

bulletin

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

October 2015 | www.rcslt.org

70
CELEBRATING 70 YEARS
1945 - 2015

Aa Bb

Five Good Communication Standards

Five Good Communication Standards: What has happened since 2013 and what still needs to be done?

Introducing our Softer Foods range.

Helping people with dysphagia feel good about food again.

Wiltshire Farm Foods: Delivering the right texture, flavour and appearance.



372 – Category C Thick Puréed Chicken & Gravy

As a healthcare professional, you know the challenges patients with dysphagia face to prepare safe food that looks and tastes appetising. We understand it too. Our award-winning **Softer Foods** frozen ready meal range offers over 70 delicious, texture modified dishes that meet the needs of Category C, D, and E diets. Cleverly moulded to look as good as they taste, then with free delivery to the door – it's a chance to help your patients feel good about food again. You look after the treatment. Let us look after the mealtimes.

**Try our Softer Foods FREE or
request our brochures. Call
0800 066 3702
or visit softerfoods.co.uk**

Softer Foods



Wiltshire Farm Foods

Contents

ISSUE 762



27



CONTACTS

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200
Email: bulletin@rcslt.org
Website: www.rcslt.org
ISSN: 1466-173X



COVER ILLUSTRATION
Patrick Knowles

EDITORIAL BOARD
President: Sir George Cox **Senior life vice president:** Sir Sigmund Sternberg **Vice presidents:** Simon Hughes, Baroness Jay, John Bercow MP **Chair:** Maria Luscombe **Deputy chair:** Morag Dorward **Honorary treasurer:** Lorna Bailey **Professional director:** Kamini Gadhok MBE



PUBLISHERS
Redactive Publishing Ltd
17 Britton Street, London EC1M 5TP
020 7880 6200 www.redactive.co.uk

EDITORIAL
Editor: Steven Harulow
Deputy editor: Raquel Baetz
Contributing editors: Dr Emma Pagnamenta, Vanessa Rogers
Art editor: Karen Warren
Art director: Mark Parry
Senior picture editor: Claire Echavarry

ADVERTISING
Sales manager: Ben Nelmes
Tel: 020 7880 6244
Email: ben.nelmes@redactive.co.uk
Recruitment Sales: Giorgio Romano
Tel: 0207 880 7556
Email: giorgio.romano@redactive.co.uk
Display Sales: Beth Fifield

Tel: 020 7324 2735
Email: beth.fifield@redactive.co.uk
PUBLISHER
Jason Grant
PRODUCTION
Aysha Miah
PRINTING
Precision Colour Printing

DISCLAIMER
©2015 Bulletin is the monthly magazine of the Royal College of Speech and Language Therapists. The views expressed in the Bulletin are not necessarily the views of the College. Publication does not imply endorsement. Publication of advertisements in the Bulletin is not an endorsement of the advertiser or of the products and services.

| | |
|----|--|
| 4 | Letters |
| 5 | News |
| 11 | Opinion: A shared decision: Gastrostomy feeding in adults with learning disabilities |
| 12 | Della Money: The Five Good Communication Standards in practice: two years on |
| 16 | Rachel Sylla, Laura-Jayne Watson: Specific needs of women who have had laryngectomies |
| 18 | Sara Wood, Joanne Cleland, Zoe Roxburgh: Visual biofeedback techniques in the treatment of speech sound disorders |
| 21 | Reviews |
| 22 | Ask the Experts: What therapy approaches are effective in treating pre-schoolers with SLI? |
| 24 | The Research and Development Forum |
| 27 | In the Journals |
| 30 | Obituaries |
| 31 | Any questions |
| 34 | Clinical Excellence Networks |
| 37 | Your speech and language therapy job adverts |
| 39 | My Working Life: Barbara Hegarty |



Steven Harulow

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)



Raising standards

In 2013, the RCSLT produced the 'Five Good Communication Standards' to help meet the speech, language and communication needs of people with learning disabilities.

The move was part of our response to the scandal at Winterbourne View Hospital, in which people with learning disabilities and challenging behaviour suffered physical and psychological abuse.

In our cover feature this month, Dr Della Money, one of the architects of the standards, looks at what has happened since their publication. She highlights some of the work started to date and details what still needs to happen to improve the communication landscape for people with learning disabilities. Are you using the Five Good Communication Standards? Write and let us know about your experiences.

Although mince pies have been on supermarket shelves for several weeks now, there is still plenty of time before Christmas. However, students up and down the UK might want to think about a great opportunity to meet up before their festive celebrations begin, when the RCSLT hosts its annual Student Study Day at Leeds Beckett University on 9 December. Visit www.rcslt.org/news/events/forthcoming_events to find out more.

Have you subscribed to the RCSLT's YouTube Channel yet? Go to <http://tinyurl.com/o5glrlv> and you'll find the latest videos in the RCSLT dementia series, recordings from the RCSLT's webinar collection and a wealth of SLT-related material. Once you subscribe you will receive regular notifications when new material goes online.

Steven Harulow

Bulletin editor

bulletin@rcslt.org

@rcslt_bulletin

Your RCSLT

Karen Krawczyk



I work across two health and social care partnerships with adults in the community who have speech, language, communication and swallowing needs from a broad range of aetiologies. I have served on RCSLT committees, acted as an adviser and presented at and attended RCSLT conferences, in Scotland and UK-wide. The RCSLT has provided me

with many CPD opportunities over the years and the Bulletin allows for scanning across all the areas of speech and language therapy, allowing identification of new developments within my area of work or issues/skills that are transferrable, in a world where patients don't fit into neat boxes.

Hidden poll agenda?

I was surprised to find yet another web poll result on the subject of assisted dying/suicide in the August copy of Bulletin. The previous one, from September 2014, showed a lower percentage of 62% in favour, rising to 75% by August 2015.

My surprise is twofold. Is there an agenda here? Reporting a positive viewpoint in a flagship publication, without any exposition or balance, no doubt influences some to feel this is the view they should take; being that of the majority. This on the eve of the free vote in Parliament on the Marris Bill on 11 September.

The second aspect of surprise is that SLTs could take a positive view, when the disability organisations representing many of our clients are against assisted dying. Not to mention the British Medical Association, the Royal College of GPs, the British Geriatric Society and the Association for Palliative Medicine.

The idea that lethal drugs should be given to those with terminal illness, even where there is no 'suffering', would be a highly significant step in devaluing human life. It would have been more helpful if both sides of this debate had been reported.

John Eardley, Family Services Manager, Leicester

Editor replies:

There's no secret agenda behind the RCSLT website polls. They merely reflect issues of the day that may be of interest to SLTs – for example, the level of optimism for the future of speech and language therapy following the general election result; through to whether SLTs receive enough emotional support at work.

As with all online polls of this type, they should be regarded with caution. They are by no means scientific and because they are in the public domain the views expressed are not necessarily those of SLTs alone. However, they do provide a platform to draw attention to contemporary issues and hopefully spark debate.

Evidence-based practice survey

The RCSLT would like to know more about your evidence-based practice and research needs. Please help us to understand more about what you do and what you need by completing a short online questionnaire.

We want to know how things are for you now in delivering evidence-based services. The survey will give you the opportunity to tell us about the gaps in the current evidence base that are impacting on your practice and choose your priority areas for future research. Find out more on pages 24-25. The survey will take up to 15 minutes to complete.

Visit: <http://tinyurl.com/o893war>

Professor Victoria Joffe, RCSLT Trustee for Research and Development. Dr Emma Pagnamenta, RCSLT Research Manager.

Email: emma.pagnamenta@rcslt.org

FOLLOW THE RCSLT ON facebook AND twitter

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS



Creating a sustainable future for RCSLT Hubs

Support will help hub leaders maintain momentum for change

Over the next year, the RCSLT aims to build on the strengths of the RCSLT Hubs and nurture the amazing professional communities developing across the UK.

To help us take this exciting project forward, we have appointed two experienced professionals who have combined leadership of large-scale transformation of healthcare services with researching the use of social movement theory.

Mark Roberts works in general management and service transformation in the NHS. His role extends across acute, community and mental health services, and his

particular interests lie in collective leadership within communities and large-scale change.

Janet Harrison is an SLT and has a leadership role in families, young people and children's services for Leicestershire Partnership Trust. Since 2014, she has been the RCSLT Country Representative for England, with a key focus on supporting and connecting RCSLT members and their developing hub communities.

Janet and Mark will offer hub leaders support to build capacity and capability in local networks, creating and leading sustainable communities of RCSLT members.

"We will provide opportunities through events for hub leaders and members to



Janet Harrison: "We can't wait to hear more stories about the brilliant work you are doing in hubs across the UK."

learn how to apply the thinking of asset-based community development, community organising and social movement theory," Mark says.

"Our work focuses on identifying and valuing the resources available in large groups, moves into ways

in which groups can be supported to mobilise and organise themselves around their common purpose, and concludes in this context with learning how groups can sustain the energy to achieve their desired change."

Each hub leadership team will have the opportunity to involve Janet and Mark in a development day and through conference calls.

"On hub development days, we are particularly hoping to work with groups to realise the potential of social media, the power of student groups and the connection between RCSLT members and staff," Janet adds.

"We can't wait to hear more stories about the brilliant work you are doing in hubs across the UK and to support you to achieve your aspirations for their future."

📍 Visit: <http://tinyurl.com/Iraqk6e> to find out more about RCSLT Hubs

📧 Email: hubs@rslt.org and let us know about your hub events

📍 Find out more about Janet and Mark's work and contact them using Twitter @marobertsuk and @janforest1865

GEOFF WILSON

NEWS
IN BRIEF

NHS England will support NHS organisations to improve the health and wellbeing of 1.3m health service staff. NHS England Chief Executive Simon Stevens says a £5 million initiative will include serving healthier food, promoting physical activity, reducing stress and providing health checks covering mental health and musculoskeletal problems – the two biggest causes of sickness absence across the NHS.

The proportion of people with learning disabilities treated with psychotropic drugs for their challenging behaviour far exceeds the proportion with recorded mental illness, according to research published in the British Medical Journal. A survey of electronic records from 571 GP practices showed 71% of those treated with antipsychotic drugs did not have a record of severe mental illness. 📍 Visit: www.bmj.com/content/351/bmj.h4326

Stoke Speaks Out Auditory Verbal UK and County Durham Youth Offending Service's Speech, Language and Communication Needs Strategy are among three of the finalists shortlisted from the 600 entries to the 2015 Children and Young People Now Awards. Now in their tenth year, the awards bring national recognition for projects and services that make a difference to children, young people and families. 📍 Visit: <http://tinyurl.com/qevhoyx>

Correction: In the September Bulletin (page 15) we gave the incorrect reviewer for the book 'Here's how to do therapy' (Second Edition) by Debra Dwight. The book was reviewed by Jessica Karol and not by Leanne Ruggero, as we stated. Our apologies for any confusion caused. If you would like to review a book or resource for the Bulletin, please email: raquel.baetz@rslt.org



mable @mableTherapy
Great video from @RALLIcam on word finding difficulties and strategies to help
https://youtu.be/_y7TJ7Th8cY

Daisy Elliott @DaisyRElliott
Having a wonderful first week at work, looked at the NQP framework for the first time & was so overwhelmed I had to close it!
#NQPproblems

SLT prescribing will benefit many patients

Felicity Stephenson reports on calls to extend prescribing rights for SLTs



The RCSLT is calling for a formal review of prescribing rights for SLTs to explore independent prescribing. This would make SLTs responsible for the prescription of medication to their clients.

The move comes after the RCSLT surveyed members in July, asking them to evaluate whether extended prescribing rights would benefit the current and future speech and language therapy profession and its patients. The survey received nearly 350 responses

representing SLTs working within all of the patient pathways. Many comments related to dysphagia and ear, nose and throat specialisms.

The main benefits found were the provision of timely care, improved patient safety and efficiencies in time and resources across the wider health community.

Currently, SLTs are restricted to the supply and/or administration of medicines under a patient specific direction (PSD) or a patient

group direction (PGD). Despite increasing the range of services specialist SLTs can provide, PGD and PSD fall short of providing the same benefits of supplementary and independent prescribing.

The RCSLT is keen to ensure the profession is skilled in meeting the needs of patients in the context of new roles. This involves changing models of health service delivery, including advanced clinical practitioner roles. SLTs have skills that are readily

transferrable to some of these new roles but extended prescribing skills would underpin the ability to take these forward. They are the practitioners responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for making decisions about clinical management, which would include the prescription of medicines.

According to Advanced SLT Clinical Practitioner Fiona Robinson, SLTs currently provide assessments of a range of conditions and make recommendations about medical management, but then need to seek a medical prescriber to write and issue a prescription.

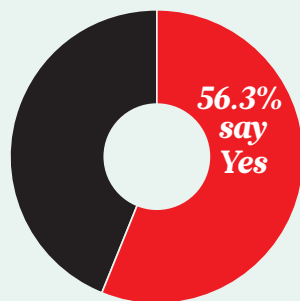
“Survey respondents reported that delays in receiving appropriate medicines can put the patient at an increased risk of adverse events, for example while waiting for dietary thickeners, unplanned admission into hospital or having an inferior medicine prescribed by a practitioner,” Fiona says.

SHUTTERSTOCK

RCSLT Web Poll
Have your say...



Does your employer allow you to access YouTube videos for CPD?



VISIT: WWW.RCSLT.ORG

Your International Journal goes digital

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

The move reflects the evolution of the journal over the next year, to ensure that it maintains its position as the natural home for applied speech and language therapy-related evidence and research.

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

To keep you informed of the IJLCD's rich and

varied content, we will be much more proactive in letting you know what is coming up in each issue – through regular content updates in the Bulletin, by email and through our social media channels.

If you would like to continue receiving your IJLCD by post, please write to the following address by Monday, 16 November 2015 – The Membership Manager, RCSLT, 2 White Hart Yard SE1 1NX (and mark your envelope IJLCD paper copy).

📍 Access the entire IJLCD back catalogue from the RCSLT website. Visit: <http://tinyurl.com/rcslt-pubs>



Katherine Buckeridge
@kathbuckeridge

Great to see a focus on
#qualitative research in bulletin
@RCSLT thanks for raising the
profile of this @vjoffe and @NesSLT

Stephanie @StephanieSLT

Aaron's story is an inspiring &
moving read- how SLT gave him
a voice! SLT is such a
rewarding & fulfilling job.
Well done Aaron! ☺ @RCSLT



MARIA LUSCOMBE

Hub day will enhance your professional development

Find out more about transformational change, service and professional development, evidence-based practice, and opportunities to raise awareness in the West Midlands. How? – by taking part in the West Midlands RCSLT Hub's packed



Suzanne Rastrick, NHS England's Chief Allied Health Professions Officer, will deliver the keynote address

day of activities on 19 October at Birmingham City University.

Jodi Olden, senior transformation lead at NHS Improving Quality's Horizons, will open the event by looking at aspects of transformational change.

A session on raising awareness of the profession and of people with speech and language needs will include discussion of Giving Voice, commissioner/service user perspectives and the specific opportunities and challenges in the West Midlands.

Service development will also feature during the day. Two parallel service development workshops

will look at integrating adult and children's care respectively; Sally James, public health workforce specialist with Health Education West Midlands, will discuss issues around public health and prevention; and an activity session will

examine the opportunities and challenges for service development in West Midlands.

Afternoon sessions will look at professional development opportunities in the West Midlands and quick-fire examples will highlight the work of SLTs involved in research practice. Evidence-based practice opportunities in the West Midlands will also be a big focus of attention.

To close the day, NHS England's Chief Allied Health Professions Officer Suzanne Rastrick will deliver a keynote address.

☺ **Book your place today, visit:**
<https://store.bcu.ac.uk>

RCSLT studentship success for Hayley

We are pleased to announce that Hayley Keogh, an SLT from Islington Children's Centre Team, was successful in this year's round of RCSLT Masters in Research studentships.

Hayley started a Masters in Applied Research in Human

Communication Disorders at University College London in September and hopes to carry out research into the impact of the 'Adult-Child-Interaction Tally Count' training package that has been developed locally.

She will join Hannah Reynolds and Kevin Fower, who have progressed to the second year of their Masters programmes. Hannah will be carrying out a project to address whether dividing attention affects drooling in Parkinson disease, while Kevin will use qualitative and quantitative methods to explore the processes that drive change following intervention.

EXCEPTIONAL CONTRIBUTIONS

As we approach the 2015 RCSLT annual general meeting, on 7 October at Warwick University, one of my responsibilities is to prepare my address as chair of the RCSLT Board of Trustees. This gives me the chance to reflect on the organisation's activities during the past year and to look forward to our future plans.

