Hoarse sense: the modern management of laryngo-pharyngeal reflux and dysphonia
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A new month and a new look

It gives me great pleasure to welcome you to the first issue of your new look RCSLT Bulletin magazine.

Over the past few months the Bulletin editorial team has been working with our new production company, Redactive Media, to test new page designs on various groups of RCSLT members. We are very proud of the results of our labours and hope you will like the final designs that we have come up with.

You will find that all your Bulletin favourites are still here, although not necessarily in the usual order, and we plan to introduce some new sections in the near future to keep you even more informed and involved.

The other big change this month concerns the way in which we book Bulletin and Supplement advertising. Redactive now also handles all our advertising bookings, so if you want to find the right candidate for your job or attract a large and willing audience to your course please contact our new Senior Sales Executive Giorgio Romano. You can email him at giorgio.romano@redactive.co.uk or phone 020 7880 7556. He’s there to help you find the right solution to your advertising needs and keen to talk to you.

I hope you enjoy the contents of this month’s packed issue. We’d love to hear what you think about your new Bulletin magazine, so please write or email and let me know.

Steven Harulow
Bulletin editor
bulletin@rcslt.org

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“We’d love to hear what you think about your new Bulletin magazine”
Professor Wilson

I was delighted to read that Professor Janet Wilson has been awarded the Honours of the RCSLT (Bulletin, November 2009, p12). It is probably less widely known that Professor Wilson is active in supporting transgendered patients. Some years ago I asked if she performed cricothyroid approximation surgery. She did not but said that she would look into it. Since then Professor Wilson has assessed and treated many transgendered patients and the North East Gender Dysphoria Team is most grateful for her help and support.

Susan Clark
Head SLT, member North East Gender Team

More on names

We have been reading with interest recent letters to the Bulletin regarding the ongoing issue of our professional nomenclature.

As therapists who work in the acute hospital setting with a predominantly dysphagia caseload, could we be so bold as to suggest the term ‘swallowologists’? If colleagues with a larger communication caseload so wished, we could amend the term to ‘communicoswallowologist’. Failing that, ‘salt lady’ seems to be the preferred term of choice amongst our multidisciplinary team colleagues, and should be taken into consideration.

Kay Anderson, Kirsty Chalmers, Emma McLeod, Hazel Moore, Kate Toft SLTs, Edinburgh Royal Infirmary

St Lucia volunteer

The Child Developmental and Guidance Centre in St Lucia is looking for an enthusiastic SLT with experience working with children between the ages of 0-16 who have a range of special educational needs.

Come and join our multidisciplinary team, which includes a paediatrician, physiotherapist, SLT and occupational therapist. We can consider short- and long-term placements. A small stipend is available to assist in accommodation charges.

For further info contact paediatrician Dr Kim Gardner, email: drkimgdiner@gmail.com or myself, Jane McManus, email: the.mcmmanuses@virgin.net

Jane McManus
SLT, St Lucia

Leeds Met re-union

We are planning to hold a reunion for the previous students of Leeds Metropolitan University on 4 September 2010. I would love to hear from any of our students who would like to come along and renew friendships, find out how people are getting on, what everyone is doing now etc. We already have about 50 names, but we would love more.

The event would be from about 3pm to 7pm. There will be a small cost in the region of £15 towards a buffet style tea and drinks. Please let me know so that we can cater for the correct amount of people.

Email: i.doherty@leedsmet.ac.uk. We all look forward to seeing you again.

Ivy Doherty
Senior Lecturer, Leeds Metropolitan University

Child mental health advice

I am trying to find another SLT working in child mental health. I have started a new post as a locum and my experience is limited to a short undergraduate placement. If there is someone out there who is available to liaise with and maybe get some information on resources or authors with experience in the field that would be very helpful.

Please contact me by email: elise.dowell@nhs.net

Elise Dowell
SLT (Locum), London

Take part in the book draw

RCSLT Bulletin readers can win a copy of As far as words go: activities for understanding ambiguous language and humour by Cecile Cyrul Spector. Send your name, address and membership number to April Draw, Bulletin, 2 White Hart Yard, London SE1 1NX. Entries close 16 April 2010. Only one entry per person. February’s winner is Belinda Robertson.
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NEWS

Stroke study seeks bilingual speakers

Research aims to identify processing patterns involved in aphasia

A new Wellcome Trust funded project aims to predict language recovery after stroke in bilingual speakers. University College London (UCL) researchers, led by Dr David Green and Professor Cathy Price, will use magnetic resonance imaging (MRI) scans, the Comprehensive Aphasia Test and parts of Michel Paradis’ Bilingual Aphasia Test (1989) to assess volunteers’ language skills in their best other language.

The researchers will also invite a small number of patients to participate in a functional imaging study, which involves completing language tests while in the MRI scanner, to identify the processing patterns involved in aphasia. Information from the study will help make it possible to provide patients, relatives and therapists with a better understanding of how they can expect language skills to improve over time following stroke.

The team is keen to recruit bilingual volunteers of any age who have suffered a stroke. Please contact Research Assistant Louise Ruffle, tel: 07984 111 584 or email: l.ruffle@ucl.ac.uk. Participants must be happy to travel to London. Transport costs will be refunded on the day. All volunteers will be offered a CD of their brain images and can request feedback on language assessment results.

Youth justice in Wales

The Welsh Government should enable a pilot work to be done in Wales on the potential benefits of speech and language therapy for juvenile offenders in custody and on release. This is one of 28 recommendations in Youth justice: the experience of Welsh children in the secure estate, the report of the March 2009 Communities and Culture Committee inquiry published in February 2010. The RCSLT submitted written evidence to the Committee that many programmes and interventions delivered to young people who offend might not be suitable for those with additional learning needs. The written evidence highlighted the fact that the verbal delivery of drug rehabilitation and basic skills programmes mean many participants do not understand what is being said to them. RCSLT Policy Officer Dr Alison Stroud and Jackie Freer, highly specialist SLT at the Brian Oliver Centre, gave oral evidence.

