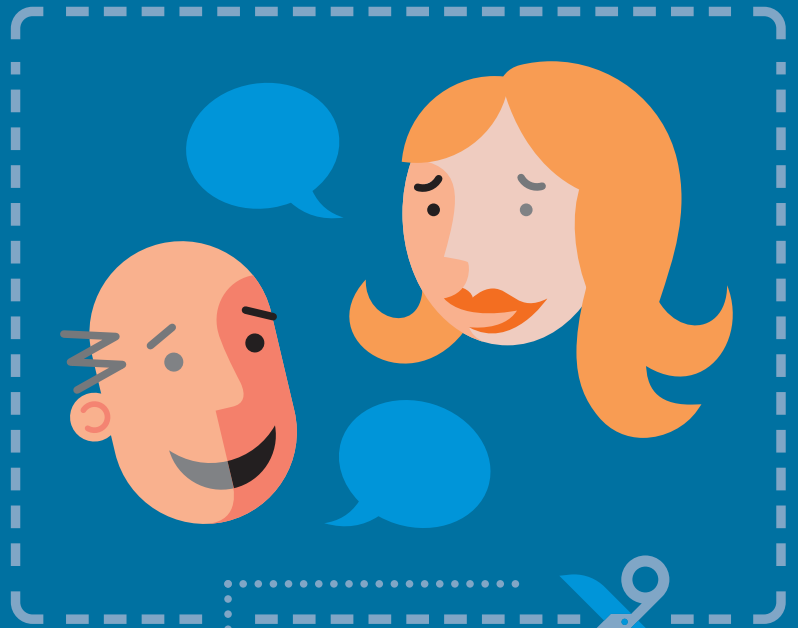


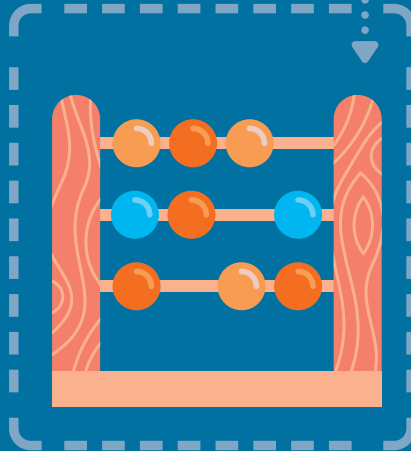
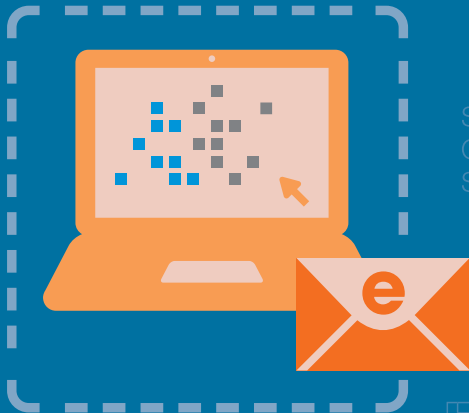
bulletin

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

February 2013 | www.rcslt.org



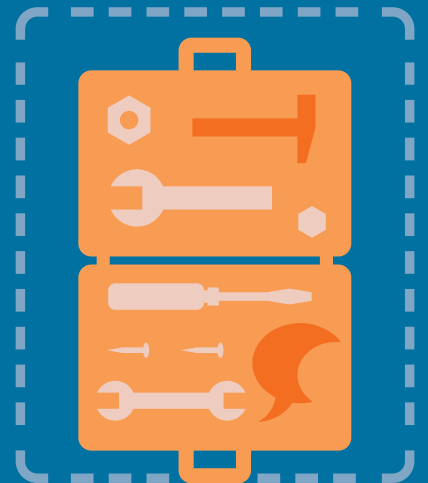
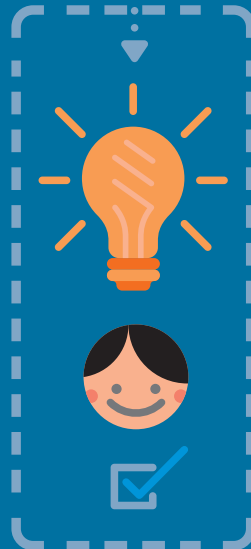
S.O.S.



Developing a safer approach to risk feeding

Perspectives on supervision and the revised RCSLT guidelines

The RCSLT Honours 2012



Facing cuts? Keep calm and start negotiating
Steps to take when your service is threatened

Stuttering: Basic Clinical Skills

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- ▶ Holding/ tolerating moment of stuttering
- ▶ Pullouts
- ▶ Cancellations
- ▶ Making change durable
- ▶ Transfer
- ▶ Disclosure

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



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PROVING OUR WORTH:

making the case for evidence-based practice in Wales

Wednesday, 20 February 2013

RCSLT, Transport House, Cardiff CF11 9SB

In the current climate of austerity measures, the focus of this study day will be on reinforcing the importance of outcomes and evidence-based practice to improve levels of service delivery. The day will pay particular attention to this in light of the strategic direction in NHS Wales and the policy document Achieving Excellence.

With a combination of keynote speakers, presentations and interactive sessions the event will provide an excellent CPD opportunity in addition to sharing best practice and new innovations.

Speakers include:

- NHS Wales Chief Exec David Sissling
- RCSLT Chair of Council Bryony Simpson
- RCSLT CEO Kamini Gadhok, MBE

- RCSLT Councillor for Research and Development Dr Vicky Joffe
- Dr Tony Munton (the Right to Know)

Book your place today

Delegate fees:

RCSLT members £25 inc VAT

Non-members £55 inc VAT

Includes lunch, refreshments and materials.

Places are limited: book early to avoid disappointment. For more details about the event and how to book, visit:

www.rcslt.org/news/events/wales_day_2013

www.rcslt.org



EDITORIAL

Cuts versus quality

As I write this editorial, the RCSLT is awaiting the release of the Francis Inquiry report into the failings in care standards at Mid Staffordshire NHS Foundation Trust. By all accounts, Robert Francis' publication will send shockwaves through health and social care, and spark a much deeper scrutiny of the quality of care in England's hospitals.

The report comes at a time when local decision-makers are asking speech and language therapy services to cut budgets, work with fewer and less-qualified staff, and ration the services they provide. It will hopefully provide a powerful lever for those trying to defend quality standards against local decisions focused more on cost savings.

In light of your responses to our 2012 cuts survey and our experiences with

individual services we have put together a must-read guide for anyone facing cuts (pages 12-15). We hope this will provide you with an approach on which to base your negotiations and a range of resources, including our cuts toolkit, that will inform your arguments. Please remember, the RCSLT is here to help, so keep us up to date with what's happening in your area.

Many thanks to those who took part in the 2012 Bulletin reader survey. We've had some very useful feedback and will discuss your comments in the March issue. Congratulations go to Erin Hobbs from Aston Ingham, Herefordshire - our £50 prize draw winner.

Steven Harulow
Bulletin editor
 bulletin@rcslt.org

“The RCSLT is here to help. Keep us up to date with what’s happening in your area”



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Your VIEW

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)



Tweet Talk

Mike Richards @
speechtoolkit

Love Christos Salis' article about ACTNoW in @RCSLT The Bulletin. Great to have such a thorough response to hand for front line clinicians

Angharad Gardner @_
HazGardner

About being an SLT: Always be the swan – graceful on top, paddling like mad underneath, never let anyone see how fast your feet are paddling

lucy nicoll @lucynicoll1
New year resolution – contribute towards evidence based practise in speech & language therapy! Day 1 in school 2moro! #slPeeps @RCSLTslt@The_HCPC x

Seray Ibrahim @
speechie_seray

Statistics means never having to say you're certain... Huff '54. #slpeeps @EvidenceMatters @RCSLT

Shadowing promotes understanding

I read Deborah Hansen's column in October's issue of the Bulletin ('Forty-five minutes of therapy per day?' p11) and was saddened to hear of her experience in the stroke ward.

I work in the acute stroke sector and feel that all too often patients are left in the dark about their condition and their abilities. Our ward has been provided with communication charts and aphasia-friendly documents to help explain about their stroke. However, at times you do hear medical staff in indepth conversation with a patient who has significant receptive aphasia.

We are working closely with the ward and nursing staff to try and change this. One of the best ways I find is to allow students from other healthcare professions to shadow me and we discuss the impact that my assessment results would have on their daily tasks. The students have all reported back positively on this and it is my hope that they will remember their experiences on the ward in their future careers.

Katy Paterson
SLT Foresterhill, Aberdeen

Join the #slpeeps community

As a student SLT in my final year of practice I have found my support network has grown and grown. I have had such wonderful conversations, discussed my day, shared my problems and received solutions, and feel that I am in a wide community of SLTs. Although I do not feel completely confident to go out and practise autonomously, I feel I will be supported throughout that process.

Those people are my #slpeeps. The growing community on Twitter has astounded me. While I joined as a social idea to keep in touch with friends abroad I began to search for other SLTs and found a large supportive community at my feet. From the UK to the US, Australia and New Zealand, I am completely surrounded by knowledge, advice and problem solvers.

So, my letter is to say that Twitter has helped me develop who I am as a student practitioner and I hope it will guide me through my newly-qualified competencies and beyond. I want to say to any SLT, student SLT or SLTA that you should explore the world of Twitter not only to develop your own thinking, but to share your thinking with others. And don't forget to follow me @GemSLT

Gemma Biles
Student SLT, 2nd Year MSc SLT Pre-registration, University of Essex

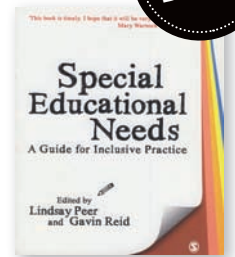
FOLLOW THE RCSLT ON [facebook](#) AND [twitter](#)



VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

The RCSLT prize draw

Bulletin readers can win a copy of 'Special Educational Needs: A Guide for Inclusive Practice'. Email your name, address and membership number to prizedraw@rcslt.org and put 'February draw' in the subject line. Entries close 14 February. December's winner was Sarah Allinson from Tadworth.



RCSLT Web Poll
Have your say...



Can you access online speech and language therapy journals?

60% say no



VISIT: WWW.RCSLT.ORG

RCSLT membership renewals 2013-2014

RCSLT membership: your essential advantage in these times of austerity

You will very soon receive your 2013-2014 RCSLT membership renewal information by post. This shows your personal membership fees and outlines the benefits of being an RCSLT member – from professional indemnity insurance to exclusive online resources; from help with continuing professional development to resources to cope with financial cuts.

If you pay your fees by direct debit you do not have to return any paperwork – we will renew your membership automatically. If you need to change your membership category, your personal details or the way in which you pay your fees please contact the membership team (see right).

This year, in response to the situation faced by some of our newly-qualified practitioners, we have introduced the new membership category of 'Unemployed NQP'. The annual rate for this category is the same as for student members and we hope the move will help NQPs while they look for work.

Deadline 1 April 2013

Our insurers tell us that the

“More than 12,000 members now pay by direct debit and benefit from a £10 discount on their fees”

RCSLT's professional indemnity insurance covers fully paid-up members only. This means our insurance policy will not cover those who pay by cheque or credit card after 1 April. Cover will resume once you make your payment. Please do not leave your membership renewal until the last minute in case the time it takes us to process it means

you are not included in the list of members we send to our insurers on 1 April.

Direct debit benefits

If you bank in the UK switching to direct debit will save you time and money. More than 12,000 members now pay by direct debit and benefit from a £10 discount on their fees.

Late renewals

Some members choose to renew their membership outside the usual renewals period. If you rejoin after the renewals period, you will still be liable for your fees on the full-year basis. However, you will not be covered by RCSLT insurance or have access to member-only areas of the RCSLT website, including the CPD diary, while you are not paid up.

© The RCSLT membership team can answer membership questions. Email: membership@rcslt.org tel: 020 7378 3008/3012. If you have not heard from us about renewing your membership by 1 March 2013 please get in touch.

RCSLT fees 2013-2014

Membership type	Annual direct debit fee (£)	Direct debit per month (£)*	Full fee (cheque or credit card) (£)
Practising UK (CertMRCSLT)	213	17.75	223
Practising overseas (CertMRCSLT)	240	20.00	250
Newly-qualified practitioner (MRCSLT)	132	11.00	142
Newly-qualified practitioner overseas (MRCSLT)	159	13.25	169
Unemployed newly-qualified practitioner (MRCSLT)	33	2.75	43
Non-practising (MRCSLT)	132	11.00	142
Non-practising overseas (MRCSLT)	159	13.25	169
Associate (MRCSLT)	75	6.25	85
International member (MRCSLT)	240	20.00	250
Returners (MRCSLT)	127	10.58	137
Returners overseas (MRCSLT)	154	12.83	164
Retired (MRCSLT)	52	4.33	62
Retired overseas (MRCSLT)	79	6.58	89
Students (MRCSLT) (Yearly)	33	2.75	43
Student overseas	60	5.00	70
Individual subscriber UK	32	2.67	42
Individual subscriber (overseas)	59	4.92	69
Corporate subscriber	94	7.83	104
Corporate subscriber (overseas)	121	10.08	131
Supervised trained overseas practioners	213	17.75	223
Overseas = not resident in the UK. Fees listed here include supplemental mailing charge			
* Includes £10 discount			

BCRP report examines policy, practice and research

Three-year study highlights complexity of children's SLCN provision and calls for reform

Joint commissioning and effective collaboration by health and education services is needed to ensure children and young people with speech, language and communication needs (SLCN) get the most appropriate model of support.

This is one of six key recommendations from the Better Communication Research Programme report (BCRP), published on 27 December 2012, following three years of research into speech language and communication services in the UK. Funded by the Department for Education, the BCRP involved 10 research projects and the analysis of data from around 6,400 children, 560 parents, 600 SLTs and 750 teachers/special educational needs coordinators.

Other recommendations from the BCRP include:

- A review of DE guidance on the use of the category 'speech, language and communication needs' in the School Census. Studies show the term means different things to different professional groups.

- The conceptualisation of support into: universal provision for all children; targeted provision for children requiring additional support within mainstream settings, guided by specialists (SLTs); and specialist support within mainstream or special settings with a high level

of direct intervention/frequent and sustained consultation by specialists with non-specialist staff.

- A more systematic collection of evidence of children's and young people's outcomes that includes the perspectives of individuals and their parents, and provides evidence that changes in speech, language and communication are increasing independence and inclusion.

- A comprehensive programme of initial and post-qualification training across all relevant practitioners – to include teachers, teaching assistants, early years practitioners and SLTs.

- The integration of basic and applied research to further the development of effective practice.

Welcoming the report, RCSLT CEO Kamini Gadhok said: "The findings from this programme are of crucial importance for everyone concerned about the development of children's communication skills."

Kamini called for the recommendations to be reflected in the 'local offers' – information about services – that local authorities will have to publish under the Government's proposed reforms to the special educational needs system.

📄 **Read the BCRP report in full at:** <http://tinyurl.com/argdeph>

New Year honours congratulations

Congratulations go to Jenny Graham, assistant speech and language therapy manager for regional adult specialist services at Belfast Health and Social Care Trust. Jenny, a clinical specialist in the management of dysfluent adults, received an MBE for her services to speech and language therapy in Northern Ireland in January's New Year Honours 2013. The RCSLT also sends its congratulations to Roz Comins, founder of The Voice Care Network, who received an OBE for services to education.

MND website examines AAC management

The Motor Neurone Disease Association has launched a free online resource to support SLTs and other professionals working with augmentative and alternative communication (AAC). The website has a series of accessible practical information sets, including 'where to begin', 'managing expectations' and 'how to assess for AAC'. There is also a new AAC service delivery framework and pathway flowchart to promote a robust assessment process.

