

# bulletin

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



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

## RCSLT **IMPACT REPORT** 2014-2015

2014-2015 RCSLT Impact Report: The activities  
and achievements of your professional body



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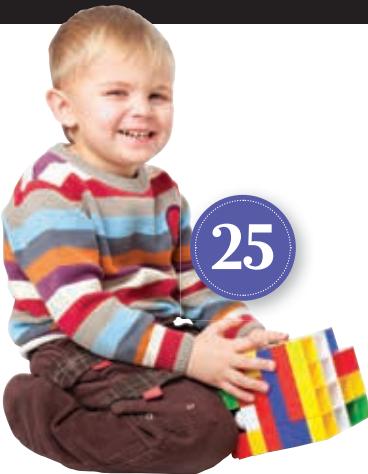
taking care of mealtimes

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# Steven Harulow

EDITORIAL

## LETTERS

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



## Technology tales

**S**eptember is here once again and although the weather is still more summer than autumn, dusk is starting to dominate the early evening sky.

With everyone back from summer breaks, it's time to think about the RCSLT Study Day at the University of Warwick on 7 October. The theme of this year's event is the use of technology across the profession. From the ubiquitous iPad to the more specialised equipment used in dysphagia assessment, the focus of the study day will include the future demands technology can assist with; role models and best practice examples; how to get funding; and professional issues around the use of technology. For more information, visit: [www.rcslt.org/news/events/study\\_day\\_2015](http://www.rcslt.org/news/events/study_day_2015)

The event will also feature the RCSLT annual general meeting (see page 6 for more details). This event provides a fascinating insight into the activities and achievements of the RCSLT and we would like to see as many members as possible take part. A useful piece of reading prior to the AGM would be the 2014-2015 RCSLT Impact Report enclosed in this month's Bulletin.

We've been putting these together for a number of years now and what strikes me is that each year we seem to have to cram in more and more information to reflect our increasing levels of activity. The review of the past financial year gives a real flavour of the impact of your professional body – definitely worth a read.

### Steven Harulow

Bulletin editor

bulletin@rcslt.org  
 @rcslt\_bulletin

### Your RCSLT

#### Peter Just



I am the RCSLT's public affairs adviser and help forge strategic political relationships for the RCSLT and the Allied Health Professions Federation. I give voice to the profession at Westminster to increase political awareness and understanding of how speech and language therapy transforms lives. I work closely with Lord

Ramsbotham and Geraint Davies MP to provide the secretariat of the All-Party Parliamentary Group on Speech and Language Therapists. I am also here to support members with their local influencing. If you ever have any queries, do please get in touch.

✉ Email: [peter.just@rcslt.org](mailto:peter.just@rcslt.org)

## Show your expertise

I read with interest the article describing the role of a speech and language therapy expert witness ('Show your expertise', Bulletin, August 2015, pages 12-14). I have acted as such an expert for the past 20 years, being one of the few SLTs with experience in trial and cross examination. The tone of the article is very simplistic, suggesting that writing an expert report is relatively straightforward and implies the expert is unlikely to go to court.

There is a strict legal protocol for writing the reports with which the expert must be familiar, as well as adhering to the ruling of the court in preparing such evidence, which can be demanding with submissions required at short notice. Sadly, the article failed to mention anything about the processes following the submission of an expert report.

The cases involving speech and language therapy, by the nature of the services we provide, usually, without exaggeration, relate to severe traumatic brain injury or severe neurological impairment and are therefore complex. Hence, they are all high-value cases and are heard by a senior judge at Queen's Bench Division, which to the uninitiated is one of the highest levels of court in the judicial system.

Apart from requiring knowledge of court etiquette, giving evidence can be a stressful experience, for which the expert must be well prepared. The written judgement that concludes the trial will detail the expert's performance in the witness box as well as the judge's opinion on their level of expertise, and is openly available for public consultation.

For those who have been encouraged by the article I would recommend careful consideration and significant preparation before taking on this type of work.

**Michelle Whitton, Specialist SLT and Expert Witness (Independent)**

## Qualitative research

I am a speech and language student from Newcastle University entering my final year. I have just picked up the RCSLT Bulletin and was extremely pleased to have found the article 'Give qualitative research a go' (August 2015, pages 22-23).

I am undertaking a research scholarship from the university, which involves conducting interviews and focus groups with parents and health visitors regarding a 12-month speech and language screen in Northumbria. I have found it difficult to analyse data other than quantitatively – as this is the focus on our university course. I highlighted to my lecturer/supervisor that I believe qualitative research methods should also be addressed. The article confirmed to me the importance of qualitative research and answered a few basic questions I had. Thank you for this very engaging article.

**Sophie Chalmers, BSc4 Student SLT, Newcastle University**

FOLLOW THE RCSLT ON AND

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

# News

QUICK  
LOOK  
DATES »

16 SEP

Next deadline for  
RCSLT minor grants  
applications

07 OCT

RCSLT Study Day:  
'The use of technology  
across our profession'

26 OCT

RCSLT Webinar: 'Being  
Sherlock: Finding the evidence  
for clinical questions'

## Improving the quality and consistency of aphasia rehabilitation

*New evidence-based resource for aphasia service planning and delivery is much needed development*

Researchers at the Clinical Centre of Research Excellence in Aphasia Rehabilitation in Australia have developed a set of 82 best practice statements for aphasia service delivery (Power et al, 2015). According to lead author Dr Emma Power, in the absence of clear guidance for those working with aphasia, this evidence-based pathway for aphasia treatment is a much-needed development.

A 'community of practice' of more than 250 speech pathologists, researchers, consumers and policymakers agreed a framework of eight areas of care in aphasia rehabilitation – receiving the right referrals; optimising initial contact; setting



goals and measuring outcomes; assessing; providing intervention; enhancing the communicative environment; enhancing personal factors; and planning for transitions.

The researchers reviewed the

aphasia literature to identify evidence-based statements of best practice and grouped them under the above framework. An expert panel of nine Australian speech pathologists, including Kim Clarke, a former RCSLT

professional adviser and joint representative on the Royal College of Physicians Intercollegiate Stroke Working Party, rated the statements for their degree of appropriateness.

The process resulted in the 82 agreed best practice statements, which have been incorporated into an online implementation tool, the Australian Aphasia Rehabilitation Pathway ([www.aphasiapathway.com.au](http://www.aphasiapathway.com.au)). The tool contains resources to help clinicians implement the statements, including levels of evidence, rationale and a concise version, ideal for supporting service audits. Some statements may require adaptation for use in the UK; however, the majority should be applicable internationally.

This is a critical step to improve both the quality and consistency of aphasia rehabilitation for the benefits of people with aphasia and their families, clinicians and health services.

**© 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. [tinyurl.com/pyvq7x7](http://tinyurl.com/pyvq7x7)

NEWS  
IN BRIEF

### RCSLT Minor Grants:

The next Minor Grant deadline dates are 16 September 2015 and 10 February 2016. The September date will also be the deadline for applications for the Catherine Renfrew Memorial Award. Find out more about these awards and details of how to apply.

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

### Research newsletter:

The September-October edition of the RCSLT Research Newsletter is now available online. Find out more about the latest research resources, updates on funding opportunities available, consultations and surveys, and details of the research events coming up in 2015 and 2016.

© Visit: <http://tinyurl.com/ah76aw1>

### The special educational needs

and disability (SEND) reforms pathfinder programme is the focus of a new Department for Education report. It includes families' views on satisfaction with the systems and processes in place to obtain support for their child; their views about the amount and quality of support available to them; and views about their own and their child's health and wellbeing.

© Visit: <http://tinyurl.com/orjjxbt>

### Talking Mats

has won 'the most impressive third sector digitally enabled service' award from the People Driven Digital Health Awards, held in Leeds on 3 July. The award recognises third sector services that have embedded digital tools and services into improving people's experience and outcomes.

© Visit: [www.talkingmats.com/winner-in-digital-health-awards](http://www.talkingmats.com/winner-in-digital-health-awards)

# News



Aisha Sanosi @mizzmashx

Had to call the @RCSLT today for some advice on my competencies and they were SO friendly!  
#NQT #SLT #helpful

Leanne Togher @LeanneTogher

Extra extra! Latest speechBITE newsletter has a focus on voice  
<http://bit.ly/1h1POnE> @SpeechPathAus  
@ASHAWeb @RCSLT  
@NZSTA @cplol\_eu

## Your International Journal goes digital

*IJCLD to move online in January, but you can still opt in to receive your paper copy*



SHUTTERSTOCK

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 drive will be to maximise online access for as many members as possible.

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. You can read more about Editor-in-Chief Steven Bloch's plans for the IJLCD on page 14 of this issue.

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 below).

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.

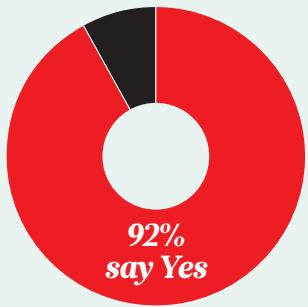
If you would like to continue receiving your IJLCD by post, please write to the following address by Monday, 16 November 2015 – The Membership Manager, Royal College of Speech and Language Therapists, 2 White Hart Yard SE1 1NX (and mark your envelope IJLCD paper copy).

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

RCSLT Web Poll  
Have your say...



Should SLTs join doctors, nurses and midwives in having to apologise to patients when things go wrong?



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

## RCSLT Notice of 2014-2015 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 will be available to download from



Electronic voting at the 2014 AGM

[www.rcls.org](http://www.rcls.org) on 1 September 2015. This calling notice will be repeated in the October Bulletin.

Papers for those members who have requested formal notices to be sent to them in hard copy will be posted to them no later than 1 September. 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).

**Clare @clareSLT**

Autism-friendly dining experience—tailoring env'mt to consider sensory preferences & including visual comm'n strategies. Great read  
@RCSLT

**Caroline Murphy @carmurp**

@RCSLT @mndassoc Delighted to read about increased money & ring fenced budget for #AAC & SLTs in Wales. Stephen Hawking is a great advocate

**MARIA LUSCOMBE & KAMINI GADHOK**

## Language delay project wins NHS Wales Award



**From left:** Alison Clarke, Head of SLT ABMU Health Board; Sarah Golunski, Sian Matthews Flying Start SLTs; Rebecca Jones, Lead SLT Bridgend Flying Start; Victoria Dyer-Jones Flying Start SLT; and Andrew Goodall, Director General of Health and Social Services/Chief Executive of NHS Wales

The Bridgend Flying Start Speech and Language Therapy Team won an NHS Wales Award on 15 July, following a long selection process. We won the 'Promoting Better Health and Avoiding Disease' category, one of eight categories judged from projects run by a wide range of NHS professionals throughout Wales.

Flying Start is a Welsh Assembly Government initiative that supports around a quarter of 0–3 year olds in the most deprived areas of Wales. The project we submitted was

entitled, 'Reducing the impact of language delay in 2–3 year olds', which was a population screening and intervention programme seeking to meet the needs of children with delayed language skills or those at risk of having delayed language.

◎ **For more information, visit:** [www.nhwalesawards.wales.nhs.uk/home](http://www.nhwalesawards.wales.nhs.uk/home)

**Rebecca Jones, Bridgend Flying Start SLT and Early Language Development Team Lead**

strong relationships and uphold the principles of transparency and accountability.

Candidates for this role must be on the HCPC Register and engaged in practise, teaching, managing or researching in one of the professions regulated by the HCPC. As a UK-wide regulator, the HCPC encourages applications from individuals across England, Wales, Scotland and Northern Ireland.

Deadline for applications is 21 September and interviews will take place between 19 and 23 October 2015. The successful candidate will begin their new role from 1 January 2016.

◎ **For more information, visit:** <http://tinyurl.com/pu2etqc>

## HCPC seeks new Council member

The Health and Care Professions Council (HCPC) is seeking to appoint a registrant member to its Council.

Council members play a key role in setting strategy and policy and ensuring the HCPC fulfils its statutory duties and responsibilities. Candidates require experience in strategic planning and collective decision making and a good grasp of regulatory principles. As ambassadors for the HCPC, they will need the ability to form

## LOOK FORWARD

At the Board of Trustees meeting in July, the focus of discussions was on the RCSLT's draft strategic plan for the next three years.

The Board used feedback from the 2014 survey of RCSLT members, an engagement workshop with national user organisations in February 2015, horizon scanning sessions and RCSLT staff days to help inform the setting of our key aims and objectives. With the ongoing pressures in the system, key 'big ticket' issues identified as priorities include workforce planning, skills mix in the profession and supporting the profession to access and use the evidence base of what works.

As the senior management team works to develop and refine the strategic aims and the underpinning operational plan, we will continue to support the profession thorough the delivery of a number of key ongoing, UK-wide projects, including the RCSLT Outcomes Project and CQ Live, the update of Communicating Quality 3. We are analysing the results of the July–August online workshop, which aimed to identify what resources you need to support you to meet both Health and Care Professions Council and RCSLT profession-specific standards. Thank you again to all who have contributed to the CQ Live project to date. We are particularly grateful to members of the steering group, including Penny Carter and Lorna Povey, for their work on developing the draft standards.