Looking back, what is striking is the extent to which RCSLT members have responded to our call of last year 'to get involved' and have given their time, resources and expertise to support the RCSLT to be the voice of the profession.

With fewer than 40 RCSLT staff, we would not be able to achieve the impressive record of activities outlined in our impact report (see: www.rcslt.org/about/annual_report) without your input. In all the roles you perform, you provide vital energy and assistance to further the work of the profession for the benefit of the people that use our services.

More than 3,800 RCSLT members were vociferous in their response to our member survey in 2014 and your comments have helped inform our new strategic plan. Similarly, the CQ live project – which aims to support SLTs to deliver a high-quality service in the context of the Health and Care Professions Council standards of conduct, performance and ethics – attracted the support of more than 1,800 members through online and face-to-face workshops. The RCSLT Outcomes Project, to develop consensus on a national tool to measure the impact of speech and language therapy intervention, also saw a groundswell of support and we were very impressed by members' contributions to the development of our new website, which we aim to launch in 2016. Thank you to all who have taken part, your contributions have been exceptional.

There will be more opportunities to get involved during the forthcoming year. For example, you can complete our online questionnaire and tell us about your evidence-based practice and research needs (see pages 24-25 for more details). We have plans to create a more sustainable future for the RCSLT Hubs and as you will see on page 5, we have appointed two experienced professionals to take this exciting project forward. Like me, they look forward to hearing stories about the brilliant work you are doing in hubs across the UK. ■

Maria Luscombe, RCSLT Chair.

Email: maria.luscombe@rcslt.org

Last month we inadvertently gave Penny Hodgkinson the wrong surname when we thanked her for her work, along with Lorna Povey, on drafting the CQ Live guidance. The error occurred at the editing stage and we are sorry for the confusion this may have caused.

NI Mental Capacity Bill must protect those with communication difficulties

The RCSLT has called for changes to the Northern Ireland Mental Capacity Bill to ensure individuals with a communication difficulty are not placed at a greater risk of being deemed to lack capacity simply because they do not have the appropriate means or support to communicate.

The Bill, hailed as a groundbreaking approach to mental health legislation, seeks to set out new legal requirements for determining and supporting a person's capacity to make decisions about their care, treatment, welfare and life.

If enacted, it will mean everyone will be regarded as



entitled to make their own decisions or participate in decisions about their lives, and will receive support to do this.

Where someone is considered to lack capacity, the Bill sets out how this must be assessed,

determined and evidenced.

One of the tests for determining capacity is whether a person can communicate their decisions. The RCSLT argues the proposed legislation does not go far enough in setting out

how and when communication support and assessment must be provided. In fact, as it currently stands, there is a real risk that people with a communication disability may be wrongly regarded as lacking capacity.

The RCSLT has been lobbying for changes in this legislation to ensure that individuals with a communication difficulty are not placed at a greater risk of being deemed to lack capacity.

With the help of RCSLT members and client case studies, RCSLT NI has appeared before the Ad Hoc Joint Committee to Consider the Mental Capacity Bill to give evidence on our proposed amendments to improve this Bill and ensure it protects both individuals with a communication disability and those with responsibility for determining capacity.

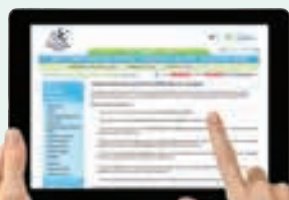
Vivienne Fitzroy, RCSLT Northern Ireland Policy Officer

RCSLT online resource of the month

SEND reforms toolkit

The 'Special educational needs and disabilities reforms toolkit' describes the SEND reforms, outlines the new Code of Practice and summarises Education, Health and Care assessment and planning. It also discusses consultation and person-centred planning, writing outcomes and SEND Pathfinder Champion resources.

Visit: <http://tinyurl.com/pvz5kno>



Update on the International Communication Project

Due to the efforts of many around the world, the International Communication Project (ICP) has come a long way since it launched in February 2014.

To date, thousands of signatories have expressed support for the Universal Declaration of Communication Rights; millions have learned about the ICP through project press releases, online events like Google Hangouts, and regional and local activities; and dozens of international organisations have engaged as participants.

The ICP is preparing to focus on global advocacy with the following goals:

- Increasing the understanding of communication disabilities among world health bodies and policymakers.
- Ensuring future global health policy recognises and addresses communication disabilities and the vital issue of access to care.
- Strengthening advocacy that engages key

individuals, organisations and events involved in world health policy.

- Increasing funding for local professional capacity building/training, especially in developing countries, to strengthen access to speech-language pathologists/therapists, audiologists and communication health providers.

You can show your support for the ICP's advocacy by signing the Universal Declaration of Communication Rights and encouraging others to do the same. You can also promote and share information about the ICP at conferences and regional and local events; submit your stories, information and photos about communication health subjects; and invite organisations to join the project as a participating member.

Visit: www.communication2014.com to find out more

800

books, reference works, journal articles and videos in the SAGE Research Methods trial access

£5m

to improve the health and wellbeing of 1.3m health service staff in England



Derek Munn

COLUMN

Voice Box returns to Westminster

The RCSLT again has teamed up with The Communication Trust (TCT) to run Voice Box, a joke competition at the Houses of Parliament to raise awareness of the fun and importance of communication.

Together with TCT's 'No Pens Day Wednesday', on 7 October, and its 'Communication Commitment', Voice Box will help schools bring communication to the fore in the 2015 autumn term.

Mainstream primary, secondary and special schools in England, Scotland and Wales can work on their own or with their SLTs to hold a joke-telling competition until 14 December. Schools can send their winning joke to the RCSLT by 14 December and a judging panel will shortlist the best ones they receive.

The shortlisted joke tellers, along with a parent or guardian, will



Last year's Voice Box winner, Jack Johnson, with judge Lee Mack

be invited to a grand final at Speaker's House in Westminster on 2 March 2016.

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

SELECTION BOX

Fans of political procedure may already be aware of select committees, powerful groups of MPs that both scrutinise and initiate in the area of each government department.

At the RCSLT, we make use of select committee inquiries to put forward the case for speech and language therapy, and people with speech, language and communication needs. Here are some recent highlights:

- We have worked with allied health profession colleagues to make a sector-wide submission to the Health Select Committee regarding primary care, highlighting the role of our professions in the implementation of plans for the NHS in England.
- We have made a submission to the Women and Equalities Select Committee on transgender equality, showcasing the work of speech and language therapy in gender identity.
- We are making a submission to the House of Lords Select Committee on Social Mobility's inquiry into the transition from school to work for 14-24 year olds, focused on what can be done in the early years and throughout school to make people ready for the world of work.

Occasionally, we will be asked to go one step further and give oral evidence, that is to say appear in front of the committee in person. This is happening right now in Northern Ireland, where our Head of Office, Alison McCullough MBE, will be appearing not once, but twice, in front of MLAs to put forward our case around the Mental Capacity Bill – protecting the rights of people who may not be able to communicate their wishes and demonstrating the role of SLTs in supporting them to do so (see the story opposite for more details).

“We are delighted with the number of MPs who will be encouraging their local schools to take part in Voice Box”

We have also been promoting our Voice Box joke competition for schools to MPs across England, Scotland and Wales and we are already delighted with the number of MPs who will be encouraging their local schools to take part – check the website for more information. ■

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

Geoff Wilson

Highlights from your International Journal

It's time to read the September-October issue of the International Journal of Language and Communication Disorders (IJLCD).

Featuring in the latest issue is a systematic review, by Susan Baxter, of the effectiveness of the state of the art in non-pharmacological interventions for developmental stuttering.

Research reports include an examination of the impacts of parent-implemented, early-literacy intervention for Spanish-speaking children with language impairment; analysis of a Taiwanese Mandarin main concept analysis for quantification of aphasic oral discourse; and discussion of the word production inconsistency of Singaporean-English speaking adolescents with Down syndrome.

Other research reports look at the clinical evidence from patients with aphasia of temporal information processing as a basis for auditory comprehension; the effectiveness of sign-supported English in teaching vocabulary to young children with English as an additional language; and whether children identified as having a language deficiency can benefit from remedial early numeracy education.

This issue's short reports address the impact of lingual pumping on swallowing disorders in Parkinson disease; and non-attendance and utilisation of a speech and language therapy service: a retrospective pilot study of school-age referrals.

Visit: <http://tinyurl.com/rsltpubs> to access the entire IJLCD back catalogue

Pawsome support

Brian is making new friends with stroke survivors and people with dementia in his new role as a 'Pets As Therapy' (PAT) dog.

His involvement is part of Liverpool Community Health (LCH) NHS Trust's Adult Speech and Language Service pilot of communication work with Pets As Therapy – a national charity that provides therapeutic visits from volunteers with their pet dogs and cats to hospitals, hospices, nursing and care homes, special needs schools and other establishments.

Brian has been visiting members of 'Call Up', an LCH adult speech and language therapy service user group that aims to support people with communication disabilities. Liverpool Community Health SLT Louise Simcock explains, "My dog is a registered PAT dog, and I am a volunteer for the PAT charity and see how pets can help facilitate communication, reduce anxiety levels and bring happiness and comfort.

"We wanted an innovative way of encouraging social interaction and communication with some of our service users and are trialling a project using PAT."



Brian is making new friends with stroke survivors and people with dementia

John McCreddie, a member of the Call Up group says, "I think this is a great idea, most people don't get a chance to be close to a dog. Brian was so lovely; he made me feel very happy."

The adult speech and language therapy service aims to address barriers of social isolation and severe communication impairments that affect peoples' lives.

"As a department, we are looking at future communication support groups involving Brian, the PAT dog, with stroke and dementia," Louise adds.

Notice of 2014-2015 RCSLT Annual General Meeting

Notice is hereby given that the annual general meeting of the Royal College of Speech and Language Therapists will take place on Wednesday, 7 October 2015, at 12.35 pm at the University of Warwick, Coventry CV4 7AL.

All members are welcome to attend the AGM (although associate and student members are not allowed to vote). The AGM agenda, minutes of the 2014 meeting, background notes, booking form and proxy voting

form are available to download from www.rcslt.org/about/howwearerun/agma_2015.

We have posted papers to those members who have requested formal notices to be sent to them in hard copy. If you wish papers to be sent in hard copy, please write to the Company Secretary at the RCSLT (those members who have previously expressed a wish to receive paper copies do not need to write again, unless you wish to cancel that preference).

Find out more about your RCSLT insurance cover

As with all healthcare professionals, it is essential that you have adequate insurance cover in case you find yourself facing legal action. The RCSLT offers insurance facilities to members that provide full cover against third party actions and legal defence costs. Cover applies to RCSLT members who have paid their subscriptions for the period covered by the policy. Newly-qualified members are covered as soon as their application for membership is approved. Find out more and download your proof of insurance certificate.

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

Charity money available for work with young children who stammer

For the fourth year running, Action for Stammering Children and the Emily Hughes-Hallett (EHH) fund are supporting Palin Parent Child Interaction (PCI) training courses around the UK, particularly in areas from which accessing London-based courses is more difficult. If your team is interested in hosting a two-day Palin PCI course in 2015/early 2016, contact sarah.caughter@nhs.net before 16 October. Participants will be required to contribute £50 each. Individual charitably-funded bursaries are also available, offering free supervision to therapists seeking to develop skills in working with children under seven who stammer.

© To apply for an individual EHH bursary, complete an application form from www.stammeringcentre.org and email this to karen.fenton1@nhs.net before 16 October.

SAGE Research Methods trial access

The RCSLT has teamed up with SAGE to offer members full access to SAGE Research Methods on a trial basis until 30 November 2015. You can access this online resource in the RCSLT Research Centre. It provides access to more than 800 books, reference works, journal articles and videos, information on writing a research question, conducting a literature review, choosing a research method, collecting and analysing data, and writing up the findings. Reviews from the RCSLT Research Champion Network suggest that this resource will be useful to any SLT interested in research.

© Visit: www.rcslt.org/members/research_centre/introduction

Take part in an elementary evidence finding webinar

Have you ever wondered where to start when reading a research article? Do you want guidance on how to choose the most relevant articles to read? Are you short of time and need to know the best ways to obtain and digest key information quickly? If the answer to any of the above is yes, join Dr Jenny Thomson (University of Sheffield) and RCSLT Research Manager Dr Emma Pagnamenta for their webinar, 'Being Sherlock: Finding the evidence for clinical questions', on 26 October between 1pm and 1.45pm.

© To register, visit: www.rcslt.org/news/webinars/rcslt_webinars



Alison Mullen

Opinion

Alison Mullen considers the decision-making process for gastrostomy feeding in adults with learning disabilities

A shared decision



ILLUSTRATION Trina Dalziel

The Confidential Inquiry into the premature deaths of people with learning disability (LD) (CIPOLD, Heslop et al, 2013) highlighted dysphagia as a significant factor that contributed to avoidable deaths. Recommendations following the CIPOLD include the need to develop, 'clear clinical pathways for gastrostomy insertion' for this population (Heslop et al, 2013 p115). While clinical pathways may be formulated, the decision to place a gastrostomy is complex and challenging.

Adults with LD often lack the capacity to make an informed decision regarding gastrostomy feeding. As per the Mental

Capacity Act (MCA, 2005), the decision needs to be made in the individual's 'best interests' using a 'shared decision making' approach, drawing upon clinical

“A shared decision-making approach requires health professionals to understand factors that are important to the person and their family”

guidance based on available evidence. The MCA highlights the importance of ensuring such decisions take into consideration factors 'extending beyond purely medical best interests', incorporating, where possible, the person's views and wishes and the opinion of the family and carers.

Clinical experience indicates families often find it extremely distressing to consider gastrostomy for their adult relative who has a LD. Views can differ and conflicting opinions may arise between health professionals and families. A shared decision-making approach requires health professionals to understand factors that are important to the person and their family. It is, therefore, vital that a gastrostomy pathway explores, considers and supports these factors.

To date, this subject has received minimal attention. A recent literature search revealed one study that included adults with LD (Lee and MacPherson, 2010). However, this was an Australian study with a focus on gastrostomy outcomes and information provision as opposed to factors influencing the decision-making process.

Clarke et al (2013) systematically reviewed literature pertaining to decision making for artificial nutrition for individuals lacking capacity to consent. They concluded that factors influencing decision making for gastrostomy were 'very complex and highly dependent on both the clinical condition and the socio-cultural context' (Clarke et al, 2013, p5). Consequently, generalising findings from studies involving other client groups and from other countries is problematic.

Moreover, Clarke et al (2013) found that some decision-making factors were pertinent to parents and carers of adults and/or children with LD that did not

emerge from other client groups. Of note is that some parents believed that a percutaneous endoscopic gastrostomy would increase physical suffering and social stigma, and oral feeding was found to have a special significance for parents of children, with mealtimes being associated with play and 'together time'.

Mahant, Jovcevska and Cohen (2011) also found that feeding was often viewed as one of the last 'normal' activities for their child, as opposed to the presence of gastrostomy, which signified a 'permanent disability'. Some families considered that introducing a gastrostomy represented failure of themselves as parents and some experienced guilt for feeling they had been unable to adequately nurture their child.

