.com

Speech and Language Therapy through Storytelling CEN

30 November, 10am – 3.30pm

Speech and Language Therapy through Storytelling: guest speakers Team Calais SLT on inspirational work with child and adult refugee communities. Venue: RCSLT, London. Email: jill.goulding@gmail.com to request a place.

Yorkshire Dysfluency CEN

12 December, 9.30am – 12.30pm

Meeting topic: cluttering. Venue: The Reginald Centre, 263 Chapeltown Road, Chapeltown, Leeds LS7 3EX. Tea and coffee provided. Phone: 0113 8434331.

DLD CEN Essex

19 December, 9.30am – 12.30pm

Attachment and Sensory Integration presented by Kathy Sanderson (occupational therapist) from Jump Start. Location: Provide HQ - Elm Room, 900 The Crescent, Colchester Business Park, Colchester Co4 9YQ. Free for CEN members. Email: janetaylor5@nhs.net

London and South East Region Selective Mutism CEN

3 January, 9.15am – 4pm

The London and South East Region (LASER) Selective Mutism CEN invites you to a day on the topic: 'Tackling selective mutism through key aspects of the wider context, family, school and community'. Guest speakers include Libby Hill. Venue: RCSLT, London. This event is open to non-SLT professional colleagues. Email: roberta.mendes@nhs.net

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

10 January, 9.30am – 3.30pm

This is a participant-led day; please bring assessments/resources/interventions to share. We will be discussing: current projects, research, issues raised from practice, looking after yourself and feedback from trainings. Location: Caterham. For more information and to book a place, email melanie@melaniecross.co.uk

CENAAD (CEN for Adult Acquired Dysphagia)

23 January, 9am – 4pm

Post-Operative Dysphagia – Sharing Knowledge and Experience. Discussing dysphagia associated with a range of surgeries – neurological, cardiac, oesophageal and more. A chance to hear from specialist SLTs as well as discussing complex cases. Location: Guys & St Thomas' Burrell Street Auditorium, 4-6 Burrell Street, London SE1 0UN. Cost: £20. To book, email contactcenaad@gmail.com

Your essential RCSLT information

London HQ

2 White Hart Yard, London SE1 1NX
Tel: 020 7378 3000

Northern Ireland

Arthur House, 41 Arthur Street, Belfast BT1 4GB
Tel: 02890 446385

Scotland

49 North Castle Street, Edinburgh EH2 3BG
Tel: 0131 226 5250/4940

Wales

2nd Floor, Transport House, 1 Cathedral Road, Cardiff CF11 9SB
Tel: 029 2039 7729

Enquiries (professional)

Tel: 020 7378 3012 Email: info@rcslt.org

Enquiries (membership)

To change your name, your address, your membership type and anything to do with member payments.
Tel: 020 7378 3008/3011 Email: membership@rcslt.org

Website: www.rcslt.org

RCSLT jobs website:
www.speech-language-therapy-jobs.org
Giving Voice: www.givingvoiceuk.org

RCSLT social media

Twitter: twitter.com/RCSLT
Facebook: www.facebook.com/RCSLTOfficial

RCSLT insurance

Read the policy and download your insurance certificate.
Visit: www.rcslt.org/members/professional_roles/rcslt_insurance/intro

Research Centre

www.rcslt.org/members/research_centre/introduction

Member journal access

RCSLT members can access more than 1,700 journal titles for free in the RCSLT Journals Collection.
www.rcslt.org/members/research_centre/journals_collection

Clinical decision-making

Our interactive online tool provides a step-by-step guide to evidence-based clinical decision-making process.
www.rcslt.org/members/research_centre/e_learning/tools

Creating evidence

Visit the 'Doing research' and 'Clinical academic research careers' webpages to help you in all elements of carrying out research.
www.rcslt.org/members/research_centre/introduction

Get involved in research

Find out more about RCSLT research champions and how to join the network.
www.rcslt.org/members/research_centre/become_a_research_champion

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www.rcslt.org/members/research_centre/newsletters_articles_and_publications

International Journal of Language and Communication Disorders

Access the current issue and entire back catalogue.
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RCSLT Bulletin

Online archive (2003 to present day)
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Email: bulletin@rcslt.org
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Advertise clinical excellence network meetings in the Bulletin

Email: bulletin@rcslt.org

Clinical Excellence Networks

www.rcslt.org/members/professional_networks/cen_introduction

RCSLT Hubs

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Do you want to help shape current research in aphasia?