Another key area of RCSLT work is supporting the profession in the use of new technology in improving access and outcomes for service users. We hope you will be able to join us at the national RCSLT Study Day on 7 October at the University of Warwick.

'Celebration, innovation and application: The use of technology across our profession' aims to share best practice and experiences of using technology; raise awareness of how technology can enhance service delivery; provide a platform for focused networking; debate how CQ Live Standards apply in the use of technology; and identify common challenges and develop common solutions and action plans. We will also be holding our AGM on 7 October and look forward to seeing as many of you as possible. ■

◎ **Visit:** [www.rcslt.org/news/events/study\\_day\\_2015](http://www.rcslt.org/news/events/study_day_2015)

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

## AHPs and public health: looking to the future

Representatives from the allied health profession (AHP) professional bodies came together on 19 June to discuss the work achieved over the past year and to determine the contribution of AHPs to the public health agenda.

Led by Public Health England (PHE) Lead AHP Linda Hindle, the work covered children's readiness for school; making every contact count; improving health for older adults; and emotional wellbeing. RCSLT CEO Kamini Gadhok MBE, Vicki Baker, Janet Cooper and Professor Pam Enderby represented the RCSLT.

Professor Kevin Fenton, PHE's national director for health and wellbeing, acknowledged the broad and diverse nature



**Firemen could form part of wider public health workforce**

of the contribution of AHPs. He said the next year's work needed to shape the future AHP contribution by refining its focus, clarifying the ask of the professions and identifying how this involvement could be evaluated.

Areas exposed as needing attention included promoting

the AHP role in public health within and across professions, broader recognition of AHPs' contribution to population health and wellbeing; more explicit reference to public health within undergraduate and postgraduate education; and research leading to evidence of AHP public health intervention

best practice.

Participants agreed the vision was for all AHPs to be an integral part of the public health workforce. They also agreed that the area AHPs could act upon and contribute to immediately is fostering better workplace wellbeing and promoting 'taking care of ourselves' – a potentially significant contribution given that public services employ 20% of the population.

**Meanwhile**, 15 million workers, including firemen, hairdressers and postal workers could form part of wider public health workforce, according to a new report from the Royal Society for Public Health (RSPH). With only 40,000 people estimated to be part of the core public health workforce, the RSPH calls for anyone who has, "the opportunity or ability to positively impact health and wellbeing through their work" to join the wider public health workforce.

### RCSLT web resource



#### Qualitative research

Located in the RCSLT's Research Centre, this resource discusses primary (empirical) qualitative research studies. It includes examples of qualitative research in speech and language therapy, research traditions, selecting a sample, data collection, data analysis, ethics and reflexivity and critical appraisal.

• Visit: <http://tinyurl.com/puk3gx3>

## Celebrated cricketer takes on hearing ambassador role

Australian cricket legend Brett Lee has taken on a new role, as Cochlear's first Global Hearing Ambassador. Brett will spearhead a 'Sounds of Cricket' campaign to raise awareness of the significant medical, social and economic impacts hearing loss can have on individuals and their families.

Brett witnessed a very special moment at Addenbrooke's Emmeline Centre for Hearing Implants in July when he saw 83-year-old Pam Purvis have her cochlear implant switched on. Becky Frewin, SLT at Addenbrooke's, said the device had already made a huge difference to Pam's life.



**Above:** Brett Lee  
with Pam Purvis

"Pam is profoundly deaf, she's been wearing hearing aids for about 30 years," Becky said.

"Before she had the implant she was really relying on lip reading and she had some sound but it wasn't very clear and quite muffled whereas already, with the cochlear implant she is able to understand speech without needing to lip read."

Becky added that patients like

Pam feel an immense sense of relief when the implant is activated and that it can be quite an emotional experience.

"For those who are hearing a husband or wife for the first time in many years that can be quite an emotional moment."

**50**

organisations requested copies of Dharinee Hansjee's Risk Feeding protocol after Bulletin exposure

**47**

scales for different conditions in the third edition of TOM for Rehabilitation Professionals

## Supporting choice in a culturally-sensitive way

As an SLT working with diverse communities, I often struggle to find culturally-appropriate images. We are often reliant on purchasing and searching through image banks, which are costly and time consuming and contain few appropriate images.

I am involved in a new venture, developing a not-for-profit organisation with my business partner Shahnaz Ashraf. Our service, Total Communication, aims to promote person-centred communication support for adults with learning disabilities, choice, inclusion and personalisation. We decided to create a bank of line

drawings that will be available free via our website, enabling others to support choice and understanding in more culturally-sensitive ways.

We were fortunate enough to receive a £400 RCSLT Minor Grant for the project and £500 from community interest company, Small Good Stuff. This has enabled us to work with graphic artist Angie Brain to create a library of images. We have consulted with other SLTs, including the RCSLT Bilingual Clinical Excellence Network, National Adult Learning Disabilities Forum members, the University of Manchester's Dr Sean Pert and members of Communication Therapy International.

We have been overwhelmed by the positive response to the idea and have many more suggestions for vocabulary than we have funds. Our plan is to continue to develop the picture bank. In the meantime, we would like to thank the RCSLT for this opportunity.

◎ For more information visit: [www.totalcommunication.org](http://www.totalcommunication.org)

**Alison Matthews, SLT,  
Total Communication**



## Take part in an elementary evidence-finding webinar

Have you ever wondered where to start when reading a research article? Do you want some 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.

Together, Jenny and Emma will tackle how to choose articles that will mean something to you, navigate a research article and reveal the true story behind the research. They will also signpost you to some key resources for your toolkit and host a question and answer session.

◎ To register, visit: [www.rcslt.org/news/webinars/rcslt\\_webinars](http://www.rcslt.org/news/webinars/rcslt_webinars)



**Rebecca  
Veazey**

COLUMN

## IT'S BACK TO SCHOOL WE GO

As the summer draws to a close, the RCSLT Policy and Public Affairs Team has shifted its attention towards the topic of education.

September marks both a return to school and the first anniversary of the implementation of the Special Educational Needs and Disability (SEND) reforms in England. The reforms have introduced substantive changes to the way that support is delivered to children and young people with SEND. These include new requirements regarding the joint planning and commissioning of services to ensure close cooperation between education, health and social care; the replacement of statements of special educational needs and learning difficulty assessments with a coordinated assessment process; and new 0-25 education, health and care (EHC) plans.

Over the summer, we have been speaking with RCSLT members to find out more about the challenges and successes associated with implementation of the new legislation, and to gather case studies regarding good and poor practice. We are continuing to monitor issues regarding the commissioning of speech and language therapy for children without EHC plans, due to our concerns regarding a possible reduction in the provision of speech and language therapy for this group in the context of cuts to local budgets.

During August, we also engaged with the 'Read On, Get On' coalition of literacy charities, regarding their new literacy campaign (<http://readongeton.org.uk>). This includes targets regarding early language development. The campaign aims to end child illiteracy by 2025 and promote young children's language skills to help get them 'ready to read'. Members of the policy and public affairs team in all four nations have been engaged in discussion with the coalition regarding how the speech and language therapy profession can support the campaign as it moves forwards, and disseminate best practice and share learning. ■

*"September marks both a return to school and the first anniversary of the SEND reforms"*

**Rebecca Veazey, RCSLT Policy Officer  
Email: [rebecca.veazey@rcslt.org](mailto:rebecca.veazey@rcslt.org)**

## Technology helps stroke survivors

Technology is helping stroke survivors in Lincolnshire improve their speech and language skills. Seven iPads – bought with a donation from the Lincolnshire-based Bromhead Medical Charity – are now in use in stroke units at Lincoln, Boston Pilgrim and Grantham hospitals, supporting SLTs with intensive therapy sessions for patients with swallowing and communication difficulties.

The SLTs from Lincolnshire Community Health Services NHS Trust are part of the multidisciplinary teams working alongside colleagues from United Lincolnshire Hospitals NHS Trust to assess, diagnose and treat patients immediately following a stroke.

Advanced SLT Angela Shimada says, "Traditionally, we have used a range of therapy exercises, including drills and exercises with a pen and paper. However, this can be repetitive for patients who are now used to using technology in their day-to-day routines.

"We can now offer the latest therapy apps and the tablets offer



Cecil Hunter uses an iPad with Angela Shimada as part of his stroke rehabilitation

extra motivation and incentive to stimulate patients. Each iPad offers the opportunity for patients to continue therapy in between professionally-led sessions at their bedside."

The use of technology across the profession is the theme of the 2015 RCSLT Study Day at the University of Warwick on 7 October 2015.

◎ Visit: [www.rcslt.org/news/events/forthcoming\\_events](http://www.rcslt.org/news/events/forthcoming_events)

## Take part in No Pens Day Wednesday

The Communication Trust (TCT) is inviting schools and early years' settings to take part in its annual national event, 'No Pens Day Wednesday', on 7 October.

Last year, more than 3,600 schools across the country put down their pens and picked up their language, placing a focus on spoken language for the whole day. Those who took part reported increased pupil confidence, inclusion of pupils with SEN and opportunities for parental engagement.

Schools taking part in No Pens Day Wednesday comment that

participating in innovative activities that focused on speaking and listening skills with peers and adults led to pupils having more enthusiasm about writing.

The free 2015 activity pack is available to download from the TCT website. This will tell you how to get involved and how to plan your day's activities. There is also a new sharing function on TCT's website, allowing schools and settings to send in their own resources, activity ideas and lesson plans.

◎ Visit: <http://tinyurl.com/odywont>

### Visit the RCSLT clinical resources pages

The new 'Clinical Resources' section of the RCSLT website continues to develop, with the introduction of new topic areas on aphasia, augmentative and alternative communication, cleft lip and palate, dysfluency, dysphagia, head and neck cancer, language impairment, learning disabilities and mental health. You can find detailed information about aetiology, prevalence and incidence figures, the role of speech and language therapy, policy documents, key facts for commissioners, case studies and useful contacts.

◎ Visit: <http://tinyurl.com/rcslt-clinical-resources>

### MyChoicePad offer for SLTs

Insane Logic would like to offer SLTs the chance to use a free limited version of MyChoicePad and 20% off an annual subscription for the organisation, school or college where they work. This will provide a chance to use MyChoicePad with a learner to see how it makes a difference to their speech and language development. The SLT will also have access to new feature of the software, 'Learning Pathways', an SLT-designed feature for structured and measurable language development.

◎ Visit: <http://tinyurl.com/ozuav2u>

### TCT guidance for school SLCN assessments

'Beyond Measure' is a new piece of guidance from The Communication Trust (TCT) that aims to help those carrying out assessments in schools to identify children who may have speech, language and communication needs (SLCN). According to TCT, the guidance will help ensure that timely and appropriate support is put into place for these children. The guidance provides advice on how to look out for SLCN across the early years foundation stage areas of learning during the assessment process, and the next steps if there are concerns about a child.

◎ Visit: <http://tinyurl.com/p68llwx>

### NICE proposes new end of life guidance

Communication, shared decision making and hydration are three of the areas addressed in the National Institute for Health and Care Excellence's draft guidance, 'Care of the dying adult'. The guidance aims to replace the controversial Liverpool Care Pathway, phased out in 2014. Consultation on the guidelines will end on 9 September. The RCSLT will respond as the national organisation representing the speech and language therapy profession.

◎ Visit: <http://tinyurl.com/pwwqrb>

### Selective Mutism Awareness Month

The new National Clinical Excellence Network in Selective Mutism will launch its inaugural event at York Teaching Hospital on 1 October as part of Selective Mutism Awareness Month. Highlights include Alison Wintgens on 'Significant past and future developments in SM' and Maggie Johnson, 'The Selective Mutism Resource Manual 2nd edition –15 years of practice'. Members free; non-members £20.

◎ Email: [Angela.May@northumbria-healthcare.nhs.uk](mailto:Angela.May@northumbria-healthcare.nhs.uk)

# Aaron Richards

# Opinion

**Aaron Richards shares his personal speech and language therapy story**

## Aaron finds his voice



Hello, my name is Aaron. I am 24, live in Cornwall and have a severe learning disability as a result of my cerebral palsy and epilepsy.

As a child, I first received speech and language therapy because I was globally delayed and people couldn't understand me when I spoke. At the age of five, a speech and language therapist helped me to communicate by using

*"I want to say thank you to speech and language therapists for not giving up on me and giving me a voice"*

picture-based key cards. As a child, I also learnt Makaton with my family so I could have another means to communicate with people.

As my skills developed, I moved from using picture cards to a talking device. I finally had a voice and I found people could understand me. My Mum has said a memory that is special to her was watching me in my school play. I played a judge and she heard me speak my lines clearly to everyone in the audience for the first time.