These factors may well ring true for parents of adult children, but to date this has not been explored. This is the focus of my current and future research intentions. ■

Alison Mullen, Highly Specialist SLT, Community Team Learning Disability Northumberland, Tyne and Wear NHS Foundation Trust. Email: alison.mullen@ntw.nhs.uk

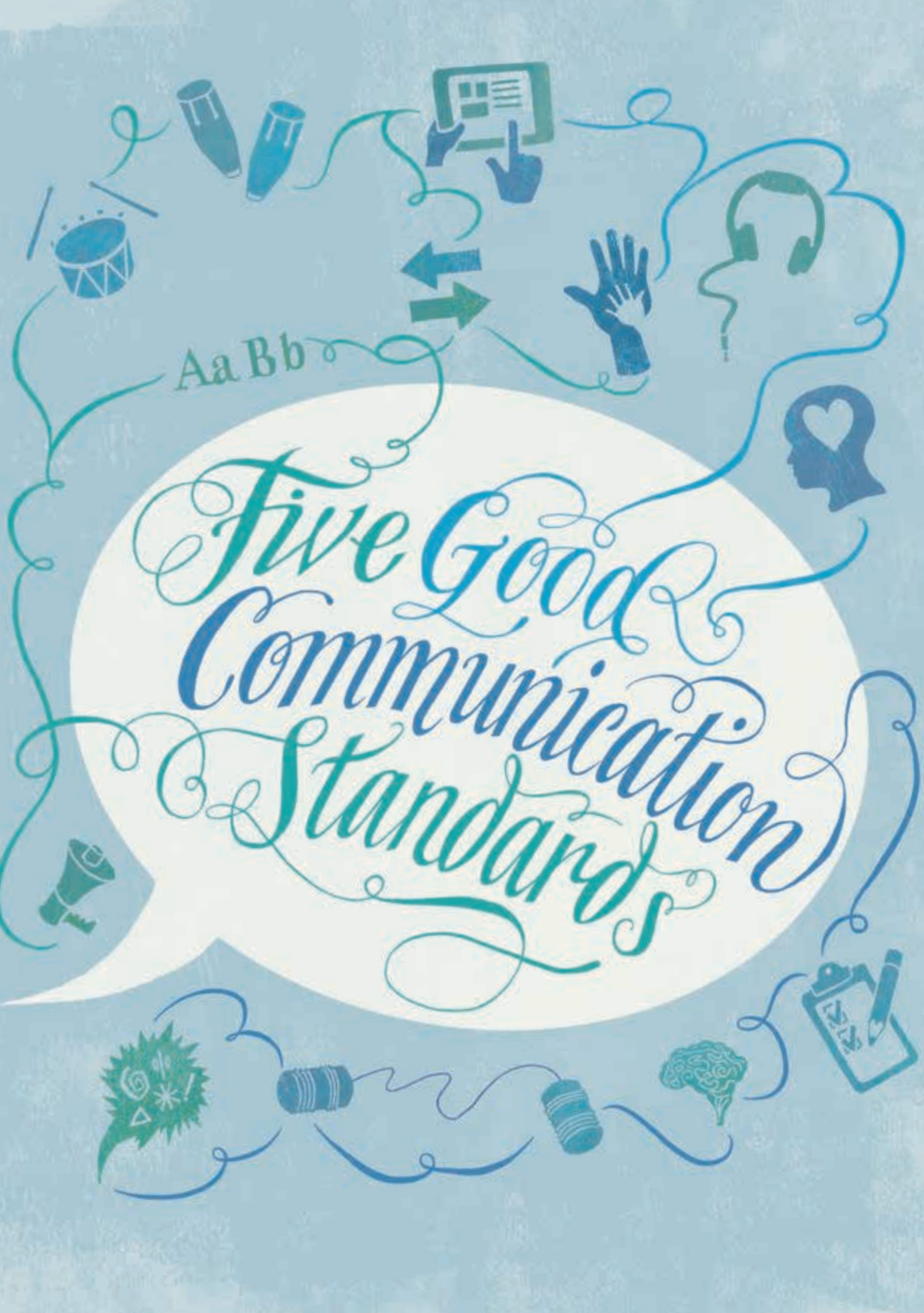


References & resources

- Clarke G, et al. How are treatment decisions made about artificial nutrition for individuals at risk of lacking capacity? A systematic literature review. *PLOS One* 2013; 8:4, e61475. Department of Health. *Mental Capacity Act*, 2005.
- Heslop P, et al. *Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Final report*. 2013
- Lee L, MacPherson M. Long-term percutaneous endoscopic gastrostomy feeding in young adults with multiple disabilities. *Internal Medicine Journal* 2010; 40, 411-418.
- Mahant S, Jovcevska V, Cohen E. Decision-making around gastrostomy-feeding in children with neurological disabilities. *Pediatrics*, 2011; 127(6), 1471-1481.

Aa Bb

Five Good Communication Standards



Following the 2012 report into Winterbourne View – which detailed the government’s response to the physical and psychological abuse suffered by people with learning disabilities and challenging

behaviour – the RCSLT produced ‘Five Good Communication Standards’ to meet the speech, language and communication needs of people with learning disabilities.

Since their publication, the standards have found use in a myriad of ways – from underpinning national policy to individual speech and language therapy report formats. What started as a specific response around inpatient care has developed into something much more widespread and adaptable to communication needs across care groups and providers. The RCSLT National Forum for Adults with Learning Disabilities has raised the profile of the Five Standards nationally, regionally and locally. However, there is still a long way to go. This paper highlights some of the work started to date, along with what still needs to happen.

Innovative awareness raising and championing

There have been some great innovative ideas to spread the word about the Five Good Communication Standards. For example:

- After the 2015 General Election, the RCSLT wrote to new MPs, introducing itself and raising awareness of the standards.
- Speech and language therapy services have used the standards as part of their Giving Voice campaigns. Leicestershire Partnership Trust won the RCSLT 2014 Giving Voice campaign for its innovative poster and video campaign.
- Some organisations have circulated the standards widely – in particular the Challenging Behaviour Foundation (CBF) (www.challengingbehaviour.org.uk).

Five Good Communication Standards in practice: two years on

Della Money looks at what has happened to the Five Good Communication Standards since 2013

ILLUSTRATION BY Patrick Knowles

- The standards have featured in regional and national uni-professional and multi-professional conferences, as well as local learning and development opportunities. For example, in Nottinghamshire, money from the Local Education and Training Committee Boards (England) funded six, two-day workshops on inclusive communication and the standards. In Northern Ireland, Belfast Health and Social Care Trust delivered the inclusive communication event with a

series of workshops focusing on good communication.

- The standards have been mapped onto video projects (for example, Nottinghamshire Healthcare’s, ‘Making Sense Autistic Spectrum Conditions’).

National policy, standards and guidance

Nationally, the Five Standards have featured in ‘Ensuring quality services’ (Local Government Association, 2014) and two documents produced by the Learning Disability Professional Senate (2014; 2015). They also form part of the RCSLT’s ‘Inclusive Communication Position Paper’ (in its final consultation stage).

The Care Quality Commission (CQC) is publishing brief guides written by CQC national advisers and policy makers, summarising the best available evidence linked to regulations under the Health and Social Care Act (2008). There will be one around good communication, linked to the standards, to support its assessors and providers to know what good



“There have been some great innovative ideas to spread the word about the Five Good Communication Standards”



» communication looks like.

Several local services have produced strategies and guidelines, and local commissioners have negotiated inclusion of the standards in various quality schedules that trusts need to conform to.

Into speech and language therapy practice

The ultimate outcome of any communication intervention is improvement in the quality of a person's life and a contribution to their overall health and wellbeing. All SLTs, therefore, need to be aware of the Five Good Communication Standards and be able to articulate how implementing these will achieve the broader, ultimate outcomes and what their unique contribution is.

Implementation of the standards should mean individuals are able to say:

- Whatever communication methods work best for me are used and valued.
- People communicate effectively with me because of their underpinning knowledge, skills and attitude.
- People actively listen to me and take time to support my communication.
- I get the professional support I need to communicate to my full potential.
- The communication tools, techniques or technology I need are freely available to me.
- Policies and strategies that affect me take into account my communication and include me in appropriate ways.

As part of our work using the Theory of Change model, we need to identify the different roles SLTs and support workers provide at individual, community and strategic levels to enable the standards to be achieved as an interim outcome. The roles taken by individual services vary according to the context in which they are working. Each SLT and organisation has different drivers, meaning an eclectic, flexible and broad approach to delivering activities.

Research and audit

SLTs working in learning disabilities are starting to build up the evidence of the best activity required to achieve these outcomes. This is essential to inform commissioning, service redesign and innovation, and influence future policy, research and practice. There is a need to develop the evidence base to show which activities are the most effective and in which situations.

Within Nottinghamshire, two small research projects have looked at the awareness of the Five Good Communication

Standard 1: There is a detailed description of how best to communicate with individuals

– meaning everyone understands and values individual's speech, language and communication needs and knows 'how to be with them'.

Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services

– using innovative and creative solutions to including and involving individuals with SLCN.

Standard 3: Staff value and use competently the best approaches to communication with each individual

– meaning staff know that how they are, what they think and how they say things matters.

Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate

– providing quality interaction that contributes to overall emotional and mental wellbeing through providing a sense of belonging, involvement and inclusion.

Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing

– reducing health inequalities, diagnostic overshadowing and increasing capacity around health treatments.

Visit: www.rcslt.org/news/docs/good_comm_standards to read the full document. This includes resources and definitions of what good should look like. An accessible version is available for service users.

Standards. Money, Sheehan and Noon (2014) asked eight providers who had referred individuals for speech and language therapy 20 questions using a telephone questionnaire. Six had heard of the standards and across all of them, providers rated themselves as mostly compliant or above on 76% of items and sometimes or not compliant on 24%. Compliance by self-report was highest for standards 3 and 4. In comparison, three SLTs who had worked with the providers and the referral jointly discussed the amount of compliance across the standards from their clinical perception, based on outcomes from speech and language therapy support and recommendations. There was limited agreement, with SLTs rating 34% of items as mostly compliant or above and 63% as sometimes or not compliant.

An undergraduate dissertation (Stone, 2014) completed six semi-structured interviews with care staff and managers. Using a thematic analysis approach, the results showed that only the managers were aware of the Five Good Communication Standards but that staff were operating in line with or working towards improving communication standards. The managers viewed the benefits of the paper differently to the care staff. For managers, the standards represent a quality measurement tool, while for the care staff it gave them a framework to consider a person's communication needs.

There have been several different local audit forms to meet slightly different purposes. Some of these will be available via the RSCLT website and/or Basecamp, and include examples from the Brighton and Hove Inclusive Communication Charter, the Sutton Questionnaire and the Notts Healthcare Checklist.

Conclusions and implications

While originally written for a specific learning disability and/or autism population in hospital/long stay context, the standards were immediately embraced across wider learning disability services and then broader specialisms. They are relevant for a wide audience, have been reframed (see over) and can easily be adapted for different populations. For example, the CBF National Steering Group requested a child version.

We need a wide range of approaches (bottom up and top down) for the standards to be sustainable and embedded in culture.

■ **Hearts and minds:** There may well be a difference in what a provider thinks they are doing and what a service user and SLT

“Good communication means inclusive communication”

thinks. Speech and language therapists need to look at how they support staff to understand the standards and this has to be an approach based on gaining commitment and winning ‘hearts and minds’ rather than compliance. Once services are on board, we can support them with a range of tools and ideas to check how well they are doing.

■ **Talking the talk:** As SLTs we need to model the standards at all time. We need to embed them in our practice with individuals from referral to discharge, but also at environmental and strategic levels. No one SLT or speech and language therapy service can achieve all of this. We all need to seize the different opportunities we have locally. We are all marketing our services all of the time.

- **What does good look like?** We need to influence at local, regional and national levels in order to increase awareness so that inspectors, quality assessors, people involved in tendering know about the standards and know what good looks like.
- **Good communication matters:** We need to work with commissioners and be able to articulate our message about ‘Good Communication’ benefitting the wider health economy and reducing dependency on other services. Why does good communication matter to people with communication needs?
- **Good communication means inclusive communication:** We need to develop a strategy for the next steps and the model (figure one) is a start in the right direction. ■

.....
Dr Della Money, Consultant SLT, Learning Disabilities Service, Nottinghamshire Healthcare NHS Foundation Trust. Email: della.money@nottshc.nhs.uk



References & resources

Department of Health. *Transforming care: A national response to Winterbourne View Hospital. Department of Health Review: Final Report.* 2012. <http://tinyurl.com/kpwrver>

Learning Disabilities Professional Senate. *Delivering effective specialist community learning disabilities health team support to people with learning disabilities and their families or carers.* 2015.

Learning Disabilities Professional Senate. *Statement of ethics for professionals who work in learning disability services post Winterbourne View.* 2014. <http://tinyurl.com/qdv5g7f>

Local Government Association. *Ensuring quality services.* 2014. <http://tinyurl.com/p7a8dch>

Money D, Sheehan M, Noon M. Nottinghamshire Healthcare NHS Foundation Trust SLT Year of Evaluation publication, 2014. <http://tinyurl.com/p5t5z7g>

Stone J. 2014 Unpublished undergraduate dissertation, DeMontfort University



Diaphragmatic breathing, social support and tracheoesophageal voice quality

Rachel Sylla and Laura-Jayne Watson discuss the specific needs of women who have had laryngectomies

ILLUSTRATION BY Peskimo

Diaphragmatic breathing interventions aim to improve respiratory support for voice production and projection. Despite widespread use of these interventions in the treatment of clinical voice disorders, the use of standard voice therapy techniques is not well documented for alaryngeal voice rehabilitation.

Following discussion in our laryngectomy support group regarding differences in male/female alaryngeal voice and power characteristics, we researched the application of diaphragmatic breathing in alaryngeal voice rehabilitation. We then extended our research to explore gender differences in alaryngeal communication and quality of life (QOL).

Kotby et al (2009) researched airflow in tracheoesophageal (TE) voice post total laryngectomy. Their findings suggested a benefit with the use of diaphragmatic breathing to TE voice quality and breath support. Research in the field of survivorship post-laryngectomy has demonstrated that women have specific needs in relation to their QOL, including

support systems and socio-emotional functioning (Lee, Gibson and Hilari, 2009). In response to this, we implemented an all-women laryngectomy group to explore the use of diaphragmatic breathing and social support in improving TE voice quality and whether this corresponded with improvements in QOL.

Intervention delivery

We facilitated the group collaboratively with Macmillan Support and Information Specialists – health professionals who run groups to facilitate adjustment following cancer. The group met in the Macmillan Support and Information Centre, University College London Hospital. Participants set group expectations and goals at the start of each session and discussed them at the end of the session.

All participants received group minutes, voice therapy exercises, and a plan for the next session via a group email, which provided an opportunity for them to continue to support one another outside of the session.

The group consisted of women who use TE voice as their main method of communication. Exclusion criteria related to gender, active disease/treatment and proficiency in English. We designed a therapy block of six, weekly sessions,

where each one-hour session addressed diaphragmatic breathing and provided social support. This is in line with standard voice therapy practice. Instruction on the use of diaphragmatic breathing in a structured format was therapist-led, working through the hierarchies of speech, from diaphragmatic breathing technique through to conversation. The social support agenda was participant-led and provided a safe forum in which to explore the psychosocial impact of their cancer treatment. Recurrent themes included:

- Loss of sound associated with emotional behaviours, such as crying and laughing.
- Change to identity associated with pitch.
- Difficulty communicating humour and expressing personality.
- Challenges to family roles, dynamics and relationships.
- Loss of professional life and identity.

Outcomes

We collected standard outcome measures on the first and last session for voice and QOL. These included the Voice Handicap Index-10, maximum phonation time, manometer readings, the Hospital Anxiety and Depression Scale, and the Work and Social Assessment Scale. We also collected voice recordings using the Rainbow Passage as a subjective comparative tool of TE voice quality, pre- and post-therapy (Fairbanks, 1960). This was clinician-rated. Due to a small sample size and difficulty collecting all outcome measures from all participants during the final session, we can only provide descriptive comments on the data, rather than full statistical analyses. The data broadly demonstrated an improvement





therapy sessions, due to the time constraints of clinical practice, as well as the clinical environment perhaps not lending itself to these types of discussions. The issues we are now considering in our everyday practice include loss of identity in professional and family life, conveying emotions, and communication in everyday life; for example, speaking to someone at a bus stop.

This process has transformed our relationship with the group participants. We now feel more comfortable addressing the identified issues with all of our women laryngectomy patients, and recognise the value of doing so in attaining patient-led impairment goals. Furthermore, we would also consider the use of diaphragmatic breathing in alaryngeal voice rehabilitation in our everyday clinical practice.

Where to from here?

In a follow-up session, participants decided to continue their group independently, with support from the speech and language therapy team every three months. They are also working on an independent article on their group experience that they are hoping to publish through the National Association of Laryngectomy Clubs.

The improvement of TE voice quality and QOL within our group are areas that would benefit from further research to collect data with greater statistical power. These areas have the potential to improve clinical practice, patient experience, alaryngeal

voice rehabilitation and psycho-social adjustment post laryngectomy. The latter is an area the group is keen to explore in the wider laryngectomy group to identify issues, such as impact on identity in both men and women.

This has been an enormously positive experience – one we would like to repeat and refine. We welcome the opportunity to collaborate with other head and neck teams working with people who have had laryngectomies. ■

Rachel Sylla and Laura-Jayne Watson, Head and Neck SLTs, University College London Hospital. Email: Laura-Jayne.Watson@uclh.nhs.uk and Rachel.Sylla@uclh.nhs.uk



References & resources

Fairbanks G. *Voice and articulation drillbook*. 2nd edn. New York: Harper and Row. 1960, 124-139.