- Are you currently practising in the UK with adults with aphasia?
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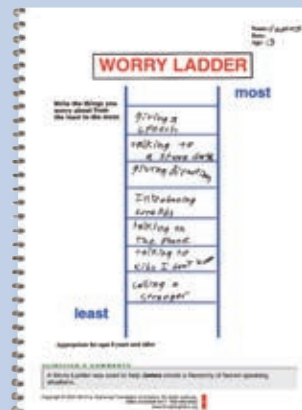
If yes, help us by completing the LUNA SURVEY

www.city.ac.uk/luna-survey

It is 'tick-box' style, takes approximately 15 minutes, and will inform new discourse analysis, treatment and outcome measurement tools. This work is supported by the Stroke Association TSA 2017/01.

Contact the LUNA team if you have queries
luna@city.ac.uk
blogs.city.ac.uk/luna

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This workbook offers a powerful tool for stuttering diagnostics and therapy, focusing exclusively on assessing and treating feelings and beliefs in school-age children.

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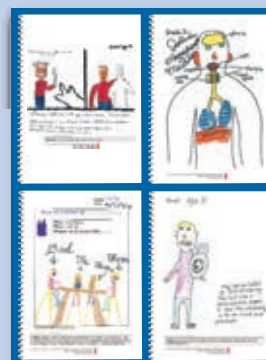


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Speech and Language Therapist



NHS Band 5 or 6

Salary range: £22,290 - £35,826 (£18,938 - £30,439 pro-rata), dependent on experience
37 hours per week, 5 days per week

Part Time - 39 weeks per year

Grove House is a special school for pupils aged 8-19 with speech, language and communication needs. We wish to appoint an energetic, outstanding, qualified Speech and Language Therapist, who is committed to the vision and ethos of our growing academy. This is an exciting opportunity to help continue shaping our innovative school and Therapy methods in the school's next phase of growth.

We are looking for:

- A highly motivated and flexible therapist with knowledge/experience of working in a Special School environment.
- Experience with carrying out and analysing assessments, therapy planning and making recommendations for EHCP and annual reviews.
- Experience/interest in carrying out whole class and group intervention.
- Experience/interest in supporting teaching staff and pupils within the classroom environment.
- Excellent time management skills

We offer:

- A busy and innovative learning environment
- A highly supportive and friendly team of staff
- Opportunities for professional development
- A healthy training and resource budget
- Regular supervision
- Parents, Governors and staff who work hard together in the interests of all pupils
- New and recently refurbished buildings

Come and visit us to find out more about this exciting opportunity
email admin@grovehouse.essex.sch.uk or telephone the School on 01277 361498.
For an application pack and form, please visit the Grove House website at www.grovehouseschool.co.uk

Speech and Language Therapist

Pay Range: NHS Band 6

Contract type: Full time, permanent

Glenwood is a Special School for learners aged 3-19 years with learning difficulties including severe learning difficulties, profound and multiple learning difficulties, ASD and associated speech language and communication needs.

We are looking to strengthen our current team and wish to recruit a full time Speech and Language Therapist, with experience of working in schools. You will provide specialist Speech and Language Therapy to our learners, working collaboratively with the school's staff to promote the young people's independence, wellbeing, and supporting communication across the curriculum.

You will have responsibility for assessments, Education and Health Care Plans, and delivering diverse and effective support for a wide range of complex communication needs.

As a qualified Speech and Language Therapist, the following criteria is essential:

- Recognised and relevant Speech and Language Therapy degree, and HCPC registration.
- Experience within our specialist client group.
- Knowledge of a range of assessment tools and evidence of skilled application.
- Experience of multi professional work within a range of settings.
- A genuine empathy, respect and understanding for people with disabilities and learning difficulties are essential, as is the desire to help them to succeed in education, employment and independence despite communication barriers and challenges they may face.

Please contact the school to arrange a visit and to find out more about the role. Further information can be found, and applications can be made, via www.glenwood.essex.sch.uk



TRINITY SCHOOL, Dagenham Heathway, Essex RM10 7SJ
Tel: 0208 724 1703 Fax: 0208 270 4969
Headteacher: Susan Ball (Roll 290, 4 - 19 years)

Band 5 SPEECH AND LANGUAGE THERAPIST

Required as soon as possible

Band 5 | £23,023 – £29,608 per annum + Outer London Weighting

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

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

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

You must be registered with the HCPC and RCSLT.

You should have an interest in or some experience of:

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

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

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

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

Closing date: 3pm on Friday 16 November 2018

Additional information about the School can be found a

www.trinityschooldagenham.org.uk

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

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



APPOINTMENTS

Call 020 7324 2755 or email rcsltjobs@redactive.co.uk

SPEECH AND LANGUAGE THERAPIST

£29,055 - £30,756pa

Permanent position | 37 hours per week, all year round



Bradstow is a creative and unique residential school for children between the ages of 5 & 19. It is situated in 13 acres of parkland just a few hundred metres from the sandy beaches of Broadstairs. We seek to meet the needs of children and young people with autism and severe learning difficulties with associated behaviours that may be challenging. We have achieved national recognition for our developments in Communication and Behaviour Management.