📄 **Visit:** <http://tinyurl.com/agosg3z>

App tackles tracheostomy safety

A free app developed by the National Tracheostomy Safety Project (NTSP) UK aims to provide guidance for dealing with tracheostomy or laryngectomy emergencies. The app's algorithms are for emergency use, but there are also interactive links to videos that illustrate the key steps in emergency management. The NTSP website features news, links to e-learning for healthcare self-directed modules and details of essential equipment and techniques. The NTSP would value your feedback, particularly if you have used the algorithms in an emergency.

📄 **Visit:** www.tracheostomy.org.uk

📄 **Email:** sarah.wallace@uhsm.nhs.uk

Reducing choking risk in ALD

Adults with a learning disability should be supported to take up annual health reviews and attend regular dental checkups, according to a multi-agency report from Hampshire. 'Reducing the risk of choking for people with a learning disability', produced for commissioners or providers of services, aims to understand why people with a learning disability are at greater risk of choking. It also looks at what can be done to improve outcomes for those at risk.

📄 **Visit:** <http://tinyurl.com/bmspoj>

Newborn examinations miss cleft palates

An unacceptably high number of babies with a cleft palate are diagnosed late, the Royal College of Surgeons (RCS) has revealed. An RCS report highlights that 28% of babies with a cleft palate alone are diagnosed outside of the 24-hours from birth target, with 5% remaining undiagnosed until after one month of age. The RCS calls for a more thorough newborn examination and for a review of national and local guidelines for examining newborns to reduce the risk of a missed diagnosis.

📄 **Visit:** <http://tinyurl.com/bz4scll>

High-quality placements now have online support

Birmingham Community Healthcare NHS Trust's long-standing commitment to providing high-quality and innovative student placements received recognition from the Birmingham City University's 2012 Health and Social Care Awards.

The trust – which provides approximately 26 SLT student placements a year in a range of services, including paediatrics, rehabilitation, adult learning disability and adult community – received the university's 'Practice Area Award' in July 2012.

Over the past two years we have run induction days for all students to bridge the gap from theory to practice, welcome them to the trust and introduce clinical

pathways and packages of care. Although students rated this experience highly and especially valued 'top tips' from clinical educators and departmental information, they said they wanted this information in advance to support their preparation.

As a result, we launched a project with the Professional Development Team (responsible for delivering nursing placements) and created a website featuring these resources. Our joint bid to the Education and Quality Commission (ECQ) was successful and we are delighted to announce that this is now ready at: <http://tinyurl.com/b2h25dh>

We have also been successful in securing

ECQ funding for another student project – to offer our 2012-2013 cohort of third-year students a bespoke 'Introduction to Language for Learning' training course. Students, clinical educators and university staff will attend this to facilitate partnership working and a positive experience for students. It will also enable students to put this learning into practice throughout their placement, providing them with a unique learning opportunity.

Raman Kaur, Student Coordinator and SLT.
Email: raman.kaur@bhamcommunity.nhs.uk
Gillian Rudd, SLT. Email: gillian.gaskell@bhamcommunity.nhs.uk

Take part in February's webinar on cuts

The RCSLT is holding a series of webinars in 2013 on a range of topics that are affecting the speech and language therapy profession. The webinar, on 21 February, will focus on the climate of reforms and discuss how cuts are affecting care pathways. It will also look at what the RCSLT is doing to help and the resources available.

Don't worry if you missed the RCSLT's live 'Professionalism' webinar on 29 January. A recording is now available on the RCSLT website. To view this and other recordings, and to find out more about how to register and take part in the live February webinar event, visit: www.rcslt.org/news/webinars/rcslt_webinars



Time to pull out all the stops over cuts

shocked by the lack of regard shown by those who make decisions on budget cuts in relation to their impact on service users.

We are aware that many of the services we are now helping did not complete our survey – this does not mean it is too late to contact us and let us know what is going on.

A number of themes keep emerging. The needs of service

users are not being considered; service users are not being consulted about the cuts to services; and, bizarrely, nor are the commissioners of those services.

We are looking at how we can use a number of tactics to support members locally, including the use of ideas that have emerged from the Giving Voice campaign. We initiated this campaign to support

members in the face of the tough economic years that are upon us and it will continue.

Some members feel that they do not have the time and energy, with such low morale, to engage but now is the time to pull out all the stops and use all the talent that you have in your teams and among your peers. The RCSLT is, of course, also looking at what we can do to raise concerns at a national level.

If it all seems too much, please let us know and we will help you. Already this year we have supported several teams in crisis and members have found our involvement has helped to provide additional focus and momentum for positive action. ■

“If it all seems too much, please let us know and we will help you”

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

In this month's Bulletin (pages 12-15) we highlight the findings of our cuts survey and detail the support we provide for members facing cuts to budgets – with the resultant impact on jobs, loss of leadership and band compression, and of course on the services provided to people with speech, language and communication needs.

On a daily basis, I am surprised and somewhat

Food for research thought at Therapy Ideas Live



The energy and dynamism of Therapy Ideas Live impressed Emma

I had the pleasure of presenting at ‘Using social media to participate in evidence-based practice’, the latest Therapy Ideas Live event on 3 December 2012. This was the first such event I had attended and I was really struck by the energy and dynamism of everyone there.

I presented an introduction to evidence-based practice and research, with examples from clinical practice and resources to support SLTs. City University London’s Dr Nicola Botting highlighted the advantages of using Twitter to access journal articles, keep up to date with

the latest research, disseminate research findings and provide a forum for discussion on research and practice. Mencap’s Tricia Nevitt outlined the impact Twitter can have on raising awareness and campaigning, and gave useful tips on how to organise information gained from social media.

Group activity followed our short presentations and this focused on putting formulating a research question and design into practice, and the use of social media for collaboration. As someone who does not currently use Twitter this gave me much food for thought, both in terms of following the latest research and as a means to communicate more widely with SLTs.

Emma Pagnamenta, RCSLT Research Manager, Email: emma.pagnamenta@rcslt.org

📍 **Visit: <http://therapyideas.org/live> . You can also find my slides at: <http://tinyurl.com/czz3hzd>**

Join in the Big Conversation debate

Social media-savvy members might have noticed that the RCSLT is taking to Twitter and Facebook on Wednesday mornings to discuss topical issues around professionalism.

The move ties in nicely with the ‘Big Conversation’ initiative started by Chief Health Professions Officer for England Karen Middleton, in the wake of the Mid Staffordshire NHS Foundation Trust Inquiry and reports by the Care Quality Commission and others into

the quality of care received by patients and their carers.

We have already had a lively debate on the use of social media by health and social care professionals, discussion around receiving gifts from clients and discourse on where the responsibility for poor care should lie. Join us on Wednesdays and have your say.

📍 **Visit: www.facebook.com/RCSLT or go to Twitter and use the hashtag #BigSLTtalk**



GETTY IMAGES

Improving AAC service delivery

The Department for Education has funded a national project to develop proposals for a model of augmentative and alternative communication (AAC) service provision in England. Recognising the crucial nature of transition planning to adult services to ensure seamless provision, the remit of ‘AAC Services for All’ includes all-age AAC services.

The project team is divided into four regions, each consisting of a consortium of existing AAC services. All are working closely together and with stakeholders in each region, to ensure the national picture is complete and consistent.

The project has eight main objectives (below) the outcome of which will inform the proposal of the recommended ‘hub and spoke’ model of AAC services. This will allow commissioners and commissioned service providers to start working to reduce inequality and improve service delivery. For further details or if you work within an AAC service and have not been involved in the project to date, email: sally.chan@nbt.nhs.uk

Sally Chan, SLT Team Leader – Bristol North, Community Child Health Partnership, North Bristol NHS Trust

Objectives for the ‘AAC Services for All’ project

- 1: Consult and involve stakeholders.
- 2: Map existing AAC provision against the National Quality Standard for AAC services.
- 3: Develop good practice guidelines for the development of effective local AAC services.
- 4: Develop national consensus on a proposed care pathway to manage referrals to specialist services.
- 5: Agree specification for an AAC database at regional or national level.
- 6: Scope the possibilities and make recommendations for the procurement, logistics, technical support and recycling of AAC equipment.
- 7: Assess the feasibility of using technology to deliver AAC services remotely.
- 8: Establish a profile of the variation in national AAC training/ learning provision and resources.

Independence for ventilated patients as new unit opens

The Royal Hospital of Neuro-disability's new centre for patients on ventilator support has welcomed its first patients. The Jack Emerson Centre (named after the inventor of artificial respiration) opened on 11 December 2012 and its unique design is a result of collaboration between staff, patients and architects.

SLT Tracie Mallender explains, "In the early stages of planning we looked at research on how the environment might promote independence. As a result, we've incorporated colour coding and clear signage to help people find their way around independently."

"Someone who struggles to understand written words or has poor memory can benefit a great deal from symbols to show that this is the bathroom or that is the day room. In the same way, each patient's bedroom door will be a different colour,

which removes the need for complex instructions."

Tracy says the team gathered opinions from residents over decisions, such as the name of the unit, and encouraged them to choose their own bedroom colours to make them more personal.

"Alongside the rest of the team I worked hard to ensure we struck a balance between creating a communication



ALFONSO REDONDO

accessible environment while ensuring it remains homely and inviting."

The centre offers 16 beds for patients with a neurological disease or injury who are dependent on ventilator support. Specially-adapted

environmental controls will maximise independence, as each patient will be able to control the operation of windows, curtains, televisions and radios.

Visit: www.rhn.org.uk/

Raise SLI awareness on 6 March

Specific language impairment, encompassing language development and reading-writing difficulties, is the theme of this year's European Day of Speech and Language Therapy on 6 March.

Organised by the Comité Permanent de Liaison des Orthophonistes/Logopèdes de l'Union Européenne (CPLOL), the day started life in 2004. It aims to increase public awareness about communication disorders, their effect on human health, the rights of individuals who have communication

difficulties and ways they can be helped. The message of the day is that by sharing knowledge and experience throughout Europe these issues can be highlighted more effectively.

The European day is the perfect opportunity to refresh your local Giving Voice messages and activities. Successful activity from previous years has included magazine and newspaper articles, interviews on local radio and flyers, and posters in schools, nurseries and clinics. So, take this opportunity to spread the message about

the importance of speech and language therapy.

Dr Hazel Roddam, RCSLT Representative on the Professional Practice Commission at CPOLO

Visit the CPLOL website: www.cplol.eu/eng/EU%20day.htm

For activity ideas, visit the Giving Voice website and download the local activity menu for members: <http://givingvoiceuk.org/your-campaign-resources>

NEWS IN BRIEF

Giving Voice tips: The RCSLT has produced 'Giving Voice ...as an independent practitioner' featuring campaign tips for SLTs working in independent practice, ideas around campaign activities and examples of Giving Voice for the profession.

Visit: <http://tinyurl.com/az76hvj>

Minor grants: Apply for an RCSLT minor grant before 22 February. Grants of up to £500 can assist you in your continuing professional development. Use the money to present at or attend conferences, undertake specialised training or conduct research. You can also purchase specified equipment or books.

Visit: <http://tinyurl.com/7qfeaq>

TCT correction: The Communication Trust would like to point out that its free interactive workshop in London to develop understanding and support the delivery of children's workforce development will take place on 6 March (not 9 March as previously advertised).

Visit: www.thecommunicationtrust.org.uk/qualifications

AACknowledge:

Communication Matters has produced a new web resource to empower augmentative and alternative communication (AAC) users, parents, carers and professionals. The website will bring together current knowledge, information, research and case studies on AAC in variety of formats to make it clear and accessible.

Visit: www.AACknowledge.org.uk

Texture descriptors: consistent terminology is crucial

During 2010 and 2011 a multidisciplinary group met under the remit of a National Patient Safety Agency (NPSA) working party to look at developing consensus in texture descriptors. The updated descriptors were primarily designed to guide industry providers when creating cook-chill foods on a large scale. It is apparent that some concerns remain within the profession about these descriptors.

Although they were not a prescriptive guide for SLTs it is important for SLTs to understand the guidance that industry providers work from. This is necessary because

previously there has been a large variation in the textures of the prepared foods served on wards and several serious incidents reported to the NPSA. The descriptors are a starting point for clinicians. SLTs should know what will arrive if they order texture D, for example, so that they know what to recommend to make it safe for their individual patients.

On first review the descriptors do not appear to be as easy to utilise for community patients and families. However, in order to achieve any sort of consistency of approach to texture modification as a profession, and ultimately any possibility of systematically

evaluating the impact of texture modification via research, we do all have to use the same terminology. Despite the fact that the texture descriptors are not at all perfect and do not suit every therapist/patient, we will never reach that level of agreement. Most people, and particularly patients and families, use different terms. It is important to acknowledge that we all prescribe texture modification, and that accepted, consistency of terminology is crucial.

Following on from this work, Caroline Lecko, as the representative from what was the NPSA, is working with an international group to look at

consistency of terminology, use of descriptors and international research. Other members of this group include Catriona Steele, Peter Lam, Pere Clave and Julie Cichero. To register your interest in this work visit: www.surveymonkey.com/s/7J5GBH9

Hannah Crawford, Consultant SLT, RCSLT Professional Adviser, representative of the texture descriptors working party.
Email: hannahcrawford@nhs.net

⊙ Please note: work on fluids was planned but NPSA funding and the NPSA itself came to end. This work remains outstanding.

Love in a cold climate



As we look towards Valentine's Day the latest research shows that while Liberal Democrat voters are hopelessly romantic, Conservative and Labour supporters are more pragmatic, beaten only by atheists and scientists. For MPs, 14 February has fallen during the Commons' recess, so love will unfortunately not be in the air at Westminster.

In the world of policy and public affairs the question on all our lips is what will

dominate the world of health in 2013? Secretary of State for Health Jeremy Hunt recently commented that running the NHS is like having an Olympics every week. This is true, but our health service sees far more patients in the same time period than the number of visitors to the Olympics and Paralympics combined.

We are now mid-political cycle and looking towards the next general elections across the UK in 2015 and 2016. The UK Government has already published its mid-term review

and 2013 is the last reasonable point when politically-savvy managers can reconfigure services before they start getting swept up in the election campaign and all the attention that this might bring.

Across the UK we are operating against a backdrop of austerity. Local council leaders have warned that local government purses are running on empty and councils have highlighted that the funding cuts mean 'vital services' will no longer be protected. Health budgets may be protected but efficiency savings are still hitting speech and language therapy services - as our cuts

survey reveals (see pages 12-14). This presents real worries that the financial squeeze across the system will negate efforts to tackle the poor quality of care outlined by the Winterbourne and the Mid-Staffordshire Hospital inquiries.

At the RCSLT we are ever prepared. We are developing policy lines to raise the profile of speech and language therapy in government bills and policy strategies. Nationally, we are engaging with the new structures and bodies. Locally, we are developing resources to take our message to commissioners and service planners. We will also launch the all party parliamentary group report on speech and language difficulties and social disadvantage. Interesting times lie ahead.