Kotby MN, Hegazi MA, Kamal I, Gamal el Dien' N, Nassar J. Aerodynamics of the pseudo-glottis. *Folia Phoniatrica et Logopaedica* 2009; 61: 24-28.

Lee MT, Gibson S, Hilari K. Gender differences in health-related quality of life following total laryngectomy. *International Journal of Language and Communication Disorders* 2010; 45:3, 287-294.

Rosen C, Lee A, Osborne J, Zullo T, Murry T. Development and validation of the Voice Handicap Index-10. *Laryngoscope* 2004; 114: 9, 1549-1556.

Mundt JC, et al. The Work and Social Adjustment Scale (WSAS): A simple measurement of impairment in functioning. *British Journal of Psychiatry* 2002; 180: 461-4.

Zigmond AS, Snaith RP. Hospital Anxiety and Depression Scale (HADS). *Acta Psychiatrica Scandinavica* 1983; 67:6, 61-370.

in all parameters (table one).

Overall, the outcome measures demonstrate that an all-women laryngectomy voice group focusing on diaphragmatic breathing and the shared experiences has the potential to improve:

- Pressure and effort required for alaryngeal voicing.
- Tracheoesophageal voice quality.
- Social health and wellbeing in aspects of work, home and social life.

After the six-week block, each participant completed an anonymous evaluation form regarding their experience of the group. All responses received reflected a positive group experience. All members wished to continue with the group on a monthly or bi-monthly basis. Comments included:

- “Learning to use the diaphragm to help with breathing was the most helpful thing I gained from attending the group.”
- “Understanding how to best breathe to improve voice strength/sharing experiences with others.”
- “Talking to other women about their experiences and see and hear everybody’s voice is not the same. Able to talk freely.”

What we learned as clinicians

Following the completion of this project, we reflected on our own personal experiences as clinicians. As well as achieving the identified group aims, our collaboration with the Macmillan Support and Information Service encouraged us to consider wider dimensions to post laryngectomy rehabilitation.

This has influenced our clinical practice because the participants discussed pertinent topics that we don’t often address in

Table one: Descriptive comments on the data obtained

| Scale/measure | Outcome | Comments |
|--|--|---|
| Hospital Anxiety and Depression Scale (Zigmond and Snaith, 2009) | All but one reduced on the scale within a range of 1-3 | Suggests improvements in social health and wellbeing for the participants whose scores improved on this scale |
| Voice Handicap Index-10 (Rosen et al, 2004) | One stayed stable, two reduced within a range of 1-6, one increased by 6 | Possible reduction in the negative psychosocial consequences of voice disorders |
| Maximum phonation time | All collected increased within a range of 0.1-4.85 seconds | Possible improved breath support for alaryngeal phonation |
| Manometer scores | Improved to be within the optimum range for voicing | Possible reduction in pressure and effort required for alaryngeal voicing |
| Work and Social Assessment Scale (Mundt et al, 2002) | All reduced on the scale within a range of 1-7 | Suggests improvement in social health and wellbeing for all participants |
| Voice recordings | Subjective rating | Indicated all TE voices improved in power and clarity |

Powerful tools for motor-based treatment approaches

Sara Wood, Joanne Cleland and Zoe Roxburgh provide a guide to visual biofeedback techniques in the treatment of speech sound disorders

Since the phonological revolution in the 1970s, SLTs have embraced phonological intervention when dealing with speech sound disorders (SSDs) and largely turned their backs on

articulatory approaches.

Joffe and Pring (2008) surveyed 98 clinicians working with children with speech difficulties and found the most common approaches used with this client group were auditory discrimination, minimal pairs and phonological awareness, with articulatory approaches used only 'sometimes' by around half of



respondents. While there is good evidence that phonological impairments can be remediated with these types of phonological therapies (Law, Garrett and Nye, 2003), there remains a proportion of children with persistent SSDs for whom traditional phonological approaches do not provide the whole solution. For these children, the likely root of the impairment is motoric (Gibbon et al, 1999).

Motoric speech impairments

Motoric speech impairments need interventions that capitalise on the principals of motor learning (see Maas et al, 2008 for a tutorial on how to use the principles of motor learning in speech therapy). Moreover, children with ingrained incorrect motor programmes (for example, children who persistently misarticulate certain phonemes) are often resistant to

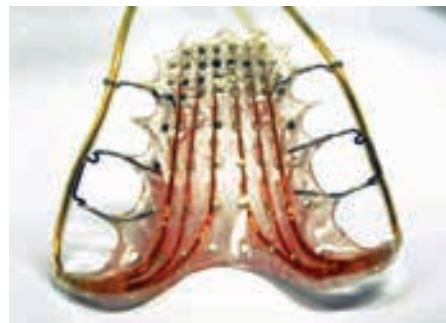
Table one: Comparison of EPG and U-VBF techniques for treating various types of SSD

| Error type | EPG | U-VBF | Recommended technique |
|--|---|---|-------------------------------|
| Velar fronting/alveolar backing/ double articulations /k,g,ng,t,d,n/ | ✓ Back of hard palate visible, but /k/ in back vowels contexts is not imageable | ✓✓ | U-VBF |
| Post alveolar fronting of /ʃ/ & affricates | ✓✓ Wider grooving visible | ✓✓ Tongue retraction and 'bunching visible' | Either |
| Lateral sibilants or other errors with lateral escape | ✓✓ | ✓ Some information in coronal view | EPG |
| Stopping of fricatives/ affricates | ✓✓ Complete closure vs grooved sibilant visible | ✓ Some information in coronal view | EPG |
| Vowel errors | ✓ Some information for high vowels | ✓✓ All vowels imageable | U-VBF |
| /r/ errors | ✓ Some information | ✓✓ Full information on bunched and retroflex varieties | U-VBF |
| /l/ errors | ✓ Light /l/ visible | ✓ Dark /l/ visible but no simultaneous lateral info | Dependent on exact error |
| Dyspraxia/sequencing errors | ✓ | ✓ | Dependent on segmental errors |

✓: Technique potentially useful ✓✓: technique likely to be beneficial



Left: EPG therapy set up. The target articulation is displayed on the right hand side of the computer screen. The left hand pattern is the client's attempt to match the target.



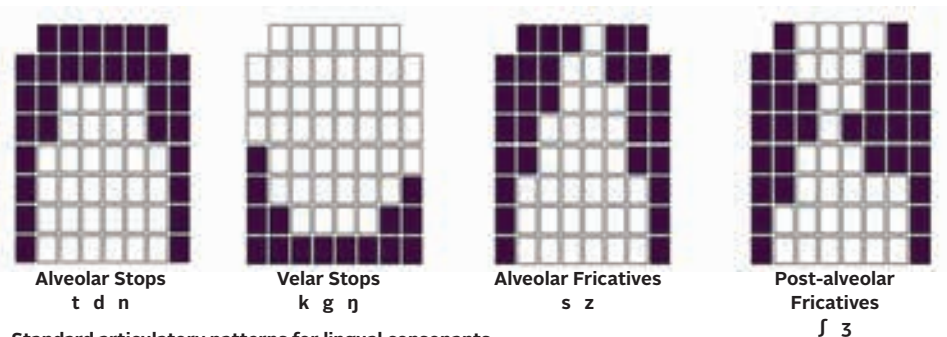
Two different styles of EPG palate, the reading EPG palate (left) and the articulate palate (right). The contact layout of these EPG palates is standardised to anatomical landmarks to allow comparison between speakers.

traditional speech therapy approaches, with visual biofeedback (VBF) often cited as the missing piece of the puzzle.

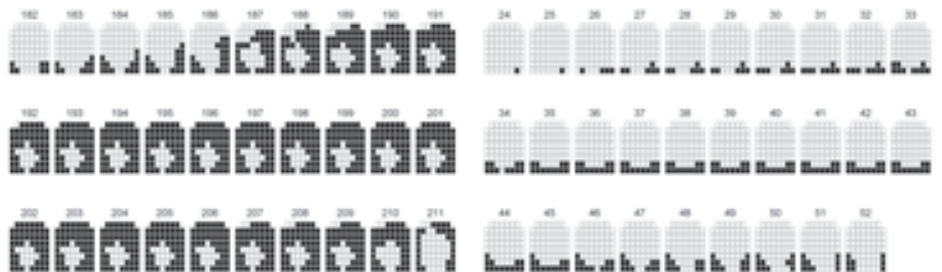
Visual biofeedback techniques in this context are instrumental phonetic techniques that allow clients to see their own articulators moving in real-time and use this information to correct erroneous motor programmes. These techniques are especially useful for errors involving lingual articulations and offer clients real-time biofeedback of their own tongue moving and a visual model of what their tongue *ought* to be doing – in essence a target motor programme. Visual biofeedback therapies typically start with the clinician demonstrating a target movement to the client before the client sees their own tongue and attempts to reproduce the movement.

There is increasing interest in offering a visual articulatory model (VAM) only, using dynamic models or videos of articulations without the biofeedback. Several apps exist for this purpose, for example 'Speech Trainer 3D'. However, there is limited evidence for the use of VAMs. Only one study, Kroger et al (2005), has tested a VAM in therapy for clients with developmental speech disorders and apraxia of speech. There was a significant increase in visual recognition rate of sounds and syllables within both client groups.

We suspect some clients require the direct biofeedback that some instrumental phonetic techniques offer. Techniques which show the client what their own tongue is doing in real-time provide explicit knowledge of performance that clients and therapists use together to learn and stabilise new motor programmes. Additionally, they are powerful diagnostic tools, enabling clinicians to identify covert contrasts and errors often undetected through auditory analysis, which can be important when planning therapy.



Standard articulatory patterns for lingual consonants. The top row represents contact just behind the incisors.



EPG patterns pre-therapy (left) and post therapy (right) for word initial /k/ in "cake" for a client who was perceived to be velar fronting. EPG revealed the client was often producing a double articulation as seen in pre-therapy, which was not detected through auditory analysis.

Electropalatography and ultrasound

Electropalatography (EPG) has led the way as a VBF technique in the speech therapy clinic. It requires the client to wear a custom-made artificial palate with 62 silver-electrodes embedded in the surface. Contact with the tongue activates the electrodes, enabling EPG to provide a real-time visual display of tongue-palate contact represented by a standard palate shape (Gibbon and Wood, 2010).

Over the past 30 years, a large number of small-scale studies have shown that EPG has great potential as a VBF device (Gibbon, 2011), although it is often considered relatively expensive due to the manufacturing costs of the palate. In a

randomised controlled trial (Michi et al, 1993), children receiving EPG intervention required fewer sessions to reach treatment goals compared to those receiving conventional therapy. This suggests EPG is a cost-effective method of intervention.

A less expensive and relatively new technique is ultrasound visual biofeedback (U-VBF). This uses standard medical ultrasound to image the tongue in real-time. Placed under the chin, the probe allows real-time visual feedback of most of the surface of the tongue in either the mid-sagittal or coronal plane. Unlike EPG, the image is an anatomically correct representation of a slice of the speaker's own tongue and the technique is less expensive (after purchasing the equipment). »

» The evidence for U-VBF therapy is small but promising, with around 20 small case or group studies reported in the literature. Most studies originate from the US and Canada, with therapy mainly addressing the production of the consonant /r/; however, recent work by the Ultrax project shows great potential for other targets such as velars, sibilants and alveolars.

While ultrasound is cheaper to use than EPG, it too has drawbacks. For example, in the mid-sagittal view (most commonly used for therapy) the lateral margins of the tongue are not visible and the relation of the tongue to the hard palate is not imaged. Also, the imageable area is constrained by shadows from bone, with the tongue tip in particular being susceptible to a shadow from the mandible. These difficulties with the clarity of the image may explain why in a study of naïve participants, most found EPG images easier to interpret than ultrasound images (Cleland et al, 2013).

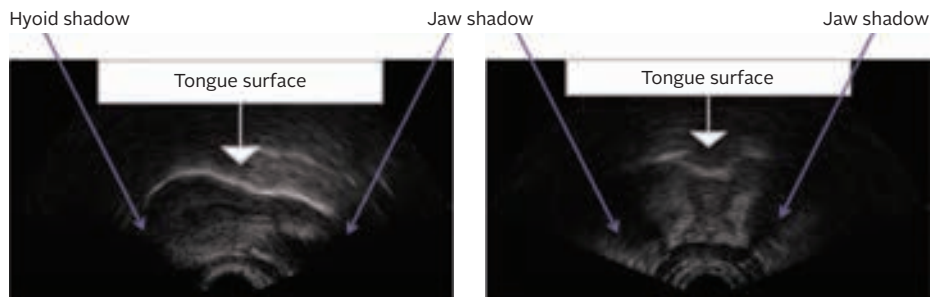
VBF versus VAMs

There therefore exists a hierarchy of costs and logistics associated with VAMs and VBF – with VAMs being easily accessible and cheap, ultrasound being less accessible but still relatively cost effective and EPG being the most expensive. However, it is also clear that the techniques are not equivalent in what they offer. Visual articulatory models offer no direct feedback of the speaker's own articulations and the SLT is unable to use it to demonstrate non-English speech sounds. For example, a client with cleft palate may produce pharyngeal articulations that the SLT would be unable to demonstrate using the VAM because they are typically based on English.

Visual biofeedback therefore holds a major advantage over VAMs since it not only gives direct knowledge of performance of the speaker's own articulations, but is also a powerful diagnostic tool. Still, the two VBF techniques we review here are not equivalent; while they both offer information about lingual targets they do so in quite different ways, making the choice of which technique to use difficult. Table one offers a recommendation as to which techniques suit which types of errors best.

Summary

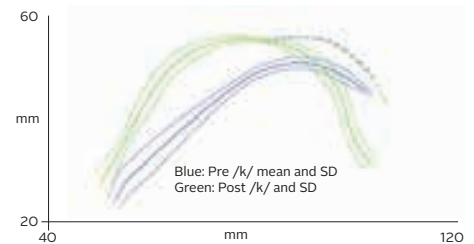
Visual biofeedback techniques and VAMs show great potential for the treatment of SSDs, particularly those that have been unresponsive to more conventional therapy approaches. While more research is needed



Typical Ultrasound images showing the surface of the tongue (white line) in the mid-sagittal (left) and coronal view (right).

to prove effectiveness as an intervention approach and to tease apart which techniques work best for which clients, it is clear these techniques are potentially a powerful tool for motor-based treatment approaches. ■

Dr Sara Wood and Zoe Roxburgh, Clinical Audiology, Speech and Language Research Centre, Queen Margaret University; Dr Joanne Cleland, School of Psychological Science and Health, University of Strathclyde. Email: swood@qmu.ac.uk



Pre (blue) and post (green) therapy average tongue contours for a child treated for persistent velar fronting. Pre-therapy, the tongue shape shows tip raising in the alveolar region, with /k/ realised as [t] and post-therapy the tongue shape shows a lowered tip and raised dorsum, heard as [k]. The dotted line shows a trace of the hard palate.



References & resources

Cleland J, McCron C, Scobbie JM. Tongue reading: Comparing the interpretation of visual information from inside the mouth, from electropalatographic and ultrasound displays of speech sounds. *Clinical Linguistics and Phonetics* 2013; 27:4, 299-311.

Gibbon FE, Wood SE. Visual feedback therapy with electropalatography (EPG) for speech sound disorders in children. In Williams L, McLeod S, McCauley R. (Eds.) *Interventions in Speech Sound Disorders*. Baltimore: Brookes, 2010, 509-536.

Gibbon F, et al. Widening access to electropalatography for children with persistent sound system disorders. *American Journal of Speech-Language Pathology* 1999; 8, 319-334.

Joffe V, Pring T. Children with phonological problems: A survey of clinical practice. *International Journal of Language and Communication Disorders* 2008; 43:2, 154-164.

Kroger BJ, et al. A visual articulatory model and its application to therapy of speech disorders: a pilot study. *ZAS Papers in Linguistics* 2005; 40, 79-94.

Law J, Garrett Z, Nye C. *Speech and language therapy*

interventions for children with primary speech and language delay or disorder. Cochrane Database of Systematic Reviews, Issue 3, 2003. Art. No.: CD004110. DOI, 10, 14651858.

Maas E, et al. Principles of motor learning in treatment of motor speech disorders. *American Journal of Speech-Language Pathology* 2008; 17: 3, 277-298.

