Why not adult learning disabilities?
RCSLT Short Courses for 2004

Course 740
Thinking of Returning to Work as an SLT?
Speakers: Gillian Stevenson and Deborah Courtney-Deal
2 December 2004, 10 - 4pm
RCSLT, 2 White Hart Yard, London SE1 1NX

This course is for SLTs who have been out of the profession for a few years, either taking a career break, or working in another field. The course is intended to help SLTs decide whether they want to re-enter the profession, and if so, how they should set about doing so. The course will help intending returners to identify where they may need additional up-dating, and working with the rcslt will identify opportunities for gaining up-dating knowledge and experience. This course is not suitable for people considering speech and language therapy as a career at the outset.
Booking fee: £30

Course 743
Getting started in research: an interactive workshop on developing practice-based research skills for SLTs
Speaker: Diane Bebbington
5 November 2004, 10.30 - 4pm
RCSLT, 2 White Hart Yard, London SE1 1NX

This workshop is for clinicians and managers with little or no experience of research who are interested in applying existing research and taking forward their own ideas.
The workshop will explore the relevance of research to speech and language therapy, help participants clarify areas they want to study and how to access resources, information and skills. The workshop will also look at some of the steps involved in the research process and how to design some small-scale projects.
Booking fee: RCSLT Members £65; non-members £80

Course 722
The role of the clinical specialist in the identification and management of children and young people with pervasive developmental disorders
Speaker: Debbie Onslow
20-21 September 2004, 9 - 4pm
RCSLT, 2 White Hart Yard, London SE1 1NX

Following feedback from course participants attending courses on autism during 2003, we are now offering a two-day course on the identification and management of communication disorders. This course is suitable for SLTs working in paediatrics who are/will be involved in the diagnosis and management of children and young people with ASD via multi-disciplinary settings (real or virtual), mainstream and special schools, and the provision of support for colleagues in the community.
Booking fee: RCSLT Members £130; non-members £160

Course 740
Thinking of returning to work as an SLT?
Speakers: Gillian Stevenson and Deborah Courtney-Deal
11 October 2004, 10 - 4pm
RCSLT, 2 White Hart Yard, York SE1 1NX

This course is for SLTs who have been out of the profession for a few years, either taking a career break, or working in another field. The course is intended to help SLTs decide whether they want to re-enter the profession, and if so, how they should set about doing so. This course is not suitable for people considering speech and language therapy as a career at the outset.
Booking fee: £30

Booking fees cover refreshments, lunch, course handout materials, and a certificate of attendance. To book your place or find out more contact:
The Short Courses Office, RCSLT, 2 White Hart Yard, London SE1 1NX.

Email: short.courses@rcslt.org
Tel: 020 7378 1200
Fax: 020-7403-7254
COVER STORY:
Why does adult learning disabilities have trouble attracting SLTs?
See page 14 for details

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Disclaimer:
The bulletin is the monthly magazine of the Royal College of Speech and Language Therapists. The views expressed in the bulletin are not necessarily the views of the College.

Publication does not imply endorsement. Publication of advertisements in the bulletin is not an endorsement of the advertiser or of the products and services advertised.
Agenda for Change fills the Bulletin postbag

The debate over Britain’s entry into the war in Iraq may occupy the news as I write this editorial, but Agenda for Change (AfC) is certainly the dominant headline for SLTs and support workers this summer.

The RCSLT phone poll results clearly demonstrate SLTs’ opposition to the government’s pay and conditions review. More than a quarter of the membership voted, in itself an indication of the strength of feeling, and of those nearly 90% said they would leave the profession if AfC is introduced in its current form.

The full results of the poll are detailed on the front cover of the mid-July Supplement and they are also on the RCSLT website. Visit: www.rcslt.org/press.shtml

The enormous number of letters and emails RCSLT has received over the last few weeks, in response to our request for your views, also shows your lack of support for AfC.

We’ve reproduced the more frequently expressed points to demonstrate your main issues of concern and RCSLT is using this information to alert politicians and the media as part of its campaign of lobbying on your behalf.

Have you completed your job descriptions and specifications? A working group of the London Speech and Language Therapy Managers Forum has produced a number of model job descriptions and job specifications.

This useful resource will assist speech and language therapy services nationally to produce meaningful, consistent and up-to-date documentation to assist in the task of assimilating staff onto the new bands available in AfC. Remember, these are guides only and should be re-written in your own words. To download the new profiles visit: www.rcslt.org#afcjob

Finally, apologies to any readers who had problems receiving their July Bulletin and Supplement magazines. This was due to a distribution problem that has been resolved.

Steven Harulow
Editor, Bulletin

LETTERS

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

We asked you to tell us your concerns about Agenda for Change (AfC). Here is a flavour of some of the many replies we received:

- I am currently working as an SLTA. I enjoy my present job but was hoping to further my career and perhaps eventually train as an SLT. In view of AfC I am unsure if this would now be worthwhile for me.

- I stand to lose out immediately if AfC is passed as I am on a fixed term contract with Sure Start, seconded from a team that I intend to return to work in. I would certainly feel reluctant to work more hours for less pay and less annual leave.

- I am a specialist in learning disabilities and have just completed an accredited dysphagia course. However, I have not returned to study to a masters or doctorate level as I have a young family. I am concerned that academic qualifications are going to hold a lot of weight in the evaluation process, particularly if the evaluators don’t know much about the profession.

- This is a very sad time for the profession. We have only recently gone through a national re-grading exercise aimed at better recruitment and retention and now many of us are to lose out. I was due to be trained as an AfC job evaluator and have decided to withdraw from this in protest and would like to suggest that other SLTs do the same.

- As a deputy manager of service and a specialist clinician I am extremely concerned about my potential future salary and the prospect of having to work longer hours probably for no extra reward, and possibly for even less pay. I feel that recruitment and retention, which is already difficult, will become impossible.

- My main concern is that after getting the basic experience under my belt my opportunities of progressing in the career will be all but taken away from me under AfC. What will be the incentive to stay within the profession?

- One of the big issues for us is the lack of concrete information available regionally. On the one hand we are kept up-to-date via union bulletins, on the other we are directed by our trusts to get on with the process of preparing for matching. There is a plethora of conflicting advice.
LETTERS

• I hope that if there is a ‘yes’ vote for AfC we would seriously reconsider what we are getting out of our union. Our voice is not being made known by them. Why pay them subscription fees?

• AfC will be the one major factor that will drastically diminish this profession. It destroys decades of work by dedicated therapists who have striven to raise our profile and encouraged people to train.

• AfC will drastically reduce the quality of my working life. I will not take a pay cut, will not work more hours and may decide to work independently or take-up my previous career. The NHS is treating us appallingly.

• I am seriously considering leaving the profession if my salary is reduced, and from speaking to colleagues I know this is a common theme. This will result in a loss of specialist knowledge from the profession; will also mean a lack of support and supervision for junior SLTs, and a reduction in clinical teaching placements for SLT students.

• My main concern is my pension. I have been paying additional voluntary contributions in order to ‘buy back years’. If my salary drops before I retire my pension will obviously be based on a reduced final salary. There must be many therapists in a similar position.

• I have worked for 23 years and it feels very sad that after all this time we are about to possibly wreck the career structure of the profession and bust it down to a potentially low paid workforce.

• I am concerned we are being asked to increase our hours by over 7%, and yet with no increase in pay to match it. I am also concerned that the news from the early implementer sites suggests that someone at my specialist grade (spine points 31-33) looks set to lose £2,000 from my annual salary.

• I would like RCSLT to put pressure on Amicus to ensure that there is no repeat of the recent apparent lack of consultation, lack of transparency and the recent pressurising of reps to rush the signing-off process.