Claire Moser, RCSLT Policy Officer. Email: claire.moser@rcslt.org

“We are now mid-political cycle and looking towards the next general elections”



Sarah & Clare Dutt & Doran

Sarah Dutt and Clare Doran say the concept of time can be confusing for some children and young people

The meaning of time

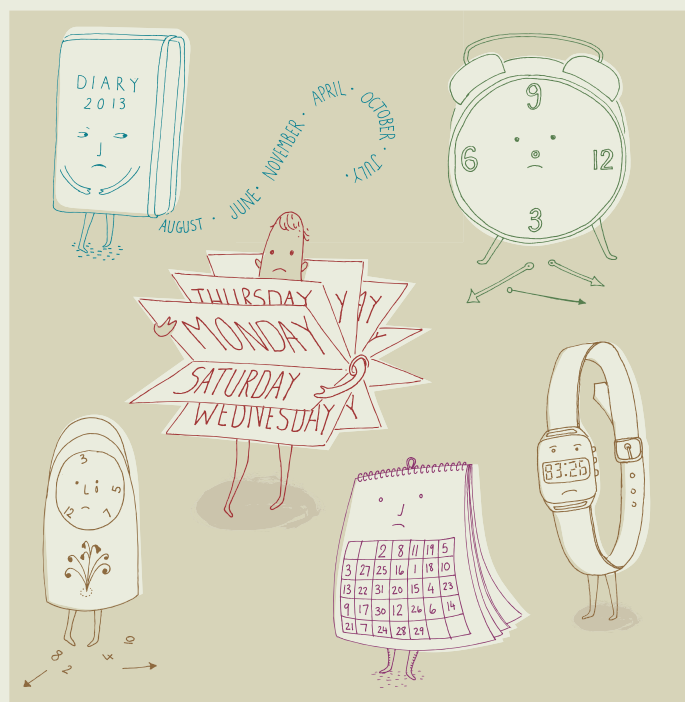


ILLUSTRATION Trina Dalziel

Through work with young people in Milton Keynes' mainstream schools and at the youth offending team (YOT) a picture began to emerge of some young people whose difficulties with time concepts had a real impact on their lives. We observed students unable to make sense of their school planners and young people whose court date was a meaningless set of numbers. The following comments

reflect further examples of the confusion we encountered:

- "It's July... no it's June." (It was actually October)
- "I haven't a clue when Christmas is."
- "I just write down the date... I don't know what the numbers mean."
- "I use my phone. I can't tell the time on a clock."

Assessment tool

We wanted to investigate how widespread this difficulty was.

Our first step was to devise an assessment tool (a screening version and longer version) to gain some evidence on the level of need. The assessment covered six areas: knowledge of time, telling the time, use of calendar, sequencing, estimating time and organisation.

Use of this tool supported our initial theory that this issue was widespread. Nine of the 20 young people (age 13-17) we trialled randomly had difficulties with the following skills: the order of the months; interpreting short dates, for example 15/4/12; telling the time (especially on a clock face); understanding the word 'fortnight'; estimating time, eg the length of time of a journey from home to a particular location.

In addition, difficulties were apparent with the more abstract sense of a 'feeling' of time. For example, what does half an hour 'feel' like compared to an hour or one week compared to two weeks?

We raised these findings in the settings we worked in and received considerable interest from our colleagues in education and at the youth offending team (YOT). This resulted in increased awareness and helped staff question their assumptions that children have secure time concepts when they start secondary school. As a result, one secondary school in Milton Keynes now screens all children on the SEN register for their understanding of time concepts.

Developing evidence?

We have not found detailed evidence showing chronological norms. Certain elements of time concepts, for example sequencing months and telling the time, are taught at school at specific times but how much are these concepts revisited later in the child's life?

In Milton Keynes we have used intervention packages and given recommendations to schools and the YOT for activities

and approaches to develop young people's understanding of time concepts. We have also developed a colour-coded resource pack linked to the assessment tool.

This intervention has led to some positive outcomes. One young person within the YOT setting frequently missed appointments and was at risk of being sent back to court. An SLT assessment identified the previously 'hidden' difficulty of a very poor understanding of time. Targeted support resulted in regular punctual attendance at all appointments, and a marked increase in his self-esteem and feelings of independence.

Where next?

From discussions with SLTs nationally, this is an area of increasing awareness and concern, but there appears to be a lack of evidence and few assessment and intervention resources, particularly targeted for the secondary age range. As a team we are now using the time-screening tool routinely within school and YOT settings as part of our assessment process. We are in preliminary contact with a publisher regarding further development and possible publication of the assessment and resources pack.

This has been an exciting project and we are keen to continue to raise awareness of this whole area. As such, we would be interested in hearing from other SLTs about their experiences and of any specific materials they are using for therapy and/or intervention. ■

Sarah Dutt, Clare Doran, SLTs Milton Keynes. Email: sarah.dutt@mkchs.nhs.uk and clare.doran@mkchs.nhs.uk

Acknowledgments

With thanks to Janet Pembrey, Philippa Charatan and Jennifer Dando – Milton Keynes Speech and Language Therapy Service and the Youth Offending Team, Milton Keynes

Facing cuts? Keep calm and start negotiating

Steven Harulow looks at steps you can take when your service is threatened by cuts

ILLUSTRATION Sodavekt

The RCSLT's latest survey on the effects of cuts, in November 2012, shows the majority of the UK's speech and language therapy services are losing posts, facing a reduction in the banding of those that remain, and are having to restrict the services they provide in order to save money.

It is obvious from your feedback that 'service efficiencies' have moved beyond saving money on back office functions and are now having a real impact on your service users. The other thing that is apparent is that some of you have been successful in your measures to mitigate the extent of the cuts you were initially asked to implement. On the back of the survey results and our experiences with individual services, this article looks at steps you can take when faced with the call to reduce your costs.



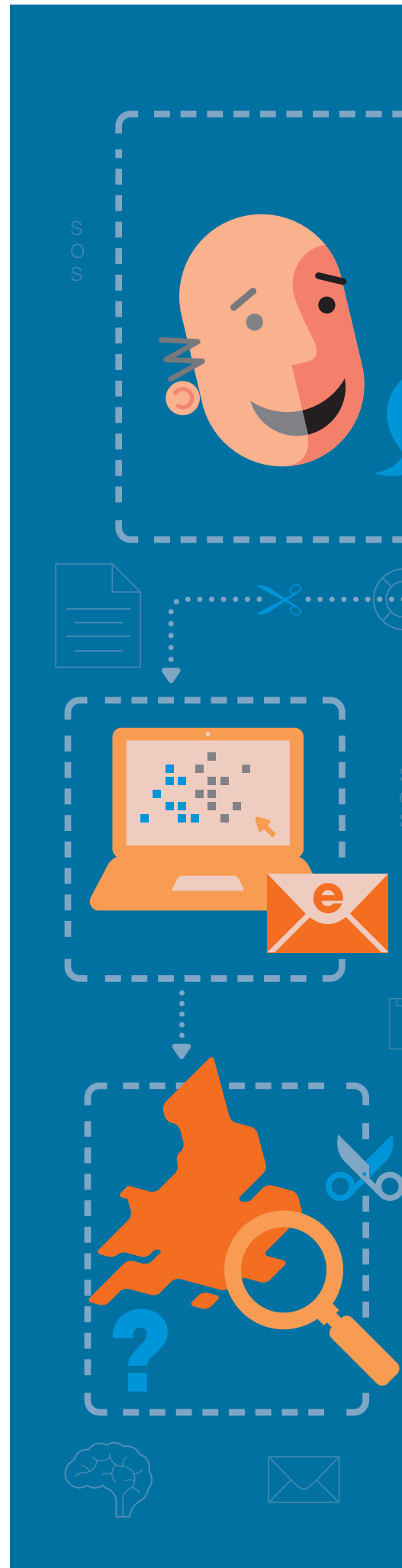
Keep talking

The first thing to remember is not to panic. We all know that financial cuts are inevitable in these straitened economic times but the fact that you have been asked to take part in consultation means you have opportunity to at least partly influence the final decision.

RCSLT CEO Kamini Gadhok says, "Please remember that throughout any change process it is vital that you keep open the lines of communication, so that you can discuss the implications of decisions made and be clear about the impact they will have on patient/user outcomes."

"How you influence and the tactics you use are vitally important. Decision-makers probably do not know anything about what your service does and are looking at what you do in terms of what you cost."

"It is important that you fully understand the financial envelope – the savings required by your organisation as a whole and from



Top tips when facing financial cuts

Contact the RCSLT and
your local union rep

Check the financial
rationale

Question the clinical
evidence

Use the Giving Voice
Cuts Toolkit

your service in particular. Ask how the proposed changes will meet the local priorities and patient need, as well as the needs of commissioners.”



Contact the RCSLT

The RCSLT, while not able to enter specific negotiations on local pay and conditions, does have

a wealth of resources you can use to help your negotiating position. We are very keen to help you, so make sure you contact an RCSLT office as soon as you find out that your service is under threat. We have visited several services and members tell us that our visits have been very helpful.

“However, we are very dependent on individuals telling us what is happening locally – either in their own or neighbouring services,” Kamini says.

Service managers also need to act quickly to make sure that the local union representative is aware of the situation, particularly if staff are under threat of redundancy or downgrading, or there are other changes to their terms and conditions.



Check the financial rationale

It is crucial to understand the rationale behind the decision to reduce your

budget. Establish the figures, both in terms of how much your service costs and how much income you bring in to your organisation. Do the figures match what you have been presented with in the consultation document? If no figures have been provided, ask to see them.

We know of situations where the >>

revenue-generating activity of speech and language therapy has either been overlooked or never properly recorded. You know what your service does better than anyone else, so make sure your decision-makers are aware of the income you generate and the money you are already saving. Look at the Department of Health's Quality, Innovation, Productivity and Prevention website (<http://tinyurl.com/9rnzfxp>) for more examples of the way other teams have reported their efficiency savings. There are some interesting speech and language therapy examples among these.



Question the evidence

It is very important to examine the clinical basis behind the proposed budget

decisions. Have your decision-makers taken into account the local population needs in their decision to reduce posts and limit the provision of services?

"We know of a recent example where the decision to reduce children's services was based purely on an analysis of local deprivation to predict future levels of speech, language and communication needs [SLCN]," Kamini says.

"While deprivation is one indicator of the prevalence of speech, language and communication needs, this measure alone fails to account for specific needs, such as specific language impairment and autism spectrum disorders."

The NHS and upper-tier local authorities have had a statutory duty to produce an annual joint strategic needs assessment (JSNA) since 2007. This analyses the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. Have your decision-makers taken full account of your region's JSNA in predicting future demand for your services? If not, this is a tool that you and your team can use to challenge their assumptions.



Mandate for quality

In the wake of the failings in care standards at Mid Staffordshire NHS Foundation Trust

and Winterbourne View Hospital, the Government's focus for healthcare is firmly on quality. In this light, the Department of Health 'Mandate to the NHS Commissioning Board (NCB)' is a very powerful influencing tool. It sets out the objectives for the NHS and highlights the areas of health and care where government expects to see improvements

"How you influence and the tactics you use are vitally important"

over the next two years.

According to the Mandate, all providers will be, "legally required to publish to account for the quality of their services". It also makes reference to the need to promote research and innovation through the creation, diffusion and adaption of good practice. "However, it will only succeed through releasing the energy, ideas and enthusiasm of frontline staff and organisations," the Mandate states.

Importantly, the Mandate talks about leading the continued drive for efficiency savings through the QIPP programme and discusses the statutory duty with regard to the planning and delivery of education and training. Visit: <http://tinyurl.com/amrjqzp>



Know your duty of care

Professionalism is also very high on the national agenda following Mid Staffordshire

and Winterbourne View. Remember this in your negotiations. The RCSLT requires members to challenge, risk assess and appraise funding levels, and identify and articulate risk with relevant partners. In particular, this must happen where, due to the proposed funding levels or models of service:

- There is a risk to the safety of service users.
- The service provided would be detrimental to or of no benefit to service users.
- The service provided/not provided would expose the therapist to risk of reference to the Health and Care Professions Council.
- The service provided/not provided would breach the therapist's duty of care.

Visit: <http://tinyurl.com/azvc6lh> for further discussion on supervision and duty of care.



Clinical leadership counts

Local decision makers are looking to make instant savings in staffing, their biggest cost centre. This has resulted in the downgrading of senior clinical leadership posts across all of the allied health professions. At a national level, the Allied Health Professions Federation has discussed how it will work together to raise concerns about the impact of the loss of senior roles to local services.

Remind your decision makers that clinical specialists are an essential long-term resource for further service innovation and improvement. They are responsible for staff supervision and continuing professional development, to ensure patients receive the best practice in care. They minimise risks, improve outcomes and lead developments in research and service delivery.

"The role of highly-specialised clinicians is critical within the NHS to enable the effective development of skills, knowledge and expertise to support more junior SLTs," Kamini Gadhok states.

"Loss of these posts will result in poorer patient outcomes, for example longer stays in hospital. Without the skills and knowledge of senior clinicians the profession will be stripped of a significant specialist resource."



The Giving Voice Cuts Toolkit

The RCSLT's Giving Voice campaign is equipping members to demonstrate

how speech and language therapy makes a difference to people with SLCN, their families and the wider society. As part of the campaign we have produced a 'cuts toolkit' (www.rcslt.org/members/cuts_toolkit/intro). The toolkit contains two key documents. The 'RCSLT statement on the roles and responsibilities of registered practitioners' is an important publication that reiterates your professional obligations. It is a useful benchmark against which to gauge decisions you are being asked to make. The 'RCSLT briefing for decision-makers' is a useful document you can use to give an insight into the short- and long-term impact of poor budget decisions.

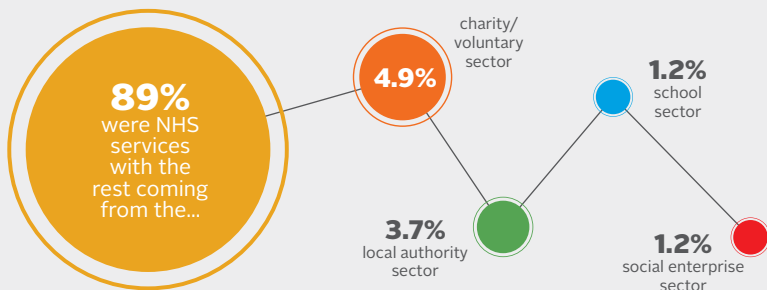
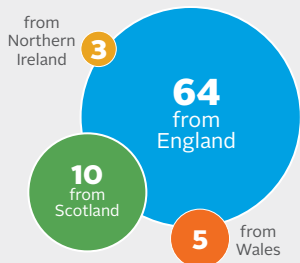
The toolkit provides information on how to engage and influence local budget holders, and how your services users and their parents and carers can challenge cuts. It will also direct you to RCSLT resources, including:

- The 'Matrix Report: An economic evaluation of speech and language therapy'

THE RCSLT CUTS SURVEY 2012

84

services responded to the survey



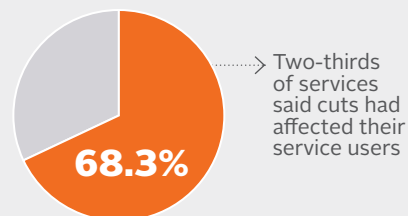
ACCENTUATING THE POSITIVE

Services are using money from commissions from nurseries, schools, academies and colleges to increase their staff complement and the number of sessions they deliver.

One service has a five-year plan to release annual savings through service redesign and efficiencies. As well as changing the grade of posts, the service has provided better equipment to community staff – enabling them to make more clinical visits.

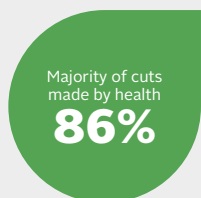
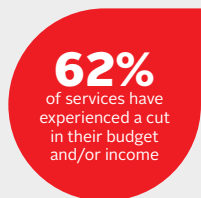
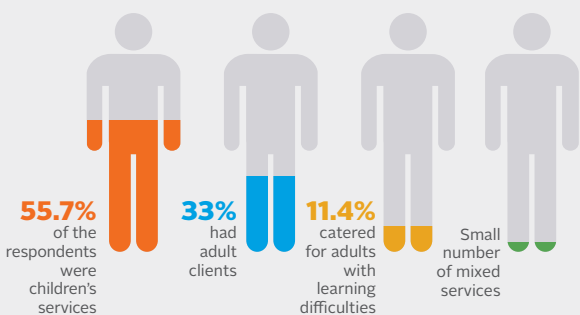
Government funding to support the AAC document 'A Right to Speak' has enabled a service to release three sessions of an expert adviser to take forward its recommendations.