Michi KI, et al. Role of visual feedback treatment for defective /s/ sounds in patients with cleft palate. *Journal of Speech, Language, and Hearing Research* 1993; 36:2, 277-285.

Links to further information:

Clinical Audiology, Speech and Language Research Centre: www.qmu.ac.uk/casl

The UltraPhonix Project: www.qmu.ac.uk/casl/ultraphonix/default.htm

The Ultrax Project: www.ultrax-speech.org

EPG and Down's Syndrome Project: www.qmu.ac.uk/nuffield-epg-down-syndrome

Seeing Speech Website (Ultrasound and MRI examples of speech): www.seeingsspeech.arts.gla.ac.uk/uti/

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

Reviews

BOOK

Supporting family caregivers of adults with communication disorders

AUTHOR: Joan C Payne

PUBLISHER: Plural Publishing

PRICE: \$59.95

REVIEWER: Gillian McAlister, Consultant SLT, GO Communicate Consulting, NI

RATING Book ●●●●●

Written as a resource guide for speech and language pathologists and audiologists, there are two chapters relating to specific disorders that SLTs and audiologist might encounter in adult disorders. These would be familiar to most practising professionals and after each disorder, there are some common difficulties mentioned for caregivers.

The chapters on different cultural differences and how to counsel and access caregiver concerns across different cultures is very useful. Guidelines on when to refer caregivers for more help with their experiences beyond the professional's scope of practise is supportive.

A comprehensive review of measures to assess caregiver stress, coping, grief and burden is presented, with the Brief COPE (Carver, 1997) recommended for SLTs and audiologists.

This is a good resource for professionals and students on caregiver needs, well researched and easy to read, aside from the lengthy US demographics and the American support group lists.

DVD

Intensive Interaction in Action

PUBLISHER: Intensive Interaction Institute

PRICE: £30

REVIEWERS: Julia Dixon and Jo Wellings, Community Learning Disabilities Team, Leeds

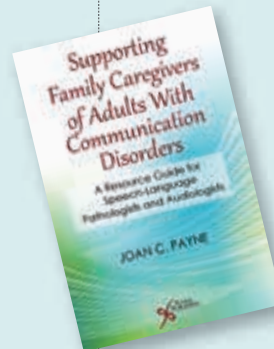
RATING DVD ●●●●●

This DVD revisits and expands on the fundamentals of communication and the basic principles of Intensive Interaction (II), as presented in 'Intensive Interaction DVD' (2006). It provides top tips from experienced practitioners, including parent practitioners, which is a welcome addition.

The DVD includes case studies featuring people of all ages and is therefore useful to SLTs and II practitioners from all backgrounds. For us, the standout case study was of 'Jessica' and her mum. This showed Jessica's mum using II with her and how it can be used to support activities of daily living, including those that can often be distressing or difficult such as personal care and physical health interventions.

The DVD would be useful to people with varying levels of experience in using II. Some of the case studies provide a higher level of analysis of the technique, which would be really useful to those developing their skills by providing a model of reflective practice, while others simply provide a joyful introduction to the technique.

For SLTs working with others to develop skills in II, this would be a valuable additional resource.



BOOK

The ABC of talking with me

AUTHOR: Warwickshire Time to Talk SLTs

PUBLISHER: Warwickshire County Council

PRICE: £4 (+p&p)

REVIEWER: Jenna Braddick, Specialist SLT and Clinical Learning Environment Coordinator, Health Education East of England

RATING Book ●●●○○

Written in an easy-read format, this book gives clear guidance to new parents on communicating with their child from the start. Written from a child's perspective it works through the alphabet with advice such as Babble with Me, Read Stories and Take Turns.

The format of the book is an ABC picture book on the right hand page with more detailed description accompanying it on the left. The pictures are clear, colourful and designed to be looked at with the child. It has some good advice about offering a child choice, making eye contact and gives positive encouragement about spending time with children to develop their communication skills.

The book is value for money and other similar resources are available. This product would be great to support communication workshops for new parents or as a resource for health visitors, GPs and other professionals working with new families.

amazon.co.uk

Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: www.rcslt.org

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.

Ask the experts

What therapy approaches are effective in treating pre-schoolers with SLI?

Professor Sue Roulstone, Sam Harding and Lydia Morgan

From Bristol Speech and Language Therapy Research Unit and the University of the West of England, Bristol

Professor James Law (2015) advises that we should ensure the questions we formulate are unambiguous; this enables us to search the literature effectively and apply our findings appropriately. So, it is worth making some brief comments on the terms we use in this article.

■ **Preschool:** Some sectors refer to the years before statutory school age as early years; in the rest of Europe and the US, people talk about kindergarten. Statutory school entry age varies from four to seven years. When looking for research evidence, it is best to focus on the age of the child. In this article, we set out to look for studies of children between the ages of two and five years, 11 months. As you will see, this is quite a challenge.

■ **Specific language impairment (SLI):** This term refers to children who have a significant language impairment,

with no cognitive or other neurological or developmental impairments. However, the recent debate in the *International Journal of Language and Communication Disorders* (Vol 49, July–August 2014) highlights the difficulties associated with the use of this label; it is particularly problematic during the preschool years where there is wide variation in the rate of children's language development and in the trajectories followed (Ukoununne et al, 2011; Law, 2012). Because of the difficulty of diagnosis in the early years, studies of preschool children do not often use the term SLI and tend to feature terms such as 'late talkers' or 'language delay'. We included these terms in our search.

■ **Therapy:** When looking for studies about intervention one might identify anything from detailed programmes, specific activities and resources, to broad strategies and advice (Roulstone et al, 2012). Sometimes, descriptions of therapy in evaluation studies are not particularly detailed. However, this

is changing and a number of therapy approaches have been 'manualised' as part of their evaluation.

Finding evidence

■ **Cochrane library** (www.thecochranelibrary.com): A search shows there are no Cochrane-registered systematic reviews that focus solely on preschool children with SLI, although the systematic review by Law et al (2003) includes 30 randomised controlled trials (RCTs) for children who were in our preschool age bracket; only one of the included studies referred to the children as having SLI (Robertson, 1997). The review was one of the first published in our field and is discussed by Law (2015).

■ **What Works** (www.thecomunicationtrust.org.uk/whatworks): Using the search facility, the categories 'preschool' and 'language' generated 23 hits, of which three targeted children with learning disabilities or autism. For the remaining 20 programmes, seven had indicative levels of evidence (ie, studies with experimental control or comparison), 12 had a moderate level (at least one RCT) and one had a strong level (at least one positive systematic review). Table one shows interventions with strong and moderate evidence.

■ **speechBITE** (<http://speechbite.com/>): The closest search terms to our question focused on children under five years of age with 'language impairment (developmental)'. This yielded 489 papers. Focusing on studies published since 2000 reduced results to 78, including six systematic reviews and 19 RCTs. The other papers reported non-randomised studies, case series, single case studies and clinical guidelines. These latter studies were not given

“The approach that appeared most frequently was parent-based interventions”

Table one: Interventions in 'What Works' with strong and moderate levels of evidence

Strong: Milieu teaching

Moderate: Broad target recasts, focused stimulation, Hanen's 'It Takes Two to Talk', Little Talkers, morphosyntactic intervention, naturalistic speech intelligibility training, the Nuffield early language intervention, the psycholinguistic framework, Talk Boost, Talking Time, and visualising and verbalising

It is always important to check the studies behind the grading since they do not always cover the age range. So for example, the evaluation of Talk Boost was with children aged 4-7 years, thus at the top end of our 'preschool' age range.

Table two: Child talk review of the evidence underpinning speech and language therapy with preschool children with language impairment

| Area of speech and language therapy work | Description | Star rating (possible range: 0-10*) | Examples of intervention focus with positive evidence |
|--|--|-------------------------------------|---|
| Foundation skills | Establishing skills that are precursors or underpin speech and language development | 3.0 | Only two studies, one on role play and the other on eye contact |
| Comprehension | Improving the child's understanding of language | 5.8 | Comprehension was mostly targeted alongside other language skills therefore difficult to assess the impact on comprehension per se |
| Expressive language | Improving the child's expressive language | 4.7 | Heidelberg Parent Based Language Intervention Direct intensive speech and language therapy delivered therapy vs nursery-based intervention Phonological awareness vs language stimulation programme |
| Speech | Improving the child's speech | 4.9 | Minimal pairs Providing feedback or giving the child an auditory model to imitate Facilitating the child to spontaneously say words containing treatment target sound |
| Functional Communication | Enabling the child to communicate | 2.4 | Studies targeted social communication/social interaction, narrative skills |
| Self-monitoring | Supporting the development of the child's self-monitoring and metalinguistic skills | 3.0 | Joint storybook reading and interactive practice of key words |
| Generalisation | Facilitating generalisation of the child's speech and language skills | 3.0 | Focused mostly on generalisation of speech skills to expressive language |
| Adult-child interaction | Establishing adult – child interactions that facilitate development in the child's speech and language | 6.6 | Included various approaches to training parents or day care staff |
| Adult understanding | Helping adults to understand the nature of a child's difficulties and the adult's role in supporting the child | 0.0 | Only one study identified and this did not provide any positive evidence |

Key: * the higher, the greater the amount of positive evidence

quality ratings. The studies covered a range of approaches including a review of broad target recasts, and studies of shared book reading, morphosyntax and phonology approaches to intervention. The approach that appeared most frequently was parent-based interventions.

■ **Child Talk (<http://speech-therapy.org.uk/projects/child-talk>) (Roulstone et al, 2015):** This research programme searched for evidence on interventions for preschool children with 'primary speech and language impairments'. Robust studies (following quality appraisal) were matched against nine key aspects of SLTs' work with these children. Studies also received a star rating based on the positivity of the evidence; the type of study and the number of studies relevant to that area of work (table two). As has been found in other systematic reviews, some areas of SLTs' work have very little research evidence.

Conclusions

The sources of evidence we have examined, have generated overlapping bodies of evidence of relevance to our work with preschool children with SLI. There is an increasing range of studies that have investigated the process of delivering therapy via parents and carers. Reviews of these studies (eg Roberts and Kaiser, 2011) suggest there is support for using such an approach. However, the reviews also point to a number of challenges. For example, there is little evidence within this literature about the best way to work with parents. This is apparent in the Child Talk study where there was a lack of evidence to support how we impact on adult's understanding of the nature of a child's difficulties with speech and language, and of the adult's role in the process. The families included in these parent-based intervention studies are

frequently from a narrow social range not reflected in the families attending our clinics.

Finally, it is important to be aware of the outcomes measured and achieved within the studies: some look only at changes in the child's language; others look only at changes in the adult's interactions; none look at longer term and more distal outcomes, such as a child's social inclusion or independence. While the evidence is accumulating and can be described as indicative to moderate (in the terms used by the What Works database) we cannot be sure we can apply such results to our caseloads or that they deliver the more social and functional outcomes that parents value. We therefore need to collect local data to examine the outcomes we can achieve when we apply the evidence to our local populations. ■

See page 33 for references and resources

Emma Pagnamenta and Vicky Joffe launch their survey of your EBP and research needs

Being evidence-based about EBP

We have now been working together for three years as your research and development team at the RCSLT. During this time, we have focused on building knowledge, capacity and opportunities for using and carrying out research.

We have met many of you at events and heard from even more of you through your emails and tweets. The feedback and suggestions you have given us has been invaluable and shape the work we do. We need to go no further than our recent forum articles and new webpages on qualitative research to illustrate that our most successful initiatives have been in response to direct requests from members and done in partnership with you. Another example is the RCSLT Journals Collection, which is expanding and increasing in usage all the time; again as a direct request from members who were unable to access research.

The time has come for us to reach out to members in a more

systematic way and for you to have your say about where you are with respect to evidence-based practice (EBP) and research.

Your thoughts and perspectives

In order for us to meet the diverse needs across our profession – including student members, newly-qualified therapists, clinical specialists, managers and researchers –

we need to explore more fully your experiences in delivering evidence-based services. We want to hear more about the opportunities for and challenges of working as an evidence-based clinician. We want you to tell us what works and what doesn't work in facilitating your journey to become more evidence based and research aware and/or active. We want to hear more about your needs and investigate more formally your views, confidence levels, and experiences and ideas on embedding EBP in your daily clinical practice. We want to use this information to enhance, increase and differentiate more precisely the support and assistance you receive from the RCSLT. Our quest is to engender transformational change for each individual conducting EBP. We can only do this by gathering all of your thoughts and perspectives, so, please help us and complete our EBP survey (see below for details).

What we already know

Internationally, there have already been some small-scale surveys on EBP in speech and language therapy. For example, a survey of 240 SLTs in the United States (Ziplo and Kennedy, 2005) looked at



attitudes to EBP and exposure to research. A study of 32 SLTs in the Republic of Ireland (O'Connor and Pettigrew, 2009) looked at the most common

Join the Research Champion Network

Our Research Champion Network continues to grow from strength to strength and 125 SLTs are now members. We have launched a new research champion mission statement (see box) and an 'activity menu' of suggestions to support services to access, evaluate and apply evidence to practice, and gather evidence.

Network members are continuing to champion EBP across the UK. For example, the Abertawe Bro Morgannwg University Health Board Speech and Language Therapy Department has been nominated for a chairman's award based on its collaboration with the RCSLT Research Champions Network to develop research skills and capacity. The next initiative in Wales is to host a twilight event for SLTs on Research and EBP (12 November at Cardiff Metropolitan University, email: sarah.hughes@wales.nhs.uk).

Across the network, research champions are sharing ideas, initiatives and offering mentoring to others. Projects underway include the evaluation of an intervention to children with social, emotional and behavioural needs in mainstream schools, identification of dysphagia in acute cervical spinal cord injury, the development of a toolkit to support hospital staff to carry out mental capacity assessments, and the development of a patient-reported outcome measure of listening effort for adults with cochlea implants.

📍 Visit: <http://tinyurl.com/qhtmtf6> to find out more about becoming a research champion.

Research and Development Forum



ILLUSTRATION BY Ben Mounsey

Complete our 15-minute anonymous online survey: <http://tinyurl.com/o95f9yz>

us work in partnership with you to achieve this. This survey is an excellent way to signpost us all to facilitating and building a robust and strong evidence base for the profession. ■

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



References & resources

Finch E, et al. Factors influencing research engagement: research interest, confidence and experience in an Australian speech-language pathology workforce. *BMC Health Services Research* 2013; 13, 144-155.

Finch E, et al. Uncovering motivators and stumbling blocks: Exploring the clinical research experiences of speech-language pathologists. *International Journal of Speech-Language Pathology* 2015; 17: 138-147.

McCurtin A, Roddam H. Evidence-based practice: SLTs under siege or

opportunity for growth? The use and nature of research evidence in the profession. *International Journal of Language and Communication Disorders* 2012; 47, 11-26.

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

Upton D, et al. Occupational therapists' attitudes, knowledge, and implementation of evidence-based practice: A systematic review of published research. *The British Journal of Occupational Therapy* 2014; 77, 24-38.

Whelan K, Madden AM, Thomas E. Student dietitians' attitudes towards research and audit: a comparison with registered dietitians. *Journal of Human Nutrition and Dietetics* 2007; 20, 121-125.

Whelan K, Markless S. Factors that influence research involvement among registered dietitians working as university faculty: A qualitative interview study. *Journal of the Academy of Nutrition and Dietetics* 2012; 112, 1021-1028.

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

barriers to EBP, while a study conducted in Australia (Finch et al, 2013) focused on the research engagement and activity of 137 SLTs.

Other healthcare professionals have also explored this topic. Upton et al (2014) published a review of 32 studies addressing occupational therapists' attitudes and knowledge of EBP implementation. Several were carried out in the UK. Kevin Whelan and colleagues have explored the research involvement and views of research of registered dietitians (Whelan and Markless, 2012) and student dietitians' attitudes to research and audit (Whelan et al, 2007).

Tell us what you think

From 1 October until 30 November, we are inviting you

to complete our 15-minute anonymous online survey (<http://tinyurl.com/o95f9yz>) and tell us about your experience of EBP and research. We will ask you to rate your agreement against a series of statements and you will have the opportunity to tell us about the gaps in the current evidence base that impact on your practice and choose your priority areas for future research. The views and experiences of all RCSLT members are important to us, so please help us to gather responses by telling your colleagues about the survey.

In their 2012 review of EBP, McCurtin and Roddam state that the profession needs to develop strategies to ensure it is practical for clinicians to engage with the research evidence. Please help

RCSLT research champion mission statement

A UK-wide network of SLTs that strives to ensure that speech and language therapy is an evidence-based, research-active profession, bringing together research and clinical practice by working in partnership with the RCSLT and wider research networks.