In this role you will lead a specialist Communication Team (Including the Learning Resources Centre) to support children and young adults with complex needs including Autistic Spectrum Disorders, Severe Learning Disabilities and associated challenging behaviours. This will be carried out in close collaboration with all contact staff and teams, to develop the students' overall communication and language skills with a focus on functional skills in everyday life.

You will be required to take the lead on all communication and language issues at Bradstow, acting as the point of reference for educational and residential staff teams at all levels. You will also be responsible for providing support, guidance and professional development to child contact staff and families on developing functional communication skills.

For all posts we look for candidates who are mature, warm, creative and open to learning with a patient and caring attitude to deal sensitively with vulnerable children.

Benefits include a competitive pension, generous annual leave, excellent training and development opportunities and private healthcare.

To apply, please download an application pack from our website: www.bradstow.wandsworth.sch.uk/careersbradstow/bradstowvacancies.html alternatively, you can email us at personnel@bradstow.wandsworth.sch.uk or request an application pack by calling 01843 60872

Interviews dates to be confirmed. We look forward to hearing from you.



Speech and Language Therapist

Ingfield Manor School, West Sussex

Salary NHS equivalent band 5/6.

A comprehensive staff benefits package is also available.

Working hours: Permanent – Full or part-time working will be considered.

Term time hours only (school holidays paid in full).

Ingfield Manor School is a day and weekly boarding school for 60 pupils and students age 3-19 with neuro-motor impairments such as cerebral palsy. We are one of the UK's leading Conductive Education providers. Our school is an exciting and rewarding place to work with excellent resources, including a new multi-sensory room. Full clinical supervision, training and CPD opportunities are ongoing. We require an enthusiastic and dynamic speech and language therapist to work as part of a transdisciplinary team with students across the different year groups within school. You will need to demonstrate experience and / or knowledge and skills in one or more of the following areas; total communication, including AAC, dysphagia, and complex needs arising from neurological impairment.

Location: Ingfield Manor School, Ingfield Manor Drive, Five Oaks, Billingshurst, West Sussex RH14 9AX.

To apply please email: ingfield.recruitment@ambitoeducation.co.uk and jane.hart-coombes@ambitoeducation.co.uk
Telephone number for queries: 01403 782294

Ingfield Manor is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. Any successful applicant will be required to undertake an Enhanced Disclosure check by the Disclosure and Barring Service (DBS).



Want to be part of an exciting and pioneering team with fantastic opportunities for progression?

Communicourt is the leading provider of intermediaries to the criminal and family courts across England and Wales. We carry out detailed communication assessments and give practical advice to the courts about how a person's communication difficulties will impact on their ability to understand and participate in the justice system. We then suggest strategies that will assist and provide practical support for vulnerable people through the process.

This is a chance to get valuable experience with a wide range of communication disorder. The people we work with may have a learning disability, a mental health condition, Autistic Spectrum Condition, an acquired communication disability, ADHD, or ABI, and may be any age from 10 upwards. The oldest person we have worked with is 101!

Full Time Permanent Intermediary in the Criminal and Family Courts (4 positions)

Salary £21,703 according to skills and experience

(increasing with training and experience. 10% London Weighting available within M25)

Location: You may live anywhere in England provided you are near to a major railway station.

Communicourt are looking for Speech and Language Therapy graduates with a passion for justice and fairness towards communication impaired people. You will need to have knowledge of mental health conditions and learning disabilities, excellent oral and written communication, and be eager to develop your professional skills. The post involves travelling across England and Wales by train and some overnight stays in hotels. In return, you will receive excellent training and supervision, experience to achieve your SLT competencies, and opportunities for rapid career progression. NQTs welcome to apply

For more information and an application pack, email: ashleigh.gibbs@communicourt.co.uk

IT'S NOT JUST WHAT YOU DO THAT MATTERS. IT'S WHAT YOU MAKE POSSIBLE.

**PRIORY EDUCATION AND CHILDREN'S SERVICES,
UNSTED PARK SCHOOL & SIXTH FORM**

RECRUITING NOW FOR THERAPEUTIC SERVICES LEAD AND SENIOR SPEECH AND LANGUAGE THERAPIST

Unsted Park School is a specialist residential and day school/6th form college for children and young people with higher functioning Autistic Spectrum Condition. We are committed to providing the highest level of education and care in a safe, positive environment that enables each individual to achieve his or her maximum potential.

We are looking to appoint an enthusiastic and strongly motivated, experienced senior SALT to lead a small team of therapy assistants.