Children’s Centre SLTs

A virtual learning environment (VLE) for therapists working in children’s centres (CCs) now offers a secure web-based area for accessing summaries relating to relevant national policies and drivers, and information regarding packages to promote communication skills in CCs. Funded by Spurgeons – one of the UK’s largest Christian charities working with children, young people and families – Sue Rogers, SLT, Early Communication Support Team, Bedfordshire, carried out a project to look at the work of SLTs in CCs. Her aims were to identify support packages to promote communication skills and create a system to enable SLTs to access this information and share packages. All therapists working in children’s centres can sign up to and contribute to the VLE. For more information or to join the VLE, email: lisa.mitchell@bedford.gov.uk

Cancer rehabilitation website

The NHS Cancer Programme in England has updated its cancer rehabilitation website to include the latest care plans and documents. The site is designed for use by allied health professionals in cancer and palliative care, and provider/commissioning organisations, to provide an update on national work taken forward by the National Cancer Action Team. The site includes sections on cancer and palliative care workforce provision; supporting and improving commissioning cancer rehabilitation services; a toolkit for mapping service provision; and peer review and quality measures.

Money for research courses

It’s time to put in your application for the next round of National Institute for Health Research (NIHR) funded clinical academic training. Masters degree courses in Research and Clinical Research and the Clinical Doctoral Research Fellowship scheme are just two of the opportunities available to SLTs. NIHR funding will cover the successful applicants’ salary, and course and tuition fees. Prospective graduate clinicians must have a minimum of one year’s experience. Closes 27 April www.nihrta.nhs.uk/cat
RCSLT launches financial cuts campaign

Tell us how public sector budget cuts are affecting your NHS service

The RCSLT is embarking on a two-year UK-wide campaign to support services facing local challenges as a result of financial pressures within the public sector – and we need your help.

We are gathering vital information to help inform our national campaign, and are collecting case studies and examples of constructive and destructive changes to services.

We will use these examples to illustrate our campaign, our strategy and the messages we need to deliver at local and national levels.

We will base our campaigning on what changes driven by the current financial climate mean to people who need support with their communication and swallowing. We will need positive, real-life examples of how productivity and efficiency can be improved without impacting negatively on outcomes for service users, and will contrast these with examples of how crude cuts can damage services.

Linked to the survey is a set of questions around joint commissioning for services in England, asked by Communication Champion Jean Gross. Her survey aims to establish an overall figure on the percentage of areas with joint or separate commissioning. From this lean and the RCSLT can assess progress towards joint commissioning year on year.

Please respond to the surveys. The more information we can gather at this stage the better.

@ www.rcslt.org and follow the survey link.

New head and neck team for south London

A new community head and neck team is offering highly specialist multidisciplinary rehabilitation and support to people in six south London PCTs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) living with head and neck cancer.

Based at Burgess Park, the team has developed in close partnership with Guy’s and St Thomas’ Foundation Trust (GSTFT) to provide community care after discharge from Guy’s Hospital. It aims to provide a seamless service from hospital to home, facilitating safe, early discharge and giving specialist advice and support to help prevent avoidable emergency readmission to hospital.

The team comprises SLTs, dietitians, physiotherapists and clinical nurse specialists, all of whom have specialist skills in head and neck cancer rehabilitation. All clinical team members are employed by GSTFT.

Charles hosts Michael Palin Centre reception

The Prince of Wales hosted a reception at his London home on 2 March to celebrate the staff and supporters of the Michael Palin Centre for Stammering Children. Prince Charles is patron of a new appeal launched by the Association for Research into Stammering in Childhood (ARSC), which jointly established the Michael Palin Centre in Islington. The ARSC is hoping to raise £2 million from public donations, in addition to the £1 million from Schools Secretary Ed Balls, to improve services for young people experiencing dysfluency. The money will go towards opening a new centre in the Leeds or Bradford area.

Speaking about his grandfather George VI, the prince told his guests, “His stammer cut him off I think in so many ways from his parents and his brothers and sisters and drove him into himself as I suspect so many stammerers will understand.”

Your IJLCD highlights for April

Coming up in your next International Journal of Language and Communication Disorders (Vol 45, No 2, March to April 2010): gaze aversion to stuttered speech; investigating differential visual attention to stuttered and fluent speech; use of noun morphology by children with language impairment – the case of Hungarian; communicative and linguistic development in preterm children; treating children with phonological problems; does an eclectic approach to therapy work; speech and language therapy in Sure Start local programmes; pragmatic language impairment and associated behavioural problems; appraisal in student-supervisor conferencing: a linguistic analysis; and aphasia and text writing.

@ Read your IJLCD online www.rcslt.org/members/publications/journallcd

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- develops research skills applicable to the workplace
- enables students to deepen and extend their subject-specific knowledge
- meets CPD requirements

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- access to virtual learning environment
- supported self study
- scheduled to fit around work

Speech and Language Sciences at Newcastle University achieved 100% in the 2009 National Student Satisfaction Survey

The closing date for applications is July 31st 2010 for the programme commencing October 2010.

For more information, contact and application details visit our website:
www.ncl.ac.uk/ecls/ebpcd
Jen targets hard-to-reach children

Speech and language therapist Jen Davies has won Trafford PCT’s 2010 outstanding contribution to improving service award. Jen (pictured) set up the Targeted Speech and Language Therapy Service – for children under five years who have failed to attend or are unlikely to attend mainstream speech and language therapy services – in Trafford’s children’s centres 18 months ago. Most of the families Jen works with have complex social needs and her service has resulted in many positive outcomes for hard-to-reach children who may otherwise have slipped through the net.