• As SLTs change, posts will be significantly devalued. It is likely that therapists in the same service doing similar posts will be paid at significantly different rates, where there are staff on protected salaries and staff who are new to the service.

• Perhaps the only choice SLTs will have is to leave the NHS, start their own private practices, and contract themselves back into the NHS to satisfy the even greater shortage created by AfC.

• I am a returner under the grandparenting scheme, due to attain full status in a few weeks, and am now faced with the prospect of probably having to retire within five years, to protect my pension. Had I understood the implications of AfC before I returned, I would probably not have done so.

• Demotivated staff don’t provide clinically effective services. I will certainly be thinking very carefully about any ‘add-ons’ to my existing role. I don’t see that there will be any incentive to take on any further duties.

• I was particularly concerned recently to hear an undergraduate student I had with me on placement say she would be reconsidering using her degree as a direct result of AfC.

• We must fight to maintain the gains we made in the equal value claim. I am one of the few who is old enough to have been on the initial lobby of parliament all those years ago when we commenced the claim.

• I qualified 18 months ago from the UCL masters course. I had to borrow a considerable amount of money to support myself through the course. I would not have trained as an SLT if AfC had been proposed at that stage.

We found this letter in a search through the RCSLT archives. If you would like to access information contact archive liaison officer Jill Cobb, email: jill.cobb@rcslt.org

From Bulletin, May 1967:
“Too long the image of genteel ladies doing good work has dogged our profession – witness the shocked letters which pop up in the Bulletin whenever a question of higher pay is mentioned! It seems we are supposed to be above such matters – our patients welfare must be considered first. I think their welfare can be increased when better service is rendered in more suitable surroundings than some hospitals and [Local Education Authorities] LEAs offer.

Raising our status, examining our changing role, these must be accompanied by action by each of us where necessary. We are in demand and thus should be able to put pressure on those LEAs and hospital services which have not heard about our new ‘role’. Let visitors from abroad be impressed by speech and language therapy departments in this country, not disgusted.”
Royal gift is as easy as ABC

The RCSLT and Moor House School celebrated the birth of HRH The Countess of Wessex’s daughter Louise in June, at the opening of the school’s new sports complex.

At the opening the Countess, who is the Royal Patron of both the RCSLT and Moor House, received an alphabet book made by pupils, teachers and therapists from the school.

Moor House School is a specialist non-maintained residential school for children with speech and language communication needs.

Moor House SLT Lynne Birrell said the children and staff had all enjoyed working on the project and were delighted that the Countess would be able to read to Louise from the book.

News examines auditory information processing

New research at Belfast City Hospital’s Regional Cochlear Implant Centre could transform the lives of children born with severe deafness.

In a four-year study, researcher SLT Jill Titterington looked at how hearing children and those with severe to profound hearing loss processed information in memory differently.

Jill’s research attempted to find the factor that might explain varying rates of progress seen in children after cochlear implantation.

Jill told the Belfast Telegraph that the project was a, “wonderful, worthwhile and very exciting investigation, which hopefully has made a real contribution to our knowledge in this area.”

“The key outcome is that it is beginning to shed more light on why some children do better with cochlear implants than others. It is increasing our insight into what particular areas of language processing are difficult for children with cochlear implants, which will be vital for directing more appropriately targeted assessments and treatment techniques.”

Jill has presented an analysis of her research data internationally and plans to publish papers in peer-reviewed journals. She also plans to complete her PhD as a result of her research work.

The project was supported by University of Ulster linguistics professor Alison Henry and Queen’s University research officer David Watson and was financed by the Freemasons of Ireland Medical Research Fund.

Manual offers child protection assistance

The Department of Health has released a manual to assist practitioners to safeguard and promote the welfare of children. What to do if you’re worried a child is being abused sets out the process for safeguarding children and contains an appendix covering the legal issues affecting the exchange of information. The manual is aimed at those who come into contact with children and families in their everyday work, including people who do not have a specific role in relation to child protection. Visit: www.dh.gov.uk/Home/fs/en
Amicus members voted to reject calls to recommend a no vote for the second Agenda for Change (AfC) ballot at their annual health conference in Harrogate, on 27-28 June

Amicus National Officer for Health Gail Cartmail said, “The clock is now ticking for the NHS and Department of Health to deliver the best possible terms for staff between now and the ballot – we have four months to make a difference.”

“This is the most radical industrial shake up since 1947 and getting it wrong is not an option. Our vote today serves notice that there is no alternative except to reach a deal that ensures no one loses out.”

Amicus has released a ‘snapshot’ of the implementation of AfC derived from reports from lay representatives and shop stewards at the early implementer sites.

Amicus says the interim report is not meant to be a substitute for qualitative survey work ahead of the second ballot of members in September.

According to the report, “This will be undertaken when we believe that there is sufficient information of value to be gleaned from this process.” For more information visit: www.amicushealth.org

Meanwhile, a working group of the London Speech and Language Therapy Managers Forum has produced a number of model job descriptions and job specifications to assist speech and language therapy services nationally to produce meaningful, consistent and up-to-date documentation to assist in the task of assimilating staff onto the new bands available in AfC. To download the new profiles visit: www.rcslt.org/#afcjob

Remember to re-write them in your own words.

The AfC early implementer sites: the state of play in early July

James Paget Healthcare NHS Trust – Completion of the speech and language therapy job matching expected by the end of July.

Guy’s and St Thomas’ NHS Trust – Thirteen out of 19 SLTs have been matched. Six are awaiting matching under new rules. One SLT requires pay protection.

City Hospitals Sunderland NHS Trust – Significant problems with matching. This has resulted in a review by the Shadow Executive of procedures, as the trust accepts current levels of protection are unacceptably high. The review found the procedures in the trust, although analytical, were not those agreed nationally. Agreed procedures will be followed for future matches and any reviews, of which there is a significant number.

Papworth Hospital NHS Trust – One SLT employed and still to do. The trust was hoping to complete this by the end of July.

Aintree Hospitals NHS Trust – Three out of six SLTs are seeking a review of matching outcomes. Protection currently is not an issue as long term RRRPs will be applied in two of these cases.

Avon and Wiltshire Mental Health Partnership NHS Trust - No information given on SLTs

South West London and St George’s Mental Health Trust - Unsocial hours and London weighting is proving problematic. Speech and language therapy is not listed among those needing pay protection.

West Kent NHS and Social Care Trust - No information given on SLTs

Herefordshire NHS Primary Care Trust - Approximately 60 reviews have been lodged and a series of surgeries were taking place up to the end of July to start this process. Speech and language therapists are among the groups seeking review.

Central Cheshire Primary Care Trust - There are significant issues in speech and language therapy, where Amicus believes ‘rogue’ matching has taken place between postholders and profiles from other professions. Amicus has challenged practice in Central Cheshire nationally. The main technical advisor to the job evaluation working party believes such practice undermines equal pay principals. The matching process has been ‘clarified’ in order to prevent such practices happening again. The factor plan (Mental Effort) has also been amended to make it more explicit for the appropriate levels for SLTs. Almost all in the service are seeking a review of matching outcomes.
Children’s advocacy service begins

Children going into hospital in Wales now have an independent advocacy service to advise them of their rights.

The new service, launched by National Assembly Health Minister Jane Hutt, on 6 July, follows the 2002 Carlile Report, which recommended safeguards for children and young people being treated and cared for by the NHS in Wales.

The report, which stemmed from a child and adolescent health unit in North Wales where a group of young patients was found to be vulnerable to abuse, contained 150 recommendations, including the need for an independent advocate to be available at hospitals for children.

A specialist health care advocate has been working at Singleton and Morriston Hospitals in Swansea for several weeks.

A spokeswoman for the Swansea Local Health Board said, “Advocacy is about providing support, information and advice to children and young people to ensure their wishes and feelings are heard in matters that affect their lives.”