Throughout my time at school, the speech and language therapist helped me to develop my voice and communication through the use of various voice output systems. They made my family aware of other support networks and conferences, such as Communication Matters. I travelled regularly to these events with my family; one place I can remember was Leicester, which was quite a long way for a boy from Cornwall.

Since leaving school, I still have my 'brick' (aka Vanguard), which, as a child, was suitable, but as an adult I am embarrassed to use it in public. As a result of this, I have lost my voice and confidence, something my family has noticed too.

As a young adult, I saw all this new technology being developed, but nobody stopped and asked me if I wanted an updated device. Since leaving school, where everyone signed with me, I noticed that although I tried to use Makaton to support my speech, I soon realised that not many people understood me.

I have recently begun to be seen by a speech and language therapist again, as I want to use an iPad as a communication device. This looks much more updated and

people don't stare at me when I use it as everyone seems to have one. As my sister would say, my old device required its own bag and personal assistant to carry it around.

So why am I sharing this story? Well, as an adult I'm bored of just attending a day centre each day. I told my speech and language therapist this and she made me aware of an opportunity where speech and language therapists were looking for service users to share their real life experiences on how speech and language therapy has helped them. So, I want to say how well speech and language therapists have supported me. Without them, I think I would have been locked in my body without a voice. A speech and language therapist has helped me to show people my sense of humour, as I can tell people jokes and say how I feel. One day I would like the opportunity to be able to work and have the chance to use and practise my communication skills.

Speech and language therapists have not only helped me, but my family as well by taking away the stress of trying to understand what I am saying. They have helped bring me and my family together, as I am included and don't feel like a burden. I can also tell them when I find them annoying, especially my sisters!

So, I want to say thank you to speech and language therapists for not giving up on me and giving me a voice. Without the support they gave me, I wouldn't be able to communicate as well as I do now or achieve as much as I have done so far. Let's keep our fingers crossed that I get my new iPad soon, so then I can fit in with the crowd using modern day technology as a way to communicate. ■

**C**hildren with delayed vocabulary understand and in turn use a limited store of words. Historically, therapy has focused on teaching concrete vocabulary words by developing a child's semantic and phonological knowledge of new words and encouraging them to match words with definitions (McGregor and Leonard, 1989; Easton et al, 1997; Wright, 1993). Current clinical thinking suggests we should be teaching more abstract vocabulary words that cross contexts and therefore boost a child's vocabulary skills across subjects.

### Which words should we teach?

It is widely acknowledged that within the classroom explicit teaching of new words can be limited to 'concrete' words, usually related to specific topics (Beck et al, 2002). Few studies have assessed a child's understanding and use of abstract vocabulary items, also known as 'tier two words'. Tier two words must meet three criteria:

- They must appear in a variety of contexts. They are powerful words to learn because they are cross-curricular, meaning children can use them in different situations.
- Although they typically appear within written text, they are less frequently used in everyday spoken language.
- They must be conceptually abstract – that is they are words that have low imageability. Examples include 'require', 'maintain', 'fortunate', and 'compare'. Once a child has grasped an understanding of what the word means and how to use it, the benefits apply across contexts.

### Rich vocabulary instruction

Research suggests effective vocabulary instruction needs to include both definitional and contextual information for breadth of knowledge; multiple exposures; and active or deep processing of words (Stahl and Fairbanks, 1986). Findings have resulted in an innovative approach to vocabulary instruction. 'Rich vocabulary instruction' (RVI) (Beck et al, 2002; 2008) is based on a number of principles, most notably that new words, when introduced, should link with prior knowledge. They therefore use context to support comprehension of word meaning.

### Methods and procedures

We aimed to investigate the effectiveness of using the RVI principles to teach abstract vocabulary words to school-age children with delayed vocabulary. Our study identified eight children (aged between 9 and 10 years) with delayed receptive and expressive vocabulary within a southeast London mainstream school. The children all scored in the 16th percentile or below on three subtests using the Test of Word Knowledge (TOWK) (Wiig and Secord, 1992). The group received one 45-minute group therapy session per week for eight

weeks with their SLT. They also received two 30-minute revision sessions per week with a trained learning support assistant who replicated the sessions in order to consolidate learning.

### Intervention

The study's within-subject design ensured each child acted as their own control. We divided 16 target words randomly into two sets and counterbalanced them across the two groups, so one group received set A (words) treated and set B (words) untreated, and the second group received the reverse.

## Improving vocabulary development difficulties

**Hannah Sullivan explores the use of rich vocabulary instruction to teach tier two vocabulary words**

ILLUSTRATION BY Adam Howling



The project design ensured one set of words was not deemed easier than the other (Pring, 2005). The untreated words acted as a control for both groups.

Each student received an identical therapy programme, based on the principles of RVI (Beck et al, 2008), focusing on learning one new vocabulary word a week. Steps included:

- Therapy focused on promoting a high degree of word knowledge (Stahl and Fairbanks, 1986). This included using word maps to identify the semantic and phonological descriptors of the target word explicitly in order to make associations with existing vocabulary.
- Building relationships between the target word and the children's personal lives – encouraging active processing by linking new words with existing knowledge.
- Applying the target word across contexts – we encouraged the children to apply the target word within sentences and to a range of pictures to expand word meanings and provide assorted contexts. We assessed all participants pre- and post-treatment on all words using two specially designed outcomes. We looked at their ability to recognise the meaning of the target word using 'Synonym Matching' and assessed the extent to which they could independently use the word within a sentence to describe a target picture (based on the principles used with the 'Formulated Sentences' subtest of the CELF 4) (Semel et al, 2006).

Assessment took place twice throughout the intervention period – before therapy (baseline) and after (outcome measure). In order to minimise the potential for bias, an SLT not related to the study completed the scoring blind. We used Chi Square and McNemar tests to analyse the data from individual children and group analyses using analysis of variance.

## Outcomes and results

Although five of the children's synonym matching scores increased, the gains were not significant (table one). Due to the nature of the multiple-choice measure, children had a 25% chance of choosing the correct target. They did make significant gains on the formulated sentences task (table two). Results indicated significant improvements on both treated and untreated items. However, the difference in gains made between treated and untreated items was not significant.

The results were unexpected, because we did not anticipate that treatment

**Table one. Mean number of correct responses on the synonym matching**

		Treated	Untreated
<b>Before</b>	Mean	5.38	5.38
	Standard deviation	0.744	1.768
<b>After</b>	Mean	5.88	6.00
	Standard deviation	1.885	1.512

**Table two. Mean number of correct responses on the formulated sentences**

		Treated	Untreated
<b>Before</b>	Mean	6.13	5.13
	Standard deviation	1.808	3.720
<b>After</b>	Mean	10.0	7.75
	Standard deviation	1.414	3.991

would generalise to the untreated items. It may be that treatment had a positive impact and generalised to untreated items. Unfortunately, there is nothing in the experiment to demonstrate this was the case.

It is impossible to show that the increase in scores is a direct treatment effect. The other possible explanation might be that treatment was not effective, but subjects improved generally through repetition. This is unlikely as there was a significant gap between the assessments.

## Implications:

There are ongoing challenges involved in teaching vocabulary to children with speech and language difficulties. It is fundamental that vocabulary teaching focuses on a set of words likely to have the most effective impact on their learning.

This study confirms that abstract words are a specific group of vocabulary whose meaning cannot be taught using traditional therapy approaches. It could be argued that abstract words are more difficult to comprehend compared to their more concrete counterparts and therefore are more challenging to learn. If a word's semantic representation consists of a cluster of features, concrete words have more features than abstract words and therefore have more elaborated representations, which are easier to comprehend. By contrast, the nature of abstract words means they contain fewer features and are therefore more challenging to store (Tyler and Moss, 1997).

The study involved using therapies previously recognised to improve vocabulary development difficulties.

Although it was unable to prove that vocabulary gains were a direct result of RVI we hope the project will provide a starting point for further investigation within the area. Further studies are necessary to determine if gains in using the abstract vocabulary items (and the resulting generalisation) are a direct result of treatment. ■

**Hannah Sullivan, SLT and Assistant Practice Manager, Sarah Buckley Therapies Limited, Bromley. Email: hannah@sarahbuckleytherapies.co.uk**



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**E**stablished almost 50 years ago, the RCSLT's International Journal of Language and Communication Disorders (IJLCD), formally the British and then European Journal of Communication Disorders, represents high-level international clinical research; navigating a fine line between relevance for a broad spectrum of clinical interests and the academic rigor demanded from an internationally blind-peer review journal.

Nearly three-quarters of last year's submissions came from 30 countries outside the UK and as many accepted manuscripts have at least one qualified SLT as an author, with 56% of these working in non-academic settings. With greater pressure to specialise professional knowledge, the IJLCD retains its breadth of scope as a reminder that speech and language therapy in particular draws on a wide range of theoretical and practical traditions.

RCSLT members will be familiar with the IJLCD's look and feel. For many it may simply be a reminder that our profession values well-designed and well-written research. We understand that very few will have an interest in every paper published but for some, specific papers can be highly influential in shaping clinical practice. For others, reading one paper might contribute to a new understanding of an old challenge.

### Future directions

Over the next year, the IJLCD will be evolving to ensure it maintains its position as the natural home for applied speech and language therapy related evidence and research.

**■ Access:** Certainly, the most notable change will be a transition in reader access from paper copies to screen. As from January 2016, the default for RCSLT members will be online access to the IJLCD via the RCSLT website. Members will be able to opt in to receive a hard copy (see page six for details of how you can do this), but the drive will be to maximise online access for



# The IJLCD – looking forward

**Steven Bloch outlines plans for the International Journal of Language and Communication Disorders**

as many members as possible.

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

**■ Engagement with our communities:** The IJLCD is looking forward to its digital engagement. Accessing the journal online is hardly radical but we are now aiming to offer new opportunities for readers and authors to interact. We have recently provided open access to specific papers for an online clinical community forum and will invite authors to offer videocast overviews of their work in progress and commentaries on recently published work. Opportunities for readers to interact with authors are also part of this plan.

**■ Clinical relevance:** Perhaps most importantly, the IJLCD needs to be as clinically relevant as possible. This does not negate the relevance or inclusion of basic

science in our field but it does signal a key message: that the IJLCD is a publication primarily for clinicians, related professionals and clinical/educational academics. To this end, all new submissions from January 2016 onwards will be required to include an impact statement, summarising the actual or potential impact on clinical work and/or thinking.

**■ Relationships:** While the IJLCD benefits from editorial independence, it is vital that it retains its home firmly within the RCSLT. The future will see even closer links between the editors, executive editorial board, and key members from the RCSLT's research and publication teams. Together with the publishers, Wiley Blackwell, this collaborative approach will maximise our ability to monitor and respond to new trends and to contribute more activity to the RCSLT's research strategy.

### Conclusion

Readers, authors and the editorial team hold the IJLCD in high esteem. We are proud of its traditions, its home within the RCSLT and its ability to represent new ideas and evidence. We also feel it upholds the highest standards of research integrity. We are looking forward to the changes outlined above, making the journal more accessible, integrating it within a wider spectrum of RCSLT research activities and, critically, ensuring that it continues to grow over the next 50 years. ■

**Dr Steven Bloch, Editor-in-Chief, IJLCD**

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

# Reviews

## BOOK

### Here's how to do therapy (Second Edition)

AUTHOR: Debra Dwight

PUBLISHER: Plural Publishing

PRICE: £69.12 (Amazon)

REVIEWER: Leanne Ruggero, Specialist SLT, Cambridgeshire Community Services NHS Trust; Casual Research Assistant

RATING Book

This book is an excellent resource for students and newly-qualified practitioners; however, it may also be useful for therapists who have recently changed clinical specialism or those returning to practice. The book is presented in a logical way, with fundamental therapy skills being presented in a 'workshop' style format. This format, in addition to the accompanying DVD, makes this a practical and interactive resource to use. The DVD uses short clips to demonstrate real-life examples of intervention.

Within the text, various topics are covered, from basic considerations for the therapeutic process to learning theories related to interventions. The book then provides more detail on the structure of the therapeutic process and management issues. The final five chapters focus specifically on guided practice and touch upon language, voice, articulation, resonance and fluency interventions. The book uses some American terminology and phrases that readers may be unfamiliar with.

## BOOK

### Therapy outcome measures for rehabilitation professionals (Third Edition)

AUTHORS: Pamela Enderby and Alexandra John

PUBLISHER: J&R Press

PRICE: £34.99

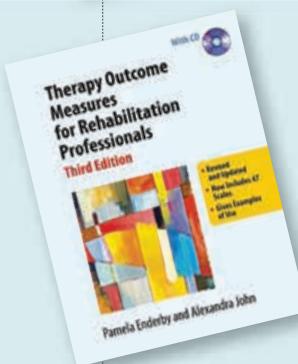
REVIEWER: Vicky Styles, Specialist SLT, Bristol Communication Aid Service

RATING Book

The welcomed third edition of this book guides the reader through the use of the TOM tool for measuring outcome data. The book introduces the reader to its core scale of measurement and the 47 additional adapted scales for use within a variety of clinical specialisms.