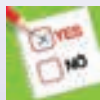
Our vision:

- ▶ Each SLT in the UK will have access to an RCSLT Research Champion.
- ▶ Each speech and language therapy service will have a culture of applying evidence and gathering evidence of effectiveness, supported by their research champion.
- ▶ The RCSLT will support each research champion to disseminate information, promote evidence-based practice, signpost SLTs to sources of support, facilitate collaborations and share good practice.



A quick quiz from Pyramid Educational Consultants UK

- Q. Do your learners have challenging behaviour that is difficult to manage?
- Q. Do you ever wonder how much of the school day your students spend learning?
- Q. Do you want to learn how to teach critical communication skills that lead to greater independence?
- Q. With the current influx of communication devices and apps, do you want to know how to ensure that basic functional communication skills are maintained and taught from the beginning?
- Q. Do you want to teach your students to initiate communication and develop social communication skills?



If the answer is YES to any of these questions, talk to us today on 01273 609555, we can help!



We host workshops nationally and in-house for organisations. We can train groups of up to 125 people at your school or organisations premises. By holding training in-house you can potentially save up to 60% per delegate compared to the cost of sending them to a national Pyramid hosted workshop.



Pyramid Educational Consultants UK Ltd • Ground Floor, Lion Building, Crowhurst Road, Brighton BN1 8AF
Registered in England No 3658330 • T: 01273 609555 F: 01273 609556 • pyramiduk@pecs.com • www.pecs.com

Nurture early language and literacy...

Discover a training for educators that gets results

Attend a Learning Language and Loving It™ Certification Workshop and gain an evidence-based training framework that has been shown to:

- Change teacher interactive behaviour in the long term
- Increase children's overall language use, as well as the complexity of their utterances
- Increase peer interaction

This intensive 3-day Hanen workshop provides you with a set of invaluable materials for engaging and supporting educators to create language-rich, responsive environments for young children (birth-5).

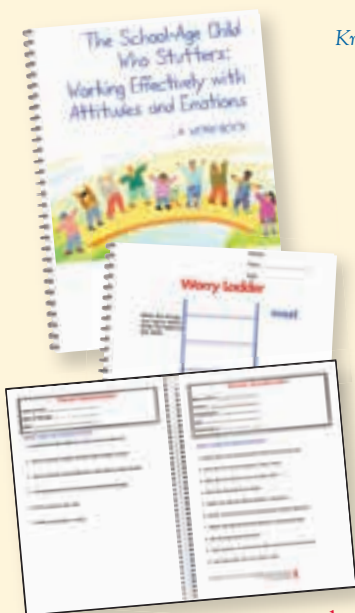
Space is limited! Register today for this upcoming *Learning Language and Loving It* workshop:

London, UK Dec 1 - Dec 3, 2015

www.hanen.org/LLLWorkshop

The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions ... A Workbook

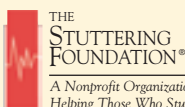
Kristin Chmela, M.A.,
Nina Reardon, M.S.,
Lisa A. Scott, Ph.D.



Large 8½" x 11" workbook

- A powerful tool for stammering diagnostics and therapy.
- Strategies to help children make positive changes.
- Practical, concrete ideas and strategies to achieve change and document therapy outcomes.
- Reproducible, spiral bound, 192 full color pages.

Item No. 0005



A Nonprofit Organization Since 1947
Helping Those Who Stutter

To order item No. 0005
StutteringHelp.org
Click on "store" and then click "professionals"

Professional Training for Healthcare Professionals



19-20 November, 2015

LSVT Loud Training and Certification

Evidence-based voice treatment for Parkinson Disease with application to adults and children with neurological conditions, Multiple Sclerosis, Cerebral Palsy and Stroke will be discussed. Venue: Menzies Mickleover Court, Derby. Please consult our website for fee structure and more details.

26th January 2016

Cervical Auscultation

Trainer: Alison Stroud
Learn the 'How, what and where' of Cervical Auscultation, participate in a practical session learning to identifying normal and disordered swallowing sounds. Venue: Derby | Fee £130

2-4 February, 2016

Michael Palin – Primary School Children who Stammer: Realising Potential

Learn to assess and treat primary school-aged children. Develop your confidence in the management of this age group. Appropriate for therapists working with children from 7 – 14 years. Venue: Royal Derby Hospital | Fee £150

28th April, 2016

Healthcare Records on Trail

Trainer: Andrew Andrews
Would your records stand up to scrutiny. Common errors highlighted with real case studies. Venue: Derby | Fee: £176.

01332 254679 | dhft.ncore@nhs.net | Twitter: @NCORE_NHS
www.ncore.org.uk



Our monthly look at the latest in published research

In the Journals

Send articles or publications to consider for future issues. Email: vanessa.rogers@rslt.org

Group therapy for people with aphasia

A broad range of well-facilitated group options should be available to people with aphasia (PWA) and their families, according to a qualitative study focusing on the benefits of a range of group options, including those provided by SLTs, voluntary organisations and peer support groups. Clinicians should use these benefits as a framework to inform goal setting with PWA.

New Zealand-based researchers, conducted 10 semi-structured interviews with PWA and six with family members. Content analysis revealed 25 perceived benefits, combined into five themes: psychosocial, communication, participation, information and other.

In the SLT-facilitated groups, the skills of the SLT reportedly helped to create a positive supportive environment. 'Other' category items included a report that the group, "met an unmet need for PWA because direct SLT quits almost before it's of any use."

The authors discuss the clinical implications, including the importance of speech and language therapy acknowledging the high level of skill required to facilitate a group for PWA and the need to train and support SLT colleagues and other group co-coordinators in these skills.

Reviewed by Lynn Dangerfield, SLT, Care Pathway Lead for Stroke and ABI, Solent NHS Trust

Reference

Rotherham A, Howe T, Tillard G. "We just thought that this was Christmas": Perceived benefits of participating in aphasia, stroke and other groups. *Aphasiology* 2015; 29; 8: 965-982.

Aphasia management standards

The Australian Aphasia Rehabilitation Pathway is an important set of care standards, according to a paper outlining the development of these best practice standards.

The standards cover eight main areas for aphasia management – referral, optimising initial contact, setting goals and measuring outcomes, assessing, providing intervention, enhancing the communication environment, enhancing personal factors and planning for transitions/discharges.

A national group of more than 250 Australian SLTs, researchers, consumers and policymakers engaged in literature reviews and statement validation using the RAND/UCLA Appropriateness Method (RAM). This involves two phases, where statements are developed, discussed and agreed upon, based on the evidence of aphasia management.

The 82 statements chosen are accessible as a dynamic online resource. As the authors state, these statements not only "[...] represent a considerable expansion of the number of aphasia-related statements contained in current stroke guidelines" but also highlight where there are gaps in the evidence.

Implementation as an audit tool or to guide local service improvements is a promising premise for this large and important piece of work.

Reviewed by Heidi Feld, Specialist SLT, Princess Royal University Hospital

Reference

Power E, et al. Development and validation of Australian aphasia rehabilitation best practice statements using the RAND/UCLA appropriateness method. *BMJ Open* 2015; 5:e007641. doi:10.1136/bmjopen-2015-007641

Gestural communication differences

How does gestural communication differ between children with typical development (TD), Down syndrome (DS) and autism spectrum disorder (ASD) in naturalistic play situations?

Italian researchers observed gestural use across these three groups of children. Twenty children were in each group and had a mean developmental age of 24.16 months. The researchers observed each child during a 10-minute naturalistic play situation with his/her mother, using age-appropriate, gender-balanced toys. Qualitative and quantitative gestural analyses were undertaken and researchers categorised gestures into broad groups (eg, deictic, ideative and nominal).

Findings, after exclusion of instrumental gestures, showed the ASD group used significantly less gestures overall than the other groups. In this study, TD and DS children were not observed to use instrumental gestures.

The children in the ASD group also had different gestural profiles, such as proportionately more requesting, less pointing and less conventional-interactive gestures.

The authors state, "Noteworthy, results of our study are in line with the new DSM-V criteria for ASD [...] in which the impairment in the use of gestures represents one of the determining factors of ASD diagnosis."

Reviewed by Sara Fincham-Majumdar, SLT in Berkshire CAMHs and Clinical Tutor in Clinical Language Sciences at the University of Reading

Reference

Mastrogioseppe M, et al. Gestural communication in children with autism spectrum disorders during mother-child interaction. *Autism* 2015; 19: 469-481. <http://aut.sagepub.com/content/19/4/469.full.pdf+html>

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.



Your new RCSLT insurance

Our member benefits keep you protected

One of the benefits of being an RCSLT member is that we provide you with insurance cover to protect you in your working activities. We review our group policies on an annual basis to ensure you continue to have the right insurance. With the support of our new insurance broker, Premier BusinessCare, we are pleased to announce the inclusion of additional enhancements to your cover this year.

To help you understand more about the insurance cover included with your RCSLT membership, here are answers to some commonly asked questions.

Q Is insurance compulsory for SLTs?

Yes. Following the introduction of new legislation, all Health and Care Professions Council (HCPC) SLT registrants must have appropriate professional indemnity insurance in place.

Q How do I get insurance?

If you are already an RCSLT member, your annual membership includes your insurance provision. If you are not a member then please contact the RCSLT membership team for details of how to join. Email: membership@rcslt.org.

Q What am I covered for?

RCSLT members receive full cover against third party actions and legal defence costs, this includes:

- **Professional Indemnity/Medical Malpractice and Public Liability:** Covers your legal liability if the treatment or advice you have given causes bodily injury/mental illness, disease or death of a patient or person, or damage to their property.
- **Legal Expenses/Fitness to Practise representation:** Covers legal expenses incurred whilst representing an RCSLT member through an HCPC Fitness to Practise investigation and/or hearing.

Q What enhancements have been made to the insurance cover?

The policies have been extended to cover working overseas (excluding North America), and the legal cover now includes expenses for interim orders and review hearings as well as a host of other expenses. Read our Insurance Guide for further details.

Q How do I obtain proof of insurance?

Simply download a copy of the proof of insurance document that contains details of the policy from the members' area of the RCSLT website.

Q What should I do in the event of a claim?

Although it can be a very emotional time when you receive a complaint about your work, it's important to remain level-headed and act quickly.

We recommend you report an incident or potential incident immediately. Late notification or if a member attempts to deal with the complaint themselves could ultimately lead to a claim being rejected. If you're unsure what to do, contact the RCSLT for further advice.

Q What if I need additional cover?

Check the group policy or contact the RCSLT in the first instance. We'll pass your enquiry through to Premier BusinessCare and they will help you with any extra insurance needs you or your practice may have. It's their job to ensure you get the most comprehensive insurance cover available in the market, at a competitive price. They can advise you on the following:

- Specialist professional indemnity for limited companies with 2+ employees
- Overseas business travel for limited companies
- Office insurance
- Cover for your stock and equipment
- Employers' liability

Looking after your needs

The team at Premier BusinessCare understands the needs of its clients and is experienced in sourcing the right insurance solutions from a range of insurers, in order to protect your reputation whilst you practise.

As a valued client you'll receive a straightforward service, expert advice, plus the confidence that you're protected should the worse happen.

For further details about this insurance please visit the members' section of the RCSLT website:

<http://tinyurl.com/rcsltinurance>
or contact the RCSLT: 020 7378 3012

Save the date:
Wednesday, 9 December 2015

RCSLT National Student Study Day 2015

Leeds Beckett University

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



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

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

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

Booking your place

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

For out about the event and how to book.

Visit www.rcslt.org/news/events/forthcoming_events



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

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

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

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

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

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

If you have any questions, please email: josephine.olley@rcslt.org

VOICE BOX RETURNS FOR 2015



Lee Mack with 2014 Voice Box winner Jack Johnson

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

Obituary

REMEMBERING

Dr Eva Carlson

1946 – 2015

Eva Carlson died on 14 March 2015, having dealt bravely with a long-term illness over several years. On 15 May, a service celebrating her life and career took place in the Chapel at St Thomas' Hospital, where she worked for more than 30 years.

Eva came to England from Sweden in 1971 and qualified as an SLT in 1973. She was one of the first to complete the masters offered by Guy's Medical School under Bob Fawcus. It was on this course that Eva developed many long-lasting friendships. She was a sensitive listener and an interesting and stimulating conversationalist.

Lesley Mathieson remembers, "I first met Eva in 1972 when she came to my clinic at the Middlesex Hospital, as an MSc student. Her appearance had been preceded by a call from her tutor who thought I should be warned that Eva was a very challenging and demanding student. She was right, but in the very best sense of these terms. Eva asked endless questions and queried the givens of clinical intervention in a way that benefitted me enormously as her clinician. We became firm friends and our vigorous clinical discussions continued throughout her life."

Eva began practising at Plaistow Hospital and came to St Thomas' Hospital in January 1977, where she subsequently worked until her retirement in April 2007. She specialised in ENT for the last 17 years of her career as head of service.

Eva was a founder member of Afasic, a parents group for children with developmental language disorder, and of Action for Dysphasic Adults. She was instrumental in establishing the first UK swimming club for laryngectomees at the Royal Free Hospital. She was also the first chair of the London Voice and Laryngectomy



"The courage she showed in so many aspects of her life has been an example and inspiration to us all"

Specific Interest Group and a committee member in the early days of the British Voice Association. She was the main author of six academic papers and wrote chapters in two books.

Eva was one of the first voice therapists to undertake doctoral studies and enrolled as a part-time PhD student in the then Department of Phonetics and Linguistics at University College London. Let no one underestimate the personal and scientific challenges of combining clinical data

with academic research – but Eva triumphed, and in 1995, nine years after commencing the research, she received her PhD. Prior to this, in 1993, Eva received the Van Lawrence prize for contribution to voice research. Eva was a pioneering clinician who showed that best evidence-based practice could successfully combine objective measurement with empathetic insight and experience.

Eva made a significant contribution to the development of multidisciplinary voice clinics and to the clinical teaching of SLTs, surgeons and undergraduates of both professions. She maintained a tremendous energy and interest in the field of ENT over the course of her career, always ready to share her immense knowledge and always open to new ideas and keen to learn new techniques, while being very modest about her own achievements. She was a superb mentor and teacher who nurtured and empowered more junior therapists. Those of us who were fortunate enough to work alongside her will be forever in her debt.

The greatest challenge enforced on Eva was ill-health. She endured it all with stoicism and left her lovely flat to go back to her beloved Stockholm, where her family lived. Eva took great delight in watching her nephews, nieces and godchildren grow up and would recount their activities with pride.

The courage she showed in so many aspects of her life has been an example and inspiration to us all. She continued to have a busy social life, meeting friends, going to concerts and enjoying her telephone calls. Throughout, she was still the Eva we had always known, looking for solutions to live the life she wanted to live and enthusing those around her. Eva always looked for the silver lining and generally found the upside of everything. A positive force indeed and sorely missed. ■


Ann Whitehorn, Lesley Mathieson, Renata Whurr, Evelyn Abberton, Adrian Fourcin, Glynda Kinsella, Roshan McClenahan, Fiona Halstead, Tish Ramsay, Angela Ney-Goldenberg and Tori Burnay

Any questions?

Targets and outcomes tracking

Our team is looking to set targets and record outcomes for students similar to online academic tracking systems currently used in our specialist independent school. Do you use such a system that shows progress without lengthy assessment and arduous input?

Rachel Dillon

 rachel.dillon@shapwickschool.com

Mindfulness

How do you use mindfulness techniques in practice? Is it applicable to my school age (primary and secondary) SLI and EBD caseload?


Stuart Cook

 stuart.cook@sirona-cic.org.uk

Tracheostomy swallow screens

How much training do you provide to support the use of tracheostomy swallow screens?

Rachel Kudrycz

 Rachel.kudrycz@wales.nhs.uk

Care home dysphagia

Do you use a general dysphagia training CD or online resource for training care home staff to identify swallowing difficulties in the care home setting or have an acute resource that could be adapted for community use?


Lizzie King

 lizzie.king@elft.nhs.uk

Video conferencing

Do you use video conferencing (eg Skype) with patients?


Rachel Collins

 Rachel.Collins@HRCH.NHS.UK

Complex needs

Do you offer provision for children with complex needs in mainstream school? Do the school's SLTs cover all children within the school or are there different therapists or parts of the service that cater for different levels or types of difficulties?