The service will be run by the Cardiff based agency Ros Gynnal, which is piloting advocacy services for children across Wales.

Minister Hutt said, “This is one of the very first services of its kind in the NHS. I hope this project will act as a catalyst to spur other trusts and health boards to provide similar services.”

Dysphagia in mental illness study attracts Royal College of Psychiatry interest

Research into the prevalence of dysphagia among people with mental illness was the topic of a poster presentation at the Royal College of Psychiatry meeting in Harrogate on 6-9 July.

The poster, entitled Language, communication and swallowing disorders among psychiatric service users, was based on a large comprehensive needs analysis study carried out in Ireland in 2002.

Researchers Dr Irene Walsh, lecturer in speech and language pathology, School of Clinical Speech and Language Studies, Trinity College, Dublin; Dr Paula McKay, consultant psychiatrist, and Julie Regan, senior SLT, both from AMNCH Tallaght, Dublin, undertook the study to establish the prevalence of oropharyngeal dysphagia among attenders at mental health services in a Dublin suburb. Their findings revealed almost a third of the people screened had undiagnosed dysphagia.

The poster was one of two that HRH The Princess Royal, Princess Anne perused when she was presented with an honorary fellowship at the Harrogate conference.

For more information email: ipwalsh@mail.tcd.ie
Prime Minister Tony Blair acknowledged the work of Sure Start SLT Gill Miles at a Downing Street reception on 21 June.

The reception was held to recognise the work done by front line workers in the community and to thank them for their contribution in helping to reform and modernise public services.

Gill is a speech and language therapy service manager with the Therapy Services Partnership, hosted by East Yorkshire PCT.

Since September 2000 she has been seconded part-time to the groundbreaking Sure Start Northern Hull project.

Gill said, “The reception was a real celebration of the new community projects that have been undertaken and the difference they have made to people’s lives.

“I was there to represent all the hard working SLTs who have contributed so much to make Sure Start such a success.”

Meanwhile, Hackney Sure Start SLT Annabelle Burns is the winner of this year’s London Day Health Carer Award.

Mayor of London Ken Livingstone presented the award on 1 July, the anniversary of the London Assembly officially taking office.

Annabelle has worked for Hackney’s Sure Start project for three years and is studying for a Masters degree in Joint Professional Practice: Language and Communication. She is also on the management committee for the national charity Home Start and community project Round Chapel Families.

Annabelle said, “It’s quite hard work here sometimes; many of the families are hard to reach and speech and language therapy is not always their main priority. I’m part of a hard working team and it’s good for the team to receive recognition for the work it does.”

Communication impairment features in Scottish Parliament questions

At the end of May, MSP Mary Scanlon asked the Scottish Executive a number of written questions, devised with the help of RCSLT Scottish Officer Kim Hartley and the SLT managers network.

Q How many SLTs work in services dedicated to mental health and young offenders?

Minister for Health and Community Care Malcolm Chisholm replied, “This information is not held centrally. I look to NHS boards to determine the need for local therapy services and to provide the services required.”

Q What action is being taken to ensure people with a communication impairment (CI) benefit from the rights conferred by the European Convention on Human Rights (ECHR) and the Disability Discrimination Act 1995 in relation to access to public services?

Minister for Communities Margaret Curran replied that the 1995 act is reserved to Westminster and the UK Government is working with the Disability Rights Commission to promote awareness of the legislation throughout Great Britain. “Under the Human Rights Act 1998, all public authorities are bound to comply with the terms of the ECHR as a matter of domestic law.”

Q What research is being undertaken to examine social exclusion issues for people with CI and any difficulties they have in accessing education, justice and health services?

Minister Curran described research projects the Executive had commissioned and/or funded, including an audit of education authority policies for deaf children; a specialist inspection of educational provision for children and young people with autistic spectrum disorders; and research into how effectively higher education institutions meet the requirements of disability legislation.

Ms Curran said legal information and advice pilots aimed to produce a strategic plan for the provision of legal advice services. The Executive also ran pilot partnerships from May 2003 to April 2004 covering the advice needs of people with disabilities.

Ms Curran added that, as part of the Patient Focus and Public Involvement programme, the Health Department had established a partnership with the Disability Rights Commission to ensure the NHS is provided with support and guidance to develop responsive and sensitive services.

Visit: www.scottish.parliament.uk for complete answers to written parliamentary questions.
Roslyn reaches new heights for charity

RCSLT Councillor for Ireland Roslyn Wilson reached new heights in May when she completed a Himalayan mountain trek for charity.

Roslyn paid the cost of the trip herself and raised £2,500 for Whizz-Kidz, the movement for non-mobile children, to buy mobility equipment and raise awareness of mobility-related issues.

“The aim of the trip was to get to Everest Base Camp in Nepal, at 5,360 metres, and then to get to the top of Kala Pattar at 5,545 metres which I just about managed,” Roslyn said.

“Two groups were out in May and currently they’ve raised just under £229,000. I’d like to say thank you to all my SLT colleagues who supported Whizz-Kidz so generously as part of this venture.”
Visit: www.whizz-kidz.org.uk

Free book draw for Bulletin readers

Tracheostomy: A Multiprofessional Handbook

AUTHORS: Claudia Russell, Basil Matta
PUBLISHER: Greenwich Medical Media, 2004
PRICE: £20.00
ISBN: 1-84110-152-4

This new readable book is an excellent aid to staff working in critical care and those who work with paediatric or adult tracheostomised patients in the community. It is a British text, and, perhaps, more relevant than previous texts.

There are many interesting chapters that have expanded my knowledge in this field.

The excellent chapter covering tracheostomy tubes provides accurate information and has photographs of all types of tube. A summary table gives comparative data. This will need regular revision to keep it up to date.

The book covers many contentious issues for this challenging patient population, both within speech and language therapy and other professions. I strongly recommend it to all staff working in this area.

CONTENTS: READABILITY: VALUE:
******  *****  *****

MAUREEN McGINN – Acting Head of Adult SLT Services, Ealing Hospital, AHP PEC Member

Bulletin is giving away one copy of Tracheostomy: A multiprofessional handbook. To enter the free draw simply send in your name and address by post to: Book draw c/o Sandra Burke, 2 White Hart Yard, London SE1 1NX or by email to sandra.burke@rcslt.org. Entries close 27 August 2004.

New protocol supports parents of deaf children

A new initiative announced in July means that for the first time parents of deaf children under three will be able to tell how well their children are progressing, against recommended developmental standards.

The initiative is part of the expansion of the Early Support Pilot Programme, a family-focused initiative developed by a coalition of representatives from the voluntary sector, government and parents.

Specifically for families with children under the age of three with disabilities, the Early Support Pilot Programme brings together statutory and voluntary services, with organisations as diverse as the RNID, the National Autistic Society and Contact A Family, working together to develop materials to help families cope with the challenge of raising a very young disabled child.

The expansion sees the introduction of a monitoring protocol for deaf babies and children. Parents will be able to use this material to track their child’s progress and the professionals who work with them can use it to support the advice they give on how best to develop communication and language.
Visit: www.espp.org.uk
The language tree

Innovative ideas can spring up in unusual circumstances, as Linda Whitworth and Christine Carter discovered on a trip to China

SLTs often use analogies to describe language difficulties to other professionals and parents or carers. We developed such an analogy to explain language development during a visit to China, and this has subsequently been used in our SLT department.

In August 2000, we visited two Chinese orphanages at the invitation of a charity concerned with abandoned children. A high proportion of these had varying degrees of speech and language difficulties, with various causes including, learning difficulties, cleft palate, autism and cerebral palsy. The main reason for our visit was to help train staff in promoting communication with all the children in their care. It was a follow-up visit for Christine, who had previously spent three weeks at one of the orphanages, sharing ideas on play and language stimulation.