Email: jennifer.davies@trafford.gov.uk

Better protection for deaf children. This is the call from the National Deaf Children’s Society after a University of Manchester study of 57 authorities in England suggests social care services are failing deaf children. Published in Every Child Journal, the survey shows half of the authorities had no arrangements to ensure accurate assessment of deaf children and their families across health, education and social care. Three out of five authorities providing social care did not regard a deaf child as a ‘child in need’, although the Children Act 1989 includes them in that definition. BBC News

Join in the debate at the first International Cluttering Association online conference on cluttering, from 14 April to 5 May. The free online event will host papers on clinical, educational and theoretical issues in cluttering, a debate about definition built around two current perspectives and a forum, which will allow people to communicate directly with a panel of experts. Visit: www.stutteringhomepage.com

Musical brings Celtic tunes to cochlear implant users

The dichotomous life story of the infamous eighteenth century Edinburgh cabinet maker and criminal, Deacon Brodie – said to be the inspiration behind Robert Louis Stevenson’s Dr Jekyll and Mr Hyde – is the subject of a new cochlear-implant friendly musical.

‘Deacon’, commissioned by cochlear implant manufacturer MED-EL and written by musician and composer Zack Moir, was the main feature on SLT Amy MacKinnon’s Glasgow Celtic Music Radio programme on 28 February.

Amy works full time as an SLT at Stobhill Hospital in Glasgow and presents the Sunday lunchtime show, often highlighting progressive aspects of speech and language therapy. Her two-hour interview with Zack centered on the ground-breaking musical, which is written to be readily accessible to cochlear implant users by specifically addressing their listening needs.

Zack studies at Edinburgh University’s Institute for Music in Human and Social Development and is completing a PhD focusing on the improvement of the music listening experiences of cochlear implant users. Drawing on his composition and performance background, he approached his innovative project from a researcher’s and musician’s perspective.

In the interview Zack said Deacon has allowed him to, “Look at the way that implant users experience and engage with music rather than assessing their perceptual abilities.”

For more information regarding Deacon email: zack@zackmoir.com. Visit: www.celticmusicradio.net/amymackinnon.html to find out more about Amy’s radio programme.

Teaching stroke survivors to sing ‘rewires’ their brains and helps them to recover their speech, according to researchers presenting at the annual meeting of the American Association for the Advancement of Science (AAAS) in February. Although singing therapy is already established as a medical technique the research is the first to combine therapy with brain imaging. The Press Association
Spring into action

RCSLT CEO Kamini Gadhok rounds up RCSLT activity during February and March

The RCSLT’s key focus over the past few weeks has been the development of our new campaign to support members in light of the current financial constraints. Together with members of the RCSLT Management Board, we have developed a survey to enable you to tell us how any financial changes are affecting your services (see page 7 for details of how you can take part).

The Policy and Partnership Team continues to develop our youth justice campaign across the UK. Recent activity includes discussions with the Cardiff Prison governor about the possible provision of a speech and language therapy service. A joint All Party Parliamentary Group (children and speech and language difficulties) meeting on 23 February also heard pre-election manifesto statements on youth justice from the three main Westminster political parties.

In Northern Ireland, Country Policy Officer Alison McCullough and Rosalind Kyle, assistant manager at Belfast Social Care Trust, have continued to input into multi-agency working groups set up by the Northern Ireland Police Service – focusing on improving services for individuals with learning disability, specific learning and communication difficulties within the justice system.

On 26 February, Director of Membership and Communications Richard Guy and Policy Officer Claire Moser joined Councillor for Wales Ianice Lavelle to address about 60 members in North Wales.

We will soon be evaluating the impact of our national programme of higher education institution roadshows, being undertaken by Professional Development Service Manager Rabana Hussein and Policy Officer Sarah Keegan. Early indications are good, with the

“The next RCSLT event is a Scotland leadership day in Edinburgh on 23 April”

Membership Team informing me the level of interest from students has risen recently. The Events Team has worked in partnership with the Chair Mary Turnbull, Deputy Chair Hazel Roddam, Councillor for Research and Development Jan Broomfield and Director of Professional Development Sharon Woolf to develop our research forum and assistants’ study days in Newcastle on 4 and 5 March respectively. Initial analysis of attendees’ feedback suggests both events were highly successful. The next RCSLT event is a Scotland leadership day in Edinburgh on 23 April, led by Scotland Country Policy Officer Kim Hartley.

In terms of communications, the team has been working to produce the new-look Bulletin and Supplement and is looking at modifications to enhance the RCSLT website. The team is also recruiting a new public relations specialist to increase our potential to influence the media and other stakeholders in relation to our financial cuts campaign.

My recent work has included influencing policy developments in England. As a Department of Health (DH) adviser for the quality and productivity (QIPP) agenda I accompanied Dominic Hardy, Director of the Quality Framework programme, on 22 February to visit Hackney Ark. The visit included members of the speech and language therapy children’s service – one of the 16 pathfinders established after the Bercow review – a joint commissioner and the associate director for children and family services.

The visit raised challenges with respect to how children’s services can cost out efficiency savings along care pathways and this is an area of work I have agreed to follow up. It also highlighted issues in relation to the Transforming Community Services agenda, which we hope will feed into work led by the DH.

On 24 February I gave a presentation on national drivers for children at Walsall PCT, another of the pathfinder sites. Communication Champion Jean Gross also presented and we had positive feedback about the impact on local decision makers and their engagement.

I have also supported the work of the Allied Health Professions Federation which has been reviewing its structure and work across the UK and we hope to have regular updates from the Director, Paul Hitchcock, and the UK-wide boards. In February, the AHPF successfully lobbied government on proposed cuts to the commissioning of education placements.
Isla Cliffe says the RCSLT’s Q-SET will help you anticipate your future workforce needs

An essential tool for workforce planning

For too long in the NHS we have had a ‘boom and bust’ situation – either not enough staff being trained or too many who then cannot find suitable posts. Workforce planning has tended to be on a sole professional basis rather than planning for multidisciplinary clinical pathways.