Lisa Butterworth

 lisa.butterworth-salmon@nhs.net

Screen time impact

I am interested in the link between technology (screen time) and the possible impact on language development and attention and listening. Are you engaged in similar research or interested in helping me develop this further?


Kimberley Price

 Kimberley.Price@oxfordhealth.nhs.uk

Community-only FEES

Do you have a community-only FEES services?

Jane MacGregor

 j.mcgregor@nhs.net



Email your brief question and any replies to anyquestions@rcslt.org.


 www.rcslt.org/discussion/forum

Want some answers,
why not ask your
colleagues?

Dementia books

I have a number of textbooks and novels about dementia that I wish to pass on. I live in west London and would be willing to deliver them to a reasonably local destination, but the recipient would need to cover the cost of any packing and postage elsewhere.


Susan Stevens

 sustevens@dsl.pipex.com

Nil-by-mouth policy

Do you have a policy for NBM patients in your trust you could share? We are hoping to write one that covers patients with dysphagia rather than just surgical patients.

Danielle Hardie

 danielle.hardie@nhs.net

Outcome measures

We are looking at outcome measures for children with MLD, SLD and PMLD. We have looked at TOMs and Severity Ratings but we feel these do not have the detail we need to show small increments of progress over time. Do you have a tool you could share?

Emily Keefe

 Emily.Keefe@rothgen.nhs.uk

OCTOBER CEN NOTICES

CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 5 October for November, by 6 November for December and by 4 December for January.

Find out more about RCSLT CENs, visit: <http://tinyurl.com/rcsltcens>

Venue hire at the RCSLT – special rates for CENs (formerly SIGs).

For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

North West Special School CEN

2 October, 9am – 3pm

Richard Hirstwood: iPads, apps and sensory integration/resources. Bring an iPad if possible. The ACE Centre North: new AAC commissioning arrangements. Lytham Primary Care Centre, Victoria Street, Lytham FY8 5EE. Members £7; non-members £10. Email: laura.linton@bfwhospitals.nhs.uk

Tracheostomy CEN

6 October, 9am – 4pm

Psychological/psychosocial effects of a tracheostomy, from ICU to home. Queen Square, London. £20; students £10 (includes lunch). Email: romahoney@thechildrenstrust.org.uk

Counselling and Therapeutic Skills CEN

9 October, 9.30am – 4pm

'Are you listening to me? Your experience of adolescence as a resource'. Sam Simpson, specialist SLT and person-centred counsellor and Deborah Kerpner, youth counsellor, Twickenham. RCSLT, London. Email: ruth.phillips.sig@hotmail.co.uk

National CEN in Disorders of Fluency

9 October, 9.15am – 4.30pm

Presentations and workshops looking at innovative approaches in group therapy for children. Research findings into group therapy and practical ideas for facilitating groups, including contributions from clients. + AGM. Annual membership (from 1 October) £25 – covers three study days. Liverpool. Email: kate.williams@nhs.net

Central Neuro-Rehab CEN

13-14 October, 9am – 5pm

'Differential diagnosis and management of acquired motor speech disorders': Dr Joseph R Duffy, Mayo Clinic. Birmingham Botanical Gardens. Student/SLTA member £100; student/SLTA non-member £110; SLT non-member £210. Payable with booking. Email: centralneurorehabcen@gmail.com

West Midlands SLI CEN

14 October, 9.30am – 4pm

Clinical research possibilities, opportunities for reflection and practical use of ideas from Susan Ebbels' Basic Shape Coding course. + AGM. Grange Street Education Office, Casey Lane, Burton on Trent DE14 2ER. Members and students £2; non-members £12. Email: beth.madigan@staffordshire.gov.uk

Multisensory Impairment/Visual Impairment (MSI/VI) CEN

15 October, 9.30am – 3.30pm

AM: Nerys Hughes, Whole child therapy, who specialises in sensory integration therapy. PM: Dr Emma Pagnamenta on evidence-based practice. + AGM. Membership open to SLTs and non-SLTs. Annual fee £20; non-members £15. Sense, 101 Pentonville Road, London N1 9LG. Email: denisecharnock@nhs.net

Trent Voice CEN

15 October, 9am – 4.30pm

New to voice. Practical skills including therapy techniques, interpreting laryngoscopy images, reflux, for newly qualified and returners to voice. Doncaster Royal Infirmary DN2 5LT. Members £40; non-members £50. Places limited. Email: r.radford@nhs.net

NW Dysfluency CEN

21 October, 1.30pm – 4pm

The expert patient model (Karen Allen); Liaison with schools (Alison Treloar); case studies and clinical queries (please bring). Birley Building, MMU, Manchester. Email: sarah.ellison@lancashirecare.nhs.uk or tel: 07986 663 855

NW Mainstream School CEN

21 October, 2pm – 5pm

Applications of new media in SLT. Julie Lachovich, The ITEC app project. Opportunity to share experiences of apps in therapy. Bring iPad/tablet. Welcome Inn, Bury Old Road, Manchester M45 6TA. Members free; non-members £5. Email: eleanor.dawson2@nhs.net

Adult Learning Disability CEN (Eastern Region)

21 October, 9.30am – 4pm

Nicola Grove: Story sharing – certificated approach to enable children and adults across the ability range to construct and share stories of personal experience. Multi-sensory story telling approach for children and adults with severe and profound disabilities. Venue TBC. Members/students free; non-members £30. Email: susan.platt@elft.nhs.uk

Scottish Voice CEN

23 October, 9.30am – 3.30pm

Multidisciplinary approach to managing paradoxical vocal cord dysfunction and chronic cough – Jemma Haines, principle respiratory SLT and Dr Stephen Fowler, honorary consultant in respiratory medicine. AK Bell Library, Perth. Members and students £25; non-members £35. Email: clare.tarr@nhs.net or Georgina.inglis@nhslothian.scot.nhs.uk

Clinical Education CEN

23 October, 10am – 3pm

Technology and student placements (including simulated learning; AAC placements; students requiring assistive technology on placements). Newcastle University. Membership details: Raman.Kaur@bhamcommunity.nhs.uk. To present and/or book, email: a.l.biddle@reading.ac.uk

The North West Voice CEN

23 October

Perceptual analysis study day aiming to inform/improve SLTs' current practice. Consultant voice specialist Sue Jones: 'The principles of perceptual analysis; GRBAS and CAPE-V Schemes – theory and practice'. UHSM, Manchester. Members £15; non-members £25. Email: Louise.Mattinson@uhsm.nhs.uk

Learning Disabilities CEN (Scotland)

29 October, 9.30am – 3.30pm

Autism: profiling and intervention. Includes presentations on socialSMARTS, Language Acquisition through Motor Planning (LAMP), females and autism, Lego therapy and evidence analysis of other common communication practices. See: www.eventbrite.co.uk and search 'SLT Learning Disability'

CEN for Cleft Palate and Craniofacial Anomalies (National)

2 November, 9.30am – 4.30pm

Includes instrumental approaches in assessment and therapy; EPG and ultrasound; iPad therapy; 'My mouth music'. Practical workshops. Birmingham Children's Hospital. Members £35; non-members £50. Book via: www.cleftsig.co.uk

East Midlands SLI CEN

3 November, 10am – 3.30pm

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

Trent Dysphagia CEN

3 November, 9.30am – 4pm (reg 8.30am)

'Dysphagia practice initiatives, innovations and research': collection of interactive presentations from SLTs working in acute and community settings. + AGM. Northern General Hospital Medical Education Centre, Sheffield S57AU. Members £5; non-members £10 (includes one-off membership fee). Pay on day (cheque/cash). Refreshments/lunch provided. Book in advance: mark.jayes@sth.nhs.uk

Surrey SLI CEN

4 November

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

Scottish SLT Dysphagia CEN

5 November, 9.30am – 3.30pm

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

OCTOBER CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Scottish Brain Injury CEN

6 November, 9.30am – 3.45pm

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

South East CEN in Deafness

11 November, 9.30am – 4.30pm

Details tbc. Room B02, Chandler House, 2 Wakefield Street, London WC1N 1PF. Members free (£10 annual membership); non-members £7. Email: helen_prendergrast@hotmail.com

Joint Head and Neck North and South CEN

16 November, 9.30am – 4.15pm

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

Psychiatry of Old Age (Southern) CEN

17 November, 9am – 4.30pm

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

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

18 November, 9.30am – 3.30pm

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

Trent Voice CEN

19 November, 9am – 4.30pm

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

Computers in Therapy CEN

19 November, 9.30am – 4pm

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

London and South East Region Secondary CEN/SIG

20 November, 9am – 4pm

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

South West Autism Spectrum Disorder CEN

23 November, 9.30am – 4.30pm

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

AAC London CEN

24 November, 9am – 4.30pm

AAC Topic: TBA. The Lift, Islington. Refreshments only provided. £25. See ticket for details. Email: Helen.Paterson@aacclondoncen@gmail.com

London Adult Neuro CEN (LANCEN)

26 November, 9am – 5pm

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

Scottish Adult Acquired Communication Disorders CEN

26 November, 9.30am – 4pm

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

Promoting Communication in the Early Years CEN

2 December, 9.30am

Impact and effective practice: Being/staying current. Members £20; non-members £30 (to include membership until 31 August 2016). RCSLT London. Email: jayne.blincoe@walsallhealthcare.nhs.uk

South East and London Stammering CEN

11 December

'Stammering Pride and Prejudice' includes presentations from service users; the difference the Employers Stammering Network is making; workshop exploring the "fix it/accept it" tension in therapy; lightning talks focusing on current service pathways and successes. London venue TBC. Email: helen@building-blocks-slt.co.uk

Continued from page 23...



References & resources

Dockrell J, et al. Supporting children with speech language and communication needs: an overview of the results of the Better Communication Research Programme. *International Journal of Language and Communication Disorders* 2014; 49:5, 534-555.
Law J. What is the evidence for the effectiveness of early language groups for pre-school children with SLI? *RCSLT*

Bulletin 2015; February 754, 20-21.

Law J, et al. Predicting language change between 3 and 5 Years and its implications for early identification. *Pediatrics* 2012; 130:1, 132-137.

Law J, Garrett Z, Nye C. 2003, Speech and language therapy interventions for children with primary speech and language delay or disorder. *Cochrane Database of Systematic Reviews*, Issue 3. Art. No: CD004110. DOI:10.1002/14651858.CD004110.

Robertson SB. The influence of peer

models on the play scripts of children with specific language impairment. *Journal of Speech, Language, and Hearing Research* 1997; 40: 49-61.

Roberts MY, Kaiser AP. The effectiveness of parent-implemented language interventions: A meta-analysis. *American Journal of Speech-Language Pathology* 2011; 20:3, 180-199.

Roulstone S, et al. 2012, *Exploring interventions for children and young people with speech, language and communication needs: A study of practice*. <http://tinyurl.com/oqvafy6>

Roulstone SE, et al, Evidence-based intervention for preschool children with primary speech and language impairments: Child Talk – an exploratory mixed-methods study. *Programme Grants for Applied Research* 2015; 3:5. <http://tinyurl.com/np5dwvg>

Ukoununne O, et al. Profiles of language development in pre-school children: A longitudinal latent class analysis of data from the Early Language in Victoria Study. *Child: Care, Health and Development* 2012; 38: 3, 341-349.

Appointments

We are the leading UK charity for around 700,000 people with autism and their families. We provide information, support and pioneering services, and campaign for a better world for people with autism. We are proud of the difference we make.



Specialist Speech & Language Therapist

Location: Helen Allison School | Hours: 37.5 hours per week (9/13 week contracts will be considered)
Contract: Permanent | Salary: £25,528pa - £34,189pa + £933pa Area Allowance (equivalent to AFC Band 6) Salary dependent on skills and experience.
Reference: 0000061

An exciting opportunity has arisen for a suitably qualified band 6 Speech and Language Therapist to join staff at this outstanding school and play a key role within our highly respected and well established multi-disciplinary team.

You will work collaboratively with teaching staff and specialist therapy and psychology teams to ensure best practice and the delivery of a high quality service.

You will be responsible for a designated case load of students aged 5-19 years.

You will have delivered a therapy service to children with autism spectrum disorders

and associated complex needs and will have experience within an educational setting. You will have experience using PECS and AAC.

You will be flexible in your working practice and a good team player. We are looking to appoint a confident and skilled professional who is committed to developing expertise and specialism within the field.

We offer excellent training opportunities; continued professional development and clinical supervision. We offer a pension and an online staff discount scheme for a range of benefits, access to a 24 hour Employee Assistance counselling and information service and childcare voucher scheme.

To apply for this role visit <https://nas.recruitment.northgatearinso.com> or email HAS.HR@nas.org.uk for an application pack

When providing a supporting statement, please refer to the job description and person specification and include any information that shows your suitability for the role.

Visits to the school are both encouraged and welcomed by appointment. Please contact Joanne Neill, Principal Speech & Language Therapist, joanne.neill@nas.org.uk or 01474 814878.

Closing date: 30th October 2015
Interviews: w/c 9th November 2015

The NAS is committed to safeguarding and promoting the welfare of all children and adults who use our services and as such expects all staff and volunteers to share this commitment. We are an equal opportunities employer.



www.nas.org.uk

WOULD YOU LIKE TO ADVERTISE HERE ?

To place an advertisement please contact Philip Owusu-Darkwah: **020 7880 6215** or philip.owusu-darkwah@redactive.co.uk

bulletin





Consultants, Highly Specialist and Speech and Language Therapist Opportunities

Nationwide: Colchester, Macclesfield, Sheffield, Mansfield, Milton Keynes and Towcester.

Competitive Salary

We're a great team. Join us.

We believe that everyone has a personal best. Those we care for, and those who care for them.

That's why, at Cambian you'll find that you're part of a close, supportive team, all focused on achieving the best outcome for everyone. The better we work together, the more we can help the people we care for achieve their personal best too.

As Cambian continue to grow so do the opportunities to develop and grow our well established Speech and Language Therapy service. With a team in excess of 40 SLT's we have developed a very interactive support network, holding regular face to face meetings and the opportunity to innovate with intervention approaches. Full induction training is given, on-going training provided as well as on going supervision.

Working in conjunction with the broad multi-disciplinary team with hands on clinical time, you will use expert skills to assess, advise and intervene with the aim of transitioning the patient or student from the specialist setting to a more independent environment.

Candidate Profile depends on level of job role, generally we are looking for individuals who:

- Have experience or interest in the field of Learning Disabilities including Autism Spectrum Disorders
- Understanding of Positive Behaviour Support with an emphasis on person-centred planning
- Qualification in Dysphagia management desirable
- Evidence of being a strong team player with a genuine desire to help others
- Good organisational and project management skills

To Apply:

For more information on these roles and to apply, please visit vacancies.cambiagroup.com and send your CV to recruitment@cambiagroup.com

Cambian is committed to Safeguarding and protecting the young people within our care. All candidates will be subject to an enhanced DBS check and reference checks. Cambian is an equal opportunities employer.

www.cambiagroup.com

everyone has a personal best



Are you looking for a new challenge with a different type of NHS employer?

CSH Surrey is an independent, employee-owned social enterprise providing NHS services.

Are you looking for an interesting highly specialist Speech and Language Therapy post in a friendly, dynamic team with excellent professional leadership?

We are looking for two motivated highly specialist Speech and Language Therapists with advanced skills in adult dysphagia and acquired communication disorders.

Post 1: Band 7 Speech and Language Therapist – Community Neuro-Rehab Service – 30 hours

REF: J738-0255-B774

You will work within the community neuro-rehab service working with a broad range of neurological conditions in the community. You will also provide clinical leadership into our stroke early supported discharge service; and our 4 neuro inpatient beds. You will have responsibility for supervision of junior Speech and Language Therapy co-owners.

Post 2: Band 7 Speech and Language Therapist – Community Medical Hub Team – Full time.

REF: J738-0398-B1208

You will work within the community medical hub team helping deliver a new 'integrated' service. You will lead on establishing and delivering a high quality SLT Service to our 3 community hospitals; and provide a dysphagia outreach service in the community. You will have a special interest in geriatric medicine including working with people with dementia.

For informal discussion please call:

Nicola Macpherson, Principal SLT: 07944 252379

To apply for these vacancies, please visit www.jobs.nhs.uk and search under the vacancy reference numbers.