We spent four days at each orphanage assessing children identified by the staff as priorities, and watching groups in action. Following observation and discussion with the orphanage co-ordinators, three areas were identified for training workshops: early communication skills (pre-verbal); encouraging first words and developing language skills.

For each workshop, we used a different analogy to help the carers understand and remember the information being presented. Visual aids and practical activities illustrated the ideas.

In our talk on developing language skills we wanted to emphasise that understanding language is fundamental to building up expressive skills, and there is a developmental progression from single words to simple sentences to using a full phonological system.

We were concerned that carers might be trying to address expression, particularly speech intelligibility, before earlier prerequisite language skills were in place. As we considered the above principles, we realised that a tree and its roots could illustrate the concept of comprehension underpinning and supporting meaningful expression. The tree could also represent the progression of expressive language development. As the idea took shape, we extended the analogy, comparing the tree's environment, for example, the rain and sun, to a child's language environment, and the input from adults.

The figure (right) shows the complete illustration of the tree, which was translated for use as a handout. During the talk, we gradually built up the tree on a white board as we explained the key points (summarised in table one).

On our return, we shared our experiences with colleagues who felt the tree analogy would be useful in our everyday work, and could also be used in the department's training. The talk has now been given on several occasions in Huddersfield by SLTs and teachers. We have found it to be a useful resource, and hope it will be of value to others.

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<th>table one: relationship of the tree and its environment to language development</th>
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<td><strong>roots</strong> (understanding)</td>
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<td><strong>trunk</strong> (vocabulary)</td>
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<td><strong>branches</strong> (sentence structure)</td>
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<td><strong>leaves</strong> (grammar (morphology))</td>
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<td><strong>rain</strong> (language stimulation)</td>
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<td><strong>sun</strong> (praise)</td>
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Linda Whitworth - Senior SLT
formerly of Calderdale and Huddersfield NHS Trust
email: lindawhitworth@hotmail.com

Christine Carter - Senior SLT
Calderdale and Huddersfield NHS Trust
email: christine.carter@cht.nhs.uk
A joint pathway to improving care

Alyson Eggett and Liz Ann Davidson found that their project to develop joint care by SLTs and OTs for children with autism benefited both therapists and children.

The speech and language and occupational therapy services in South Tyneside are trying to develop joint pathways of care for children with an autistic spectrum disorder (ASD). A multi-agency assessment and diagnostic team is already well established in the borough. Therapists have also worked together successfully with a small number of individual children and in running a joint social skills group within a specialist unit.

We agreed to look at developing joint services across the age range from pre-school to adolescence and in a wider range of settings. As a first step towards this goal, we developed a pre-school sensory group.

Five children attended the group, which was facilitated by an SLT and three occupational therapists (OTs). The children were all non-verbal and had sensory profiles that showed high- or low-sensory thresholds and difficulties with processing and/or modulation of sensory information.

The therapists encouraged parents to stay with their children throughout all activities so that they could discuss their child and receive feedback on progress.

The group took place in a community hospital, with a large group room and a multi-sensory room. We structured the one-hour session to allow observation and work with each child in five specific environments. These allowed therapists to observe each child during activities designed to elicit specific communicative, sensory and motor behaviours.

The aim was to identify each child’s communication level and create a detailed sensory profile. The parents, SLT and OT discussed this information to create shared understanding of the child’s strengths and needs. It enabled shared planning of appropriate targets, resources and strategies to develop skills across inter-related developmental areas.

Each child spent 10 minutes in rotation, working one-to-one with a therapist in the multi-sensory room, on a structured motor activity and in a non-directed play situation. SLTs and OTs could use the same activity for assessment and intervention across a range of developmental areas.

The multi-sensory room had a ball pool, soft play area and a variety of sensory materials to assess thresholds for movement, taste/smell, visual, auditory and tactile/proprioceptive stimuli. Some of the equipment could be switch-activated. It provided opportunities for assessment and intervention for both professionals (see table one).

During structured motor activities we encouraged each child to complete a sequence of activities that included, for example, controlled bouncing on a therapy ball, walking across ‘stepping stones’ and stepping over an obstacle. Again, the same activities provided each therapist with opportunities to focus on different aspects of the child’s development such as balance, fine and gross motor skills, eye, hand and foot coordination, and language development.

These challenging structured motor activities were always followed by non-directed playtime. The children were able to choose their own activity from a well-stocked toy box and the SLT used this time to develop the child’s ability to initiate interaction and make choices or requests. All the children used informal means of communication – for example, looking, reaching, pushing away. The aim was to expand their existing skills and develop more formal systems, such as the picture exchange communication system. One child had recently started to use a communication aid, and playtime gave him the opportunity to generalise its use in a new context.

The OT made further observations of the children’s sensory and play preferences and motor skills. She also supported activities to encourage initiation and making choices.

### Table One: Aims of the Multi-sensory Room

<table>
<thead>
<tr>
<th>Speech and Language Therapy</th>
<th>Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of</strong></td>
<td><strong>Assessment of</strong></td>
</tr>
<tr>
<td>• understanding of cause-and-effect relationships</td>
<td>• sensory preferences and thresholds</td>
</tr>
<tr>
<td>• ability to initiate action and interaction?</td>
<td></td>
</tr>
<tr>
<td><strong>Development of</strong></td>
<td><strong>Development of</strong></td>
</tr>
<tr>
<td>• early communication skills, eg attention, listening, taking turns</td>
<td>• strategies for calming and/or alerting child</td>
</tr>
<tr>
<td>• object-to-picture matching skills via labelling of switches/switch-activated toys</td>
<td></td>
</tr>
<tr>
<td>• understanding of simple concepts, eg stop, go, up, down</td>
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</tbody>
</table>
by advising on the most motivating activities for each child according to their preferences. The one-to-one activities were followed by a group snack time and interactive games, like songs and finger painting. During snack time, the SLT was able to informally assess each child’s oro-motor skills, and suggest fun ways for parents to develop the range, speed and/or strength of oro-motor movement. The OT selected a wide variety of gluten-free food types – relatively common in ASD as some parents feel their child’s difficulties are allergy-induced or compounded by allergies – including sweet, sour, salty, crunchy, soft, sticky and chewy tastes and textures. She was able to add to the children’s sensory profile and discuss preferences and food avoidance issues with parents.

The interactive games were designed to be child-led, but also to encourage peer interaction and parent participation. They provided an opportunity for parents to pull together all the given information and to try out different strategies in naturally occurring scenarios. For example, if the experience became a little overwhelming for a child, the parent could try out some of the calming techniques explored in the multi-sensory environment. The games also encouraged children to use their communication systems with a wider range of people, including other adults and, where possible, peers.

Feedback from parents was very positive. They agreed that the group had raised their awareness of their child’s abilities and needs, and had given ideas to develop their child’s skills at home. Their active involvement during group sessions had given them the confidence to try things out themselves. Most parents had found it helpful to meet others who shared similar experiences, and observe and learn from other children with an ASD. The primary concern expressed by parents was accessing follow-up and securing future support according to the changing needs of their child.

As professionals, we identified advantages and disadvantages, though these were primarily practical ones (see table two).

The consensus among the professionals was that the group had been successful. We felt that a major consideration for future planning and development was the relationship between team members. Each group session was followed by a peer review, where we discussed in detail the performance of each child and the therapist supporting them in each activity.

Professionals need to feel comfortable with this style of reflective practice and to accept praise and constructive criticism equally from their colleagues, along with advice and suggestions for improving working practice. In addition, each professional needs to have confidence in their colleagues’ ability to understand and follow advice and/or programmes and make judgements regarding the appropriate times to refer back to the main service provider.