The recently established NHS Centre for Workforce Intelligence aims to provide quality research, help plan for the modelling of the future workforce innovation and the education and training needed. To facilitate this, accurate data is required on current numbers of staff, barriers to innovation and what will be needed around education and training for new ways of working. Some information is available from the RCSLT, Health Professions Council and Electronic Staff Records data but there are gaps. For example, where are staff working and at what grades; what areas of work do SLTs who are non-practising go into; what roles have they now; how many SLTs move into management in acute, mental health, community, education and strategic planning sectors? To move from a generalist post practitioners require further training, mentorship, coaching or supervision to gain the necessary competencies. The RCSLT has helped with the competency framework but funding is required for training. Training budgets are often the first to disappear in times of financial constraint unless they are part- and parcel of a career pathway similar to that which already exists in the medical profession.

In January’s Bulletin we saw some of the many excellent Quality Improvement Productivity and Prevention (QIPP) innovations SLTs have been involved with (RCSLT, 2010). We have a role to play in advancing practice and reducing overall costs in the NHS but sometimes the health system itself puts in place barriers. Lack of resources can also limit innovation and the separation of acute and community services means competition between providers for funding can limit innovation and cross-service working. Rotational developmental posts across providers, similar to that in the medical profession, would facilitate a skilled workforce in less popular specialities but would require greater flexibility with funding spread between providers.

Many therapists working in education are now taking on non-traditional roles that involve integration of services and new ways of working. Research, showing cost benefits and quality outcomes, needs to highlight all this.

The results of the initial data collection and analysis shows the RCSLT’s Quality Self Evaluation Tool (Q-SET) is a valuable tool for collecting information we can use for workforce planning, benchmarking of services and quality improvement. Over 100 services have now completed Q-SET and 80 have started the process. Many have completed Q-SET as a team continuing professional development project. For Q-SET data to be representative we all must contribute. At present most data on productivity is based on activity. We need information in the future to show what the outcomes will be if ‘we have a workforce like this compared to the outcomes from a service like that’. Q-SET can start to give us this information.

Q-SET will be suspended in April 2010 while it undergoes modifications. When it is accessible again we can all feed our data into it. Hopefully, services will then update their information annually.

Workforce planning in the future will take place in the context of the £20 billion efficiency savings to be made in the NHS by 2014. We need to have a more efficient and productive workforce and be able to develop to take on new ways of working. Q-SET can help provide data to facilitate research to better inform commissioners.

“IQ-SET can help provide data to facilitate research to better inform commissioners”

References & Resources


Hoarse sense

Jane Shaw looks at the modern management of laryngo-pharyngeal reflux and dysphonia

I was thinking as I started to write this article how laughable a pill to treat dysphonia would have seemed to me just 10 years ago... but times have changed and there is now a growing body of evidence that laryngo-pharyngeal reflux is a major contributor to laryngeal inflammation and dysphonia.

Most people associate the word ‘reflux’ with heartburn and the indigestion remedies which their grandma keeps in her handbag, and this is an image I have to challenge on a daily basis, with my patients and medical colleagues.

Examining the evidence base around the phenomenon of reflux disease it quickly becomes clear that heartburn is not the only symptom to which it makes a contribution. Dysphonia, globus, dysphagia, sudden infant death syndrome, glue ear, adult tonsillitis, asthma, chronic cough and dental erosion etc are also associated with the condition. This symptom profile makes reflux disease of particular interest to SLTs, and especially to those treating dysphonia.

Laryngo-pharyngeal reflux (LPR) is now regarded as just one aspect of the wider disease known as extra-oesophageal reflux (EOR) – defined as the backflow of gastric juice above the level of the upper oesophageal sphincter. Extra-oesophageal reflux is significantly different from the more well-known gastro-oesophageal reflux disease (GORD) in which the refluxate remains contained in the oesophagus and gives rise to more typical symptoms, such as heartburn.

In 2000, Mark Watson (the laryngologist who works with me in the Doncaster Joint Voice Clinic) returned from an American trip where he had met LPR guru Professor Jamie Koufman and began to instruct me in the ways of LPR. However, it was not until I attended the 2003 international LPR conference that I truly started to comprehend the nature of this controversial condition. After this it was clear we required a robust evidence-based LPR management protocol for patients with dysphonia in both ENT and speech and language therapy.

As anyone who has ever worked with voice disorder will tell you, the aetiology is almost always multifactorial. Figure one illustrates the complex interaction between the contributing factors and shows LPR in its proper context. Although just one factor contributing to laryngeal inflammation, if left undiagnosed and untreated it can seriously limit the benefits of voice therapy.

Laryngeal inflammation

The lower oesophageal sphincter (LOS) sits at the top of the stomach and should remain closed unless a person is swallowing, vomiting or burping. In individuals with reflux disease the LOS relaxes and opens inappropriately, allowing gastric contents to escape from the stomach and travel up into the oesophagus and beyond. Once gastric refluxate reaches the level of the larynx there is almost no mucosal protection against its damaging contents.

Gastric juice contains hydrochloric acid (HCl), which at pH 1 was long thought to be the damaging agent. Koufman (1991) demonstrated that the canine larynx could withstand a high degree of HCl exposure without significant resulting damage. It was only when the canine larynges were exposed to a combination of HCl and the digestive enzyme pepsin just three times a week that they suffered serious mucosal injury and even granuloma formation. This research finding is pivotal to our understanding of the disease.

Pepsin is a digestive enzyme produced by the stomach to digest protein. A protective layer of mucus prevents pepsin from damaging the stomach wall, but once it escapes it can cause severe damage to the body – effectively a process of self-digestion. Pepsin is activated in an acidic environment, being most active at pH 2, but is still able to cause mucosal damage in a weak acid environment even up to pH 6.9. Non-activated pepsin can bind to the mucosa of the larynx and pharynx where it ‘lies in wait’ – so that the minute an individual swallows even a weakly acid bolus it becomes activated and starts to damage the mucosal lining.