One service has attracted £100,000 as part of the national call to action health visitor transformation programme (www.dh.gov.uk/health/tag/health-visitors)



EXAMPLES OF THE EFFECTS OF CUTS

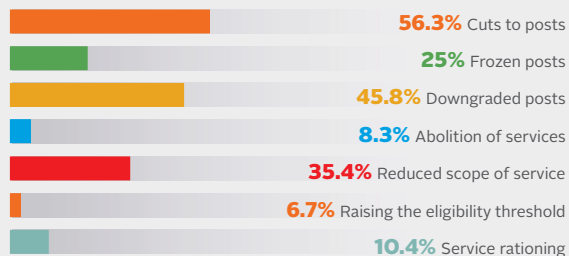
- Increase in children's waiting times.
- Increase numbers of children waiting for assessment.
- Service offer differs according to schools' willingness to pay.
- Reduction in funding for mainstream schools services.
- Only statemented children now seen.
- Dysphagia-only work being carried out with stoke survivors.
- Videofluoroscopy clinics cancelled due to staff shortages.
- Higher thresholds for treatment.
- SLT assistants now managing complex cases due to reduced staffing.



Percentage of budget cuts by health ranged from 1-70%; by local authority 1-100%.

81%

of services who have experienced them say cuts have had a negative impact in terms of:



- **Giving Voice campaign delivery toolkit** – includes templates for letters to decision makers and advice on how to explain the initiative to your colleagues and communications teams.
- **Manager's Resource Pack** – provides information to influence commissioners and others, focusing on achieving financial balance. Importantly, it includes information relating to the risks of not providing speech and language therapy.
- **Commissioning Resource Manual** – supports leaders in the planning, commissioning and delivery of speech and

- language therapy services in line with government and local priorities.
- **Quality standards for schools as commissioners of speech and language therapy services** – highlights the quality standards that are priorities for schools to adhere to in the commissioning process.
- **Policy statements and position papers** – tools to influence the commissioning and organisation of services.
- **RCSLT list of outcome measurement tools** – maps outcome measurement tools/systems and highlights where they were useful.

We are here to help

Although the prospect of financial cuts is undoubtedly daunting, they will be an inevitable feature in the public sector for years to come. The RCSLT is here to help. Let us know what is going on in your area and we will endeavour to assist you in your negotiations to get the best possible outcomes for your service users and their families. ■

📍 **Visit:** www.rcslt.org/about/contact/ contact to get in touch with your local RCSLT office



Ele Buckley

Ele Buckley reveals how SLTs are reaching thousands by making movies

Moving pictures

Film has always been a powerful tool in any activist's kit – exposing injustice, explaining challenging concepts and demonstrating celebrity support for a cause are just three examples. As Giving Voice has grown, video has become the medium of choice for many of our grassroots campaigners. It was of course a serendipitously-timed film that made our campaign launch a right royal success. But since 'The King's Speech', many therapists and service users have followed in Colin Firth's footsteps and taken their turn in front of the camera.

In year one of the campaign, I turned up at every Giving Voice training event with a basic camera and persuaded SLTs to record a short clip showing their support for the campaign. This was predominantly a team-building exercise, giving freshly-trained champions a tiny taste of what it means to take the limelight for speech and language therapy. It didn't take long for RCSLT members to find their flair for film and there is now such an admirable archive out there that I wanted to write and ensure you are all aware.

Early on in the campaign SLT

Jane Norton decided to focus the little time she had for Giving Voice on producing short clips to tell patient stories from a wide range of conditions. Jane went on to win the 2012 'Outstanding Contribution to Speech and Language Therapy' Giving Voice Award; the judges realising the value and potential impact of her exceptional work. If you haven't seen her films yet, **visit:** <http://tinyurl.com/6xmlpw5> and start using them in your training sessions and at your awareness-raising events.

Laura James from Leicester has produced 'Talk is Cheap', a short film to support the Giving Voice campaign. Featuring the stories of five people with different

communication difficulties (due to stroke, laryngectomy, vocal nodules, stammer and Parkinson disease), each patient is shown looking at the camera without speaking. Their voice recording is played over this, with the effect of seeing the person without their voice, but hearing it. The film was shown at a fundraising event for the Lord Mayor of Leicester's 2012 Appeal (which centred on stroke) and on the Leicestershire

Partnership Trust Website. **Visit:** <http://tinyurl.com/bu4zymt>

During 2012 a brand new campaign was born. The Raise Awareness of Language Learning Impairments (RALLI) group is using video as its main communication channel to shine a spotlight on a particularly poorly understood area – specific language impairment. Having amassed 41,649 views since its launch, RALLI is now racing to keep up with requests for their films to be translated into different languages. **Visit:** www.youtube.com/rallcampaign. If you've got the expertise and the patient stories to help RALLI spread their message even further, let us know.

We realise that many readers are unable to access certain websites from their workplace. One YouTube clip it's worth watching on your day off is the winner of the 2012 Giving Voice Award for Innovation – Queen Margaret University Edinburgh

“The film is the greatest teacher because it teaches us not only through the brain but through the whole body”

Vsevolod Pudovkin



Speech and language therapist **Stephen Cohen** gives some tips on recording useful video footage

building/roadworks; children in nearby classrooms/playground; fan heaters, computers or air-conditioning units; ticking clocks.

Setting up: Don't forget to build in a little time for setting up, even a few minutes.

Audio: Make a quick test recording. Listen back to your test recording on headphones or earphones rather than the tiny speakers on the device. Check for background noise. You could try switching off Automatic Gain Control (AGC). If AGC is left on, the device will boost audio sensitivity when people are not speaking – meaning background noise becomes very obvious.

Power: Don't rely on batteries. Use mains power if possible. It is a bit more fiddly to set up (you may create a trip hazard with the cable) but it does remove all worries about batteries going flat during the session. Keep a charged battery as back up.

Recording media: Have extra recording media available. Use 'fresh' media (for example, a blank secure digital [SD] card).

Don't zoom: Only use the zoom control to frame the shot before pressing 'record' or between takes. It is difficult to do smoothly (manual) or at the right speed (automatically). In professional film and TV it is used sparingly as a special effect for exterior 'establishing shots' or to focus the audience on a character's thoughts.

Pan and tilt carefully: If you must use panning (lateral) or tilting (vertical) camera movements, do so slowly and infrequently. The human visual system does not glide between objects as a camera does but uses blinking and sudden re-framing – this is why 'cuts' feel more natural. ■

© Visit: www.givingvoiceuk.org to read more detailed advice from Stephen

Using video in clinical settings

Here are a few tips to maximise the impact of your footage. Firstly, let's assume you have informed, written consent from your subject to record the session, to store the footage and to use it for the purpose you have in mind, whether that's for clinical reasons or for campaigning. If you are filming in an NHS trust or a school or care home always check with the communications people first and explain what you want to do.

Before the shoot

Equipment: Test your equipment before the day of recording and get comfortable with the set up and operation of your camera.

Use a tripod: To prevent shaky, hand-held footage – it looks so unprofessional.

Location: Do a recce of your shoot location if possible. If the clinical setting is not your

regular workplace, don't expect to turn up on the day at an unfamiliar school, clinic, nursing home or private house, without at least one 'surprise' that will affect your recording. If you cannot visit, then call ahead and ask about the location.

Check for yourself or ask about:

- The availability of a separate room.
- Somewhere to position the camera.
- Available lighting (windows).
- Possible unwanted sources of noise (see also audio below) such as traffic outside the



ILLUSTRATION Rose Blake

students' version of Carly Raye Jepson's 'Call Me Maybe'. At the time of going to print the film has notched up over 8,000 views – that's 8,000 people who have seen Makaton, Talking Mats and a Light Writer in action. And 8,000 people who have had a smile put on their face by speech therapy. Visit: <http://tinyurl.com/d2tewvq>

Following the success of 2012's Giving Voice Awards video entries, we are planning to extend our use of video – it brings to life and does better justice to our profession than any written evidence. We don't all have a secret Steven Spielberg inside us, but video is proving a captivating ingredient in our campaigning, so start making use of your peers' creativity to get your message across. Somebody pass the popcorn.

Ele Buckley, RCSLT Campaign Manager.

Email: ele.buckley@rcslt.org

Leaping and bounding ahead

Claire Moser reflects on the success of the RCSLT justice campaign in 2012

ILLUSTRATION Duncan Beedie



During the past two years the RCSLT has been raising awareness of the speech, language and communication needs (SLCN) of people who offend, the importance of timely screening and assessment, and the essential nature of communication training for staff across the UK. In 2012, our campaign advanced with leaps and bounds, and I am pleased to report that it is now widely recognised that nearly two-thirds of offenders have speech, language and communication problems. So, the awareness-raising mission has been successful, but what else has our campaign achieved?

Screening and assessment

The RCSLT has lobbied UK governments to introduce timely screening and assessment of communication difficulties. At present, communication falls between the numerous existing screening and assessment tools, and we know that without proper identification, services will not be provided. Working alongside our experts we have designed a communication screening tool that we are encouraging all governments to adopt. We have also been working with the Ministry of Justice and Youth Justice Board across England and Wales to encourage them to add this to their new health screening tool

and the replacement for the ASSET – the current framework for the assessment of young people involved in the criminal justice system.

Staff training

The RCSLT has developed ‘The Box’, a comprehensive package that consists of a communication screening tool, and face-to-face and online training for staff to increase their awareness and understanding of communication difficulties. We are currently piloting this across the UK in a variety of settings. The Box has attracted great interest from magistrates, police, youth offending teams and young offender institutions. We aim to roll this training out across the justice system in Spring 2013 following an independent evaluation.

Lobbying work

The RCSLT has been working with cross-party politicians to ensure they understand the importance of SLCN and our supportive parliamentary champions have put additional pressure on government.

We have also secured oral evidence sessions with politicians across the various UK parliaments and assemblies:

RCSLT Wales presented evidence to the Culture and Communities Committee inquiry into youth justice. Consequently, the committee report included two of our key recommendations. The Assembly

Government committed to a pilot to explore the benefits of speech and language therapy for offenders and agreed to work with the Youth Justice Board to ensure that adequate training is provided for staff working in the secure estate. Minister for Health Lesley Griffiths confirmed that new project will tackle and address these issues.

RCSLT Northern Ireland presented evidence to the Justice Committee inquiry and our evidence led to a recommendation being included in the youth justice review report on communication and in the Criminal Justice Inspectorate report on special measures.

RCSLT Scotland: in May 2012, the RCSLT presented oral evidence and took part in a discussion on the SLCN of young people in the criminal justice system with the Scotland Parliament Justice Committee. We have now been invited to meet the Scottish Government youth justice team to discuss this further.

RCSLT England: in October 2012, we presented oral evidence to the UK Justice Select Committee as part of its inquiry into youth justice. We are awaiting the publication of the committee report, which will add crucial political support to this area.

So far, so good but our work does not stop here. There is still much to do to ensure that access to speech and language therapy in the justice system increases. While some of the speech and language therapy posts created are short term in nature, it is clear that SLTs are increasingly being employed to work across the justice system and their role and added value is being realised. The RCSLT will continue to build on this. ■

.....
Claire Moser, RCSLT Policy Officer.
Email: claire.moser@rslt.org


© For more information or to get involved please contact Claire. You can also visit the RCSLT justice campaign website: www.rslt.org/about/young_offenders_and_criminal_justice/intro

Any questions?

Pulse oximetry

How useful do you find pulse oximetry in augmenting your dysphagia assessments? I am particularly interested if you work with adults with learning disabilities.


Alison Mullen

 alison.mullen@ntw.nhs.uk

Communication strategy

I am trying to set up a communication strategy for a service for adults with learning disability. Do you have anything for your service that you could share?

Karen Bamford

 Karen.bamford@bhamcommunity.nhs.uk

Dysphagia recommendations

What is your experience of writing dysphagia recommendations and ensuring they are followed in community settings in respect of the relevant legal frameworks?


Katy Wilson

 Katy.Wilson@cft.cornwall.nhs.uk

Free water protocols (1)

Do you use a free water protocol, such as Frazier, or have you implemented your own evidence-based protocol?


Michelle Ross and Rachel Swan

 michelleross1@nhs.net

Free water protocols (2)

What is your experience of initiating and using free water protocols with nil-by-mouth clients?

Jennifer Bacon

 Jenny.bacon@oxfordhealth.nhs.uk

Young offenders

Have you delivered vocabulary intervention for young offenders with and without learning and behavioural difficulties?


Celia Houghton

 celia.houghton@newcastle.ac.uk

Primary progressive aphasia

Do you provide a service to people with primary progressive aphasia and their families in a group context, either as a short course or ongoing group support? If this type of support existed in your area, would you use it?

Rosemary Townsend

 rtownsend@dyscover.org.uk

Want some answers, why not ask your colleagues?

Acupuncture for dysphagia

Are you using or researching acupuncture for dysphagia in stroke?

Charlotte Robinson

 charlotte.robinson@oxfordhealth.nhs.uk

Cough reflex

Are you using cough reflex testing in your dysphagia assessments?

Are you hoping to introduce it and getting authorisation from your trust? Do you have information on UK equipment and suppliers?


Liz Gould

 Liz.Gould@nhs.net

LSVT

Have you used the LSVT Companion, clinician's or home editions? What were your clinical outcomes? We are looking at the services we provide for patients with Parkinson disease.

Caroline Cooter

 Caroline.Cooter@wales.nhs.uk

Outcome measures

Are you using any outcome measures for speech and language therapy in your early supported discharge team?

Kate Gray

 kate.gray1@nhs.net

Mental capacity

Have you developed resources or guidelines for support staff on the SLT's role in supporting mental capacity assessments? We would like to hear from anyone who has developed information and resources to support staff involved in this challenging area with clients with acquired communication difficulties.

Sally Knapp


 sally.knapp@nuh.nhs.uk


Thickeners

Which brand of thickening powder do you use and are there any you would recommend?

Karen Baldwin

 karen.baldwin@stees.nhs.uk

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

 www.rcslt.org/discussion/forum

Nutritional risk forms a key priority for many health and social care organisations. There are patients within acute care settings, for example those with advanced dementia, who resist or are indifferent to food, fail to manage a food bolus adequately (oral phase dysphagia) or aspirate when swallowing (pharyngeal phase dysphagia) (Finucane et al, 1999). The challenge arises when the multidisciplinary team – usually involving the medical team, dietician and SLT – deems enteral or parenteral alternative nutrition or hydration (ANH) as unsuitable for these patients because the procedure risks outweigh the benefits; the patient declines ANH or there is poor prognosis/short life expectancy, for example in end of life care.

Clinicians then face the dilemma of how best to manage patients who are unsuitable for ANH but who are at risk of choking on food/fluid and developing aspiration pneumonia. According to Palecek et al (2010), an added complication may be the notion that, for the families involved, forgoing ANH can be wrongly interpreted as ‘do not feed’ and result in a reluctance to agree to this course of action.

It seemed essential, therefore, to establish from the literature the trends in practice on the management of nutrition for this cohort population.

While enteral tube feeding is intended to prevent aspiration pneumonia, forestall malnutrition and its sequelae, and provide comfort, Finucane et al (1999) highlight the absence of data to suggest that ANH improves any of these clinically important outcomes. The existing evidence, based on observational studies, suggests that feeding tubes do not improve survival or reduce the risk of aspiration (Sherman, 2003). Current practice steers towards comfort feeding (referred to in this article as risk feeding) through careful help with eating and drinking (‘hand

A safer approach to risk feeding

Dharinee Hansjee examines the development of a multidisciplinary protocol to assist with risk feeding

feeding’) as the preferred nutritional method, offering a clear goal-oriented alternative to tube feeding (Palecek, 2010).

Retrospective review

As a first step in developing a safer approach to risk feeding, I conducted a review of seven patients on a ward for older people in an acute care hospital who were referred to speech and language therapy during March 2011. Not all had a confirmed history of dementia but all lacked capacity to make their own decisions on nutrition planning. A review of the medical case notes established the number of days from admission to when a nutrition plan was put in place.