Our current team is well established, and we have developed a good working relationship among ourselves. We feel confident in our approach, and are seeking ways to further develop joint pathways of care and therapy interventions across pre-school, school-age and young adult service users.

**table two: advantages and disadvantages of joint service provision**

**advantages**
- positive, cross-discipline learning experience
- shared knowledge and skills, including the inter-relationships between areas of development
- increased awareness of each child’s abilities and needs
- consistent and holistic approach to therapy, including joint prioritisation and target setting
- ability to provide parents with more manageable targets and achievable expectations
- more effective caseload management, eg seeking initial advice/consultation from another professional rather than immediate referral between disciplines
- more effective service management, eg coordination of appointments/periods of intervention

**disadvantages**
- time commitment for planning, preparation and delivery of the group, in particular individualising approaches and equipment
- resource implications, including maintaining the high therapist-child ratio

**Alyson Eggett** – SLT, lead clinician in ASD, South Tyneside Primary Care Trust  
**email:** alyson.eggett@sthct.nhs.uk

**Liz Ann Davidson** – OT, clinical specialist in ASD, South Tyneside Health Care Trust  
**email:** lizann.davidson@sthct.nhs.uk

**Acknowledgements:**  
We would like to acknowledge the help we received in the planning, preparation and delivery of the group from our colleagues, SLT Debra Scott and OTs Sarah Moody and Ian Atkinson.
Why not adult learning disabilities?

Adult learning disabilities is a specialism that has trouble attracting SLTs. Liz James and Della Money undertook a survey to discover why.

We are members of a group of practitioner SLT managers, passionate about meeting the communication needs of adults with learning disabilities (ALD). However, recruiting SLTs into this field has been difficult, despite the fact that it has received significant funding for the past 20 years. The situation in our region, Trent, reflects the national picture - that ALD posts are the last likely to be filled (Rossiter, 2002). As managers we needed to understand what factors influenced recruitment and retention in our ALD services. We were concerned that the situation could worsen, as large district SLT services have been dismantled in favour of smaller staff groups, employed by primary care trusts and specialist NHS trusts. There are, consequently, fewer opportunities for mixed posts that previously included sessions working within ALD. We needed to find out what influenced an SLT’s decision to work in ALD, and use this information to inform recruitment and retention policies and job design.

In the summer of 2002, we surveyed SLTs working in ALD throughout Trent. Thirty three therapists from 12 SLT departments completed our questionnaire. Seven of the therapists had worked for fewer than three years in ALD, and 13 for more than 10 years. Two-thirds worked all of their sessions in ALD, and 13 for more than 10 years in ALD. The other 10 (nine of whom had worked for five years or less) were not career as a SLT in ALD, although only four had initially sought ALD sessions in their first post. All these therapists had worked for six years or more. The other 10 (nine of whom had worked for five years or less) were not sure whether they would stay in ALD.

The survey had seven sections:

- about your job: the therapist’s current job and length of service
- previous ALD experience: prior to and during training, including lectures and clinical placements
- first post: what therapists looked for in their first post, and the design of their first post
- working in ALD: what therapists liked and disliked about working in ALD
- your future career: career aspirations in SLT and/or ALD

**Recruitment issues**

FIRST POSTS: 23 of the 33 therapists had always had an element of ALD in their posts. Sixteen had actively sought a mixed first post, but only four requested a mixed post with ALD sessions. Nine prioritised working in a particular geographical area over the make-up of the post. The following positively affected recruitment to a first post:

- variety and flexibility (n=16)
- continuous professional development (CPD) opportunities (n=12)
- team working (n=10)
- positive student experiences (n=10)

PREVIOUS EXPERIENCE: Prior to working as SLTs, 15 therapists had had no previous experience of ALD. One had had paid work in the field, and 11 had been volunteers. Six had experience through family or friends with learning disabilities, or through their parents’ professions. The main negative factor affecting recruitment to first ALD posts was the lack of, or poor, student experience (n=19). One-third of therapists (11) said they had no ALD lectures, and 13 had no ALD placements. Only five said they had a comprehensive, taught, ALD module, and only one did a dissertation in ALD. Over the past five years, the situation has improved, with all new graduates having an ALD lecture module, although gaining experience through ALD placements is more variable (figure one).

**Retention issues**

Twenty-three therapists saw their future career as a SLT in ALD, although only four had initially sought ALD sessions in their first post. All these therapists had worked for six years or more. The other 10 (nine of whom had worked for five years or less) were not sure whether they would stay in ALD.

However, eight of these were unsure if their future lay in SLT at all. Asked if the work met their expectations, two-thirds said the experience was more positive than they had expected, as their previous experience and knowledge was limited. The positive factors affecting retention in ALD were:

- CPD opportunities (n=17)
- collaborative approaches (n=11)
- career opportunities (n=10)

The main factor militating against retention was the feeling among therapists...
that they lacked clinical experience and competence, particularly where there was an inadequate support system. The slow pace of progress of client work was also seen as a retention disincentive.

Rossiter, in her leavers’ survey, highlights lack of managerial support, isolation, not gaining confidence post-qualification and being tired of change in the NHS, as some of the reasons for leaving the profession (Rossiter, 2000). These findings are echoed in our survey.

Recruitment to the first ALD post is the major hurdle. Almost half the therapists working in ALD had their first experience of learning disabilities in a newly qualified, mixed-post. This applied both to newly qualified and experienced SLTs.

The survey’s findings stress the importance of student placements in ALD. Students are now getting more taught ALD modules, but we need to work with education organisations to offer clinical placements and evaluate their design to maximise their success. The survey indicates that a positive experience as a student can lead to newly qualified therapists actively seeking out first jobs that include a learning disabilities component. Of the four therapists who did request ALD sessions in their first post, three had had comprehensive ALD modules and three regular ALD clinical placements.

Although 18 respondents had experience in ALD prior to training, there is a need to continue to provide “tasters” in ALD. This may be as part of pre-course experience, either as work placements, volunteering or as assistants/technical instructors. We need to look at increasing the range of opportunities we offer.

Twenty therapists who originally wanted a mixed post, now see their career in ALD.

For this reason it is vital that health services - whether specialist mental health and learning disability trusts or PCTs - continue to maintain links, and ensure mixed posts can still be offered to new therapists. ALD services hosted by the same trust as children and adult services have an advantage, but there are services that collaborate with other trusts in a flexible way.

We know also that therapists who are well into careers in other specialisms have taken advantage of secondment opportunities to try learning disabilities, and have found that they like it. So, it is vital we evaluate mixed first posts, opportunities for secondment and rotational posts.

There are some retention issues around competence and the clinical specialism itself. However, with good support and clinical supervision, team approaches and CPD opportunities, we can overcome these, as all were cited as positive aspects when present and negatives when absent.

To improve recruitment, SLT services need to offer a variety of opportunities, and should actively promote the specialism of ALD as a rewarding and exciting area.

Recruitment to the first ALD post is the major hurdle.

Liz James – SLT Derbyshire Mental Health Services NHS Trust
email: Liz.James@DerbysMHServices.nhs.uk

Della Money – SLT Nottinghamshire Healthcare NHS Trust

References:

Notes:
The authors would like to thank all their colleagues who took part in their survey.
Debby Rossiter will present the findings of her latest SLT survey in a forthcoming issue of Bulletin.
Implementing AAC in schools

Sally Chan reports on her study into the extent of the use of alternative and augmentative communication in schools

Alternative and augmentative communication (AAC) denotes the range of communication used by people who have severe communication difficulties. These difficulties may stem from a number of conditions, such as developmental delay, learning difficulties, dyspraxia, dysarthria, oro-facial abnormalities or neurological conditions. The use of signing, symbols and/or communication aids may be short term and supportive or long term, as it becomes apparent that the prognosis for efficient communication is poor.