You will hold a specialist clinical caseload and will develop innovative opportunities for joint working and deliver training where necessary as part of department and whole school CPD.

The successful applicant will be registered with the HCPC and RCSLT and will ideally have experience and a successful history of leading a multidisciplinary team and be committed to the delivery of an inclusive therapy offer.

To apply now, please visit: jobs.priorygroup.com/vacancies and search 'Unsted'. For more information, call 01483 892 061 or email unstedparkschool@priorygroup.com

PRIORY
EDUCATION AND
CHILDREN'S SERVICES



Online CPD course- Working with Adults with Acquired Dysphagia

**Develop your competencies in dysphagia management (up to Level C)
Online learning content developed by expert practitioners**

The University of Manchester has developed an eLearning unit for newly qualified speech and language therapists and those wishing to return to practice and work with adults with acquired dysphagia. On enrolling on this innovative unit, you will access bite-sized teaching content, based on the RCSLT Dysphagia Training and Competency Framework (2014). The eLearning content enables you to work from levels A up to C (i.e. independent 'bedside' assessment of swallowing). Content has been developed by experts in acquired dysphagia.

You will access a set of online, eLearning resources which will teach you the theoretical knowledge necessary for working with adults with acquired dysphagia, from the anatomy and physiology of swallowing to record keeping and recognising different aetiologies of dysphagia. You will also be directed towards 'practical' learning tasks to complete in your workplace and receive online support from a university tutor. You can work at your own pace to complete the course and access it from wherever you prefer.

Working with Adults with Acquired Dysphagia will be available from January 2019 with enrolment commencing on December 1st 2018. Course fees: £495.

Please contact Catherine.Adams@manchester.ac.uk or pgtaught.slt@manchester.ac.uk for further information and application details.

From 2019, we will be launching more online CPD opportunities:

- New Horizons in Aphasiology
- Working with Bilingual Children and their Families
- Evidence-based practice and service evaluation in speech and language therapy
- A Person Centred Approach to Dementia Care

Further details of 2019 courses will appear at

www.bmh.manchester.ac.uk/study/cpd/

Opportunities to deliver exceptional outcomes for students with Developmental Language Disorders at an Ofsted "Outstanding" rated School and College catering for students aged 7-19 years. Our pioneering Research Institute provides exceptional opportunities for professional development. Close to a mainline station with direct links to London, the school is located in a beautiful rural setting on the Kent and Surrey borders.



Specialist Speech and Language Therapist AFC band 5 Permanent (Part-time or full-time)

We are seeking a highly motivated Speech and Language Therapist. What are you looking for?

- An exciting opportunity to work in a large Speech and Language Therapy team?
- An environment that fosters CPD and research opportunities which are considered vital to the provision of a high quality service?
- An organisation that has a pioneering research institute providing opportunities for professional development?
- An opportunity to develop and specialise your skills working with children with DLD amongst a dynamic, well supported and highly specialist interdisciplinary team.

Therapy posts offer generous family friendly holiday provision with 41 working weeks per year. In addition, regular supervision and CPD opportunities are available. HCPC registration and RCSLT membership are essential.

If you would like an informal discussion about any of the roles, please email the Head of Therapy, Natasa Maric on Maricn@moorhouseschool.co.uk and provide a contact telephone number.

Closing date for all applications: 9am on Monday 19 November 2018

Interview date: Week commencing Monday 26 November 2018

For an application and further information go to:

www.moorhouseschool.co.uk/vacancies

Completed applications should be e-mailed to:

jobs@moorhouseschool.co.uk

Moor House School & College is committed to safeguarding and promoting the welfare of children and young people, and expects all staff to share this commitment. All applicants will be screened, including checks with past employers and with the Disclosure and Barring Service (DBS).

SLT Volunteer required St Lucia

The Child Development and Guidance Centre is an NGO on the beautiful island of St Lucia, West Indies. It is a multidisciplinary centre that provides intervention for children 0 – 5 years with developmental delays. We have an ongoing need for an SLT Volunteer to join our core team of a Paediatrician, a Clinical Psychologist and a Paediatric Physiotherapist.

Applicants would need at least 5 years paediatric experience – (including early years experience.) Volunteer period is for at least 6 months (to start as early as January 2019) with the possibility of extension. A Stipend is offered that covers accommodation, and living expenses.

Send CV with letter of interest to cdgc.slu@gmail.com

For more info on CDGC visit:

www.childdevelopmentstlucia.org



APPOINTMENTS

Call 020 7324 2755 or email rsltljobs@redactive.co.uk



More House School Frensham

Band 5 Speech and Language Therapist - Full time

Are you interested in supporting boys aged 8 to 18 with speech and language difficulties to achieve their full potential? Would you like to be able to make a tangible difference in shaping the educational future of students?