A crucial finding was that there was a delay in nutrition planning for five out of the seven patients. A more detailed analysis of the medical notes revealed that following a bedside swallowing assessment by an SLT, the five patients were unsafe



on all consistencies trialled, were at risk of developing aspiration pneumonia and needed a multidisciplinary team decision on the way forward with nutrition. The time taken to make a clinical decision resulted in significant delays, averaging six days before a nutrition plan was implemented, which is clearly unsatisfactory.

Another key finding related to the inconsistencies of the diet regime for these patients. Some were placed on a normal diet and fluids and referred to speech and language therapy when there was reduced oral intake; others were made nil by mouth with intravenous fluids, compromising their safety and comfort.

My findings highlighted the need to introduce a process to better manage nutrition and hydration in this patient group and it seemed integral to develop a system to inform and hasten the decision-making process. This led to the development of a risk feeding protocol.

Reducing risk

The risk feeding protocol is applicable to patients who present with reduced oral intake and/or swallowing difficulties on admission, and who are unlikely to be candidates for alternative feeding. The admitting medical team make a decision to implement the protocol.

The protocol document identifies why a person may be a candidate for risk feeding

“The time taken to make a clinical decision resulted in significant delays”

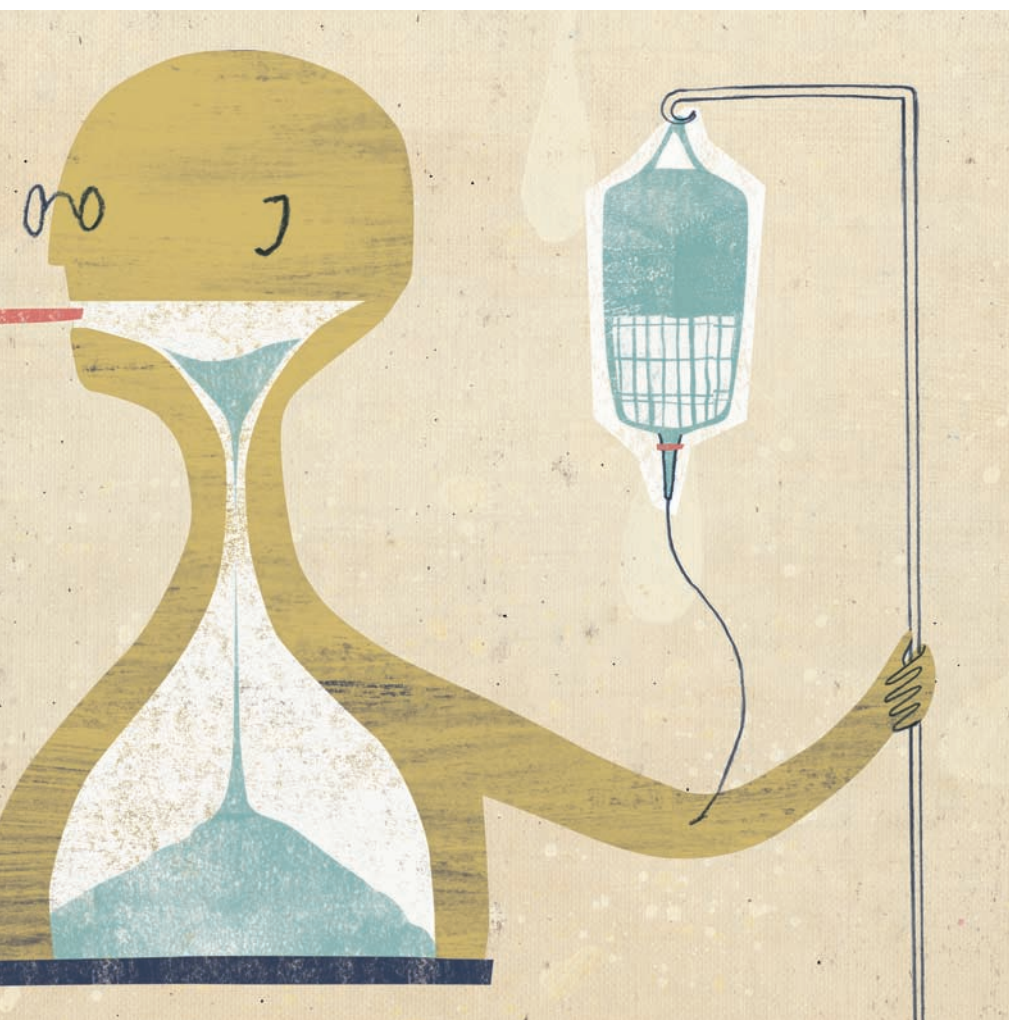


ILLUSTRATION Angela Keoghan

and includes a section for the assessment of the patient's capacity in making a decision regarding their nutritional management.

The signatures of the medical consultant and SLT confirm that multidisciplinary team discussions have taken place and that subsequent information has been shared with the patient/family. The document includes diet recommendations to reduce risk. I hoped that combining these processes within the document might address the gaps in practice disclosed by my review. Figure one illustrates the risk feeding pathway.

I drew up the risk feeding document with practical input from a palliative care consultant and the trust's legal team checked the wording of the section on capacity. I circulated the document to the corporate nutrition steering group for feedback and ratification to facilitate engagement of stakeholders across the trust. I was also involved in co-presentations with gastroenterologists, geriatricians, and dietitians at academic half days across the trust to further support dissemination. The protocol is now implemented trust-wide and audits on its uptake and use will take place over the respective sites in the next six months.

Measuring impact

I conducted a repeat retrospective review where the risk feeding process was applied to establish the impact of the risk feeding

protocol. This looked at six patients from acute medical wards during February 2012, six months after the introduction of the system. It identified a decrease in the number of days taken to put a nutritional plan in place (from six to two days on average). According to Sherman (2003), the reduction of the average wait time for nutritional planning has a significant impact on patient outcomes.

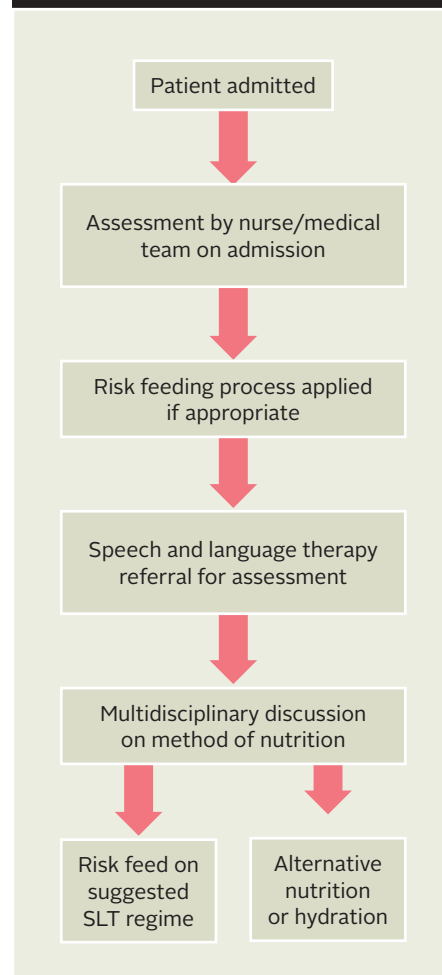
The medical teams reported, via the acute governance meetings, a preference for having a signed document that authorised 'feeding with risk'. The nurses and healthcare assistants - often left feeding patients who overtly choke at times - commented on the value of having signed documentation in place that acknowledges this risk. It seems the risk feeding checklist provides an organised decision, encapsulating patient choice and multidisciplinary clinical input to what appears to be an ethically fraught area.

Ongoing objectives

The following points highlight the ongoing action plan to sustain the change in practice:

- Interactive staff education sessions enable sharing of knowledge and feedback on the clinical and financial benefits of harnessing the new pathway.
- Communication with the community teams ensures the pathway is a core priority. The risk feeding protocol is attached to the discharge summary and

Figure one: The risk feeding pathway



recommendation letters are sent to the families/nursing homes/GPs for patients who are being risk fed.

- Remedial action via review cycles and the subsequent adaptation of the service provided remains essential as a quality and efficiency measure. ■

Dharinee Hansjee, Deputy Manager of Speech and Language Therapy, South London Healthcare NHS Trust. Email: dharinee.hansjee@nhs.net



References & resources

- Finucane TE, Christmas C, Travis K. Tube feeding in patients with advanced dementia: a review of the evidence. *Journal of the American Medical Association* 1999; 282:14, 1365-1370.
- Palecek EJ, et al. Comfort feeding only: a proposal to bring clarity to decision-making regarding difficulty with eating for persons with advanced dementia. *Journal of the American Geriatric Society* 2010; 58:3, 580-584.
- Sherman FT. Nutrition in advanced dementia. Tube feeding or hand feeding until death? Editorial. *Geriatrics* 2003; 58:11, 10.

Supporting robust supervision practice

Cathy Sparkes and Sam Simpson share their perspectives on supervision and the revised RCSLT guidelines

As strong advocates for regular, high-quality supervision, we are keen to examine the timing and impact of the 2012 RCSLT guidelines on speech and language therapy practice. Here, we share some of our thoughts and provide a platform for SLTs from NHS and independent contexts to give their views on the importance of supervision. We hope to inspire you to take a closer look at the guidelines and re-evaluate the adequacy of your own supervision arrangements.

Clear and comprehensive

We have been proactive in accessing frequent, ongoing and varied supervision since qualification, have created supervision-friendly cultures in the departments we have worked in and provided managerial and clinical supervision to others throughout our careers. The revised RCSLT supervision guidelines are clear and comprehensive and we welcome their arrival. They clearly differentiate line management and

clinical (non-managerial) supervision from professional support, detail minimal ethical standards, refer to the competency-based transitional framework for newly-qualified practitioners (NQPs) and provide a useful table summarising supervision and support. We encourage each individual to familiarise themselves with the guidelines, but also recommend each service reflects on whether they are adhering to the service standards outlined in the document.

Intensity of supervision

We would like to highlight one aspect of the guidelines: Standard 14:

'SLTs access an appropriate form of clinical supervision at least once every 12 weeks'. (For therapists with a predominantly counselling role, one-and-a-half-hours per month is an appropriate level of supervision, but this may need to be increased depending on caseload)

In our view the clinical supervision minimal standard of once every three months is too low. We, therefore, welcome the subsequent qualification and recognition that the intensity of supervision changes as a practitioner develops their expertise, goes through transitional periods or extends the demands of their work and roles. We strongly believe the frequency of supervision needs to reflect:

- The practitioner's level of experience, competence and training within a particular field/specialist area.
- The practitioner's caseload at a particular point in time (for example, the number of clients, nature of the work, complexity, emotional intensity).
- The nature and range of roles required by the practitioner.
- The practitioner's work context (for example, full or part time, in isolation or as part of a team, availability of informal support and advice, and joint



ILLUSTRATION Tom Cole

working opportunities).

- The practitioner's personal context (for example, specific difficulties encountered in either the work domain or personal life).

Consequently, we recommend each individual practitioner reviews regularly the adequacy of their supervisory arrangement over time; not only the frequency of sessions, but also the quality and style of the supervision accessed.

Changing needs

Our experience of offering an independent supervision service over the past 10 years has highlighted several changes in supervisees' needs. Many therapists who access our service have either never received regular clinical/personal supervision or have received supervision of a style, quality and frequency that was inadequate for their needs and the demands of their role. SLTs are more acutely aware of the importance of supervision in the face of increasing work pressures, and limited time and financial resources. In our experience, an increasing number of therapists self-fund their supervision or access regular supervision rather than use their allocated continuing professional development funds for courses.

We have observed a clear shift away from specific clinical dilemmas and issues. Recurrent themes include navigating the realities and challenges of working in the current NHS, negotiating complex and demanding team dynamics, the stresses and emotional intensity of work, and future uncertainty. The role of supervision has now extended to one that supports and facilitates emotional resilience, opens up possibilities where there seem to be very few and fosters an individual's personal/professional resources to manage change.

“Supervision keeps me fed and watered and still in the game”

Broadening the discourse

Here are personal reflections from SLTs working in both the NHS and independent sectors on the importance of supervision in the current climate:

Regular commitment: “I feel it is important to make this regular commitment to myself as it challenges me to affirm what has gone well, to see things from a different angle, to learn from things that have been challenging and to gain new ideas. Regular supervision has taught me new ways of approaching particular clinical cases, helped me resolve dilemmas and restored my confidence and motivation to continue working as an SLT.” *Lucy Skelton*

Self-nourishment and transformation: “Supervision keeps me fed and watered and still in the game. Without it I think I would possibly start to wilt and eventually cease to function. It has transformed me from a hard-working and dedicated therapist who felt very confused, misunderstood and angry about decisions I felt were made for me – into a confident, focused and assertive practitioner.” *Anonymous*

A safe place: “I feel the therapists I have known who leave their jobs or the profession have lacked the supervision and support they needed to work through their issues. Aside from the mindfulness about maintaining the quality of your work that naturally comes from regular supervision, you have a ‘safe’ place to articulate your concerns and grow stronger from this, rather than giving up.” *Marianne Brown*

Empowerment: “During my years in the NHS, carving out time for supervision became harder as my seniority and responsibilities increased. This had the potential to lead to feelings of isolation and create a barrier to learning. Prior to joining the independent sector I sought out external supervision and this has allowed me to stand back and look at the bigger picture, to explore my clinical/personal strengths and areas for development.” *Felicity Parsons*

Self-care as a priority: “With changes in the NHS it is challenging to keep time for supervision. I still feel this needs to be prioritised and I make sure supervision for my team is a priority. With pressure in the NHS increasing, I feel it is even more important to prevent burn out, poor decisions due to stress, and ultimately the loss of SLTs from the profession.” *Anonymous*

Self-scrutiny: “I continue to find supervision vital in giving me explicit permission, time, space and the discipline to examine and reflect on my practice. It allows me to be challenged, understand problems and devise plans to learn and deal with things differently. When I was younger, I had to lobby for access to supervision. It was regarded as proof of weakness and a lack of capability to ask for it. I hope very much that those days are gone.” *Jean Kerr*

There is also a current thirst for information regarding supervision theory and practice. More individual NHS and independent SLTs are attending our supervision courses and we are regularly commissioned by speech and language therapy and multidisciplinary departments who want their staff to access training in order to shape their organisation's supervision culture and practice.

Implications for supervision practice

The new guidelines give educational establishments, all NHS and independent SLTs in practice, departments and wider organisations an opportunity to review their current supervision teaching, culture and practice. For those who are keen to reconsider their current policies, they offer mechanisms for reviewing and updating standards and approaches. Importantly, the new guidelines give a voice not only

to NQPs, but to all SLTs who are keen to increase the quantity and quality of the supervision they receive. They also address the need for those in practice to receive training and supervision of a high enough quality that they in turn feel equipped to offer good quality supervision to others.

We welcome a dialogue with those of you who have an opinion regarding supervision in the current climate or the new RCSLT guidelines. Join the debate on Twitter (#RCSLTsupervise) and @_intandem ■

Cathy Sparkes and Sam Simpson.
Email: info@intandem.co.uk



References & resources

Royal College of Speech and Language Therapists. *Supervision guidelines for speech and language therapists*. London: RCSLT, 2012. Available online: <http://tinyurl.com/azvc6lh>

RCSLT Fellowships

These awards acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship within the profession.



Judi Hibberd

Judi is an experienced dysphagia clinician who has done much to further the development of this emerging specialism. Since 2000, she has taught more than 1,000 SLTs in specialist techniques in paediatric and adult dysphagia therapy. The adult learning disabilities version of her Jays Observational Assessment of Paediatric Dysphagia is now used widely across the UK.



Margaret Freeman

Margaret has worked in speech and language therapy posts in London, Melbourne and at Birmingham Polytechnic (now the University of Central England) since 1969. She retired as director of teaching and learning at the University of Sheffield Faculty of Medicine Dentistry and Health in 2012. Margaret created new modules in clinical method and professional skills and also taught motor speech and voice disorders.