Mucosal damage

At the microscopic level, the mucosal cells lining the larynx and pharynx are highly immunologically active, as they are the body’s first line of defence against airborne immunological challenges, such as cold viruses. Birchall (2008) describes the default position of these cells as “primed for an acute inflammatory response” and there are multiple mechanisms in place to hold back the triggering of this response.

Exposure to activated pepsin overcomes these restraining mechanisms and evoke...
a full-scale immunological inflammatory response in the epithelial cells. As pepsin penetrates the cells they become swollen and the intercellular spaces dilate. The way I explain this is that these cells should be lined up like a wall of house bricks with no gaps between them. The reflux turns them into a wall of footballs, which inevitably have large spaces between them. The dilated intercellular spaces leave the patient not only more vulnerable to reflux but also to airborne viruses and the effects of smoking, allergens etc. The spaces also leave the sensory nerves more exposed leading to pain

“If reflux reaches up as far as the larynx just three times a week it can cause significant mucosal damage”
REFLUX AND DYSPHONIA

FEATURE

and discomfort.

On a macro level the mucosal damage is very obvious in figure two. The photo on the left shows a healthy non-refluxed larynx. Compare this to the one on the right, which shows clear signs of moderate to severe reflux. In the damaged larynx there is obviously erythema throughout the larynx but typically more so over the arytenoid cartilages. There is significant oedema of the vocal cords and the false cords, and the interarytenoid area is also extremely oedematous. Thick stringy mucus is a typical finding in refluxing individuals. Just below the vocal cords on the right hand picture you will also see the phenomenon known as pseudosulcus – a small ‘shadow’ pair of vocal cords hanging below the leading edge of the true cords. This is not present on the other photo and is a finding, which Professor Koufman identifies as highly significant for reflux. These reflux findings can be scored using the Reflux Finding Score (RFS) – designed at Wake Forrest and validated by Belafsky (2001).

Symptoms and diagnosis

I am often asked if there is a typical ‘LPR patient’. In terms of age and sex demographics the answer is ‘no’; LPR happens at any age from neonate to older people and in both men and women. However, in terms of symptom profile the answer is a resounding ‘yes’. Individuals are frequently dysphonic; they often have a persistent cough, complain of globus and a sensation of excessive mucus in their throats, recurrently clear their throats and complain of throat pain and discomfort. They often report these symptoms are worse first thing in the morning.

Many also report explosive coughing/choking episodes that may wake them up at night and occur when exercising, singing or laughing. In other words, they are a typical person referred to SLTs for voice therapy.

They rarely complain of heartburn – indeed, they will often deny vociferously that their symptoms can possibly be the result of reflux on the grounds they do not have this symptom. To help patients understand that they have LPR it is important to explain that reflux can affect the larynx even in the absence of heartburn. Most people are able to understand that the lining of the gut near the stomach can resist damage and cope with 50 episodes of reflux a day before they feel heartburn. However, the laryngeal lining is very delicate and if the reflux reaches up as far as the larynx just three times a week it can become damaged and cause throat symptoms. Belafsky (2002) has validated the Reflux Symptom Index (RSI) – a self-administered questionnaire patients can complete while sitting in the outpatient waiting area.

Practitioners can use a wide variety of investigations to diagnose LPR, including saliva pepsin testing, barium swallow, acid perfusion and manometry. However, many are invasive and often unavailable. The current ‘gold standard’ is 24-hour pH investigations to diagnose LPR, including saliva pepsin testing, barium swallow, acid perfusion and manometry. However, many are invasive and often unavailable. The current ‘gold standard’ is 24-hour pH and impedance monitoring, but even this is largely unavailable and requires expert interpretation. Careful case-history taking and use of the RSI, however, can also be extremely revealing. Nasendoscopic reflux findings in the larynx will give additional confirmation of the diagnosis.

Treatment options

Although there is no medical cure for LPR, in most cases successful management combines medication and lifestyle/dietary modifications. The most successful symptom control for most patients requires combined prescribing of a proton pump inhibitor (PPI) and an alginate.

If medical management is unsuccessful patients may require fundoplication – a surgical intervention converting the lower oesophageal sphincter from a two-way to a one-way valve.

Proton pump inhibitors prevent the secretion of HCl into the stomach. They do not stop the production of pepsin but, by creating a less acidic environment, reduce its mucosal damaging activity. The five main prescribed PPIs are: Esomeprazole, Rabeprazole, Lansoprazole, Pantoprazole and Omeprazole. Prescribed for the treatment of GORD they are normally taken once a day. For the treatment of LPR it is essential they are prescribed twice a day. This is because they have only a 12-hour active period (at best), so unless individuals take two each day, they will have 12 hours where the larynx and pharynx are vulnerable to damage from acidified pepsin. We ask patients to take them 30 minutes before their breakfast and their evening meal (ideally 12 hours apart) for maximum benefit.

At present there is one alginate product licensed in Britain for the treatment of LPR – Gaviscon Advance. Derived from seaweed, alginate has a double action. It forms a plug on the top of the stomach that helps to prevent reflux episodes even if the LOS relaxes inappropriately. In addition, when it comes into contact with pepsin it deactivates the enzyme and protects the laryngeal and pharyngeal mucosa.

We recommend LPR patients take this as the last thing they swallow before they retire to bed at night. It is also beneficial taken after meals and before strenuous exercise. In mild cases individuals may only require alginate treatment and lifestyle modification.

Lifestyle and diet

Evidence suggests people who achieve compliance with lifestyle and dietary management of their reflux are significantly more likely to experience symptomatic improvement (Steward, 2004) and this has certainly been borne out by our clinical experience.