Dunsfold Park,
Stovolds Hill,
Cranleigh, Surrey
GU6 8TB

JIGSAW CABAS® SCHOOL

SPEECH AND LANGUAGE THERAPIST

PAY BAND: 5-6, 1 year's experience minimum required, benefits package offered • Part-time, 3 full days a week to include Thursdays and Fridays, term time only

The Jigsaw CABAS® School is an independent day school for pupils aged 4-19 with Autism Spectrum Disorders and associated additional complex needs. Teaching is based on the principles of Applied Behaviour Analysis (ABA).

An opportunity has arisen within our vibrant team for a Speech and Language Therapist to develop clinical skills within an educational environment. The Therapy team, provide specialist, individualised and integrated therapy to pupils, working alongside Occupational Therapists, teachers and other professionals associated with the school.

Jigsaw welcomes a dynamic approach to Speech and Language Therapy incorporating techniques including 'Intensive Interaction', 'Attention Autism', 'PECS' and 'Social Stories'.

For more information about Jigsaw school, visit: www.jigsawschool.co.uk

For an application pack please visit: www.careersatjigsaw.co.uk or email careers@jigsawtrust.co.uk

Closing date: Monday, 2nd November 2015.

Interview date: w/c 9th November 2015.

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

The Jigsaw School is a UK Registered Charity No. 1075464

APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

Speech and Language Therapist in Alexandria, Egypt

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

The family would like the therapist to work with the little boy in the afternoons after nursery school.

Speech and Language intervention can be supported by his key therapist in London who worked with him when the family were here.

A generous salary, dependent on qualification and experience, will include costs for accommodation and flights.

Please respond to salmaelnaggar@yahoo.com

Paediatric SLT

We are looking for an experienced Paediatric SLT to join our multi-disciplinary team to provide speech, language and communication support to children and their families in specialist pre-school playgroups for children with physical needs/disabilities. 2 days a week term-time only in Hertfordshire. The role also involves supporting staff implementing communication strategies within the group.

You will have experience in working with children who have complex needs and a range of associated communication difficulties, as well as knowledge of AAC. Knowledge of Makaton signing is highly desirable; experience in paediatric dysphagia would be beneficial.

For more information/to arrange a visit please contact:
andrea@playskill.org or call 07572 465504.
Closing date 14th October 2015



We are seeking a confident SLT with minimum 2 years' experience to join our friendly and growing practice in SW London. You will be building on a caseload in the local schools and clinics.

We are an expanding team of SLTs and psychological therapies, focussed on supporting children and their families with a general range of communication needs.

Contracted hours for this post are term time only, with the opportunity to work additional paid hours in the school holidays. Salary is dependent on experience.

We will consider both full and part time availability for the right candidate.
Email: admin@childrenstherapies.co.uk and look at our website for more information.
Closing Date 19.10.15

The RCSLT invites individuals to apply for the position of:

Editor (Child/Developmental Research) International Journal of Language and Communication Disorders

For a three-year term to replace the current post holder Professor Nicola Botting from January 2016

The IJLCD is an international, peer-reviewed journal, which draws together findings derived from research in language and communication disorders. The Journal is published in six issues per year, with occasional special issues.

The successful candidate for this position will:

- Have a PhD in a related academic discipline
- Possess a proven track record in research (peer-reviewed publications and presentations at conferences)
- Have experience of carrying out peer review
- Commit to carrying out the role for a term of three years
- Have a vision for the IJLCD

For a full job description and details of how to apply, visit: www.rcslt.org/about/jobs/job_opportunities

The deadline for receipt of applications is 16 October 2015

For an informal discussion about the post, please contact Dr Steven Bloch. Email: s.bloch@ucl.ac.uk



Piers Meadows
Recruitment

Keep it simple...



buying
solutions
supplier

Contact us
for locum SLT
Positions nationwide

t: 020 7292 0730
e: info@piersmeadows.co.uk
www.piersmeadows.co.uk

Picture Exchange Communication System (PECS) Level 1 workshops

Northampton, Southampton, Cardiff, Derry, Newcastle, London, Edinburgh, Birmingham, Cambridge, Liverpool and Canterbury. SoSAFE! Sexual/Social Safety Training – London and Birmingham. Picture Exchange Communication System Level 2 Workshops – Newcastle. Visit: www.pecs-unitedkingdom.com or tel: 01276 609 555

Various dates

Talking Mats training

Explore the potential of this powerful communication framework: Online, 9 September to 25 November; Stockport, 16 September; London, 19 October; London Seminar, 20 October; accredited, 26-27 November; Dublin, 4 December; Stirling, 28 January and 25 February. For more information, visit: www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479 511

6 October, Shropshire

'A heads up for the future of neurodisability: Feeding, communication and assessment'

'Opening up the world of communication', 'Targeted Training: Helping children to gain head control', 'Computer vision for measurement of head control'. £10. Park House Hotel, Shifnal, Shropshire TF11 9BA. To reserve place Email: meryljones@the-movement-centre.co.uk or tel: 01691 404248

23 October

Voice clinics forum 2015

A programme packed with talks from clinical to political. NHS commissioning and voice clinics. Voice clinic survival. Training in laryngology for ENTs/voice for SLTs/voice clinic for singing teachers. Voice analysis software. Research/audit papers. CPD accredited. Visit: www.britishvoiceassociation.org.uk (Events and Courses). Email: administrator@britishvoiceassociation.org.uk

28-29 October, Leeds and Cardiff tbc

Various dates: Working with young offenders/connecting and communicating with young people ADHD.

New dates available for each of these popular, interactive one-day workshops. Discounted places available for SLTs. For more information, email: contact@talklinks.org

2-5 November, Manchester

ADOS2 administration and coding course

ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism. Visit: ados2training.co.uk or tel: 0115 714 9000

3 November, Coventry

Dysphagia conference

A one-day event at University Hospital Coventry and Warwickshire 'What's new and what works?'. Individual streams for SLTs working with adult, paediatric, head and neck

and LD clients. £66pp. Further details: visit: www.uhcw.nhs.uk/slt or email: dysphagiaconference@uhcw.nhs.uk

3-4 November, RCSLT London

Elklan total training package for pupils with SLD

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

6 November, London

SpLD CEN: Multi-sensory approaches to therapy

Susan Ebbels, shape coding; Gina Gomez de la Cuesta, Lego therapy; Sarah Murray, metacognitive approaches to SLT. Exhibition and lunch. Royal Society for Public Health, 28 Portland Place, London W1B 1DE. £90, including membership. Email: Spldsiglondon@gmail.com

9-12 November, Stockport

Symbol UK specialist training

SLTs/SALTAs supporting people with Down syndrome. Comprehensive course examining Down syndrome, EBP, SALT interventions four-day modular course. Spring 2016 – further dates in the south. For details/booking, email: barbara.flook@symboluk.co.uk, tel: 01622 859 216 or visit: www.symboluk.co.uk

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

Focus on clinical skills within adult respiratory care

Early booking advisable Cost: £50. For further information email: claire.slinger@lthtr.nhs.uk, tel: 01172 523 237 or email: corinne.gaston@nhs.net tel: 01480 364 732

13 November, NCTL Nottingham

Implantable devices 2015: The State of the Art

An information packed conference about the latest implantable hearing technology from international leaders in the field. You'll find something new ensuring your practice is up to date. £110. Email: sam@earfoundation.org.uk

18 November, RHN London

Working with patients with disorders of consciousness for SLTs

An overview of theory and assessment, and practical ideas for working with communication and swallowing linked to the updated RCP guidelines for patients with disorders of consciousness. £120. Email: institute@rhn.org.uk or tel: 0208 780 4500 x5140

23-25 November, London (Surbiton)

Hanen's 'It Takes Two to Talk' certification workshop

This workshop shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual

learning needs of parents and ensure they both understand and are able to apply their learning effectively to everyday interactions with their child. Email: info@hanen.org

24-25 November, RCSLT London

Elklan total training package for verbal children with ASD

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

25 November, Raphael Medical Centre Tonbridge, Kent

Living with a brain injury: Learning from the patient

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

25 November, The Ear Foundation

Practical apps: Technology for listening and language

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

26 November

The current evidence base for school-age children with language impairments

'Enormous condensation of EBP studies across areas in just one day' with Dr Susan Ebbels. For more information, visit: www.moorhouseschool.co.uk/courses-and-conferences or tel: 01883 712 271

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

Elklan total training package for 11-15s

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

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

Elklan total training package for Under 5s

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

30 November, RCSLT London

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

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

30 November, RCSLT London

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

This course is designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence-informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for Under 5s/0-3s. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1 December, RCSLT London

Elklan Let's Talk Together tutor training pack

This course is designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers of verbal children with autism aged 4-13 years. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for Verbal Children with ASD. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-3 December, London

Hanen's 'Learning Language and Loving It' certification workshop

Gain a practical and effective framework for empowering Early Years practitioners to create enriched language-learning environments. 26 continuing professional development hours. Visit: www.hanen.org/LLLICertificationWorkshop, email: info@hanen.org

4 December, The Ear Foundation

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

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

BOOK YOUR QUICK LOOK DATE TODAY

Increase the potential of your course or event by advertising in the RCSLT Bulletin Quick Look Dates section. A Bulletin survey shows **77%** of readers have attended a course advertised in these pages.

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

Terms and conditions

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

QUICK LOOK DATES

7 December, RCSLT London

'Counselling skills, caring and maintaining boundaries'

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

7-9 December, RCSLT London

Introduction to Prompt Technique

This workshop focuses on technique and learning the four levels (Parameter, Syllable, Complex and Surface) of prompting that support the broader, holistic philosophy and approach of PROMPT. \$975. Visit: www.promptinstitute.com, email: admin@promptinstitute.com

17 December, Northwick Park Hospital

Oesophageal screening for SLTs

A practical study day giving SLTs the knowledge and skill to carry out an oesophageal screen during VFSS. Presenter Dr Anna Miles (Auckland University). £125 inc lunch. To book, email: Janine.ettinger@nhs.net, for info, email: mary.mcfarlane1@nhs.net

11-12 January, Birmingham

Camperdown Program Workshop for SLTs

Learn about this evidence-based approach for working with adolescents and adults who

stammer. Presenters: Helen Jenkins; Gillian Rudd (UK) with Dr Sue O'Brian (ASRC). £300 (including course materials, lunch, refreshments). Email: TalkTheTalkTraining@gmail.com

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

Elklan Total Training Package for 5-11s

This course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £450 pp (£470 from Jan 2016). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-4 February, Edinburgh

Johansen IAS

Learn to use selected or customised music CDs. All ages. Individual and group programmes. Organises and enhances listening and auditory processing. Supports spoken and written language. £500 (Early Bird £475). Email: camilla@johansenias.com, visit: www.johansenias.com

25-26 February, The Bobath Centre London

Introductory Bobath course for SLTs

Tutor: Yolanda Broek (Senior SLT Tutor), The Bobath Centre, London. A two-day course for SLTs on the Bobath approach to assessment and treatment of children and babies with cerebral palsy. £380. Full course description and booking,

visit: www.bobath.org.uk, email: training@bobath.org.uk or tel: 020 8444 3355 (Contact Abby)

25-26 February, RCSLT London

Word Aware: training for trainers

Become an accredited Word Aware trainer and deliver what school vocabulary in your schools and local area. Trainers: Stephen Parsons and Anna Branagan. £550 including resources. Visit: www.thinkingtalking.co.uk

29 February - 3 March, Birmingham

Post-registration paediatric and ALD dysphagia course

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

3-4 March, Bristol

Meaningful social development: Teaching games and more

Two-day workshop presented by Steve Ward, MA, BCBA (Whole Child Consulting LLC). For information/online booking visit: www.skyboundtherapies.co.uk

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

Elklan total training package for under 5s

Equips SLTs and teaching advisers to provide practical, accredited, evidence-informed training to staff working in Early Years settings from

0-5 years. Teacher/therapist teams welcome. £470 for under 5s two days. £670 for all three days. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9 March, Salford

Elklan total training package for 0-3s

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

9-10 March, Salford

Elklan total training package for children with complex needs

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

Stammering: Basic Clinical Skills

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



DVD CHAPTERS INCLUDE:

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

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

THE STUTTERING FOUNDATION*
A Nonprofit Organization Since 1947
Helping Those Who Stutter

To order:
StutteringHelp.org

Click on "store" and then click "professionals"



ROYAL COLLEGE OF
SPEECH & LANGUAGE
THERAPISTS

HIRE AN AFFORDABLE VENUE CLOSE TO LONDON BRIDGE

The RCSLT is the perfect solution to your room hire needs. We offer a contemporary, affordable meeting space with the flexibility to be set-up in a range of layouts.

WHY HIRE AT THE RCSLT?

Following our extensive refurbishment, the venue is ideal for seminars, training sessions, conferences and meetings. Our ground floor rooms have natural daylight, amazing audio-visual equipment and breakout areas for delegates to relax and network between sessions.

With a dedicated events team, we will ensure your event runs smoothly.

Special rates for CENs/SIGs and members with businesses.

For further details visit:
www.rcslt.org/about/RCSLT_venue_hire/Introduction



Barbara Hegarty

OCCUPATION: CLINICAL SPECIALIST SLT, REGIONAL NEUROLOGICAL REHABILITATION UNIT, HOMERTON UNIVERSITY HOSPITAL FNHST

“Headway AP accreditation offers an ongoing system of quality control for two years”



Headway is the national charity that works to improve life after brain injury. Its accredited Approved Provider scheme is open to residential settings specialising in acquired brain injury (ABI), including NHS/ independent hospitals, neuro-rehabilitation units, nursing and respite facilities. The scheme’s standards reflect the specific needs of people with ABI. Headway compiles a record of evidence against each standard following a robust onsite assessment. The inspection system includes unannounced reviews and a successful unit is accredited for two years. Here, Barbara talks about Homerton University Hospital’s journey to become the first NHS rehabilitation unit in south east England to achieve Headway AP status.

Why did you put yourselves through this process?

The idea was to take a hard look at what we are doing. Like all NHS institutions, we were used to Care Quality Commission inspections and while valuable, these don’t map well to the specifics of brain injury. We wanted an external viewpoint against which to measure ourselves. Headway AP allowed us to take time to analyse gaps across the service and was much more credible than a ‘quick and dirty’ benchmarking exercise. Senior management buy-in was essential due to the costs, including indirect costs of staff time required to gather evidence. Headway AP accreditation offers an ongoing system of quality control for two years and allows us to confidently promote ourselves as a brain injury rehabilitation unit.

Were you anxious?

I had concerns about maintaining team commitment, coordinating the work and keeping everyone on track. Once you sign



up and pay for the scheme, you have a six-month submission timescale. There were more than 130 pieces of evidence to gather, collate and cross-reference against the six domains and 33 standards. We used a shared electronic file to monitor progress and show links between domain areas. As evidence rolled in, I was reassured and it was lovely to realise the high quality of our work. Assessment domains cross professional boundaries and require close multidisciplinary team working for success and it has been great to learn more about other professions, especially medicine, clinical neuropsychology and social work.

Any surprises?

Not really. We already knew our weaknesses, but the Headway report gave us new focus and energy. The feedback is solutions-oriented and it’s been easy to make service changes, simple things like taking a register of attendees and offering attendance certificates to staff attending our teaching programmes. The prospect of a second, unannounced visit in the next two years keeps us focused on development

areas. I might have felt differently about the additional pressure on the team if we had been a struggling service. It does make you feel vulnerable, but the assessment report provides a great road map for change.

What did you learn?

It’s made us all really excited, especially our unit achieving the category ‘excellent’. It’s rare to get excellent feedback from a validated external agency, and how often, as a manager, do you get to tell that to your team? This has lifted team spirits and our sense of professional pride. I love the fact that I finished it – so many projects roll on, without absolute deadlines. It’s been an excellent professional development activity for me and so positive that we are now looking for other accreditation schemes.

What are your next steps?

To continue to develop our links with Headway and other organisations to improve the unit. We now have the confidence to take time to address issues and use closer multidisciplinary working to think creatively to overcome our service limitations. We are thinking of changing the balance of professions across the unit, creating new roles, developing and marketing training modules, and integrating e-resources into training. All this will help us to deliver an effective 24-hour rehabilitation experience for our patients. I can’t wait. ■

.....
For further information about the Headway Approved Provider scheme, visit: www.headway.org.uk/approved-provider-scheme.aspx

With thanks to Elizabeth Walkden, Specialist SLT and Joe Buttell, Clinical Specialist Physiotherapist

NEW MyNutilis

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

The new MyNutilis.co.uk website aims to inspire patients and carers to cook delicious meals with Nutilis Clear.

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



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

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



Transparent results
MyNutilis.co.uk

NUTRICIA
Nutilis
Clear