The book clearly describes what an outcome measure is and how TOM can measure clinical changes that can be useful for patients, clinicians and stakeholders. It gives a clear and concise overview of the theoretical framework in which this tool is grounded and provides practical advice for implementing the tool. The book provides a completed example of the tool as well as a resource CD, which contains all the tools you will need to complete a TOM outcome measure.

In the current climate of the RCSLT using TOM as its chosen tool to generate a national dataset for the purpose of benchmarking and measuring the impact of our profession, this easy-to-read book is a must have for any department.



## CD ROM

### Grammar games

AUTHORS: Sara Wernham and Sue Lloyd

PUBLISHER: Jolly Learning

PRICE: £28

REVIEWER: Tamsin Rycroft, Specialist SLT, Berkshire Healthcare Foundation Trust, Early Years and Mainstream Team

RATING CD Rom

The CD ROM contains 15 games that focus on grammar, punctuation, spelling and word building. The games are broken down into the sub-categories of alphabet and capital letters, punctuation, building words, parts of speech and tricky words. There is the option of using precursive or printed letters. There is also the option of American English audio or British English audio.

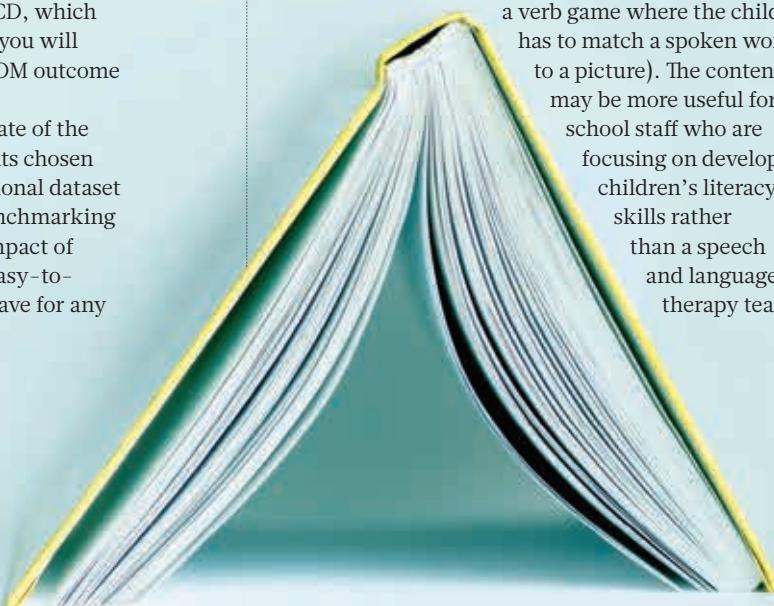
The games contain some child-friendly characters who provide feedback and encouragement. The graphics and the audio are not always clear. The games were relatively easy to navigate with some games providing quite detailed instructions and examples.

A child with speech, language and communication needs may find some of the vocabulary difficult to understand (eg, 'to howl' was one of the options in a verb game where the child has to match a spoken word to a picture). The content may be more useful for school staff who are focusing on developing children's literacy skills rather than a speech and language therapy team.



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# Risk feeding: The story continues

**Dharinee Hansjee discusses the review of her risk feeding protocols and processes**

ILLUSTRATION BY Dale Edwin Murray



The decision-making process regarding whether to provide a person with artificial nutrition and hydration or continue to allow food and drink orally once their swallowing becomes unsafe, provokes difficult ethical decisions for professionals and patients (Chaklader, 2012).

In 2011, I devised a protocol to coordinate a multidisciplinary decision on feeding with the acknowledged risk of developing aspiration pneumonia. This addresses capacity, ethics and quality of life issues, providing the multidisciplinary team with a patient-centred framework to facilitate decisions on nutrition planning. Publication of this initiative in the February 2013 Bulletin, sparked national and international interest, with more than 50 organisations requesting a copy of the protocol. In October 2014, I delivered a presentation at the South African Speech Language Hearing Association's 50th Congress.

In February 2015, I conducted an international survey on the protocol and processes involved in risk feeding. I emailed a link to the survey to 64 practitioners who had expressed interest and requested a copy of the protocol. With a 90% response rate, the cohort comprised of clinicians

from 49 NHS trusts and international participants from Australia, New Zealand, Gibraltar and Spain. From the 58 participants who responded, 19 indicated that a risk feeding protocol was in place, while 24 were in the process of setting one up. Although keen on establishing a pathway, 15 respondents said they had not yet done so.

## Adaptations

The survey results revealed some participants to be using the tool in its original form, while others had made minor adaptations to make it relevant to their respective settings. Some clinicians modified the document for use with patients fed via percutaneous endoscopic gastrostomy tube but who choose to have tastes for pleasure. Participants reported altering the wording slightly; one indicated receiving assistance from their mental health team on the inclusion of a flow chart to facilitate decision making.

There was another noted adaptation where a signature space was included for the patient or carer to acknowledge that a discussion on the risks involved had taken place. One particular NHS trust used the protocol as part of a 'bundle' of care. Although the document continues to be

utilised predominantly for the dementia population, all participants using the tool, denote that they use it across a range of diagnoses and settings.

## The process

What was evident from the survey results is the ongoing need for multidisciplinary team training to develop skills and knowledge in identifying when a patient is suitable for the risk feeding pathway. Within my local setting, extensive formal training continues with the medical teams on the admission wards and the nursing staff on the older people's wards.

Further along in my implementation, I included an important step in the process by devising an information leaflet for discussion with the patient/next of kin. Some clinicians reflected using an information leaflet as part of the process whereas others indicated that although a



leaflet was utilised in discussions with carers, a protocol had not yet been established.

Within this setting we have created a risk feeding register where we log patients who are on the pathway.

This captures their primary diagnosis, reason for initiation of the protocol and a record of any subsequent readmissions. While some organisations choose to discharge a patient once they are risk feeding, within this acute setting, we monitor the patient through to discharge in order to complete the loop of care.

I have worked closely with the geriatricians in adapting discharge summaries and advanced healthcare plans to include risk feeding as a prompt to attach the necessary paperwork on discharge. This forms a crucial stage in the process, allowing the patient to leave the acute setting with a clear plan in place informing future management.

On discharge, the patient's GP receives a letter and information leaflets and guidance go to their home/nursing home. Several survey respondents outlined this step within their implementation of the pathway.

We have drawn up a flowchart for management of risk feeding in the community, in collaboration with the community team.

A referral to the community team is made for every patient with a risk feeding plan in place. Our community teams report they are able to manage the numbers of referrals because it usually involves a one-off visit to support the carers if needed, steps to ensure carers/GPs are aware of the patient being risk fed and further checks to ensure the associated paperwork has been completed. An alert set up on the hospital electronic patient system identifies patients who are being risk fed – an aspect other participants survey have highlighted. All these steps are vital to avoiding aspiration-related readmissions within this client group.

### Continuity of care

With the rising incidence of dysphagia in older people in hospitals (Leder and Suiter, 2009), geriatricians are more frequently seeking advice from their multidisciplinary team colleagues on nutrition planning (Chaklader, 2012). The survey results reflect this, indicating older people's teams are supportive of the pathway and find the protocol beneficial.

Although the survey participants noted a reduction in wait times for a nutritional plan to be put in place, a number were in the early stages of the introduction of a protocol – therefore, formal audit results were unavailable. However, all participants using a protocol expressed positive, coordinated management of the patient with increased awareness from the multidisciplinary team of risk feeding and a pragmatic approach to management.

I am using our own risk feeding register as an outcome measure in monitoring readmissions with chest infections. As raised in the survey, capturing readmissions is a challenge; however, having an electronic system did facilitate retrieval of readmission data and the reasons for readmission. Some organisations are capturing data regarding the length of time the patient was placed nil by mouth until risk feeding commenced, but had nothing formal to report on.

### Next steps

I have scheduled a local meeting with the commissioning lead and the acute/community leads to review documentation and improve the pathway of care.

I am also devising a patient/carer experience questionnaire to evaluate the

## Risk feeding protocol timeline

- 2011**  
risk feeding protocol coordinates decision on feeding with acknowledged risk of aspiration pneumonia
- 2013**  
more than 50 organisations request copy of the protocol after Bulletin exposure
- 2015**  
58 practitioners respond to survey on use of the protocol

risk feeding pathway and am working on a risk feeding policy to include alongside the protocol to ensure robustness. Once this is complete, as a way of generating income for the trust, a risk feeding pack will be available for purchase. This will include the protocol, policy, information leaflets and patient experience questionnaire.

As risk feeding, is an under-researched area that still needs evaluation, I have put a proposal to the RCSLT requesting a clinical guideline for risk feeding. The RCSLT has responded with plans to work alongside NHS England and key strategic stakeholders to agree the high-level principles around working with patients with dysphagia and managing risk. ■

**Dharinee Hansjee, Head of Speech and Language Therapy QEH, Lewisham and Greenwich NHS Trust. Email: dharinee.hansjee@nhs.net**



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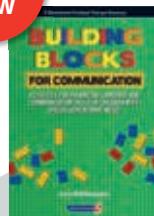
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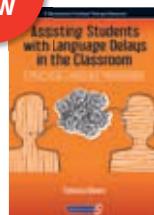
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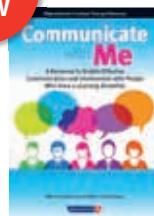
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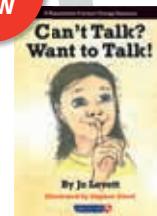


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This practical resource aims to break down the complexities involved in learning about time concepts and to take into account the many different skills required which make demands on memory, numeracy, language, perceptual and visual-spatial abilities and general cognitive functioning. *Time Matters* includes assessments, teaching activities and strategies to reinforce the learning of time concepts.

BRAND NEW



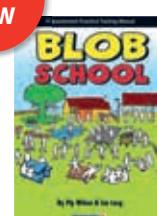
## Plan A is for Autism: using the AFFECTs model to promote positive behaviour

Dr Caroline Smith

2015 | ISBN: 9781909301412 | Age 4+ | £35.00

This practical resource provides a systematic process for helping teachers and others to promote positive behaviour in children and young people with Autistic Spectrum Disorders. This text provides an original multi-element approach leading to planned individual interventions. Drawn from the author's extensive knowledge of autism, it enables those living and working with children with Autism Spectrum Disorders (ASD) to jointly plan for change.

BRAND NEW



## Blob School

Pip Wilson and Ian Long

2015 | ISBN: 9781909301382 | Age 11+ | £35.00

*Blob School* is an educational resource designed specifically for one of the main purchasers of the Blobs – teachers! This practical resource aims to cover all the key areas of school life so that teachers, assistants, school workers, pupils and parents can reflect upon a wide range of contexts and issues which occur throughout the school year. The book includes 47 images which can be projected upon an Interactive White Board or photocopied for whole class or small group discussion.

In June 2012 the Scottish Government published 'A Right to Speak' – guidance for people who use augmentative and alternative communication (AAC). This includes eight recommendations, the first two of which are relevant to this project:

- AAC services to demonstrate the effectiveness of AAC interventions by promoting the implementation of AAC research on specific, targeted and universal AAC interventions.
- National statistics on AAC to be gathered by relevant agencies to support future gathering of cost effectiveness data on AAC to ensure that AAC funding is sustained in the longer term.

In response, NHS Education for Scotland (NES) commissioned research to critically appraise existing methods of measuring outcomes for use in AAC (NES, 2013; Boa, 2014). This research showed no standardised outcome measure existed for use with people who use AAC and recommended investigation of the use of an adapted version of Therapy Outcome Measures (TOM) (Enderby et al, 2006). Prior to this project, the necessary adaptation to TOM for AAC had not been finalised or tested for validity and reliability. Therefore, NES commissioned Talking Mats and Professor Pam Enderby to undertake a project to test the reliability and validity of TOM AAC.

### What is TOM AAC?

Therapy Outcome Measures is an outcome measure used by many rehabilitation professionals to measure the impact of their interventions. Based on the World Health Organisation's International Classification of Functioning, Disability and Health (WHO ICF, 2001), a professional administers TOM before and after an individual's intervention. An 11-point ordinal rating scale has six defined points in relation to four descriptors – impairment, activity,



# Therapy Outcome Measures for AAC

**Sally Boa and Joan Murphy report on the project to develop TOM AAC**

participation and wellbeing. The RCSLT recognises TOM as a 'best fit' measure (Powell, Ward and Lowenthal, 2015).

We led the follow-up project (funded by NES) to test the validity and reliability of TOM AAC. A summary is in 'Communication Matters Journal' (Boa, Murphy and Enderby, 2014) and the full report is available online (<http://tinyurl.com/ojuhltl>).