Non-compliance with medication and lifestyle treatment regimes is a major cause of treatment failure. A study of 25 patients referred for speech and language therapy in Doncaster with a diagnosis of LPR showed

LPR controversy

Despite the evidence base for EOR the matter remains highly controversial among ENT consultants and GPs. In part, this can be due to unfamiliarity with more recent research papers and a belief that LPR should behave like GORD, which it most certainly does not. Some older clinical trials investigating the use of PPI for LPR add to the controversy by providing inconclusive results. A more detailed review of these papers reveals clear reasons for these confusing findings. Recent studies, such as McGlashan (2009) and Reichel (2008), using more refined methodology have delivered more robust results.
that following ENT consultation and provision of written advice they were achieving only 74% compliance. After SLT intervention – in the form of a voice care advice group modified to include reflux management training – this rose to over 90%.

With improved compliance in LPR management we see increased recovery from symptoms, such as excessive mucus in the throat, persistent cough, throat discomfort and dysphonia, and better response to voice therapy. In fact, some individuals do not require voice therapy intervention at all once their reflux is under control.

Jane Shaw, Clinical Manager Adult SLT Services, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, email: jane.shaw@dbh.nhs.uk

References & resources


More information

If you are interested in learning more about LPR and hearing the latest evidence from the world’s top researchers in the field, attend the international LPR conference in Hull from 21-23 April. Visit: www.hull.co.uk/reflux

8 top tips

The main lifestyle changes for LPR symptom control

1. Avoid fizzy drinks and caffeinated or highly-acidic fluids
2. Avoid high-fat foods
3. Avoid alcohol, especially white wine and spirits
4. Raise the head of the bed and try to sleep on the left side
5. Chew gum after meals
6. Bend from the knees rather than the waist
7. Avoid smoking
8. Avoid eating within three hours of bedtime

25 patients with a diagnosis of LPR studied in Doncaster

74% only achieving compliance following consultation and provision of written advice

90% rise in compliance when reflux management training included

ILLUSTRATIONS BY Willie Ryan
Changing the literacy landscape

A collaborative literacy project has helped people with learning disabilities gain more independence. Martine Smith, Grainne Tinney and Jen Deasy explain

After the meetings, we interviewed service users to develop individual plans, using plastic wallets and picture symbols to sort and categorise activities as easy/hard, and to work out which literacy goal was important for each person. Many service users found the concepts of ‘easy’ or ‘hard’ challenging and they struggled to distinguish specific tasks as more or less important. This insight was central to all their personal service plans, but had rarely been centre-focus before.

Participants differed greatly in their abilities. One woman was able to take minutes but felt her reading was less adequate; others could not write their names. We found no specific commercially available package to meet our needs, so assembled our own assessment resource to identify individual profiles and help us plan intervention. This addressed specific skills, including sound awareness, letter knowledge, sight-word vocabulary and simple spelling, as well as skills such as reading timetables, and copying common environmental print.

Putting it all in place

Based on the assessments, interviews and goals, we identified 10 areas of focus. Activity-focused groups focused on spelling, dictionary work, reading a world map, reading menus, using money and putting credit on a mobile phone. An SLT led some of the weekly groups; other staff within the service and a community-based literacy tutor led others.

Over the intervention period, print and pictures began to claim part of the visual landscape of the service. For example, we transformed notice boards into visual display charts; menu boards with picture headings. The second meeting used these to distinguish specific tasks as more or less important.

The second meeting used these materials to explore the concepts of what activities were easy or difficult. Finally, the group discussed what kinds of reading and writing were important or unimportant.

Key principles of the Prosper Fingal programme

● Inclusivity: all interested service users should be able to participate
● Integration: the programme had to weave into the fabric of the service itself
● Ownership: it had to facilitate service users to work on what was important to them
● Functionality: we were not interested in developing isolated skills. Time invested had to make a real difference

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symbols and enlarged text appeared in the canteen. Local shops and restaurants became accustomed to adapted menus and shopping lists, and made time as service users gained independence in managing common activities.

**Goals**

After nine months, we reviewed the value of the programme. We interviewed each participant to explore how they felt they were progressing towards goals, and to review the relevance of goals they selected. Everyone made progress towards their own goals, in some instances easily measured in scores on the baseline assessment:

- ‘Cecil’ took on the role of weatherman extraordinaire, with responsibility for implementing a daily weather guide for the centre. Although his sight-word vocabulary remained limited, the words he recognised after intervention were those included within his daily weather chart.
- ‘David’ developed a core sight vocabulary for shopping.
- ‘Therese’ assumed responsibility for posting a daily schedule of activities and events within the centre.
- ‘Jeanne’ learnt to put credit on her phone and use a bus timetable. She also realised that one of her goals – to use the library independently – was best achieved by asking staff in the library to find what she wanted.
- ‘Martina’ achieved her goal of reading the world map, but modified her goal of reading a Harry Potter book. After two chapters, she decided audio books were a more enjoyable way to engage with the series.

**Martina** modified her goal of reading a Harry Potter book. After two chapters, she decided audio books were a more enjoyable way to engage with the series.

Environmental changes were also significant, extending beyond a changed visual landscape to changes in staff perceptions and expectations of literacy skills – including wider community involvement.

**Where next?**

From early on, it was clear the nine-month plan was only ever a starting point. The enthusiasm of participants indicated they had found a way to work towards goals that would continue into the future. The big changes we have seen are in the presence of symbol-supported print in the environment and the awareness of the participants of what they can now do.

A core insight into the process of identifying goals, understanding what is meant by ‘difficult’ and ‘important’ within the goal setting process, and feeling competent to evaluate what is personally important to individuals are the big outcomes of the project. While all service users made progress in specific skills, it is these big insights that we feel made the project really worthwhile. Reading and writing have become a core part of the service provided to service users.