To facilitate inclusion and minimise barriers to communication, government initiatives have provided funding for communication aids. These include the £20 million Communication Aid Project funded by the Department for Education and Skills for the assessment and provision of information and communication technology in schools, and the £200 million Integrated Community Equipment Services, which, as part of the NHS Plan, aims to modernise community equipment services, including communication aids. To date, however, this funding has had minimal impact.

Potentially, wonderful opportunities are opening up for children and adults with communication difficulties, depending on whether funding is more freely available and technology can assist in providing an answer to their problems. To make the most of these opportunities SLTs need to adapt their practice, to find out how to access funding, learn how to use the technology and train others to do the same.

Are SLTs and the schools in which we work able to respond to this challenge; to marry the newly acquired technology to the needs of the children on our caseloads?

As part of an MSc project, I decided to investigate this further, and explore the identified barriers and the strategies involved in implementing AAC in schools (table one).

These are highlighted in research literature, but it is unclear how widespread they are, or how they impact on AAC implementation in different types of schools.

My research was based on a questionnaire sent to 137 special and mainstream schools and paediatric SLT services in the south west of England. It was limited to aided systems (use of symbols and communication aids) and covered school use only. Ninety-two schools responded, and I included 76 of these (22 mainstream schools and 54 special schools) in the study.

A literature review formed the basis of the questionnaire, divided into four subsections:

- **implementing AAC at the whole school level**: Inclusion of AAC in the school improvement plan (SIP) and school policies, funding the AAC coordinator post
- **implementing AAC in the classroom**: who makes symbol resources, timetabling for making resources, who sets individual education plan targets and SLT time in the classroom
- **funding and availability of resources and equipment**: accessibility of symbol software, use of technicians, availability of assessment aids and the system of funding
- **professional education and training**: training the whole staff, frequency of training, involvement of AAC during induction of new staff

Initially, the questionnaire asked for background information (see figures one and two).

The questionnaire also asked for SLT experience in AAC, and found 54% of SLTs working in schools reported either moderate or extensive AAC experience. Only 1% reported no experience.

<table>
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<td>out-of-date and inappropriate vocabulary</td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
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<tr>
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</tr>
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<td>no time for collaborative meetings</td>
</tr>
<tr>
<td>rigid understanding of professional roles</td>
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<td>unmanageable caseloads</td>
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<tr>
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<td>6+ user at assessment</td>
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<tr>
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is fueled by senior management support. Special schools were more likely to include AAC in school policies or adopt their own AAC policy. Nearly half of the mainstream schools had no reference to AAC in any policy.

Ninety-two per cent of the schools had no funded post for an AAC coordinator, although schools for children with physical difficulties were more likely to employ one. However, with appropriate training, this role could be managed by the special educational needs coordinator within a mainstream school, particularly as there would be only a small number of children involved.

Speech and language therapists have tended to be the driving force in introducing AAC. However, the increasing caseloads and the complexities of rapidly changing specialist areas, often necessitates a consultative model, with the school staff supporting and promoting daily and functional use.

The results suggest significant involvement of school staff in supporting AAC, with 75% of the schools reporting participation of an SLT, teacher and learning support assistant (LSA) or teacher's assistant. The differences between the schools reflected the level of SLT input, with the majority of mainstream schools reporting school staff only in classroom implementation.

The questionnaire revealed that, in over half the schools surveyed, responsibility for making resources was shared by the staff and the SLT or SLT assistant. Only 11% of schools reported no involvement of school staff. Nearly half of the schools reported no timetabling for resource making, particularly in the schools for children with learning difficulties. The schools for children with physical difficulties were more likely to have timetabling provision. In mainstream schools, only one-third had specified sessions for making resources with LSAs working with individual children.

Almost two-thirds of the schools reported joint target setting on individual education plans, with mainstream schools just as likely to set joint targets as the other schools, despite the differences in the amount of SLT input.

Although the literature supports SLT intervention in an everyday setting, such as a classroom (Lloyd et al, 1997; Blackstone, 1990), my survey shows that more than half the SLTs spent half their time or less in the classroom when carrying out direct therapy.

The results suggest that collaboration between SLTs and staff is happening in schools. This is particularly evident with joint target setting and the involvement of staff in implementing AAC in the classroom. It is also encouraging that schools are making reference to AAC in policies, recognising that it has a part to play in accessing the curriculum.

Sally Chan  –  specialist SLT
Paediatric Communication Aids Service
Claremont School, Bristol
email: sallychan@blueyonder.co.uk

References:

Note:
A second part to this article will report on the results relating to the availability of communication aids and the issue of AAC training within the schools. Reference will also be made to the semi-structured interviews carried out as part of this MSc project.

Acknowledgements:
Thanks to my supervisors on the MSc course at Otley University: Nicola Grove, Tim Pring and Marie Gascoigne
From Goals to Data and Back Again, Adding Backbone to Developmental Intervention for Children with Autism

AUTHORS: Jill Fain Lehman, Rebecca Klaw
PUBLISHER: Jessica Kingsley, 2003
PRICE: £26.09
ISBN: 1-84310-753-8

This is an excellent book that encourages a more systematic approach to addressing students’ learning needs. Although the authors focus on children with autistic spectrum disorders, the book is useful for intervention with any group of individuals.

The first chapters describe the identification of goals for treatment, writing measurable targets and the process of collecting data. The authors advise that aims should be agreed with teachers and parents and should represent functional, meaningful targets.

My only criticism is with this section. The style of intervention is based on an ABA approach to treatment and some goals such as ‘child will look at carer using a smile as a way of securing on going adult attention’ would be very difficult to teach. In addition, the section providing basic intervention goals for children with ASD has language targets that do not follow a developmental sequence. However, this is not a ‘how to teach’ book and the authors encourage the development of specific aims for each child.

The rest of the book explains how to process the data gathered. There are printed examples and a CD encourages practice.

The authors advocate a cautious and systematic approach recognising that while data collection and analysis can improve practice, statistical procedures can muddle if you lose sight of the real focus and context of teaching.

CONTENTS: *****
READABILITY: *****
VALUE: *****

DR VICKY SLONIMS - Newcomen Centre, Guy's Hospital, Chair of London SIG in Autistic Spectrum Disorders

BOOK OF THE MONTH

Personal Communication Passports
AUTHORS: Sally Millar, Stuart Aitkens
PUBLISHER: CALL Centre, University of Edinburgh, 2003
ISBN: 1-89804-221-7
PRICE: £14.00

Edinburgh University’s Call Centre has produced some excellent publications and this is no exception. The book is easy to read and accessible to all those working to support individuals who are unable to speak for themselves.

Sally Millar devised personal communication passports in 1991-2. They are a practical and person-centred method of supporting people with communication difficulties and have been widely used with adults and children.

The authors include sections on legislation; the philosophies of inclusion and advocacy and describe how passports can be used. The book addresses questions relating to responsibility and ownership for the passports in a pragmatic approach.

The strength of the book is the abundance of practical information provided when compiling passports, which can range from symbols and photos on a single sheet to multimedia presentations. The Call Centre website is also producing resources to support this book during 2004. Good practice guidelines provide summary points and checklists.

The information provided is not prescriptive and takes into account the varying needs and demands of different locations and individuals. This is a readable and practical book that will motivate the reader.

CONTENTS: *****
READABILITY: *****
VALUE: *****

SALLY CHAN - Team Leader for Special Needs, North Bristol NHS Trust; Clinical Manger of Paediatric Communication Aids Service, Bristol; RCSLT Regional Advisor for AAC (children); Secretary for SIG in AAC (Central Region)
Any Questions?

Want some information? Why not ask your colleagues?

Email your brief query to bulletin@rcslt.org. RCSLT also holds a database of clinical advisers who may be able to help. Contact the information department, tel: 0207 378 3012.