### Feedback seminar

The third edition of 'Therapy Outcome Measures for Rehabilitation Professionals' (Enderby and John, 2015) is now available ([www.jr-press.co.uk](http://www.jr-press.co.uk)). This includes 47 scales for different conditions, one of which is specifically for use with people who use AAC. Following the launch of the new edition, we held a seminar for professionals who had been involved in the validity and reliability testing. Table one shows the key points agreed by seminar participants when discussing three key questions about implementation and use of TOM AAC.

We hope AAC professionals will now start using TOM AAC in routine practice and will be able to contribute to the RCSLT's outcome framework development work. Visit: <http://tinyurl.com/qeehs8m> ■

**Dr Sally Boa, Dr Joan Murphy Talking Mats. Email: [sally.boa@nhs.net](mailto:sally.boa@nhs.net) and [joan@talkingmats.com](mailto:joan@talkingmats.com)**

**This project was carried out in collaboration with Professor Pamela Enderby (University of Sheffield)**



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**Table one: Key points about the implementation and use of TOM AAC**

What will change practice?	What will make the experience better for AAC users?	What next?
<ul style="list-style-type: none"> <li>■ Use at every initial assessment</li> <li>■ Make it part of AAC toolkit</li> <li>■ Use it to chart progress</li> <li>■ Use it at times of change</li> <li>■ Use it as goal setting tool</li> <li>■ Use it prior to discharge</li> <li>■ Use with other disciplines</li> <li>■ Include it when applying for funding</li> <li>■ Use it to compare AAC systems</li> </ul>	<ul style="list-style-type: none"> <li>■ Clarity of user's pathway</li> <li>■ More realistic goals</li> <li>■ Show improvement/maintenance</li> <li>■ All professionals using the same benchmark</li> <li>■ Will result in improved services</li> <li>■ Use to give feedback to AAC users and families</li> <li>■ Will make AAC intervention more functional and holistic</li> <li>■ Will help everyone see the bigger picture</li> </ul>	<ul style="list-style-type: none"> <li>■ Just use it</li> <li>■ Make it available to all AAC services</li> <li>■ National data collection</li> <li>■ Training</li> <li>■ AAC SIGs</li> </ul>

# Ask the experts

## *What is the current best fluency therapy practice for people with Down syndrome who also have a stammer?*

Monica Bray, Associate Lecturer in Speech and Language Therapy, Leeds Beckett University; Consultant in Speech and Language for the Education Centre for Children with Down Syndrome

**T**here is no doubt that people with Down syndrome are dysfluent, but there is a lack of certainty about the nature of their difficulties, with studies identifying stuttering, cluttering, dyspraxia, word-finding difficulties and dysprosody. The prevalence of dysfluencies has been reported as being as high as 60% by Devenney and Silverman (1990); whereas, in those without learning difficulties only 1% of an adult population and 5% of children are identified as stuttering (Yairi and Ambrose, 2013).

Early writers considered the possibility of cluttering because few secondary symptoms of stuttering could be identified. A more recent study by Van Borsal and Vandermeulen (2008) found 79% of their 76 clients with Down syndrome had symptoms indicative of cluttering and 17% were scored as cluttering-stuttering. A study by Coppens-Hofman et al (2013), using speech samples collected from 28, 18–40 year olds with intellectual disabilities (11 with Down syndrome), noted both normal dysfluencies (for example: interjections, revisions, word repetitions) and stutter-like dysfluencies (tense word/part-word repetitions, prolongations, blocks). The authors concluded that people with learning

difficulties have an excessive amount of normal dysfluencies, as well as those which are stutter-like.

Laws and Bishop (2003) found children with Down syndrome had expressive language similar to those with specific language impairment, with word-finding dysfluencies an obvious feature. Finally, children with Down syndrome are identified by their parents as having features of Childhood Apraxia of Speech (CAS) (Kumin, 2006). CAS is known to have a number of features commonly found in dysfluency in Down syndrome, such as inconsistent speech production, vowel distortions, errors of omission and substitutions, voice, resonance and prosodic difficulties with the overall outcome being unintelligible speech (Kent and Vorperian, 2012).

### Implications

Given the complex nature of the speech and fluency difficulties in people with Down syndrome, is it possible to identify treatments that may be of benefit? An exploration of the literature immediately identifies a dearth of information and a very low level of evidence in those studies that are available. A survey of SLTs reported a number of stuttering-like symptoms in clients with Down syndrome but few offered direct stuttering therapy. Parent-based therapy and improving communication skills was the predominant approach with children (Bray, 2003).



More recently, expert opinion sought from therapists working at the Michael Palin Centre for Stammering Children (MPC), The City Lit, London, and the Stammering Centre, Leeds, confirms the eclectic nature of work with clients with Down syndrome and dysfluency. Parent-child therapy with a specific emphasis on building self-esteem through praise is a prime area at the MPC (Clarke, 2014, personal communication), while the City Lit course, 'Communication skills for people with learning difficulties who stammer', focuses on interaction, social skills, and assertiveness. Working with specialists in learning difficulties to support language development, reduce pressures on speaking, encourage alternative means and educate families

**"Education of others as to the complex nature of dysfluency in this population is essential"**



ILLUSTRATION BY  
Trina Dalziel

and professionals is common practice at the Stammering Centre.

Bray (2015) in a qualitative study of attitudes and feelings of adolescents and young adults with Down syndrome and their parents, concluded that anxiety and avoidance is evident only when communication breaks down. This was a similar finding to that of Jackson et al (2014). Worry and anger were identified but were not internalised and thus did not lead to anticipation of speech difficulty. What was also found was that awareness of one's own speech and/or dysfluency was limited, and the 'cause' of communication failure was often centred in the other speaker.

One case study has recently appeared in a peer-reviewed journal (Harasym and Langovin, 2013) and this reported success in using a known stuttering therapy resource (Langevin et al, 2007) with an eight-year-old with Down syndrome. The child was able to modify her speech using prolongation, with smoothing and stretching of words, and to self-monitor. The programme was conducted over a period of 17 months with both clinician and parental input. The child made great gains in reducing stuttered syllables even when speech rate was increased, she was more confident in talking to family and

friends, and her teacher reported more speaking in classroom activities.

### Conclusion

People with Down syndrome have cognitive and linguistic difficulties that mitigate against some of the approaches used in therapy for stuttering, cluttering and other motor-speech disorders. Language processing at formulation, planning and programming levels is compromised. However, each person with Down syndrome has a different complexity of symptoms linked to his or her family genetics, background medical/sensory issues, such as heart disease and hearing loss, and environmental influences. It is necessary therefore to take a holistic and eclectic approach to any intervention and to remember that successful communication is what is needed and wanted by parents and young people. Unfortunately, such general approaches are difficult to evaluate.

There is limited evidence that direct speech-change approaches are useful in the long term, but some children obviously respond positively (although note the length and intensity of the input in the Harasym and Langovin study). In the absence of hard evidence, we must ensure that we do no harm. Education

of others as to the complex nature of dysfluency in this population is essential and communicative competence using multiple modes of expression should be the long-term aim. Those young people with more self-awareness are likely to have higher levels of social anxiety and reduced self-esteem (Cunningham and Glenn, 2004), making increasing and supporting self-esteem a central focus of our involvement. ■



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# Victoria Joffe & Vanessa Rogers

In the second part of our series on qualitative research, Vanessa Rogers and Vicky Joffe share researchers' and clinicians' experiences of using qualitative methods

## Qualitative research in action

Last month we saw our first Research and Development Forum article dedicated to qualitative research. This accompanied the launch of our new qualitative research webpages in the RCSLT Research Centre (<http://tinyurl.com/puk3gx3>). RCSLT members have inspired this new resource, with many of you telling us about your qualitative research experiences and why these approaches lend themselves to our profession. Your emails spurred us on to find out more about qualitative research in routine practice for SLTs.

A short online survey of 14 researchers and clinicians in our Research Champion Network and the North West Qualitative Research Group revealed information about their own research, what they feel qualitative research has to offer the profession, the challenges of qualitative research and their top tips for using these methodologies.

### Case study example

One of our respondents was

Jackie Kindell, an SLT who is carrying out a PhD into dementia. In one project, Jackie and her colleagues used qualitative research to gain a better understanding of the communication skills of a man with semantic dementia. They filmed natural conversations at home with his wife and with one of the researchers and used conversational analysis to examine the videos (Sidnell, 2010). Rather than setting out to test a hypothesis, this approach allows the identification of new phenomena through the analysis of conversation transcripts.

Jackie told us she chose

to use conversation analysis because she wanted an in-depth way to explore experiences from the perspective of both the person with dementia and the carer. They found that the man repeatedly used 'enactment' – a combination of gestures, body movement, prosody and direct reported speech, to act out scenes or situations – in his conversations. His use of enactment made his conversations more successful than his limited verbal output and low scores on standardised language tests might predict. The man's family found that the project gave them a better understanding of his compensatory strategies, allowing them to, "find a greater level of meaning in his behaviour" (Kindell et al, p506).

This research highlights the importance of considering our clients' individual strategies in understanding their needs and planning therapy. Crucially, the use of a qualitative approach allowed for exploration of the client's unique skills. As the authors state, "this research did not set out to study enactment in semantic dementia; rather, the repeated use of enactment became observable following detailed data analysis." (p449)

Jackie told us that working in a multidisciplinary group opened her eyes to qualitative approaches, "When I did my masters in clinical research, the group was multidisciplinary.



I learnt a broader conception of health and healthcare from the other disciplines. I found that like me, the other SLTs were always focused on whether the interventions offered by speech and language therapy worked.

"I feel that while it is important to address this topic, other disciplines had a less constraining outlook and wanted to understand the lived experience of a variety of conditions, and to understand how health and social care professionals constructed, understood and delivered their work. Many of these questions are easier to deliver in small-scale qualitative work. The lack of understanding of qualitative research and the lack of value placed on it in our profession is a challenge."

*"Qualitative research gives us a deeper understanding of the lived experiences of the people with whom we work"*

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

## Why use qualitative approaches?

When asked why qualitative research is important, there was consensus among our survey respondents that it gives us a deeper understanding of the lived experiences of the people with whom we work. For example, in describing her work investigating parents' experiences of attending parent-focused intervention groups, Barbara Moseley-Harris found that taking a qualitative approach ensured the research team was as open to parents' own priorities as possible. This resulted in ideas grounded in the parents' experiences, and led to a tentative model of how to maximise the benefits and minimise the disadvantages of parent groups.

Kadia Acres, who has carried out qualitative research on aphasia assessment, says, "As clinicians we deal with the whole person. Research projects need to consider not only how effective therapy methods are, but also what people think of those methods. This has important implications for engagement, compliance, patient satisfaction and quality of life."

Some of you might be less sure of when to use qualitative research methodology. From the experiences of our survey respondents, it is clear they found qualitative approaches ideal for investigating novel areas, because they allow for the development of new theories and hypotheses. What was interesting was how much the

qualitative approaches that respondents reported to be using actually reflected many of the skills that SLTs use every day.

## What are the challenges?

As with all clinical research, qualitative research methodology brings with it certain demands that need careful consideration. Qualitative research often involves analysing large sets of data and the analysis requires great skill, extended time and patience, and attention to detail while at the same time being able to maintain a holistic overview.

As Penny Williams, another respondent, reminds us, "Interviewing, transcribing and analysing takes a long time; it is not an easy option. A qualitative approach should only be selected if it is what the research question requires."

What is interesting is how respondents viewed qualitative in comparison to quantitative research, in terms of its validity and reliability. Some felt qualitative methods are sometimes viewed as less valuable than the more traditional 'gold standard' quantitative approaches, and are yet to become fully accepted in health services research. The use of robust qualitative methodology is growing and as with any research, it is essential the methods used are rigorous. We strongly recommend that anyone taking their first steps in using qualitative methodology finds an experienced user to help walk them through the early stages.

## Don't go it alone

Our respondents suggest that networking and collaborating with other clinicians and researchers is the best way to get started. Justin Roe, another respondent, told us about the need to debrief. "It is a great

privilege to hear patient stories. It can be quite challenging, depending on the group, so it is important to be able to debrief. Work in partnership with people who have a strong track record in qualitative research," he says.

Look for research networks in your area, such as the North West Qualitative Research Group. Talk to colleagues, research champions and local hub members, speak to your local higher education institute, or get back in touch with your own university. Find out if placement students have qualitative research experience. Also, consider joining your local Council for Allied Health Professions Research (CAHPR) hub (<http://tinyurl.com/pr2ex2r>).