Through developing confidence and independence in our students, we aim to enable them to overcome challenges and to recognise and develop their own strengths.

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

The post will involve managing and delivering therapy to a varied caseload, with regular supervision from an experienced, senior Speech and Language Therapist, and CPD is positively encouraged. The successful candidate must have a degree in Speech and Language Therapy and be HCPC registered.

Salary: In line with Band 5 pay scales.

You are most welcome to visit us to see first-hand what we do, or to arrange an informal telephone call with a member of our team.

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

Closing date for applications: **Wednesday 28th November**. Interviews are expected to be held during the week beginning 10th December.

Please visit our website for further information:
www.morehouseschool.co.uk

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

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



DUNRAVEN EDUCATIONAL TRUST

SPECIALIST SPEECH AND LANGUAGE THERAPIST

Band 6 equivalent, spine points to be negotiated



We are looking for a dynamic SLT with skills to work collaboratively and support a diverse mainstream population with specialist interests in DLD and SEMH.

Dunraven Educational Trust schools are mainstream schools with a comprehensive student profile. The Speech, Language & Communication Resource (SLCR) offers places for those with a profile of Developmental Language Disorder.

The integrated inclusion model provides opportunities for dynamic collaborative working across the Trust.

The Specialist SLT will work collaboratively to deliver assessment, direct and indirect speech and language therapy and meaningful outcomes to a managed caseload of Reception to KS5 students. The successful candidate will be supported through collaborative working, regular external clinical supervision and continuing professional development (CPD). Work will be based at Dunraven School but may include support for other schools in the Trust.

Dunraven Educational Trust is committed to the safety and protection of its students. A satisfactory enhanced DBS check is a condition of employment for all employees.

Contact Helen Kinsey, Speech and Language Therapist for an informal discussion about this post on 020 8696 5600.

To find out more about the school please go to **www.dunraven.org.uk**

To apply for this post <https://dunraven.careers.eteach.com/>

Application closing date: 19 November 2018 midday

Interviews: week commencing 26 November 2018



Speech & Language Therapist required for Outstanding Special School Band 6

Contract: 37 hrs/week, Term Time + 1 week inset
Location: New Ash Green, Kent | Start: December 2018
Specialist Areas: Education, Special Schools

What are we looking for?

- RCSLT recognised degree/diploma and a registered member of RCSLT
- Membership of the Health Professionals Council
- Experience of assessment and management of complex communication needs
- Experience of alternative and augmentative communication systems
- A commitment to multi-disciplinary/agency working
- Experience of working in a school setting

We can offer:

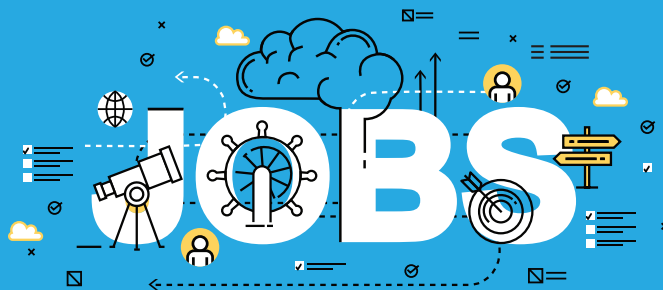
- Clinical supervision
- Excellent CPD opportunities
- Dysphagia training (if required)
- The chance to join an Outstanding Special School

For further information, please call Olivia Couzins (Talent Manager) on 01634 412 240
Search 'vacancies' on www.milestoneacademy.org.uk to view the full advert, job description and to submit your application.

Closing Date: Monday 30th November 2018



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www.speech-language-therapy-jobs.org

Royal College of Speech
and Language Therapists



Lucie Hogger

OCCUPATION: CLAHRC RESEARCH FELLOW, QUEEN MARY UNIVERSITY OF LONDON / CLINICAL LEAD SLT, WHITTINGTON HEALTH NHS TRUST

“Having a foot in clinical work and research means fellows can bridge the gap between evidence and practice.”

After eight years of clinical practice, I returned to formal study in 2015. Keen to kick-start my brain into something different, I embarked on a part-time MSc in neuroscience and communication at University College London. Although returning to academia was a daunting experience initially, it turned out to be the change that sparked my interest in research.

On completing my master's degree, my academic supervisor encouraged me to apply for a research fellowship funded by the North Thames NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC), which I did and was fortunate enough to be awarded a four-day week fellowship for a year.