Dr Sue Pownall

Sue became a specialist in dysphagia management across Sheffield Health Authority in 1993 and has run the Masters-level dysphagia course at Sheffield Hallam University for 30 years. She remains an RCSLT clinical adviser on dysphagia, is a committee member of the UK Swallowing Research Group, a member of National Patient Safety Agency Expert Dysphagia



Group and chair of the South Yorkshire Allied Health Profession Local Priority Group.



Willie Botterill

Willie has almost 40 years' experience as a dysfluency specialist and has been clinical manager of the Michael Palin Centre for Stammering Children for the past 16 years. She is known for her extensive knowledge of therapeutic approaches and, more recently, her expertise in 'Solution Focused Brief Therapy'. Willie has served as chair of the International Fluency Association. In 2012 the association named her as a 'clinician of distinction'.

The 2012 RCSLT Honours

Meet the recipients of the 2012 RCSLT Honours awards: recognising outstanding achievements in the field of speech and language therapy.

We are grateful to RCSLT President Sir George Cox for presenting this year's awards.

PHOTOGRAPHS GEOFF WILSON

Honorary Fellowships

These awards acknowledge and honour non-SLTs who have contributed outstanding services to speech and language therapy, and for the benefit of those with communication disability.

Dr Chris Donlan

Chris has played a key role in the delivery of pre- and post-registration speech and



language therapy education at University College London since 1994. His research in the area of developmental language disorder, disorders of mathematical skills and the relationship between them has made an enormous contribution to our understanding of how children with specific language impairment process numbers.



Professor Bill Wells

Bill has had a long and outstanding career as a clinical linguist, making a significant contribution to his research field and the education of SLTs. Since 2000, he has been a professor at the University of Sheffield's Department of Human Communication Sciences, and was head of department between 2004 and 2008. He has been influential in the field of conversational analysis and its application to speech and language therapy, and has a significant set of international academic publications.

Lord David Ramsbotham

Lord Ramsbotham is a long-standing supporter of speech and language therapy. After witnessing the invaluable work that SLTs provided at Polmont Young Offenders Institution, he asked Professor Karen Bryan to assist him in surveying the language skills of young offenders. This investigation

revealed alarming rates of speech, language and communications needs. The RCSLT was delighted when he became vice-chair, and more recently chair, of the All Party Parliamentary Group on Speech and Language Difficulties. He tabled numerous amendments during the passage of the Health and Social Care Act in 2012 to raise awareness of communication and the role of SLTs.



Assistant of the Year Award

This award acknowledges the outstanding work of RCSLT assistant practitioner members.



Fiona McNaughton-Jones

Fiona is a speech and language therapy assistant working in children's centres with children under the age of five and vulnerable families in the multicultural, bilingual environment of Hammersmith and Fulham. Her excellent interpersonal skills have enabled her to engage with hard-to-reach families at new birth visits and successfully encourage them to attend children's centre activities.

The Sternberg Award for Clinical Innovation

Donated by RCSLT Senior Life Vice President Sir Sigmund Sternberg, this annual award is for innovative work that is new to a location and of demonstrable benefit to a service, clients and the profession. This year we are pleased to announce two £1,000 award winners.



'Building Early Sentences Therapy'

Dr Christina McKean, Dr Sean Pert and Dr Carol Stow (Sean and Carol are pictured above) have developed the 'Building Early Sentences Therapy' language intervention programme at the NHS Pennine Care Speech and Language Therapy Service. The multilingual programme is used with young children who cannot produce three-element sentences, such as 'The man is eating an apple'. By monitoring individual children within groups, the programme ensures the maximum number of children can be seen, ensuring a cost-effective but individually-tailored approach to the provision of professional services.



'Profiling Outcomes Across Time'

Highly-specialist SLT Nabiah Sohail works at the Children's Integrated Speech and Language Therapy Service for Hackney, the City Homerton University Hospital NHS Foundation Trust and Hackney Learning Trust. Together with Dr Victoria Joffe, she has developed the 'Profiling Outcomes Across Time' tool. This records perceived change in children's performance for language, communication, social skills, emotional wellbeing and behaviour. ■



Emma Pagnamenta

Emma Pagnamenta continues the series on research and development by looking at the resources available

Building with confidence



ILLUSTRATION Graham Longdin

I am now entering my fourth month as RCSLT research manager and would like to take this opportunity to thank all of you who have joined us as a research champions. Your experience and involvement will be of huge benefit to the profession and the network we are creating will enable the RCSLT to access and support SLTs much more effectively. I would be delighted to hear from anyone else who is considering taking on this role for their service.

We have begun to expand the evidence-based practice (EBP) and research pages on the RCSLT website, so please take a look at new 'Research Centre' section at: <http://tinyurl.com/atvw3xa>

As ever, we would love to hear about your EBP and clinical research, and how we can support you further. This forum showcases just a few examples that SLTs have shared with us. As you will see, there is exciting work already happening that can give us much confidence and inspiration to build upon during 2013.

Your research stories

Anna Jones

Anna is an SLT currently carrying out a PhD alongside independent practice in Edinburgh. Alongside the University of Edinburgh's Dr Thomas Bak (lecturer, researcher and neurologist) and Mariana Vega-Mendoza (neuropsychologist and PhD student), Anna set up the Edinburgh Aphasia Interest Group (EAIG).

Anna says, "The purpose of this group is to share aphasia research and knowledge, in order to enhance evidence-based practice in speech and language therapy as well as to promote collaborative and inter-disciplinary work within and between researchers and healthcare professionals."

© To access the EAIG website visit: <http://tinyurl.com/ahj4cf6> or <http://tinyurl.com/bzzv62t>

Fran Virden

Fran is an SLT working with adults with learning disability in the West Midlands. She accessed 'Quantitative Research Designs 101: Addressing Practice-Based Issues in Public Health' a free online learning module from Canada's National Collaborating Centre for Methods and Tools (visit: www.nccmt.ca). The module uses a problem-based learning approach with public health scenarios. Fran says she found the study material easy to understand and relatively jargon-free. Since completing the module, she has been inspired to apply for a research and development secondment within her trust.

Fran says, "I feel my increased confidence and knowledge was significant in my successful application. During the secondment I will be supported by a public health mentor to look at the relationship between mental health relapse and the state of housing accommodation - a bit different from my SLT day job."

Clare Keohane

As an SLT working in the field of brain injury, Clare felt she had acquired a high level of clinical expertise but lacked research skills. She applied for a clinical academic research award (CARA) with the aim of undertaking a Masters in Research to develop her research skills and be more confident in applying research in my clinical practice. She applied through the East of England Deanery, with awards offered at different levels from Masters through to PhD and fellowships.

Clare says, "Applying and being interviewed involved stating clearly the area of research I was interested in and how this would affect my practice. As a result I was awarded the costs of my registration fees and SLT cover for one day a week to allow me study time for two years. Without the funding by CARA I

Research and Development Forum

would not have embarked on this venture but have really benefited from undertaking an MRes and would recommend distance learning to other therapists.”

© Visit: www.nihrtcc.nhs.uk

Accessing online journal articles

Although the appraisal of published research is fundamental to evidence-based practice, accessing articles online can be very difficult. As part of our role at the RCSLT we will continue to explore how we can widen access to e-journals across the profession. We would like to know about your current access to journals, so please complete our short

online survey by 1 March: www.surveymonkey.com/s/9TTN52T

Library resources

RCSLT members can access a wide range of online or print journals at University College London's National Information Centre for Speech-language Therapy free of charge. Many other university libraries also offer access for e-journals to visitors (where the publisher permits access to authorised walk-in users). See table one for examples.

Alumni schemes

Many universities allow access to reference library materials through alumni schemes and

some allow you to borrow items. Unfortunately, online access to journals is often not granted to alumni, due to licensing restrictions limiting it to current students and staff. However, some institutions are starting to provide e-journal access to their alumni, so it is worth contacting the library to check.

Be inspired

The 'Inspire' access scheme links over 4,000 UK libraries together to allow visitors access to reference materials. Some institutions also offer 'walk in' access to e-journals. Visit: <http://inspire-libraries.org.uk> to join the scheme and find

out which organisations are involved.

Online access

- The Cochrane Library is a free database of systematic reviews that you can download at: www.thecochranelibrary.com/view/0/index.html
- Open access online journals include 'EBP Briefs' (www.speechandlanguage.com/ebp-briefs) and the 'Canadian Journal of Speech-Language Pathology and Audiology' (www.caspla.ca/english/resources/cjslpa_home.asp)
- Access to a much wider range of e-journals is available through Athens (for NHS employees and those providing care to NHS patients in England, Scotland and Wales) (www.library.nhs.uk/booksandjournals/journals)
- Health and Social Care professionals in Northern Ireland can access e-journals through the 'Health on the Net Northern Ireland' website (www.honni.qub.ac.uk)

Table one: Examples of library access for SLTs

Library and website	Access arrangements
National Information Centre for Speech-language Therapy, UCL www.langsci.ucl.ac.uk/library/index.html	All e-journals and print copies available for reference use while in the library. Members must bring RCSLT membership card, photo ID and proof of address to join.
Cardiff Metropolitan University www3.uwic.ac.uk/English/lis/pages/home.aspx	Walk-in access to use some e-resources at Cardiff Met's Llandaff Learning Centre. You can also join the library as a borrower for £30 per annum.
University of Manchester Library www.library.manchester.ac.uk	All e-journals currently available to visitors (up to three visits per year) and reference-only members. Bring photo ID and fill in visitor form. Reference-only annual membership costs £30.
University of Newcastle www.ncl.ac.uk/library	Most e-journals available onsite for visitors. Local NHS employees can join the library for free. Non-NHS staff can apply for library membership as external users. Reference membership is free.
Queen Margaret University, Edinburgh www.qmu.ac.uk/lb/Walk_in.htm	Walk-in access to e-resources for visitors.
University of Reading Library www.reading.ac.uk/library	RCSLT members can use library for reference without charge. Includes access to print and some online resources. Contact the librarian to pre-book visits and check access to journals of interest.
University of Sheffield www.sheffield.ac.uk/library	Non-university members can register as library users and access many electronic journals. Access provided via dedicated computers based in Western Bank Library, St George's Library, the Health Sciences Library at the Royal Hallamshire Hospital and the Northern General Hospital.
University of Ulster Online catalogue: http://z11.ulster.ac.uk/TalisPrism Contact info and opening hours: http://library.ulster.ac.uk/info/hour.php	Print journals only. Currently no e-journal access for visitors. Library recommends consulting online catalogue to check location of printed resources before visiting. Visitors do not need to prior arrangement if they wish to visit Jordanstown, Coleraine or Magee campus libraries. Phone ahead to visit Belfast campus library.

Widen the net

You can link up with colleagues in the United States through membership of the American Speech-Language-Hearing Association (ASHA) special interest group. Joining an ASHA SIG will give you access to the whole 'Perspectives' series of journals (18 in total, each one published by a different SIG). You can join an ASHA SIG for \$35 (approximately £22). Visit: www.asha.org/SIG/Join-a-Special-Interest-Group

This is just a snapshot of the many research resources available. If you have found others to be useful please write and let me know. ■

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Emma Pagnamenta, RCSLT
Research Manager, email:
emma.pagnamenta@rcslt.org

Emma Pagnamenta looks at the latest in published research

In the journals

Send in your suggestions of articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

Reading and language intervention for children with Down syndrome



Children with Down syndrome (DS) make significant gains in single word reading and taught expressive vocabulary when given daily sessions by a teaching assistant on a reading and language intervention programme compared with 'teaching as usual'.

This is the finding of a study where 57 children with DS (aged between five and 10 years) in 50 mainstream schools were randomly assigned to 40 weeks of treatment or a waiting control group (20 weeks waiting, 20 weeks intervention). Trained teaching assistants delivered the intervention for 40 minutes each day – teaching reading and phonics together and new vocabulary in oral and written language.

The children receiving intervention made significantly greater progress on single word reading, letter-sound knowledge, phoneme blending and taught expressive vocabulary, although there was wide variation. Children who were younger, received more intervention and had better receptive language skills and made greater progress. There was no generalisation to spelling, nonword reading or standardised assessments of vocabulary.

According to the authors, "The intervention evaluated here was novel in its integrated approach to reading and language instruction for children with DS and is educationally realistic."



References

Burgoyne K, et al. Efficacy of a reading and language intervention for children with Down syndrome: a randomised controlled trial. *Journal of Child Psychology and Psychiatry* 2012; 53:10, 1044-1053. Available online: <http://tinyurl.com/bhosevm>

Successfully living with aphasia

Patients in the early stages post-stroke highlight active involvement, social support, rehabilitation, adjustment and outlook as important for successful living with aphasia, according to a qualitative study carried out in Australia.

Fifteen patients with aphasia were assessed three months post-stroke using a quality-of-life scale and a semi-structured interview. Participants rated how successfully they felt they were living with aphasia and answered questions on what had and would increase their quality of life and what barriers they had encountered.

The following themes emerged: participation in meaningful activities, support by family, friends and other people with aphasia, the importance of rehabilitation, the need to do things differently (for example, communication strategies and supports) and a positive outlook.

The authors conclude, "It is important for clinicians to explore with clients activities they find meaningful and to frame intervention strategies aimed at positive engagement in these activities"



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Grohn B, Worrall LE, Simmons-Mackie N, Brown K. The first 3 months post-stroke: What facilitates successfully living with aphasia? *International Journal of Speech-Language Pathology* 2012; 14:4, 390-400. Available online: <http://tinyurl.com/am42tez>

Parent and teacher perceptions of intervention

Parents and teachers report positive changes in behaviour, communication and self-esteem following Social Communication Intervention Project (SCIP) intervention, researchers in Manchester and Salford have found.

As part of a larger randomised controlled trial, parents and teachers of eight children with pragmatic language impairment attending mainstream schools (aged between five and 10 years) participated in semi-structured interviews. Each child had received up to 20 one-hour one-to-one sessions of SCIP intervention with an SLT/SLTA over a school term. The individualised intervention focused on developing strategies to support language processing, pragmatics and social understanding.

Parents and teachers identified that direct liaison with the SLT and collaborative planning of therapy goals were beneficial. Parents reported positive outcomes in confidence, wellbeing, awareness of emotions and behaviour. Teachers reported changes in behaviour, self-esteem, asking for help, sequencing of ideas and academic skills.

The authors conclude, "Exploring perceptions of the value of an intervention is considered to be an essential element in translating experimental treatments into clinical practice." ■



References

Baxendale J, Lockton E, Adams C, Gaile J. Parent and teacher perceptions of participation and outcomes in an intensive communication intervention for children with pragmatic language impairment. *International Journal of Language and Communication Disorders* 2013; 48:1, 41-53. DOI: 10.1111/j.1460-6984.2012.00202.x. Available online: <http://tinyurl.com/balvfpj>

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

FEBRUARY SIG NOTICES SPECIFIC INTEREST GROUPS

Send your SIG notice by email to: sig@rcslt.org by 5 February for March, by 4 March for April and by 3 April for May. Please note: The RCSLT office is closed for refurbishment. The meeting rooms will be unavailable until further notice pending completion of the work.