More and more clinicians and researchers are drawing on qualitative methodology to support their work, so why not go out and find out why and how they are doing it? If you are already using qualitative methods in your work, get in touch and tell us all about it. ■

**Professor Victoria Joffe, RCSLT Trustee for Research and Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk); @vjoffe. Vanessa Rogers, RSLT Research and Development Officer. Email: [vanessa.rogers@rcslt.org](mailto:vanessa.rogers@rcslt.org); @NesSLT**

**To find out more about the NW North West Qualitative Research Group, contact Julie Marshall (email: [J.E.Marshall@mmu.ac.uk](mailto:J.E.Marshall@mmu.ac.uk))**



## References & resources

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The School-Age Child Who Stutters:

## Working Effectively with Attitudes and Emotions ... A Workbook



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Nina Reardon, M.S.,  
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## Autism conferences for you



The National Autistic Society

### Women and girls on the autism spectrum

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### Supporting young people with autism

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### Challenging behaviour in people with autism

10 November, Exeter

### Pathological Demand Avoidance

26 November, Peterborough

### Autism and communication

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### 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 identify 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 Trial

Trainer: Andrew Andrews

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

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## Our monthly look at the latest in published research

# In the journals

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

### Lego for syntax

A multi-modal and metalinguistic approach to grammar (MetaTaal therapy) can affect grammatical skills in older school-age children with specific language impairment (SLI), Dutch research suggests.

Researchers chose children's difficulty with the syntax of relative clauses for therapy, with minimal reliance on reading ability. Twelve monolingual children participated (mean age: 11;02). All had a diagnosis of persistent SLI, with normal non-verbal ability and no co-morbid attention deficit hyperactivity or autism spectrum disorders.

Researchers assessed comprehension, production and recall of embedded sentences over a three-month period. A course of 10 individual therapy sessions followed in which the children used Lego (various shapes and sizes denoting different parts of speech) to build sentences on a base board. The researchers assessed the results three months later and calculated retention.

The children made significant, lasting progress in their production of relative clauses. Their comprehension of embedded clauses was not affected. The findings re-visit the importance of direct linguistic intervention with older children, who currently tend to be treated for the impact of SLI on their academic performance.

**Reviewed by Mary Pegler, Specialist SLT, Oxford Health NHS Foundation Trust, The Owl Therapies Centre, Oxford**

### Reference

Zwitserlood R, et al. MetaTaal: Enhancing complex syntax in children with specific language impairment – a metalinguistic and multimodal approach. *International Journal of Language and Communication Disorders* 2015; 50:3, 273-297.

### Morphology and syntax in late talkers

A comparison study shows late talkers (LTs) at age five differ from typically developing (TDs) age-matched peers on only one out of 14 tested morphemes.

Thirty-four LTs and 20 TD children took part in the study. All the LTs had first been recruited around two years of age. The children took part in play sessions and researchers coded their first 100 full utterances for the appropriate use or omission of a variety of morphemes.

The final list included nine of Brown's morphemes and five additional ones from the authors – personal pronouns, irregular past tense, modal verbs, auxiliary DO and negation. Morphemes not included were: on, possessive 's regular past tense, uncontractible auxiliary BE, derivational morphemes, such as *un*, *ly*, irregular plurals, auxiliary HAVE, adjectival verb suffixes *-ed*, *-ing*. The study also measured the children's syntax.

There was only one significant difference between LTs and TDs – third person regular *-s*. There were differences between other morphemes, but none reached statistical significance. The syntax results indicated that LTs had smaller mean length of utterance than TD at age five.

**Reviewed by Abigail Levin, Senior Lecturer Child Language, City University London**

### Reference

Rescorla L, Turner H. Morphology and syntax in late talkers at age 5. *Journal of Speech, Language and Hearing Research* 2015; 58, 434-444.

### Impairment-based language therapy

Intensive impairment-based language therapy for people with aphasia early post stroke can result in gains on behavioural and neurophysiological measures, according to this single case study.

A 47-year-old man underwent three consecutive therapy phases. The first – a block of intensive therapy lasting three weeks, comprising two hours per day, five days a week – began 10 days following a left hemisphere ischaemic stroke. The second – a block of less intensive therapy, comprising one hour per day, four days a week – lasted seven weeks. Following this was another block of therapy of the same intensity as the first. Assessment also took place after six months with no intervention. Therapy focused on connections between auditory phonology and semantics and sublexical processing.

Language significantly improved following the first intensive therapy phase, measured by the Aachen Aphasia Test, although there were no further improvements following the second or third treatment phases, possibly due to ceiling effects. These improvements were maintained during the period of no intervention. Additional neurophysiological assessments evaluated the impact of therapy on brain recovery.

The authors conclude that the behavioural and neurophysiological language improvements were based on the combination of spontaneous recovery and intensive impairment-based treatment.

**Reviewed by Dr Heather Waldron, Highly Specialist SLT, Sunderland Royal Hospital**

### Reference

Aerts A, et al. Aphasia therapy early after stroke: behavioural and neurophysiological changes in the acute and post-acute phases. *Aphasiology* 2015; 29:7, 845-871. <http://tinyurl.com/pcqal3w>

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not offer a critical appraisal. If you follow them up and apply your own critical appraisal,

## SEPTEMBER CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

**Send your CEN notice by email: [cen@rcslt.org](mailto:cen@rcslt.org) by 4 September for October, by 9 October for November and by 6 November for December. 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](mailto:venuehire@rcslt.org)**

#### South West Disorders of Fluency CEN

**15 September, 9.30 for 10am – 4pm**

Alex Ford, Marilyn Langevin, University of Alberta; Jane Bulbeck and Helen Jenkins, IFA World Congress, Lisbon. Conference Room, Education Centre, HMP, Eastwood Park, Gloucestershire GL12 8DB. Members and students free; guests £10 (includes annual membership). Bring own lunch. Email: Deborah.woolen@sompar.nhs.uk or tel: 01458 836 472

#### Yorkshire and Humberside Dysfluency CEN

**16 September, 9.30am – 12.30pm**

Feedback from the national CEN study day on cluttering and stuttering plus competencies, bandings and more. Stammering Support Centre, Leeds LS7 3EX.

For queries, tel: 0113 843 4331

#### Midlands FEES CEN

**17 September, 9.30am – 12.30pm**

FEES interpretation workshop. Bring and share footage (optional) at a FEES workshop with real patient examples from across the region; new product demonstration from Sheffmed, audit and article discussions plus review of RCSLT policy. Members/students £5; non-members £10. Paybody Building, Coventry Health Centre, Stoney Stanton Road, Coventry CV1 4FS. Email: debra.wilson@uhcw.nhs.uk to reserve place

#### South West Specific Speech Sound Impairment CEN

**17 September, 9am – 4.30pm**

Pam Williams – 'Update on Nuffield Dyspraxia Programme: Treatment approach and resources' and Sally Bates: 'Connected speech assessment: Typical and atypical patterns'. The Vassall Centre, Gill Avenue, Bristol BS16 2QQ. Non-members £20; members and students £15. Contact Leah Farrow at: SWSpeechCEN@gmail.com

#### South West Brain Injury CEN

**18 September, 11am – 4pm**

'Managing challenging behaviours and goal setting in acquired brain injury'. Opportunities for sharing knowledge, networking and more. Head Injury Therapy Unit, Frenchay Beckspool House, Bristol. £4. Email: adenman@natstar.ac.uk to reserve place

#### National CEN for Older Children and Young People with Developmental SLCN

**28 September, 10am – 4.30pm**

Focus on impact of recent SEND reforms on services to schools, assessments for the older age group and sharing of resources. Further details and venue on Basecamp in September. For details, email: vjoffe@city.ac.uk or clarev12@icloud.com

#### Bilingualism and Deafness CEN

**30 September**

Variety of research based topics relating to British Sign Language users. Longwill School for the Deaf, Birmingham. SLTs and interested Deaf/hearing colleagues welcome. £20. Email: lindsey.gagan@alphahospitals.co.uk

#### South Wales Paediatric Dysphagia SIG

**6 October, 9.30am – 3pm**

Talktools, therapy intervention in relation to sensory-based feeding disorders. SIG AGM Serennu Children's Centre, Cwrt Camlas, High Cross, Newport NP10 9LY. SIG members, free. New members, £15 (includes annual membership). Email s.walespaediatricdysphagiasig@gmail.com or tel: 01633 748061 for more information

#### Tracheostomy CEN

**6 October, 9am – 4pm**

Psychological/psychosocial effects of a tracheostomy, from ICU to home. Queen Square, London. £20 includes lunch; £10 for students. Contact Becky: 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 (including AGM)

**9 October, 9.15am – 4.30pm**

Includes 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. Annual membership (from 1 October) £25 – covers three study days. Liverpool. Email: kate.williams@nhs.net to book place

#### Central Neuro-Rehab CEN

**13-14 October, 9am – 5pm**

'Differential diagnosis and management of acquired motor speech disorders'. Speaker: 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

#### 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 Mainstream School CEN

**21 October, 2pm – 5pm**

Applications of new media in SLT. Julie Lachovitch, 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

#### 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

#### 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

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

**2 November, 9.30am – 4.30pm**

Study day for SLTs with interest in cleft palate and/or craniofacial anomalies. 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

#### Trent Dysphagia CEN

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

'Dysphagia practice initiatives, innovations and research' + AGM. Northern General Hospital Medical Education Centre, Sheffield S5 7AU. Members £5; non-members £10 (includes one-off membership fee). Pay on day (cheque/cash). Refreshments and lunch provided. Email: mark.jayes@sth.nhs.uk to reserve place

## SEPTEMBER CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

#### 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). To book, email: nicolll@  
moorhouseschool.co.uk. Visit: <http://moorhouse.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). To book, email: [scotland.dysphagiacen@nhs.net](mailto:scotland.dysphagiacen@nhs.net)

#### 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. To book, email: [Lindsay.Lovell@stgeorges.nhs.uk](mailto:Lindsay.Lovell@stgeorges.nhs.uk)

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

**17 November, 9am – 4.30pm**

Includes: Discover- 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. To book,  
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, the evidence for our  
work, the development of a position paper and  
assessment (bring assessment/screening/  
observation materials). Also evidence-based  
interventions and resources. West Heath School,  
Sevenoaks. Lunch provided. To confirm, email: amy.  
merchant@westheathschool.com by 14 October

#### 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. To book, email:  
[shelagh.benford@salisbury.nhs.uk](mailto: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. To book, email: Nafisa.  
shehu@merton.gov.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. To book,  
email: [Helen.Maclean@lanarkshire.scot.nhs.uk](mailto:Helen.Maclean@lanarkshire.scot.nhs.uk) or  
[a.colquhoun@nhs.net](mailto:a.colquhoun@nhs.net)

#### Promoting communication in the early years CEN

**2 December, 9.30am**

RCSLT registration. Impact and effective practice:  
Being/staying current. Members £20; non-  
members £30 to include membership until 31  
August 2016.

To book, email: [jayne.blincoe@walsallhealthcare.nhs.uk](mailto:jayne.blincoe@walsallhealthcare.nhs.uk)



**NEW** for the academic year



#### Vocabulary Voyage

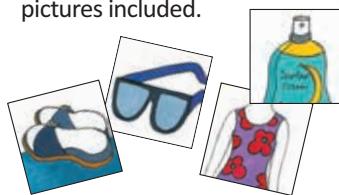
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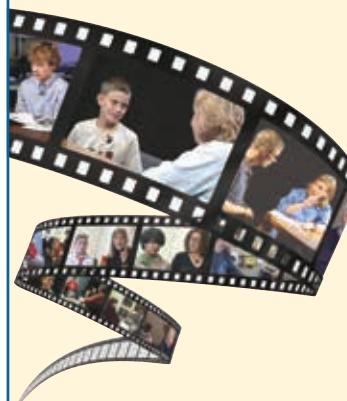


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Dynamic 2+ hour DVD demonstration of stammering  
therapy techniques by experts from around the world to  
help you work effectively with children and adults who  
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  - Explore stammering
  - Explore 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 MRCSTL (Hons); Willie Botterill, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSTL; Ali Berquez, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSTL; Alison Nicholas, MSc, BA (Hons), Cert MRCSTL; Jane Fry, MSc (Psych. Couns); Barry Guitar, Ph.D., University of Vermont; Peter Ramig, Ph.D., University of Colorado-Boulder; Patricia Zebrowski, Ph.D., University of Iowa; and June Campbell, M.A., private practice, provided additional footage.



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

# Obituary

## Dave Rowley

1951 – 2015

Many of us in the speech and language therapy world will have been shocked and saddened to hear of the sudden death of Dave Rowley from a heart attack at the early age of 63. He was a psychologist who spent his career teaching SLT students and researching in the speech and language therapy field.

Dave obtained a BA (Hons) in Psychology from the University of Reading in 1974 and went straight into an academic career, which began at Hull University. Two years later, he moved to Leicester Polytechnic (which later became De Montfort University) where he remained until he took early retirement in July 2011. During this time, he lectured in psycholinguistics, research methods and dysfluency.

His publications as author and editor were diverse and extensive, ranging from information technology to sickle cell disease. However, it is his work in the field of dysfluency for which he is best known

to researchers and clinicians in the world of speech and language therapy.

One of Dave's great strengths was his ability to bring people together, a skill he utilised in his organisation of the Oxford Dysfluency Conferences (ODC). Dave started these conferences in 1985 with Lena Rustin, Harry Purser and Chris Code. He continued to run the conferences over the next 30 years with others from De Montfort University and the Michael Palin Centre, including Kevin Baker, Frances Cook, Willie Botterill and Sharon Millard.