We recognise the role of the SLT is still crucial to the ongoing implementation and development of the programme. Service staff have been extraordinarily enthusiastic in implementing suggestions, but still rely heavily on the speech and language therapy department for support and guidance. However, the literacy landscape has changed for the better.

**References & resources**

Learning opportunities in dysphagia

Naomi Cocks, Celia Harding, Camille Paynter and Julie Wright talk about successful pilot placements in a highly-specialised clinical area

Universities who train students to become SLTs have taken ever-increasing numbers of student learners over recent years to meet the changes evolving within the NHS. This has resulted in increased demands on local clinical placements in the drive to enable all students to gain substantial pre-graduation clinical experience. This presents an ongoing challenge for teaching institutions and clinical settings to ensure there are adequate placements for student SLTs. In some instances, and in light of significant changes within healthcare, some clinicians are reluctant to take students on placement.

Reluctant supervisors

McAllister (2005) identified why supervisors are reluctant to offer placements to speech and language therapy students, including clinical and staffing workplace pressures; changes in models of practice; increased specialisation; working with vulnerable client groups; limited preparation and support for clinical educators. She also identified possible solutions (assuming that universities must work with placement providers to develop and design placements with these solutions in mind):

- Develop clinical placements that suit the environment in which placement providers work.
- Increase peer learning and supervision.
- Increase the number of students per supervisor.
- Provide more support to supervisors prior to supervising students.
- Pre-placement preparation for students.
- Increase activities students can engage in that do not require direct supervision.

Dysphagia-intensive placements

City University London frequently introduces new clinical initiatives for students where there is a clear attempt to engage with and sustain a mutually-satisfactory working relationship. However, there are clinical areas where students have relatively little hands-on experience, such as dysphagia. Part of this is to do with the perceived notion that dysphagia is an area of high clinical risk. Clinicians feel the acute nature of such a clinical area does not lend itself easily to the challenges of having students learning alongside experienced clinicians.

In September 2008 we developed plans for dysphagia-intensive placements to take place at the Royal Free and Whittington hospitals in London. This arose out of the historic links the two sites had with the university. Both providers stressed they had a strong interest in student learning opportunities and could give students very specific opportunities to link theory to practice within a clinical context. This, they felt, would be very stimulating when focusing on one clinical area.
involved linking with two sites – one adult, the other paediatric – where acute dysphagia cases were a large part of the caseload. University staff worked closely with clinicians in the design of the placement. They selected core competencies from the Kings Dysphagia Schedule (Gascoigne and Marks, 2001) and Speech Pathology Australia competencies (2004) that were realistic to expect from a student and could be achieved through shadowing, structured observation and supervised participation.

Key competencies
Key competencies formed the basis of a student workbook highlighting significant areas of learning within these populations. Both groups of students had a clear timetable with expectations specified at the beginning. Each student had workbook tasks that provided structure and consistency to independent learning tasks. They signed these off and discussed them with clinicians at the end of each day.

The project involved a structured approach to self-directed learning as well as opportunities for practical experience within a specialist field. The materials produced supported this opportunity for learning – work book, structured timetable, self-directed tasks set up within the student learning resources lab. Evaluation materials for considering the learning outcomes included a feedback form for clinicians and students that explored the overall benefits, and a student pre- and post-evaluation of insight into their learning needs for this caseload.

The placement ran for five days in January 2009. Two students were on placement at the Royal Free Hospital and five students at the Whittington Hospital. This reflected the number of staff involved in the supervision of students at each of the sites – the Whittington had three staff involved in supervision, and the Royal Free had 1.5 whole time equivalents.

Benefits for all
City University’s Department of Language and Communication Science and staff at both sites felt there were significant benefits of this placement, including raising the profile of speech and language therapy in the acute setting and specific clinical area.

It also gave opportunities for clinicians to feel they could highlight good practice within their own specialist area. All felt that involving students in a specific clinical area where risk was traditionally associated was challenging but rewarding. The structure of the placement also allowed staff who were less experienced with student supervision to confidently supervise students. Clinical staff valued the opportunity to link with university staff more closely.

Students valued the intensive nature of the placement within a specialist area. They felt the workbook helped structure their day, helped them prepare for the placement and encouraged them to apply theory to practice straight away. They also felt they developed confidence with reflective practice skills through using the workbook to structure their thinking.

In addition, they valued the direct multidisciplinary opportunities and enjoyed having the opportunity to explore how they felt about experiencing a specialist and vulnerable caseload. Some also commented the short placement allowed them to overcome their fear of working in a hospital setting.

Participants in the pilot project identified many anticipated outcomes and benefits for students and local placement providers, including linking theory to practice; having an intensive placement where skills could be well consolidated; working in an acute setting and gaining insight into that context; understanding the nature of psychosocial challenges within an acute caseload; developing online problem-solving skills with supportive materials; and inter-professional working.

Further interest
A City University Teaching and Learning Award Grant will enable the evaluation of specific student and clinician learning outcomes so the Dysphagia Intensive Project can continue to have benefits for learning and linking theory to practice.

The project has expanded to other acute settings and community settings within the London area and is entering its first phase of evaluation. We hope to disseminate the outcomes for students and clinicians from this project in the future. It will continue to be a joint project between the University and staff at the Royal Free and Whittington Hospitals. We are happy to receive questions and discuss specific issues. If you would like to offer a placement email: C.Harding@city.ac.uk or Naomi.Cocks.1@city.ac.uk

References & resources


Acknowledgements:
We would like to thank staff at both sites, in particular speech and language therapy managers Helen Unsworth and Judith Jackson, and SLTs Alexia Young and Najmah Zafar. We would also like to thank our students for their positive contribution and participation.

Dr Naomi Cocks and Celia Harding, City University London; Camille Paynter, SLT, Whittington Hospital; Julie Wright, Chelsea and Westminster Hospital.
WORKING IN GREECE

A Greek odyssey

When Linda Rooney retired to Greece she had sun, fun and learning a new language in mind. Then she decided to explore the provision of speech and language therapy services.