Fellowships provide allied health professionals (AHPs) with an opportunity to develop a funding proposal for further postgraduate study (such as the NIHR Clinical Doctoral Research Fellowships) as well as time to cultivate research skills through a mix of formal training and working alongside experienced researchers. In my case, this is with a diverse team of qualitative researchers whose backgrounds are in medicine and anthropology at Queen Mary, University of London.

My day-to-day work consists of a combination of reading, writing, training and liaising with people from different public, private and charitable organisations. This all informs my proposal: a study of interactions between people living with dementia and their carers. Inspiration comes from attending seminars by visiting academics, reading articles on different theoretical perspectives and discussions



with colleagues. Once a week, my colleagues and I gather in a room for a 'Shut up and Write' session—a dedicated time that is used solely for writing in the company of others, which is oddly supportive and social given that the rules are no emails, no phones and no talking!

Before starting the fellowship I imagined that the research idea itself would be the key point of focus, but that's only one part of the journey. Getting to grips with finance, research ethics and the intricacies of research governance has been a steep but satisfying learning curve. One of the most enjoyable parts of the process has been developing patient and public involvement plans to ensure the research question is relevant, and that patients are involved at all stages, from design to implementation, analysis and dissemination. As SLTs I feel we're well placed to do this work as a natural extension of the collaborative and functional goal setting we do with our clients.

I also carry out research tasks such as ethnographic observations and interviews

for a larger project into how the lives of older people are shaped by taking 10 or more medicines, a situation not uncommon for clients I see clinically. Having insight into how medicines are managed in GP practices and pharmacies has been fascinating and provides a richer understanding of the complex healthcare negotiations that make up our clients' daily realities. Ethnography, with its emphasis on reflexivity, is another example of how core SLT skills can be transferred to research.

During my one day a week in the Islington community team, I work closely with a colleague who joined on secondment to help to co-lead the team, which provides a wonderful

opportunity to jointly problem-solve service issues (an unexpected benefit of the fellowship). I also work to promote research awareness and activity within the trust for SLTs and other AHPs; having a foot in both clinical work and research means fellows can help bridge the gap between evidence and practice.

Like any new role, there are challenges. Knowing what ideas to pay attention to when there are so many exciting avenues to go down is a skill I'm gradually honing, and being the least experienced person in the office again can be difficult. However, clinicians are really valued for their ability to identify the questions that matter most to clients, so I'd strongly encourage anyone considering dipping a toe into clinical academic work to give it a try! Making contact with your local RCSLT research champion and following @ClinAcSLT on Twitter are good places to start. ■

Email: l.hogger@qmul.ac.uk
Twitter: @SLTLucie

QUICK LOOK DATES

2018-19 (ongoing)

Video Podcast Training for Neurological Impairments

This brand-new series of distilled training sessions (each episode is 20 minutes) will enable you to empower your patients to manage, and adjust to, their neurological problems, in a fun and practical way. Cost: £120 for all 12 episodes. Location: Home study – watch the episodes as often as you like (you own them). Email: enquiries@braintreetraining.co.uk; tel: 01276 472 369; visit: www.braintreetraining.co.uk/dlc_vpc.php

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

12-13 November, RCSLT, London; 14-15 May 2019, Edinburgh. Equips SLTs and teaching advisors to provide accredited training to education staff supporting verbal pupils with ASD. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

13-14 November, RCSLT, London; 6-7 March 2019, Salford. Equips SLTs and teaching advisors to provide accredited training to staff working in secondary schools. Strategies will help young people maximise their communication potential. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

14-16 November, RCSLT, London (3-5s and 0-3s); 16-17 May 2019, Holiday Inn, Edinburgh (3-5s). These courses equip SLTs and teaching advisors to provide accredited training to staff working in Early Years settings. Cost: £495 for 3-5s two days; £745 for all three days; £250 for 0-3s one day. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 5-11s

15-16 November, RCSLT, London; 4-5 March 2019, Salford; 16-17 May 2019, Edinburgh. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates, Worcestershire

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses, £130: FOTT Study Day, 13 May 2019; Moves to Swallow, 10 June and 18 November 2019; Making the Most of Mealtimes, 10 December 2018, 8 July 2019 and 9 December 2019; Therapeutic Oral Hygiene, 11 March and 19 September 2019. Five-day two-part courses in 2019, £625: 6-8 May (part 1) and 15-16 July (part 2); 9-11 September (part 1) and 11-12 November (part 2). Email: admin@arcos.org.uk; tel: 01684 576795.