South Wales Paediatric Dysphagia SIG

6 February, 9.30am – 4.30pm

Multidisciplinary paediatric dysphagia study day. Will include speakers, journal review, case study. All enquires Lindsay Parkes, email: s.walespaediatricdysphagiasig@gmail.com or tel: 01633 2074 8060

East Midlands SLI SIG

14 February, 10am – 3.30pm

Feedback and discussion following RCSLT research hubs as well as a relevant discussion paper to be announced. Rehabilitation and Dietetics Department, Grantham and District Hospital, 101 Manthorpe Road, Grantham. NG31 8DG. Email: sarah.hassnip@lincs-chs.nhs.uk

London and South East Region Secondary SIG

14 February, 9.15 am – 3.45pm

Agenda: 'ICT in secondary schools – ICT for intervention and screening of language and communication', various presentations tbc. QE2 School's Access and Inclusion Centre, Kennet Road, London, W9 3LG. £25, to include this year's membership or £15 day fee. To book your place, email: paula.driscoll@newhampct.nhs.uk or tel: 020 7059 6886

North East Newly-qualified Practitioner SIG

20 February, 2pm – 4.30pm

Working with bilingual clients. Committee Dining Room, St Nicholas Hospital, Gosforth, Newcastle upon Tyne, NE3 3XT. To confirm attendance or for more information, email: jennifer.kirby@ntw.nhs.uk

Storytelling in Speech and Language Therapy SIG

28 February, 10am – 3pm

A fresh look into research and evaluation of storytelling in speech and language therapy – Parayhouse School. For SLTs using storytelling and narrative – with Louise Coigley of Lis'n Tell (lisntell.com). Places limited. To reserve your place, email: jillgoulding@linkprim.co.uk

Curriculum Friendly SLT SIG

28 February, 9.30am – 4pm

'Sign 4 Stories' and 'Sign 4 Maths' – using signing to support maths and storytelling vocabulary, presented by Katja O'Neill. Perdiswell Young People's Leisure Club, Perdiswell Park, Droitwich Road, Worcester WR3 7SN. £30 including lunch. For details, email: noreen.white@bcpft.nhs.uk or tel 01384 321 511 by 7 February

South West Brain Injury SIG

28 February, 11am – 4pm

'Outcomes: Sharing good practice'. To be held in the SLT Department Ward 23, Frenchay Hospital BS16 1LE. £4. To book a place email: adenman@natstar.ac.uk

Oxford Voice SIG

7 March, 10am – 3pm (registration 9.30)

Propellor Software study day. Speaker: Dean Turnbull. Horton General Hospital, Oxford. £5. Email: esther.webb@gwh.nhs.uk

North West Voice SIG

8 March, 9am – 4.30pm

Study day on the assessment and treatment of spasmodic dysphonia. The Education Centre, Royal Bolton Hospital, Minerva Road, Bolton, BL4 0JR. Members £15; non-members £25. To reserve a place or for information email: carmel.mcnamee@boltonft.nhs.uk

South Wales and South West Region SIG in Deafness

12 March, 10am – 3.30pm

Geoff Plant, topic tbc. Brunswick United Reform Church Hall, Wigton Crescent, Southmead, Bristol BS10 6DY. SIG member £10; non-members £15 (includes lunch). Contact Nicola Cole, tel: 07825 714 651, email: n.cole@soton.ac.uk

Counselling and Therapeutic Skills in SLT SIG

15 March, 9.30am reg, 10am – 4pm

'Is the use of Solution Focused Brief Therapy valid in speech and language therapy?' Will focus on the experiences and recorded outcomes of therapists who have used SFBT in practice. Main presentation: Emma Osei Mensah. Further presentations with opportunities for reflection and discussion. PM: workshop focus on aspects of evidence-based practice and ways in which therapists can play their part in driving process forward. Jury's Inn, Nottingham. Email: ruth.phillips.sig@hotmail.co.uk

Medico Legal SIG Spring Meeting and AGM

15 March, 1pm – 5pm

'Update on the SENDIST Tribunal Process' with SENDIST tribunal panel member John Parrott. Plus 'Marketing medico legal services' with Philip Knight, medical liaison manager, Medico Legal Marketing. Holiday Inn, Elstree, Hertfordshire. SIG members £20; non-members £25. Email: rebecca@speechsort.co.uk

Aphasia Therapy

15 March, 9.30am (reg) – 4pm

'Counselling and speech and language therapy practice' (Rearranged from November 2012). Dr David Hiles (Dept of Psychology, De Montfort University). Addenbrookes Hospital, Cambridge. Members £20; non-members £30. Email: ruth.o'hora@swft.nhs.uk

Northern and Yorkshire Acquired Brain Injury SIG

26 March, 9.30am – 4pm

Review of assessments and outcome measures in ABI. Case discussions and peer support. Goal Attainment Scaling presentation. Goole and District Hospital, Woodland Ave, East Riding of Yorkshire, DN14 6RX. Members free; annual membership £15. Email: jessica.lister@nhs.net or tel: 01724 298 100 or lee.hughes@elht.nhs.uk, tel: 01282 804 826

AAC SIG

26 March, 9.30am for 10am start – 4pm

AAC tools and strategies for ASD. Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7LD. Members free; non-members £15 (includes lunch). Email: julie.atkinson@bhamcommunity.nhs.uk or tel: 0121 627 8235

Yorkshire Dysphagia SIG

24 April, 9.30am – 4.30pm

Review of current practice within dysphagia. Opportunity to share resources and discuss ways of working. Includes AGM. The Poppleton Centre, York, YO26 6JT. Members free; non-members £10. Email: helena.shaw@york.nhs.uk, tel: 01904 725 768

Early Years SIG (Western)

10 May

A phonology study day with Dr Caroline Bowen. Exeter. For further details email: lucy.bomford@nhs.net

Keep in touch with your RCSLT online

Visit www.rcslt.org and follow the links



SELWYN PRIMARY SCHOOL

Cecil Road, Plaistow,
London E13 0LX
Tel: 020 8471 6173



Specialist Speech and Language Therapist (Hearing Impairment)

Salary: PO2 £26,732 - £28,908 inc,pa

36 hours per week – term time only

Ref: SCH00565

Are you an experienced SLT with the enthusiasm and motivation to work with deaf children in the London Borough of Newham?

This unique opportunity allows you to develop and deliver high quality service to school aged deaf children and their families. This will be based at Selwyn School, and will work to build capacity and resilience amongst the families within the framework expected by the London Borough of Newham. This is a unique opportunity to work with a successful and growing team delivering a seamless service within the London Borough of Newham. There are strong professional links with academic professionals and professionals in national health services.

You will need to have:

- At least 2 years experience as an SLT with additional training and experience of working with deaf children and their families.
- Demonstrable experience of working with children who use cochlear implants and hearing aids, including with a strong focus on auditory oral approaches.
- Sound knowledge and understanding of the needs of deaf children and the support strategies necessary to enable them to communicate.
- Good communication and interpersonal skills.
- Knowledge and understanding of working within a culturally diverse community.
- Ability to develop effective strategies to engage hard-to-reach families.
- BSL to at least Level 2.
- Experience of liaising effectively with relevant agencies, including health professionals.
- Experience of multi-disciplinary working.
- Experience of monitoring and evaluating for improvement.

Application form and further details please apply on line at www.newham.gov.uk

For general enquiries please call 020 8249 6943.

Further information can be obtained from Sharon Monaghan at Selwyn School
sharon.monaghan@newham.gov.uk

Closing date: 7th February 2013.

Interviews: 14th February 2013 for a start as soon as possible thereafter.

The schools in Newham are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.



We are the charity for the 500,000 people in the UK with autism and their families. We provide information, support and pioneering services, and campaign for a better and fairer world for people with autism.

Speech & Language Therapist

Bideford, Devon

Salary: Band 6, Spinal Points 23-31, £23,458-£31,779 per annum (Band 5 would be considered) plus benefits package

This role is predominantly based at the Broomhayes School & Children's Centre at Bideford, but with a minimum of one day per week in Bristol working at our Anderson School.

Broomhayes and Anderson Schools are 52-week-a-year residential schools for children and young with autistic spectrum disorders (ASD). The emphasis at both schools is on supporting young people to fulfil their potential by developing vocational and life skills that will support a successful transition into adult life and integration into the community.

We are looking for a therapist with clinical experience in special needs and ASD. The role will be working as part of a multi-disciplinary team, which aims to provide a communication-focused curriculum to enable a child with ASD to develop functional communication skills for everyday living.

You need to have the ability to develop and deliver a range of interventions, including staff training. We have a friendly team, regular staff meetings, development days and opportunities for working with other therapists.

Education & qualifications:

- Registered member of the Royal College of Speech and Language Therapists (RCSLT)
- At least three years' experience of working with children who have complex communication difficulties
- Diploma/degree recognised by RCSLT
- Minimum two years' experience of working with complex communication disorders
- A special interest in autism

Broomhayes School is committed to safeguarding and promoting the welfare of children. All interviewed candidates for this post will be subject to the relevant CRB checks.

Applications are sought from all suitably qualified sections of the community but particularly welcome from those with a diagnosis of autism or Asperger syndrome.

For a job description and application pack please email broomhayesjobs@nas.org.uk

Closing date: 20th February 2013

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

Accept difference. Not indifference.

Charity Number: 269425
Scottish Charity Number: SC039427



SPEECH AND LANGUAGE THERAPIST

£27,612 - £29,521 – Term Time Only (39 Weeks per Year)
36 Hours Per Week



Garratt Park School is a special school catering for students who have mild/moderate learning difficulties and additional complex needs. The school has a Resource Base, which supports students with Autism (ASD). Due to on-going success, Garratt Park School has expanded and continues to offer a wide range of exciting opportunities. The school provides an Advisory Service to mainstream secondary and primary schools for students with ASD and/or Social Communication Difficulties. A new teaching block as well as extensive improvements to the existing school have recently been completed.

Following successful recruitment to the Speech and Language Therapy Department we have an opportunity for an additional experienced clinician to join a high profile team with clinical supervision provided. You will have delivered a

Therapy Service within an educational setting and be skilled at working effectively training others and being part of a multi-disciplinary team. You should be a creative Therapist who is highly motivated, with excellent interpersonal and communication skills. You should also be a confident and skilled practitioner, looking to extend your clinical skills in a classroom setting alongside other professionals committed to enhancing Language and Social Skills across the curriculum.

Your commitment to the belief that all children can do and learn, whatever their disabilities, is an essential requirement for this post. Experience and/or knowledge of working with children who have Special Educational Needs is essential.

For information pack, including a Job Description and Person Specification, please contact Janice Button at the school on 020 8946 5769 or recruitment@garrattpark.wandsworth.sch.uk

Closing date: 12.00 a.m. Friday
15th February 2013

Interview date: Wednesday 6th March 2013
Only short-listed applicants will be contacted

We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff and volunteers to share this commitment.

This post is subject to a CRB check.
CVs are not accepted.

www.garrattpark.wandsworth.sch.uk

Working Harder for YOU



A single call to our expert Speech & Language Therapy team will enable you to access some of the most rewarding, varied & exciting opportunities within your profession today.

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- ♣ NATIONAL & INTERNATIONAL
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info@sugarmanmedical.co.uk



LONDON

SYDNEY

Therapy Manager

Salisbury

£40,000 + Benefits

Reporting direct to the CEO, you will be responsible for the effective and efficient management of the therapies team, ensuring a consistently first-class service.

This will involve reviewing the present set-up with a view to recruitment; improving services including spasticity and hydrotherapy; and evaluating documentation and assessment tools. While providing the leadership to motivate, manage and develop your team, you will work closely with clinical service managers to maximise the effectiveness of multi-disciplinary teams, and audit the safety and efficiency of therapy services.

Qualified in physiotherapy, occupational therapy, speech & language therapy or psychology, and registered with HPC, you must have several years' clinical experience at a high level, and have an in-depth understanding of the benefits of the range of therapies in the neurological arena.

Organised, calm even when under pressure and analytical, you must have the enthusiasm, confidence and problem-solving skills to galvanise and drive a multi-disciplined team to meet service goals. An energetic, creative and flexible approach is essential.

Our high dependency and assessment units offer a wide spectrum of neurological rehabilitation in a modern, progressive environment. Within Glenside Hospital, homes and other specialist facilities ensure patients benefit from a seamless and complete pathway of care in one location, from initial assessment and structured rehabilitation programmes through to pre-community and supported living.

Onsite, there is a coffee shop and free parking. We offer an attractive remuneration package as well as on-going training and development to build your skills both personally and professionally.

If you have the experience, knowledge and character to become our Therapy Manager, then please forward a detailed CV to

careers@glensidecare.com

GLENSIDE
LEADERS IN NEURO REHABILITATION



APPOINTMENTS

CALL GIORGIO ROMANO ON 020 7880 7556

The Huntercombe Group is a nationwide specialist provider of complex neurodisability and acquired brain injury healthcare.



Hothfield Manor Acquired Brain Injury Centre is a specialist provision near Ashford, Kent. The centre provides a range of rehabilitation and care to adults with an acquired brain injury or with a neurodisability.

JUNIOR SPEECH & LANGUAGE THERAPIST

37.5 HOURS PER WEEK, £25,000 PER ANNUM

This exciting post offers an opportunity to work as part of a multi-disciplinary team. We are looking for a junior therapist who will, under the supervision of the senior speech & language therapist, provide specialist assessment and treatment plans. We are committed to staff training and continued professional development and would consider a newly qualified therapist for this position.

You will have a BSc or recognised postgraduate diploma in speech and language therapy and an interest in developing specialist skills in the assessment and management of cognitive communication and swallowing disorders.

For an informal discussion or to arrange a visit regarding this position please contact Sue Baker, Senior SLT on 01233 643272 or to receive an application pack please contact Lynn Morris on 01233 643272 or email: hothfield.manor@fshc.co.uk

Closing Date: 28th February 2013



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e: info@piersmeadows.co.uk

www.piersmeadows.co.uk

I CAN is the children's communication charity.



helps children communicate
REGISTERED CHARITY 210031

Speech and Language Therapist

Full time/(Part time considered)
£26,397 - £29,036 + £556 Fringe Allowance
Meath School and Specialist Centre,
Ottershaw, Surrey

We are looking for an enthusiastic forward-thinking Maingrade Speech and Language Therapist who wants to develop their career, skills and knowledge in a specialist educational setting. You will enjoy the chance to work within a well-resourced department with a small (10-12 children) but complex caseload, where intensive therapy with pupils is encouraged. If you believe you can help our learners to fulfil their potential at school, at home and in their communities and are looking for a fresh challenge, then this role may be just what you are looking for.

I CAN's Meath school is a twice outstanding special school committed to the highest quality integrated education, therapy and care. You will work collaboratively as part of strong and supportive multi-disciplinary team of teachers, therapists, learning support assistants and care officers, with class groups, smaller groups and with individual children. Meath School is a non-maintained day and residential school for pupils aged between 5-11 years, who have severe and complex speech, language and communication difficulties (including Asperger's Syndrome) with associated learning and/or behavioural difficulties.

For an informal discussion about the role please contact Jean Wilson, Head of Therapy on 01932 872302 email jwilson@meath-ican.org.uk
To find out more about Meath School and ICAN visit www.ican.org.uk
For an application pack download from www.ican.org.uk
Email jobs@ican.org.uk or Telephone: 020 7843 2522
Closing date: 10am, 18th February 2013.

I CAN is committed to equality of opportunity in employment



CuroCare

Band 4 Speech and Language Therapy Assistants £16,000 - £19,000 FTE, London (within M25)

Various SLTA positions available (full/part time) supported by Head SLT and onsite unit manager with excellent future career opportunities.

Are you passionate about improving the communication of adults with a diverse range of complex mental health and learning difficulties?

Are you inspired to facilitate choice, independence and social interaction through implementing interventions, organising activities and enhancing every day life?

The successful candidates will contribute to the high standards of person centred active support provided within CuroCare Ltd, working as part of a multi-disciplinary team and as an autonomous individual.

For an informal discussion, further information or to arrange a visit please contact Head SLT - Anick Landau via e-mail: anick@curocare.co.uk



St Rose's School

Enabling children to reach their full potential

t: 01453 763793 e: admin@stroses.org.uk

SPEECH & LANGUAGE THERAPIST - Maternity Cover

Up to 27 hours per week, term time only.
Salary dependent upon qualifications and experience.

St. Rose's is a residential and day special school (2-19); our young people have very complex needs, use AAC and require a high level of dysphagia support; some have an autistic spectrum disorder.

Working as part of a skilled multi-disciplinary team, including full-time SLT lead, you will be ready to manage your own case load, with supervision.