Does anyone have any experience of using electrical/trophic stimulation with clients with facial nerve palsy?
Debbie Bloch
TEL: 0208 2372535
EMAIL: debbie.bloch@kc-pct.nhs.uk

Where can I find out more on the effects of lead poisoning on speech and language development in pre-school children?
Barbara Redshaw
TEL: 0117 3737120
EMAIL: rosalind.pearson@north-bristol.swest.nhs.uk

Interested in hearing from SLTs with experience of phonological awareness groups for nursery and reception age children. Would like to see normative data for phonological awareness skills in this age group.
Fiona Timmins
EMAIL: timminf@southliverpoolpct.nhs.uk

Has anybody been involved in assessing driving ability after stroke? Clinical psychologists and OTs in Sheffield have developed assessment protocols that may help us reduce the ‘language load’ for clients with aphasia.
Jo Burke
TEL: 0114 271 8114
EMAIL: jo.burke@nhs.net
Caroline Haw
TEL: 0114 271 6145
EMAIL: caroline.haw@nhs.net

Is anyone working with 16-19 year olds with communication/learning difficulties interested in sharing ideas and information?
Katie Heywood
TEL: 01276 671995
EMAIL: robinandkatie@hotmail.com

What are the effects of Smith Magenis Syndrome on communication, hearing, feeding and general development?
Kirsten Taylor
EMAIL: mrskirstentaylor@hotmail.com

Interested to hear from SLTs working with head and neck oncology patients with trismus. Having recently reviewed TheraBite we are interested in SLTs’ perceptions of this device, how it is funded and how widely it is used as a clinical tool?
Holly Froud, Kate Young
EMAIL: Holly.Froud@AmberValley-PCT.nhs.uk
EMAIL: kate.young@sdah-tr.nhs.uk

Is anybody providing a service for adults with developmental language disorders, either spoken language disorders and/or reading and writing difficulties? Interested to know about assessment and treatment tools.
Jane Giles
TEL: 0191 2563463
EMAIL: jane.giles@nmht.nhs.uk

Interested to hear from assistants or technical instructors running intensive language groups for pre-school children, preferably in clinics. We are considering the possibility of two assistants running groups under the direction of an SLT therapist. Is this working effectively for you?
Julie Neale
TEL: 01582 708174
EMAIL: Julie.Neale@bedsheartlandspct.nhs.uk

Our SLT department and stroke nurse are setting up a weekly carer support group for patients with stroke and communication problems at the acute stage. Who else in the UK is running such a group and what is involved? How have you audited this?
Fiona Taylor
TEL: 01387 241422
EMAIL: fiona.taylor2@nhs.net
Identifying young offenders’ speech, language and communication problems

A University of Surrey study suggests young offenders have high levels of speech and language difficulties that could impact on the success of rehabilitation activities.

Speech and language therapist Karen Bryan joined an HM prison inspectorate team at a young offender institution to assess a 10% sample of convicted young offenders.

Thirty participants, with an age range of 18 and 21 years, selected at random, took part in the assessment. Their educational experiences ranged from no school, to high school attendance at the time of conviction.

The study used a number of standardised tests to assess speech and language abilities.

A modified Polmont interview established hearing, understanding, talking, literacy and memory skills. Further exploration of participants’ self-awareness of difficulties, through the identification of examples, clarified less-specific responses and allowed the researcher to observe spontaneous speech, articulation and fluency.

The Boston Naming Test asked participants to name line drawings, while Emerson and Enderby’s Hospital Speech and Language Rating Scales allowed the researcher to rate speech samples from spontaneous conversation. Vocabulary, syntax, the amount of information delivered and the exchange structure were rated during self-reporting sessions. Picture description exercises also identified the adequacy of explanation provided and spontaneous conversation allowed rating of each individual’s voice, articulation, and fluency. Subtests from the Fullerton language test for adolescents assessed grammatical competency and spoken word comprehension.

The test results showed 13 participants (43%) had restricted vocabularies, scoring at Boston Naming Test levels significantly lower than the limits acceptable for their age. Nearly three quarters had a grammatical competency lower than the acceptable limits for their age. Seven of the participants (23%) had levels of comprehension significantly below the limits for their age, while almost half received more than one rating of moderate impairment during the picture description. Seven participants had significantly low scores on all assessments. Four of these stated they had learning difficulties and had attended a special school.

According to Ms Bryan, the results from this preliminary study confirm high levels of speech and language difficulties within the sample screened. While a brief screening – each assessment took place over 15 to 20 minutes – appeared to be effective in identifying the difficulties, the author suggests that the use of a screening tool by personnel other than SLTs would need to be separately validated.

Although the finding that 73% of participants scored below the appropriate level for their age on grammatical competency suggests that this skill is particularly poor among young offenders, the author asks whether the form of the test, with the identification and correction of grammatical errors, is meaningful to this group. Similarly, she questions whether language assessments accurately reflect how this age group uses language functionally.

Ms Bryan identifies that offenders with self-reported difficulties were some, but not all, of those with the most wide-ranging speech and language therapy difficulties. She suggests that the prison service could verify education records to identify a proportion of young offenders with particular needs. However, she adds that self-reporting in itself might underestimate problems, because some individuals might lack awareness or be unwilling to divulge information.

Ms Bryan suggests the further assessment of offenders with evidence of learning difficulties from self-reporting and education history, or reports of significant hearing difficulties, associated with the use of aids, lip reading or ear surgery.

Ms Bryan concludes that further research is need to identify the impact of speech, language and communication difficulties on progression through the prison system and the ability of individuals to engage successfully in rehabilitation activities.

She suggest that 40% of young offenders might have difficulty benefiting from verbally mediated courses, implying that many offenders will leave prison with unresolved problems that are likely to add to the difficulties they face in reintegrating into society.

The RCSLT will hold a major forum in London on 8 September to look at the role the speech and language therapy profession will play in the future of children’s services.

The forum will examine issues surrounding the significant changes taking place in children’s services across the four UK countries, including new structures, modernisation of service delivery and the governments’ drives to review the workforce, with a focus on the ‘blurring of boundaries’ and extending of skill mix.

Representatives for each of the devolved governments will set out the context for the future of services to children to a selected audience of specialist SLTs working in a range of sectors and across the geographical spread of the UK.

The output from the event will be collated and distributed to the wider profession for comment with the aim of developing an RCSLT position paper on children’s services.

Funding available for RCSLT members

The HSA Charitable Trust Scholarships Awards for SLTs and SLT support workers will be available later this year.

The scholarships are suitable for full and associate RCSLT members who require funding for: a research degree (MPhil/PhD); a master’s degree; post-qualifying clinical courses; accredited courses relevant to an associate member’s area of work (such as Open University modules, Higher/A Levels, BTEC, NVQs and HNDs); or assessed short courses offering educational and development opportunities related to workplace practice and clients.

Contact Glenn Palmer for an application pack: Tel: 020 7378 3003, or email: glenn.palmer@rcslt.org and leave your address details.

Alternatively, download the application form from the RCSLT website: www.rcslt.org/pdfs/grants-appform.pdf The closing date for applications is 29 October.

Drive the SLT agenda for adults with learning disabilities

Sue Thurman reports on the development of a national network for SLTs working with adults with learning disabilities

“An RCSLT steering group involved in the original work on the position paper for speech and language therapy with people with learning disabilities – Jane Jones, Anna van der Gaag, Delia Money, Frances Watson and myself – is leading the initial development of a national database of lead clinicians working with this client group.

We hope to identify all heads of services from across the UK in both NHS and non-statutory settings in order to share experiences and expertise, and drive the professional agenda for speech and language therapy with adults with learning disabilities.

After a mailout to all known heads of service, nearly 70 SLTs attended an initial meeting at RCSLT HQ in March. Following this, SLTs have been encouraged to establish regional leads groups to debate issues and form a consultation network to feed information to and from SLTs in their area.