Dave helped to develop these conferences into an event with an international reputation for the integration of scientific study and clinical application. He was working on the ODC 2014 proceedings at the time of his death. He had a love for conferences and the community of

stuttering and was a regular attender at International Fluency Association and International Stuttering Association conferences.

He was generous in his support of others who were developing their research careers and had a strong commitment to encouraging research and disseminating findings to individuals and countries with limited resources. So, in many ways, conferences were his perfect forum. More recently, he applied his unique conference organising skills to ensuring the success of the triennial Croatia Stuttering Symposium. He had been planning the 2016 event with Suzana Jelčić-Jakšić and Mark Onslow when he died.

Many who knew Dave – his students, colleagues and friends – will remember him as friendly, dry witted and completely ‘unflappable’, with a love of good food, good company and single malt whiskey.

After his retirement, he relocated to Croatia, where he and his partner, Suzana, had found their dream of a country cottage by a stream outside Zagreb. They were weeks from finishing its renovations when his tragic death occurred. In addition to Suzana, Dave leaves behind family in the UK, including his son, Darcy, and daughter, Leilah.

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**Sharon Millard, Chris Code  
and Mark Onslow**



*“One of Dave's great strengths was his ability to bring people together, a skill he utilised in his organisation of the Oxford Dysfluency Conferences”*

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**Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HS1 2AF**

**Speech and Language Therapy Department**

**Additional Support Needs/Learning Difficulties/Autism**

**Highly Specialist Speech & Language Therapist**

**Band 7: £31,383 - £41,373 plus £966 Distant Islands Allowance**

**37.5 hours per week**

NHS

Eileanan Siar  
Western Isles

Ref:WI1014a

The post holder will:

- Be based in a modern, well-equipped hospital on the Isle of Lewis
- Have access to training on and off island or via video conference
- Have access to study facilities available within the University of Stirling Campus, which is housed in the Western Isles Hospital.

Temporary health board accommodation may be available. Return fare and subsistence for the period of the interview will be provided. A car driver is required for this post due to the spread of locations across the islands. This post is not eligible for relocation expenses. The successful applicant will be required to register with the PVG (Protecting Vulnerable Groups) Scheme.

For further information please contact Christine Lapsley, Speech and Language Therapy Manager, Tel: 01870 603 241 or 07769 932 180. SHOW website: [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

The Western Isles offers a safe and pleasant environment to live and work in. Housing costs and crime rates are relatively low. There are daily travel connections to the mainland via air and ferry. For more information on living and working in the Western Isles visit the websites: <http://www.wihb.scot.nhs.uk/wihrr.pdf> and <http://www.visitouterhebrides.co.uk/>.

*An application form and job description can be obtained from the Human Resources Dept., Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HS1 2AF.  
Tel: 01851 762006 or 2005. Email: [wi-hb.recruit@nhs.net](mailto:wi-hb.recruit@nhs.net).*

*Closing date: 28 September 2015.*



[www.jobs.scot.nhs.uk](http://www.jobs.scot.nhs.uk)

## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215

### Paediatric Speech & Language Therapist, London

Allen Speech & Language Ltd is looking for an experienced, dynamic and motivated SLT to join the team. The post is term time only, two days a week, with paid holidays. The applicant will work in all areas of London as part of an outreach team for a group of Independent Schools for students aged 7-19 with ASD and ESBD.



Experience is desirable although NQTs will be considered, salary dependent on experience. Relevant qualifications, HCPC, RCSLT registration and enhanced DBS checks required.

To discuss the post further please contact Jessica on 07739 128433 or e-mail [Jessica@AllenSpeechandLanguage.co.uk](mailto:Jessica@AllenSpeechandLanguage.co.uk)

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

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### Speech & Language Therapist Vacancy – Based in Gloucestershire (primarily Stroud and North Locality)

Salary – Band 7 (£31,072-£40,964 per annum)

Vacancy Reference: 327-15-192

This is an exciting opportunity to join our dynamic community learning disability team (CLDT) service. Person-centred coordinated care is a fundamental value throughout all services delivered by 2gether NHS Foundation Trust and we are keen to find a dedicated clinician to help us continue to deliver this.

We have a full time (37.5 hours per week), permanent vacancy for a band 7 Speech and Language Therapist. We welcome applications from HCPC registered Speech & Language Therapists with significant experience in supporting adults with learning disabilities who have communication and/or dysphagia needs. We are looking for a highly motivated, enthusiastic individual with excellent organisational and interpersonal skills.

There will be close working with colleagues from psychiatry, psychology, nursing, physiotherapy and occupational therapy and you will be expected to liaise and support clients, carers and professionals across services and agencies.

Speech and Language Therapy enjoys a high profile within the Trust and currently there are 8.6 WTE therapists in our team. We enjoy excellent working relationships with colleagues from other professions and close multi-disciplinary working is firmly embedded in our culture.

CPD is fully supported and encouraged and statutory and mandatory training is provided. Supervision and support will be provided by the Head of Profession for Speech & Language Therapy and the CLDT Manager.

If you would like an informal discussion or to arrange a visit (we strongly encourage both) please contact Lauren Wardman-Davies, Head of Profession for Speech and Language Therapy and Dietetics on 01452 321000 or [lauren.wardman-davies@glos.nhs.uk](mailto:lauren.wardman-davies@glos.nhs.uk)

Closing Date: 1st October 2015

Interview Date: 7th October 2015

To apply for this vacancy please visit [www.jobs.nhs.uk](http://www.jobs.nhs.uk) and search under vacancy reference number 327-15-192



The Speech Therapy Practice are looking for a dynamic, enthusiastic **speech and language therapist** to work part time, term time only with our growing team of speech therapists.

The post is to work in two mainstream schools in Birmingham providing hands on therapy to children with a range of needs.

Full support and supervision will be provided. Salary is dependent on experience. We can support you through your NQT competencies if this will be your first post.

For an information pack please email [bethan@thespeechtherapyparice.com](mailto:bethan@thespeechtherapyparice.com)

For an informal discussion please call Jo on 07904981462.

Closing date 18th September.

Interviews 25th September.



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St. Anthony's School is an outstanding special school that caters for pupils aged 5-16 years with complex learning needs.



## SPEECH AND LANGUAGE THERAPIST

Required from October 2015, or as soon as possible thereafter, to support our Speech & Language provision in School.

**The school would consider both Full Time and Part Time**

An exciting opportunity has arisen to join staff at this outstanding school. We are looking for a dynamic, experienced, committed and enthusiastic qualified Speech and Language Therapist who has experience of working in schools and delivering training to a range of audiences. The appointed person will work alongside the NHS Speech & Language Therapy team and teaching staff. The role will involve developing curriculum resources to support speech, language and communication in lessons, delivering training and Inset to staff and parents, working within classes, and providing support to our partner mainstream schools.

**Salary range: Equivalent to NHS Grade 7. We are prepared to provide a flexible contract for the successful candidate.**

To arrange an informal discussion, organise an appointment for a visit, or request an application form, contact Mrs Kimberley Turner, on 01243 785965 or email: [officeadmin@st-anthonys.w-sussex.sch.uk](mailto:officeadmin@st-anthonys.w-sussex.sch.uk). Visits to the school by applicants are welcomed.

The above post is subject to an Enhanced DBS check.

**Closing date for applications will be Friday 25th September 2015.**

To find out more about the school visit our website at:  
[www.st-anthonys.w-sussex.sch.uk](http://www.st-anthonys.w-sussex.sch.uk)



## Specialist Speech & Language Therapist

**• BAND 6 £26,041 - £34,876 P.A. PRO RATA • REF: 830-NL0487-A**

We are looking for enthusiastic and caring Speech & Language Therapists to join our friendly and supportive community Adult Speech & Language Therapy team. We work mainly with adults living with a congenital or acquired neurological condition and also offer a service within an Intermediate Care Setting. We operate within a locality model across Liverpool but operate from a central base near Sefton Park, where we hold regular case discussion, team meetings, line management and supervision plus in-service training and journal club. We apply the Malcomess Care Aims model to our practice and offer ongoing training and peer support to implement this. We provide formal training to carers and staff teams for both Dysphagia and Communication and take part in joint projects with stakeholders in our localities. We have Communication Aid Assistant support around AAC including the loan of high tech communication aids. You will work within this locality model, supported by Highly Specialist and Expert Practitioner SLTs.

Our patients continually acknowledge the high quality care we provide. We believe in making your working life rewarding and successful. Full and part-time applications will be considered.

**For an informal discussion, please ring Gillian Dowman on 0151 296 7403.**

**If you wish to apply please visit: [www.healthjobsuk.com](http://www.healthjobsuk.com) and quote the job reference number 830-NL0487-A.**

**Closing Date: Wednesday 23 September 2015.**

We are committed to promoting equality and diversity and aim for a workforce representative of the community we serve. We operate Zero Tolerance to aggression, violence, bullying and harassment and will make reasonable adjustments to ensure our recruitment and selection process is accessible to all.



# NEW JOB?

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

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

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



## APPOINTMENTS

CALL PHILIP OWUSU-DARKWAH ON 020 7880 6215



## Full Time Speech and Language Therapist (Level 5)

October 2015

The school, rated "Outstanding" by Ofsted, caters for boys aged 8-18 who, in spite of their ability, are not achieving as they should because of a specific learning difficulty. More House has a happy and supportive atmosphere which encourages boys to thrive. There are 440 on roll.

We seek an enthusiastic and adaptable Band 5 therapist to join our innovative and lively department. There are plenty of opportunities to do CPD and research.

For an application pack, please contact the Headmaster's PA, Mrs Secker-Barker on [headmasterspa@morehouseschool.co.uk](mailto:headmasterspa@morehouseschool.co.uk) or T: 01252 792303.

Closing Date for applications 5pm Friday 2nd October 2015  
With interviews expected to be held Monday 12th October 2015

*More House School is firmly committed to safeguarding children.  
Applications will be subject to an enhanced DBS check and satisfactory references.*

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



## Band 7 Speech & Language therapist

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- Full time Band 7 AfC
- Support of small, enthusiastic team

The post is based in Caithness as part of the N & W Highland SLT adult and paediatric service

**Offering experience with**

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Applications from:  
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happy to discuss



Closing date:  
30th September

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# bulletin



## **Picture Exchange Communication System (PECS)**

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## **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](http://www.talkingmats.com), email: [info@talkingmats.com](mailto:info@talkingmats.com), tel: 01786 479 511

## **14 September, London**

### **VERVEing with parents**

5 October – VERVEing with practitioners. VERVE – Video, Endorse, Respect, Vitalise, Eyes. Full-day training workshop with Keena Cummins. £150. How to optimise opportunity for all children with communication difficulties through the art of video and the talents of their familiar adults. For further details, email: [keena@keena.cummings.co.uk](mailto:keena@keena.cummings.co.uk), visit: [www.keena.cummings.co.uk](http://www.keena.cummings.co.uk)

## **16 September, Redbank House Manchester M8 8QA**

### **TalkTools study day**

New to TalkTools? Come along and find out more. Already using TalkTools? Update and expand your knowledge and skills. Only £45 per person. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk) email: [info@eg-training.co.uk](mailto:info@eg-training.co.uk), tel: 01530 274 747

## **25–26 September, Gatwick Hilton Hotel**

### **Understanding and dealing with behaviour problems following brain injury**

This two-day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. £175. Email: [enquiries@braintreentraining.co.uk](mailto:enquiries@braintreentraining.co.uk), tel: 01276 472 369. Full course details at: [www.braintreentraining.co.uk/ceb\\_spf.php?id=45](http://www.braintreentraining.co.uk/ceb_spf.php?id=45)

## **3 October, Southwark London**

### **Communication Therapy International (CTI)**

CTI, a network for SLTs interested in working in low-resource countries, is holding its study day. Cost £10 unwaged/students, £15 waged.

For more information and contact details, visit: <https://comtherapint.wordpress.com>

## **3 October, Birmingham (other dates/venues available)**

### **ASLTIP: Developing your independent practice**

Already working independently? This course will provide business development advice and ideas to help you to expand your practice, including taking on staff and tendering for contracts. Visit: [www.helpwithtalking.com](http://www.helpwithtalking.com)

## **5–6 October, Freeman Hospital, Newcastle upon Tyne**

### **Firming our foundations and moving forward with dysphagia management**

Two-day course with Maggie Lee Huckabee. £55 NESTA members; £110 non-NESTA members. Email: [sheila.wight@nuth.nhs.uk](mailto:sheila.wight@nuth.nhs.uk) for more information and application form.