The school is committed to Safeguarding and promoting the welfare of children; all staff and volunteers share this commitment. The successful applicant will be required to undertake an enhanced disclosure.

Application form available from the school office.

Closing Date: 28 Feb 2013

www.stroses.org.uk

Picture Exchange Communication System (PECS) Training

PECS basic training: Ipswich, Plymouth, Leeds, Stoke, Carlisle, Maidstone, Peterborough, London, Dundee, Manchester, Glasgow plus more. Teachers guide to organising and managing classroom: Leeds, Ipswich. For all training dates/information. Visit: www.pecs.com, tel: 01273 609 555

20-22 February, Guernsey. Hanen's 'It Takes Two to Talk' Certification Workshop

This workshop can show you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. Visit: www.hanen.org/ITTTworkshop or email: info@hanen.org

25 February, Midlands. TalkTools: study day

New to TalkTools? Come along and find out more. Already using TalkTools? Share learning experiences with other therapists. 'Ask the experts', hands on advice, tools and techniques, Bite-size seminars. Visit: www.eg-training.co.uk or tel: 01530 274 747

Spark* Self-Regulation Program of Awareness and Resilience in Kids

First time in the UK for this innovative approach to autism. **28 February**, London; **4 March**, Glasgow; **6 March**, Liverpool, **8 March**, Bristol. Tel: 0115 714 9000, visit: www.positiveaboutautism.co.uk

Elklan total training package for under-fives

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. **4-5 March**, Salford; **6-7 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. **4-5 March**, Salford; **3-4 June**, London. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6 March, Derby. Modernisation agenda

Speaker: Dr. Patricia Oakley. £120 (includes light lunch and

refreshments). For further information contact NCORE. Tel: 01332 254 679 or visit: www.ncore.org.uk

6 March, Cervical auscultation course run by Quest Training

A practical, skills-based course to be held in Birmingham. £130. Further information from the website: www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: jfrost@ukgateway.net

7-8 March, Salford. Elklan total training package for verbal children with ASD

Equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. Price: £425 therapist, £325 teacher. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. **7-8 March**, Salford; **3-4 June**, London. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11-14 March, Paediatric/ALD dysphagia course run by Quest Training

This four-day taught course, plus work-based learning, develops skills and competence in dysphagia assessment and management. Birmingham, £535. Visit: www.quest-training.com or contact Jo Frost 07904 981 462. Email: jfrost@ukgateway.net

Attention and listening in the early years

12 March, Bristol; **2 May**, Manchester. A group for facilitating the attention skills of young children through adapted songs and games. Ideal for SLTs, SLTAs and for training early years practitioners. Visit: www.attentionandlisteningintheearlyyears.co.uk

12 March, Reading adult videofluoroscopies: intermediate

To develop the interpretation skills of those routinely using videofluoroscopy in the management of adults with acquired dysphagia. £130. Tutor: Christina Smith, UCL. Contact CPD@PaLS. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

12-14 March, Derby. Hanen's It Takes Two to Talk Certification Workshop

This workshop can show you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. Visit: www.hanen.org/ITTTworkshop or email: info@hanen.org

12-14 March, Derby. It Takes Two to Talk, Hanen training course

£550 (includes light lunch and refreshments). For further information contact NCORE. Tel: 01332 254 679 or visit: www.ncore.org.uk

12-15 March, Complex issues course week @ The Ear Foundation

APD, deaf children and complex needs, CMV, ANSD with expert guest speakers every day check our website: www.earfoundation.org.uk for full details

Developing your independent business

Are you already working independently, thinking about developing the business but not sure where to start? £150 per person. **15 March**, London; **30 March**, Manchester; **13 April**, Bristol; **11 May**, Birmingham. Visit: <https://bookwhen.com/smalltalk> for more info and to book a place.

16 March, Elstree, Herts. ASLTIP annual conference and AGM

+ Exciting pre-conference workshops. Keynote speaker: Professor Pam Enderby. Conference workshops include Social Communication Intervention Project and the strands of SLT: neurological rehabilitation. Members £95; non-members £120; Students £50. **15 March**, pre-conference half-day workshops: medico-legal issues; enhancing language and communication in secondary school students with SLCN (Victoria Joffe and Sarah Spencer). Visit: www.helpwithtalking.com

18-20 March, London. NEW: Elklan total training package for post-16s

Equips SLTs and FE staff with a specific role in supporting SLC skills to provide practical, accredited training to staff working in post-16s settings. Therapist £425; teacher £325.

Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

19 March, Working with selective mutism part 1

Effective approaches to assessment and management. Tutors: Maggie Johnson/ Alison Wintgens. £130. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

19-20 March, Derby. Talkability, Hanen training course

£420 (includes light lunch and refreshments). For further information contact NCORE. Tel: 01332 254 679 or visit: www.ncore.org.uk

19-20 March, London. NEW: Elklan total training package for 0-3s

Meet the training needs of staff working with 0-3s with this exciting new course from Elklan. Equips SLTs and specialist early years practitioners to provide practical, accredited training to this sector. Teacher/therapist teams welcome. Therapist £425; EY practitioner £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

20 March, Working with selective mutism part 2

Extension level – supplementary approaches to assessment and management (professionals and support workers from educational, health and mental health backgrounds; case workers and therapists working with adults). £130. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

21 March, London. Elklan total training package – supporting users of AAC

Equips SLTs to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £220. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

21-22 March, London. NEW: Elklan total training package for vulnerable young people

Train to deliver this practical, accredited course to staff working with vulnerable young people in a variety of settings, eg PRUs, YOTs. Equips SLTs and specialist advisers to teach others. Therapist £425; teacher £325. Contact: 01208 841 450, email: henrietta@elklan.co.uk or visit: www.elklan.co.uk

QUICK LOOK DATES

28 March, 'I Am Special 2' – Peter Vermeulen

London. Peter Vermeulen of Autisme Centraal, Belgium, presents a one-day course on helping people with ASD gain a better understanding of themselves and their diagnosis. For information leaflet email Beth at: iamspecial2london@virginmedia.com. To book, visit www.amiando.com/iamspecial2

15 April, 'Counselling Skills and Maintaining Boundaries'

Highly practical and friendly basic level course offering workplace strategies and tools to therapists in this crucial aspect of our work. Central London venue tbc. Cost £70 (£60 for students). Contact Sally Newman of Therapy Skills Training Alliance. Email: newmansallyspeech@yahoo.co.uk or tel: 07821 250 312 for more information and booking

15-18 April; 12 June, Extending knowledge and skills in working with adults with acquired dysphagia

A post-registration course for SLTs. Christina Smith, Stefanie Bucher, and Kirsty Catling. £700. Tel: 020 7679 4204, email: pals-cpd@ucl.ac.uk, visit: www.ucl.ac.uk/psychlangsci/students/professional/class

18-19 April, Irish Association of Speech and Language Therapists (IASLT) Biennial Conference

At Dublin's iconic Croke Park. Talking Heads; SLT in the current context, which will take place on. More details and registration form at: conference.iaslt.ie

19 April, BAS research update meeting, University of Exeter

Hear about current research in aphasia, discuss the clinical applicability of findings and explore the implications for research and practice. BAS member £10; students £6 for. NB: You need to be a BAS member to attend. Visit: www.bas.org.uk

22-23 April, Vocal fold management: principles and practice

Develop your skills in fluency-shaping, learn the key principles of vocal-fold management and how to teach it to clients who stammer. 10am – 4pm. Fee: £128. Contact Jan Logan, City Lit, email: jan.logan@citylit.ac.uk or tel: 020 7492 2569

30 April – 1 May, ICH/GOSH London. Paediatric tracheostomy for SLTs

For clinicians working in hospital and community settings. Includes lectures/workshops on communication, voice and

feeding, ENT, respiratory and nursing management. £250 (until 15/3/13). Visit: www.ichevents.com or tel: 020 7905 2675

8 May, Caroline Bowen at Birmingham City University

'Sound Reasoning: Therapy targets and techniques for children with speech sound disorders'. Don't miss this one day event with Dr Bowen, exploring ways of optimising treatment outcomes; non-linear principles in intervention and practical therapy facts and tricks. Cost £50 (student discount available). Visit: <http://store.bcu.ac.uk/> to book a place/further information

13-14 May, Kent. Integrated listening systems practitioner training

iLS combines auditory, visual and balance training to address language and processing difficulties. Unique auditory/speech feedback device, interactive language programme, now available. Exciting ASD and auditory processing research on efficacy. Tunbridge Wells. See www.integratedlistening.com/the-slp/. Early booking £250 (by 20 February) standard rate £295. Inc lunch. Book by 13 March. Email: info@starjumpz.com or tel: 01892 510 257, visit: www.integratedlistening.com/the-slp

15-16 May, Kent. Sensory processing disorder (SPD) clinical reasoning and intervention

Dr Lucy Miller (founder SPD Foundation, author Sensational Kids) seminar focusing on latest research, identifying SPD subtypes and implementing effective intervention. Early booking £350 (by 20 February) £395 standard. **17 May:** Conference Children with SPD, keynote speaker Dr Miller £35. Pioneering Children's Services Course Options for May: **13-16 May:** Dr Miller & iLS £560 (£660 after 20 February); **13-17 May:** All events £570 (£690 after 20 February). Cost includes lunch. Book before 14 March. Venue: CC University, Tunbridge Wells. Email: info@starjumpz.com or tel: 01892 510 257

3-7 June, NEW: Advanced course on the treatment of breathing in children who have cerebral palsy

Suitable for Bobath trained SLTs and physiotherapists. Aims to deepen therapists' understanding of the effects of cerebral palsy on breathing in children who have different presentations of cerebral palsy and explore how treatment can be adapted to improve different aspects of the child's activity. Tutors: Christine Barber, Director of Therapy Services, and Catharina van der

Walt, Head of Therapy, Bobath Scotland. The Bobath Centre Bobath Scotland, Glasgow G4 9UD. Fee £795. Visit: www.bobath.org.uk, email: training@bobath.org.uk. Registered Charity 229663

6-7 June, London. Com For training

This course covers the theoretical framework, administration, interpretation, and implementation of the ComFor assessment for augmenting our communication with children, young people and adults with autism and/or intellectual disability. £260. Discount for ASD SIG members. Email: comfor@virginmedia.com

6-7 June, London. Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. Teacher/therapist teams welcome. Therapist £425; teacher £325. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

11-12 June, Manchester. TalkTools: Feeding therapy a sensory motor approach

Learn sensory techniques to develop tolerance of touch, taste, texture and temperature. Learn oral-motor techniques to develop oral level feeding skills. A dysphagia qualification is not required for this course. Visit: www.eg-training.co.uk or tel: 01530 274 747

21 June, Talk Shop Conference, Daventry

A unique, inspiring event for SLTs and OTs. Visit interactive zones: sensory, tech, classroom and design; 'day-in-the-life' and feeding presentations; exhibition hall (equipment/books/toys) and excellent workshops: incl. apps and auditory processing. See: www.talk-shop.org to plan your day. Only £55

8-12 July, Laryngectomy: Surgical Voice Restoration, Imperial College London

This unique advanced-level programme is designed specifically for SLTs specialising in the area of cancer of the larynx/laryngectomy (standard and extensive surgical reconstruction). Presented by leading experts, it will cover rehabilitation including swallowing and pseudo-voice production with particular reference to surgical voice restoration. For

more information, visit: www.imperial.ac.uk/cpd/svr or contact Eva Moreno at the Centre for Continuing Professional Development on +44 (0)20 7594 46885. Email: cpd@imperial.ac.uk

17-19 July, Introductory Bobath Course for SLTs

This three-day course for SLTs on the Bobath approach to assessment and treatment of children and babies with cerebral palsy. Tutor: Yolanda Broek, Senior SLT, The Bobath Centre. Fee: £445. The Bobath Centre, London N2 8AU. Visit: www.bobath.org.uk, email: training@bobath.org.uk. Registered Charity 229663

7-8 November, Derby. LSVT Loud training and certification workshop

£530 (includes light lunch and refreshments). For further information contact NCore. Tel: 01332 254 679 or visit: www.ncore.org.uk



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Helen Paterson

OCCUPATION: ADVANCED SPECIALIST SLT AT THE COMPASS ASSISTIVE TECHNOLOGY SERVICE, ROYAL HOSPITAL FOR NEURO-DISABILITY, PUTNEY

“There is not much that can match that first message someone spells out on a chart after a brain injury”



I tried to wait as patiently as I could as the young man in the bed in front of me spelled out on a paper alphabet chart, with a very slow movement of his finger, what was wrong. As a staff nurse on a night shift I knew that I had a million jobs to do and 24 other patients to care for, but the distress that this man was in and his efforts in communicating his message to me ensured that I waited for him to finish and captured my interest in augmentative and alternative communication (AAC). Now, many years later, in my role as an SLT working on an assistive technology team, my passion for AAC is as strong as ever.

The Royal Hospital for Neuro-disability (RHN) Compass team sees adults with complex neurological conditions who are inpatients at the hospital and receives external referrals from across London and further afield.

My post is a new one, which I moved to after working in a joint AAC and community rehabilitation post, and deciding that I wanted to work full time in AAC. I work

as part of a multidisciplinary team of occupational therapists, technicians, a rehabilitation engineer and an assistive technologist. Each is vital in achieving successful intervention in this area. For example, many of our patients have complex physical needs and our rehabilitation engineer can create some amazing solutions to practical access problems, often not available ‘off the shelf’ – such as an adapted stylus that has enabled many individuals to be able to access iPads.

My working day varies, but usually involves me fiddling with some form of technology; be it setting up a software display for an eye gaze assessment, connecting a patient’s email account to their communication device so they can access email again, supporting someone to Skype a relative or trawling Google Images for a decent picture of spaghetti for a communication chart.

The assistive technology world is a rapidly changing one and very challenging, but a joy and highly rewarding to work in.

There is not much that can match that first message someone spells out on a chart after a brain injury or the first email sent by an individual with motor neurone disease who has been unable to access his computer for months.

Two years ago I decided I wanted to study this field further and contribute to creating an evidence base in AAC, and so once a week I whizz up to Coventry University where I am in my third year of a Masters in Assistive Technology. Being the only SLT on the course has given me greater awareness of the vastness and variety in the assistive technology field. I hope I have promoted the role and importance of AAC in this area too.

There are some exciting developments occurring in the AAC world and I hope we are on the road to ensuring mandatory funding for communication aids by the NHS. At the RHN, we are recognised as a centre of excellence and have been successful in receiving funding for a scoping exercise by the Department of Education to create a London ‘hub’. This will provide support and assessments in AAC across London, together with other regional AAC services.

At the end of my working day, it is still important to make time for more of the digital world. I find Twitter and email groups, such as the Communication Matters forum, vital in keeping me updated on the latest developments in the field. On my way home in my downtime, I might also be partial to a few social networking-related apps as well catching up on the latest gossip. ■

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Email: hpaterson@rhn.org.uk

📍 Visit the Compass Assistive Technology Service website: <http://tinyurl.com/avvyzdb>



ROYAL COLLEGE OF
SPEECH & LANGUAGE
THERAPISTS



RCSLT NATIONAL STUDENT STUDY DAY

Thursday 28 March 2013

De Montfort University, Hugh Aston Building,
Leicester, LE1 9BH

Packed full of interactive sessions, this exciting event will offer students the chance to hear from speech and language therapy managers about what they look for in job applicants, and find out what it's really like to be a newly-qualified practitioner.

The ever-popular RCSLT National Student Study Day will give you the opportunity to meet and network with other SLT students from across the UK, as well as learn more about your professional body and meet staff and trustees from the RCSLT.

Book your place today

The delegate fee is £10, including VAT, for RCSLT members and non-members. This rate includes lunch, refreshments and materials.

**PLACES ARE
LIMITED SO
BOOK NOW!**

For more details about the event and instruction on how to book, visit:

www.rcslt.org/news/events/rcslt_national_student_study_day_2013