We invited each lead group to send a representative to a smaller meeting at College in June and a further one is planned for November. An initial focus is to refine and clarify the specialist healthcare role of speech and language therapy in the light of current legislative and policy developments. Links are also being established with other national and local agencies working with people with learning disabilities.

If you are the lead therapist for an adult learning disability service and have not been contacted already, email: jill.cobb@rcslt.org who can put you in touch with your local representative. As the work progresses we will be posting regular updates in Bulletin.”

Sue Thurman
email: sue.thurman@nottshc.nhs.uk
Bursary offers £1,000 for overseas adventures

It’s time for SLTs to start thinking about submitting an application for the £1,000 Speechmark Bursary, given to therapists wishing to further their professional knowledge overseas.

The bursary started in 1994, when it was known as the Winslow Press Award. Since then it has been extremely popular and generated great interest among SLTs wishing to further their professional knowledge overseas. The bursary has helped fund trips to a variety of destinations, including India, New Zealand, Hong Kong and Kenya.

The award provides therapists with a unique opportunity to liaise with colleagues in many settings, and share knowledge and experiences. This is something the therapist can take back to their regular surroundings.

On their return, the award winner submits a report on the work they have undertaken, giving all RCSLT members a greater opportunity to inform themselves of work being carried out throughout the world.

Application is restricted to members of RCSLT who have held uninterrupted membership of the College for at least two years.

Entries for the 2004 award close on 10 September 2004. For more information and an application pack contact Glenn Palmer, tel: 020 7378 3003 or email: glenn.palmer@rcslt.org

SLTs asked to come back to practice in Wales

The Welsh Assembly Government is asking allied health professionals if they care to come back to the NHS in Wales

Launching the country’s return to practice scheme earlier in the year, Health Minister Jane Hutt paid tribute to past and present staff and urged qualified professionals who have left the NHS to return.

Minister Hutt said, “I recognise the valuable contribution that allied health professionals, including speech and language therapists, dieticians, occupational therapists, audiologists and nurses, to name just a few, make to the NHS in Wales every day.

“There are new and exciting developments taking place in clinical practice and these would provide exciting opportunities for qualified professionals who have left clinical work and are now looking to return.

“I know that some people are put off returning to work because of the advances in technology, but this package supports returners in a practical way so that their experience is not lost.”

The Welsh Assembly Government, together with universities in Wales, has developed a range of return to practice resources to support returners with their first steps back to work, to help them make links with local clinical departments and to update their knowledge of their professions.

“As well as these resources, the Welsh Assembly Government is also offering financial support through bursaries ranging from £500 to £1,500, help with course fees and child care costs,” Minister Hutt added.

“It is a daunting experience to return to work after a spell away, but these resources will help to make that move as easy and hassle-free as possible. I would encourage everyone with the relevant qualifications who has left the service to consider returning and to take advantage of what we are offering.”

For more details tel: 0800 100 900.

SLT assistant networks

Speech and language therapy assistants can exchange information on work-related issues by joining the RCSLT’s associate member e-group via the RCSLT website. Visit: www.rcslt.org/assist.shtml for details.

Congratulations

The RCSLT sends its congratulations to Edington and Shapwick School SLT service and the North West London Hospitals NHS Trust Adult SLT service on achieving the award of RCSLT Accredited Service. Both services have achieved this by meeting the standards of the Professional Accreditation Scheme, Signed up to Quality.
 Specific Interest Group notices

SIG in Acquired Brain Injury in Children and Adolescents (E32)
**DATE:** 19 August 2004, 10 – 4pm
(Registration 9.30 a.m.)
Raising awareness of voice issues

**VENUE:** The Lecture Room, Guy's Hospital, Newcomen Centre, St Thomas' Street, London SE1 9RT

**COST:** Members free/non-members £5

**CONTACT:** Valerie Moffat, tel: 01825 722112 email: Valerie.Moffat@southdowns.nhs.uk

SIG Bilingualism (UKRI/07)
**DATE:** 27 September 2004, 9.30 – 4pm,
Study day and AGM
Speakers from Mental Health, Asian Ladies Support Group, Child Psychiatrist Dr Hackett and Specialist SLT Carol Stow

**VENUE:** Hulme Hall, Manchester

**COST:** Members £30/non-members £40; member student/co-workers £10/non-member student/co-workers £20. Includes lunch and refreshments

**CONTACT:** Tina Quinn tel: 01924 516200 or email: christina.quinn@virgin.net

SIG Progressive Neurological Disorders (E36)
**DATE:** 28 September 2004, 10 – 4pm
Ethical and legal issues around feeding and nutrition. Withdrawal of food and fluid: ethical and practical aspects, speaker Dr Keith Andrews, Director of the Institute of Complex Neurodisabilities, Putney; Legal issues around feeding/nutrition; PEGs - the decision-making process and ethical considerations, speaker from King's MND Care and Research Centre

**VENUE:** Prince Philip House, Malabar Road, Leicester

**COST:** Members £15/non Members £20/students £5 (includes lunch)

**CONTACT:** Karen Ivens, tel. 01733 874227. Please phone to book a place.

West Yorkshire SIG - Learning Disabilities
**DATE:** 30 September 2004, 1– 4pm
Informal session on AAC assessment and use

**VENUE:** Training and Conference Centre, Leeds Road Hospital, Maudsley Street, Bradford, BD3 9LH

**COST:** Members free/non-members £5

**CONTACT:** Louisa Carey, tel: 01274 363666, email: louisa.carey@bdct.nhs.uk

Yorkshire SLTs Working With Dysfluency (Affiliated to National SIG in Dysfluency)
**DATE:** 17 September 2004, 9.30 – 12.30pm
The Psychodynamics of Therapy, speaker Jane Denham. Report on Residential Week; Feedback on BSA Conference

**VENUE:** Tadcaster Health Centre

**COST:** Free

**CONTACT:** Eileen Hope, tel: 01756 792233 email: eileen.hope@anhst.nhs.uk

Northwest Dysfluency SIG
**DATE:** 27 September 2004, 12.30 for 1.30 start
Adolescents and courses feedback

Managers SIG
**DATE:** 30 September 2004
Main topic: CHAI and speech and language therapy: with reference to the national agenda and its challenges, speaker: Jo Dent; User Involvement, speaker: Jenny Dodds, Associate Director of Nursing, University Hospital, Birmingham

**VENUE:** University of Central England, Baker Building, Room 728

**COST:** Members free/Non-members £10/Students free

**CONTACT:** Jane Stroud tel: 0121 442 3400

To advertise your RCSLT registered SIG event for free send your notice by email only in the following format:
- Name of group and registration number
- Date and time of event
- Title of event and speakers
- Address of event
- Costs
- Contact details

Send to: bulletin@rcslt.org by the first Monday of the month before publication. For example, by Monday 2nd August 2004 for the September Bulletin.

To advertise in the Bulletin Supplement quick look dates section (£24 for one insertion, £40 for two insertions) contact Katy Eggleton, tel 020 7878 2344 email: katy@mcmslondon.co.uk
All bookings & enquiries regarding advertising in the Bulletin have now changed.

For any advertising information or to make a booking for the 1st September Bulletin – deadline for booking & copy 10th August, midday, please contact Katy Eggleton at TG Scott Healthcare on Tel: 020 7878 2344 or email katy@mcmslondon.co.uk

As of the 1st July issue advertising rates and procedures have changed slightly, below is a quick look rate card, but for more information please contact Katy on the details above.

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All rates are inclusive of colour and are subject to VAT

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Inserts are dependent on size and weight please call for an exact quote.

TG Scott Healthcare 10 Savoy Street, London, WC2E 7HR