## **5 October, Dublin**

### **Introduction to speech sound disorders**

One-day workshop presented by Dr Caroline Bowen at The Carlton Hotel, Dublin Airport (free shuttlebus to/from the airport). Online booking at: [www.sensationalkids.ie](http://www.sensationalkids.ie) or tel: +353 45 520 900

## **6 October, Dublin**

### **Assessment and treatment of childhood apraxia of speech**

One-day workshop presented by Dr Caroline Bowen at The Carlton Hotel, Dublin Airport (free shuttlebus to/from the airport). Online booking at: [www.sensationalkids.ie](http://www.sensationalkids.ie) or tel: +353 45 520 900

## **7–8 October, Edinburgh**

### **Working with listening and auditory processing difficulties**

Understanding profiling and managing auditory processing difficulties. Two-day course for professionals working with clients with listening difficulties. £300 (Early Bird £275).

Email: [camilia@johansenias.com](mailto:camilia@johansenias.com), tel: 0131 337 5427

## **12–16 October, London**

### **Adult dysphagia training – theoretical course**

One-week intensive course aimed to provide participants/NQT with theoretical knowledge to assess and manage adults with acquired dysphagia. £300.

Email: [Judith.jackson3@nhs.net](mailto:Judith.jackson3@nhs.net), tel: 0207 288 5546

## **13–14 October, 9am – 5pm, Birmingham Botanical Gardens**

### **Differential diagnosis and management of acquired motor speech disorders**

With Dr Joseph R. Duffy, Mayo Clinic. Central Neuro Rehab CEN Members £160; non-members £210.

Email: [centralneurorehabcen@gmail.com](mailto:centralneurorehabcen@gmail.com). Closing date: 25 September.

## **16 October, Birmingham**

### **Dr Caroline Bowen at Birmingham City University**

Come explore and apply evidence-based interventions for children's speech sound disorders covering: four minimal pair approaches, vowel intervention and core vocabulary. Interactive workshop limited to 50 places. £120 including lunch.

Visit: <http://store.bcu.ac.uk> to book a place/further information.

Email: [oonagh.reilly@bcu.ac.uk](mailto:oonagh.reilly@bcu.ac.uk)

## **19–20 October**

### **Swindon Fluency Packs training**

Working with children who stammer 6–17 years. Includes group work, solution-focused practice, working with parents, introducing strategies to children. CD of packs included.

For information pack, contact Gaby Smith, email: [gsmith@swindon.gov.uk](mailto:gsmith@swindon.gov.uk)

## **23 October, Gatwick Hilton Hotel**

### **How to do cognitive rehabilitation workshop**

This one-day interactive workshop is suitable for professionals working with adults who have cognitive problems following brain injury. £85. Email: [enquiries@braintreentraining.co.uk](mailto:enquiries@braintreentraining.co.uk), tel: 01276 472 369. Full course details at: [www.braintreentraining.co.uk/howtodocr\\_spf.php?id=46](http://www.braintreentraining.co.uk/howtodocr_spf.php?id=46)

## **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](http://www.britishvoiceassociation.org.uk) (Events and Courses). Email: [administrator@britishvoiceassociation.org.uk](mailto:administrator@britishvoiceassociation.org.uk)

## **28–29 October, Colchester**

### **Speech sound intervention with Caroline Bowen**

'Participants will review a range of evidence-based, theoretically sound approaches, procedures, and activities in terms of their practicability and efficiency in the 'real' world of clinical practice'. Email: [provide.childrenslt@nhs.net](mailto:provide.childrenslt@nhs.net)

## **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](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## **5–6 November, RCSLT London**

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

Equips SLTs specialist FE tutors and teachers in sixth forms to provide practical, accredited, evidence-informed training to staff working in secondary school and further education settings. Teacher/therapist teams welcome. £450 pp (£470 as of 1 Jan 2016). Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## **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](mailto:Spldsiglondon@gmail.com)

## **18 November, London**

### **Working with patients with disorders of consciousness for SLTs, RHN**

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, Contact: [institute@rhn.org.uk](mailto:institute@rhn.org.uk) or 0208 780 4500 x5140

## **20 November, RCSLT London**

### **Word Aware: a joined up approach to teaching vocabulary**

Practical, whole school curriculum based approach. Suitable for teachers and SLTs. Trainers: Stephen Parsons and Anna Branagan. £130, including book. Contact Kevin Foster on 07989 279 294 or visit: [www.thinkingtalking.co.uk](http://www.thinkingtalking.co.uk)

## **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](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## **24–25 November, RCSLT London; 10–11 March, Ramada Hotel, Salford Quays**

### **Elklan Total Training Package for 5–11s**

Equips SLTs and teaching advisers to provide practical, accredited, evidence-informed training to education staff and SLTAs. £450 pp (£470 from Jan 2016). Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

## **25 November, The Ear Foundation; Practical apps: Technology for listening and language**

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

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

### **Elklan total training package for 11–16s**

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](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

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

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

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



**BOOK YOUR  
QUICK LOOK  
DATE TODAY**

Contact Beth Fifield to book:  
Tel: 020 7324 2735 or email:  
[beth.fifield@redactive.co.uk](mailto:beth.fifield@redactive.co.uk)

## QUICK LOOK DATES

### 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

### 30 November, RCSLT London

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

This course is designed for SLTAs, HLTAAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for 5-11s. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, 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. Now open to SLTs with no previous Hanen training. Visit: [www.hanen.org/LLLIICertificationWorkshop](http://www.hanen.org/LLLIICertificationWorkshop), email: info@hanen.org. Sign up for notification.

### 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

### 11-15 January, Institute of Education London

#### Working with deaf people: Part 1

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

### 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, tel: 0131 337 5427

### 4-5 February, UCL Institute of Child Health

#### 6th UK Swallowing Research Group Conference

Topics will include telehealth, swallowing apps, emerging treatments and controversies, ethics, neurodegeneration, oral pain and craniofacial defects. For details visit: <http://tinyurl.com/pyczu7>

### 29 February – 3 March, Birmingham

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

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

### 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](http://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](http://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](http://www.elklan.co.uk)

## SAVE THE DATE: 7 OCTOBER 2015

THE RCSLT STUDY DAY AND ANNUAL GENERAL MEETING  
will take place at Warwick University on 7 October 2015.

[http://www.rcslt.org/news/events/forthcoming\\_events](http://www.rcslt.org/news/events/forthcoming_events)

From learning to talk to talking to learn...

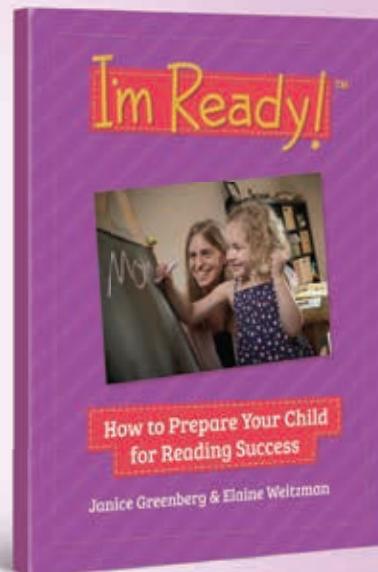
## Are you supporting families at every step?

As an SLT, you play a critical role in helping young children progress from learning to use language to using language to learn.

Once they start speaking in sentences, children with language delay need extra support to make this progression and start using the higher-level language skills that support critical thinking and literacy development.

With The Hanen Centre's I'm Ready!™ guidebook, you can help families promote their child's learning during everyday conversations and activities. Written in simple language and beautifully illustrated, this guidebook helps parents build the key early literacy skills that prepare their child for academic success – abstract language, vocabulary, print knowledge and story comprehension.

Order through our UK distributor, Winslow Resources, at  
[www.winslowresources.com](http://www.winslowresources.com)



 The Hanen Centre®  
Helping You Help Children Communicate

[www.hanen.org/ImReady](http://www.hanen.org/ImReady)

*“Some interviewers may ask for a presentation, group task or assessment analysis”*

**W**hen I graduated in 2014, my first few job applications didn't even get me an interview. I despaired, panicked and learnt from mistakes. On a positive note, everyone who started looking for work at the same time as me, now has a job. We are spread all over the UK. Although most of us work in the NHS a few work directly for schools and families. Having consulted with peers, these are my top tips for those who have graduated this year.

## Where to look

Sign up to the NHS Jobs alert. Occasionally jobs are misadvertised as Band 6 or assistant posts so it is worth double-checking. Private jobs, schools, charities and some NHS trusts advertise on the RCSLT jobs website and in the Bulletin, through universities' email lists and increasingly through social media. Some local authorities employ SLTs directly and have their own jobs websites. If you are moving away from your university's locality, join the local RCSLT Hub and clinical excellence networks, because other SLTs may know of opportunities coming up.

## Applying

There are always a few people in the cohort who manage to secure jobs before you have finished the course. That's brilliant for them, but don't let it alarm you. Many employers will not consider applications until you have gained your Health Care Professions Council registration. Phone the employer to see how flexible they are. If they say 'no', don't waste time tailoring a personal statement that they will reject immediately.

Ask questions about working hours, client groups, training and anything else important to you. Jobs advertised as part



time or term-time only can often be more flexible than how they first appear, so don't reject them immediately.

When writing your personal statement, tick off every one of those essential personal specifications. It may seem obvious that you have 'good concentration skills' but you won't get a tick for that box unless you state it. Use the headings in the person specifications as a structure, because an employer will like that you have made life easy for them. Share personal statements with your friends, especially those who manage to get interviews, to see if you are on the right lines.

## Interview time

You've got an interview – well done. Check out the Facebook group, 'NQT Speechies CPD and Dropbox and Support'. They have compiled a list of tips and interview questions. Practise your answers with a friend, a mirror or write them down if it helps. Find out about the structure of the

employer's organisation and any research or specialist areas they have been involved in, both to show enthusiasm and to give yourself an insight.

Be prepared for a panel who may not give you any feedback. Don't let that dishearten you; they are trying to be fair on all the candidates. Try to structure your answers and keep talking until you run out of things to say. Look into the demographics of the area and any research the team has been involved in. Some interviewers may ask for a presentation, group task or assessment analysis. Some may not even warn you of this extra task. Don't worry, just read over your university notes so you are ready for anything.

## Job offer

Congratulations on getting a job offer; however, don't start spending your first month's pay immediately. You may have to wait a while to start your job. Some of my peers got a job offer and waited months (the longest over four months from applying) to start their new position.

Some private jobs are more private than others. Certain private jobs for established companies, charities or schools have structures in place for supervision and many colleagues to ask for help from; with others you can be completely solo and you may have to organise your own supervision. It is worth checking with the RCSLT regarding insurance and boundaries before you accept.

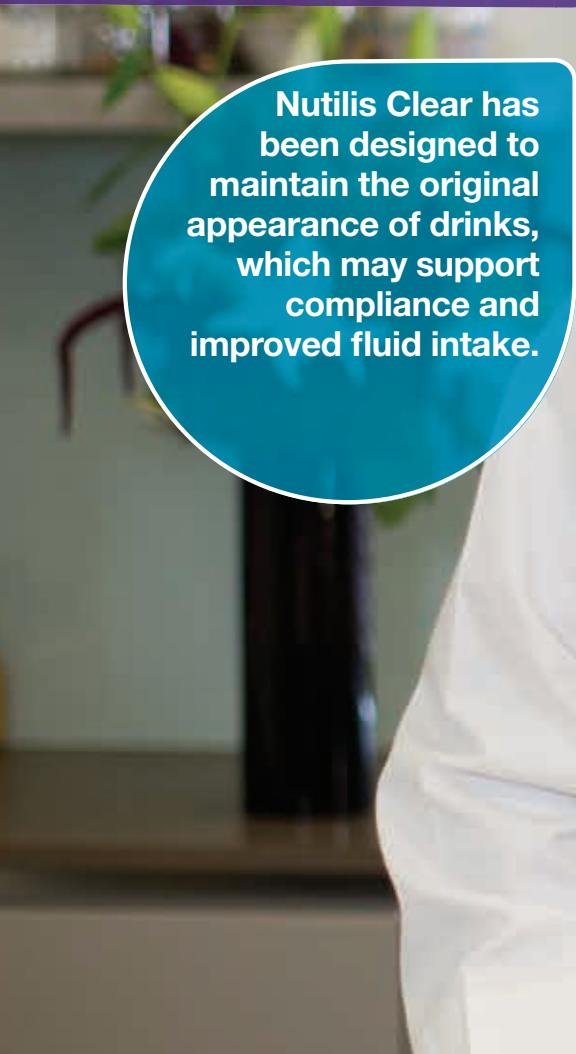
Best of luck on the job hunt and start of your new career. ■

### 'Starting your career as an SLT':

<http://tinyurl.com/pvg8vt>  
RCSLT Jobs: [www.speech-language-therapy-jobs.org/](http://www.speech-language-therapy-jobs.org/)  
NHS Jobs: <https://www.jobs.nhs.uk/>  
NQP Speechies CPD Dropbox and Support: <http://tinyurl.com/otc3cc5>

# NEW MyNutilis

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



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

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



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

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



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

 **NUTRICIA**  
**Nutilis**  
Clear