Various dates

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

15 January, RCSLT, London; 7 March, Holiday Inn Media City, Salford, Manchester; 15 May, Carn Brea Leisure Centre, Redruth, Cornwall. This course is designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence-

informed training to parents/carers of 5-11 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for 5-11s. All training resources supplied. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

22-23 November, RCSLT, London

smILE Therapy Practitioner Training: Day 1 & 2

Day 1 & Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties, physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

23 November, Leeds

Introduction to working with children and young people with SEMH needs and SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215, student discounts available. Visit: tinyurl.com/y7rxk9co; email: info@coursebeetle.co.uk

24 November, London

Music and SLT: Benefits of using music and working with music therapists

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

27 November, Birmingham

TOMs CONNECT 2018: making sense of the data

A one-day conference for users of the Therapy Outcome Measure plus those wishing to learn more about its use. Venue: Council House, Birmingham. Cost: £185. For more details, visit: www.communitytherapy.org.uk

29 November

The current evidence base for school-aged children with DLD

With Dr Susan Ebbels. "Enormous condensation of EBP studies across areas in just one day and fabulous reference list". Visit: www.moorhouseschool.co.uk/courses-and-conferences; tel: 01883 712271

5 December, Bloomsbury

Information Session on NIHR Pre-doctoral Clinical Academic Fellowships

UCL SLT is running a session about NIHR Pre-Doctoral Level funding. Find out how to get paid for MRes and PhD! 5.30 – 7.30pm. Visit: tinyurl.com/Pre-doclno

6-7 December, Cambridge

PECS Level 1 Training Workshop

PECS is an approach that teaches functional communication skills using pictures. Cost: £330. Visit: www.pecs-unitedkingdom.com; tel: 01276 609555

12-13 December, Birmingham

PECS Level 1 Training Workshop

PECS is an approach that teaches functional communication skills using pictures. Cost: £330. Visit: www.pecs-unitedkingdom.com; tel: 01276 609555



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12-14 December, Derby

Working with Adults who Stammer

Lecturer: Rachel Everard. Designed for SLTs, this three-day interactive workshop will cover assessment and selection, stammering modification, interiorised stammering and cluttering. This course is designed for qualified SLTs wanting to develop their knowledge and skills for working with young people and adults who stammer. Venue: London Road Community Hospital, Derby. Cost: £300. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

8 January 2019, Central London

Learning to use the Therapy Outcome Measure (TOM)

A one-day training workshop with Professor Pam Enderby. Delegate fee: £175 (check website for CTN member discount). For more details and to book, visit: www.communitytherapy.org.uk

9-11 January 2019, London

Shelter, London: Communication Support for 0-25s Pupils with Complex Needs and Let's Talk with Special Children Tutor Pack Day

9-10 January, Shelter, London: two-day intensive course Communication Support for 0-25s with Complex Needs. 11 January, Shelter, London: one-day Let's Talk with Special Children Tutor pack.

Communication Support for 0-25s with Complex Needs is a practical course for staff working with children in special school or early years provision with severe and complex learning needs at the pre-intentional to early intentional stages of communication. It explores underpinning theories, a variety of assessment tools and effective support strategies to develop interaction and communication. Accreditation at level 2 or 3 can be achieved through compiling a portfolio of practical examples of applying that which is learnt.

Let's Talk with Special Children – participants who complete Communication Support for 0-25s with Complex Needs at level 3 and who attend this extra day learn how to provide accredited, practical, evidence-informed training to the parents/carers of children with complex learning and communication needs. Cost: £380pp. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14 January and 7 March 2019

Elklan Let's Talk Together Training Pack

14 January, RCSLT, London; 7 March, Holiday Inn Media City, Salford, Manchester. This course is designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers of pupils with social communication needs including ASD. Participants must have successfully completed the Elklan Level 3 award, 'Communication Support for Verbal Children with ASD'. All training resources supplied. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

15 & 28 January 2019

Assistant Dysphagia Practitioner Training

15 January, Manchester; 28 January, Midlands. Increase your understanding of dysphagia, decrease the risk of choking or aspiration. Learn how to prepare food/drink accurately to IDDSI guidelines. Cost: £84. Visit: www.eg-training.co.uk; tel: 01530 274747; email: info@eg-training.co.uk

18 January 2019, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

Day 3 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

18-19 January 2019, London

Cognitive Rehabilitation Workshop

This two-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury.

Venue: Gatwick Hilton Hotel. Cost: £185. Email: enquiries@braintreetraining.co.uk; tel: 01276 472 369; visit: www.braintreetraining.co.uk/crwp_spf.php?id=82

23 January – 25 November, London

It Takes Two to Talk® Certification Workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: www.hanen.org/ittt-Jan-23-2019-London www.hanen.org/ITTT-2018-Oct-31-London-England

24 January 2019, Birmingham

Shape Coding™

Learn this effective system to help school-aged children improve understanding and production of grammar. Suitable for SLTs and teachers. No prior knowledge of Shape Coding is required. Cost: £220. Visit: tinyurl.com/y7748k0d; email: info@coursebeetle.co.uk

1 February 2019, RCSLT, London

Attachment difficulties and complex trauma – impacts on SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215 (student discounts available). Visit: tinyurl.com/y7rf4rzh; email: info@coursebeetle.co.uk

22 February 2019, London

How to Do Cognitive Rehabilitation Workshop

This one-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury.

Venue: Gatwick Hilton Hotel. Cost: £90. Email: enquiries@braintreetraining.co.uk; tel: 01276 472 369; visit: www.braintreetraining.co.uk/howtodocr_spf.php?id=83

28 February 2019, Derby

Cervical Auscultation

Lecturer: Dr Alison Stroud. Therapists will learn the theory of Cervical Auscultation and learn the 'How, What and Where' of Cervical Auscultation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds. Venue: London Road Community Hospital, Derby. Cost: £130. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

4-5 March 2019, Manchester

Supporting Children and Adults using AAC: a two-day course for practitioners

Venue: Holiday Inn Media City, Salford, Manchester. Suitable for SLTAs, SLTs and other practitioners using AAC. A wealth of practical strategies and activities will be given to give learners a thorough grounding in this area. Cost: £340. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

4-5 March 2019, Manchester

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

This course equips SLTs and teaching advisors to provide accredited training to education staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

5-6 March 2019, Derby

Advanced Decision Making to Support Clinical Reasoning

Lecturer: Kate Malcomess. The workshop has been developed in recognition of the increased demands being placed on clinicians to make highly complex clinical decisions in the context of competing patient needs and large multi-professional teams/involvement. It addresses issues at the heart of good clinical decision making including risk management, outcome measurement and contracting. Venue: London Road Community Hospital, Derby. Cost: £245. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

6-8 March 2019, Manchester

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

These courses equip SLTs and teaching advisors to provide accredited training to staff working in Early Years settings. Cost: £495 for two days (3-5s); £745 for all three days; £250 one day (0-3s). Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

8 March 2019, Manchester

Elklan Let's Talk With Under 5s Training Pack

Venue: Holiday Inn Media City, Salford, Manchester. This course is designed for SLTAs, EY practitioners and parents to equip them 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. All training resources supplied. Cost: £235. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

15 March 2019, Derby

Mindfulness: An Introductory Workshop on Mindfulness Meditation

Lecturer: Dr Lih-Mei Liao, consultant psychologist. Mindfulness meditation is an ancient practice; an art of 'being' rather than 'doing'. Through regular practice, we cultivate our capacity to experience what comes up in body and mind from moment to moment. In learning to open up to experiences just as they are, we become more aware of our habitual reactions in thought, emotions, and behaviours. Venue: London Road Community Hospital, Derby. Cost: £130. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

21-22 March 2019, Durham

LSVT LOUD - Training and Certification Workshop

Designed to train SLTs in a voice/speech treatment technique for adults and children with motor speech disorders, with a speciality in Parkinson's disease. Venue: The Durham Centre, Belmont Industrial Estate Auditorium, Durham, DH1 1TN. Cost: Various rates available. Visit: www.ncore.org.uk; email: dhft.ncore@nhs.net

1-4 April 2019, 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. Cost: £665. Email: info@thespeechtherapypractice.com; visit: www.thespeechtherapypractice.com/training

1-5 April 2019, London

Working with deaf people

Part 1: an introduction to all aspects of assessment and therapy with deaf children and adults. Apply now! Venue: UCL, London. Cost: £460. Visit: www.csdconsultants.com; email: ruthmerritt@csdconsultants.com; tel: 01227 262141

w/c 13 May 2019, London

Intensive Training Week: Early Intervention

Often, auditory learning is confused with auditory training and the link between cognition and language is missed. This intensive week enables you to plan sessions with greater impact. 30 AG Bell CEUs. Cost: £500. Email: susanna@earfoundation.org.uk

14-15 May 2019, Edinburgh

Elklan Total Training Package (TTP) for pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with children and young people with severe learning difficulties in a range of educational settings. Cost: £495. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

17 May 2019, RCSLT, London

smiLE Therapy Practitioner Training: Day 3

Day 3 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com

6-7 June 2019, RCSLT, London

smiLE Therapy Practitioner Training: Day 1 and Day 2

Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 10-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond. For information and bespoke training to your local team, email: info@smiletherapytraining.com; visit: www.smiletherapytraining.com



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For expert information, advice, case studies and the latest developments in clinical dysphagia research call Fresenius Kabi on **01928 533 516** or email scientific.affairsUK@fresenius-kabi.com

References

1. <http://iddsi.org/> Date accessed: November 2017
2. Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014.

Date of preparation: January 2018. Job code: EN1461. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



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