In April 2008 I retired from the NHS and said ‘goodbye’ to friends and colleagues in Lincolnshire before I headed off to Messinia in the Peloponnese to ‘live the dream’ with my husband.

Despite my retirement I really wanted to find ways in which I could make a positive contribution in Greece, so I began to explore the provision of services and the professional training of SLTs. I contacted RCSLT Fellow Dr Ilias Papathanasiou, who qualified from University College London in 1993, before returning to his native Greece in 2002. He is now assistant clinical professor at the Department of Speech and Language Therapy at the Technological Educational Institute of Patras.

In May 2009, I visited Ilias’s private practice in Patras, observed tutorials and met with lecturers at the Institute. Ilias also put me in contact with Amalia Doulani, one of his former students, an SLT working in Kalamata, at the ‘KEKY KAMEA’ (Centre of Education, Social Support and Training of people with disabilities).

A young profession

Speech and language therapy is a young profession in Greece; the first undergraduate course began in 1996. Two institutions – Patras and Ioannina – facilitate professional training and at the time of writing a course was due to commence at the Technological Educational Institute of Kalamata.

Patras Institute students study for four years, working for the final six months as trainee SLTs. The course is semester-based with two intakes a year in September and February. It is also examination-based, both written and oral, including a patient viva. Clinical placements take place in the fifth, sixth and seventh semesters.

The four-year curriculum offers a background of academic preparation in the areas of linguistics, medicine and psychology with subsequent preparation in core fields of speech disorders, hearing impairment and the application of new technology. It also includes 900 hours of clinical practice within a variety of settings, supervised by certified SLTs.

Ilias continues to work tirelessly to build upon progress already made in relation to the recognition of the profession nationally, professional training and the development of dedicated speech and language therapy accommodation and resources within the institutions.

Service provision

Greece is home to some 11 million people, inhabiting 1,957 square kilometres, and boasts over 100 inhabited islands. Over a third of the population lives in Athens and the surrounding area. Thessaloniki, Patras and Kalamata are cities with smaller populations. Three-quarters of the land is mountainous and remains largely uninhabited. Large rural areas remain sparsely populated with ensuing difficulties in relation to transport, communication networks and service provision. For example, Messinia has a population of 180,000 people residing in 3,000 square kilometres, with a population density of 60 per square kilometre. Approximately 11 SLTs practise in this area, mainly in private practice, in and around the city of Kalamata.

A clear philosophy

There are approximately 1,500 SLTs working within all sectors across Greece. As there is no regulatory body or register in place, exact numbers remain unknown. Private practices are mainly situated within the larger cities and patients often have to travel significant distances. Referral is via medical practitioners and intervention is clinic-based utilising a ‘face-to-face’ model. Methods of social insurance usually allow patients a package of approximately 12 sessions. Additional sessions can be personally funded. Ilias’s practice is well resourced, offering assessment and intervention for adults and children presenting with a range of difficulties. Appointments are available during the day and evening up until 8pm.

The KEKY KAMEA’ centre is government (Ministry of Health and Social Support)
funded and provides services, including rehabilitation, social support, psychology, education and recreation, to children and adults with a range of disabilities. The philosophy is clear – people access the centre and the services it provides as an option, its role being part of the community and not an ‘institution’.

There are 260 people registered with 100 being offered services. These are not dependent upon social insurance or personal funding as families often have social and or economic difficulties. There is a robust volunteer programme, with each volunteer having a dedicated programme and an objective to share their acquired knowledge of disability with the wider community. ‘The Club of Parents’ is a non-profit organisation, supported with European funding, and acts as the ‘voice’ of the disabled people attending the centre. There is also ‘The Club of Friends’ who work to raise money via charitable events. Of course, resources are limited especially in relation to staffing. The Club of Friends has funded an SLT to work with Amalia Doulani for one year.

Speech and language therapy
Amalia graduated from the Institute in Patras and has been working for two years at the centre with children and adults presenting with a range of difficulties. Around 50 children have access to services at the centre on a weekly sessional basis. Although most will also be attending school, Amalia has no formal links with educational colleagues.

Communication with therapists who have contact with the children in other settings is also problematic. However, she works closely with centre colleagues and families in order to provide ongoing speech and language therapy assessment and intervention. The number of SLTs working across the sectors within this mainly rural area limits opportunities for networking, peer support and robust systems of clinical supervision and continuing professional development. These limited opportunities appear to represent some of the challenges for this young and aspiring profession in Greece. The recognition of the profession nationally is developing and with it the professional training of SLTs. As therapists work across sectors, many in private practice, the development of registration could enhance progress, together with systems of postgraduate support especially for those therapists who work away from the larger cities.

Service commissioning, national strategic direction, quality agendas and workforce planning etc are, as yet, unfamiliar concepts. However, from what I have established so far, the vocational flame burns brightly, and there is a sense of challenge, creativity and purpose for speech and language therapy practitioners here.

A continuing odyssey
I am now formally registered as a volunteer at the KEKY KAMEA. I have joined four other foreign volunteers, and my programme is to work specifically with Amalia to support and assist her to facilitate speech and language therapy programmes for children attending the centre. I remain in contact with Ilias, and am hopeful I will be able to contribute to a conference relating to autism in Patras. I am also looking forward to attending the 28th Congress of the International Association of Logopedics and Phoniatrics (ILAP) in Athens in August 2010. Visit: www.ialpathens2010.gr for more information.

Software Note:
The staff and directors of the KEKY KAMEA welcome opportunities to share knowledge and experience. Visit: www.kekykamea-m.gr

Acknowledgements:
With special thanks to Dr Illias Papathanasiou for his hospitality and encouragement, and Amalia Doulani for sharing her experiences and time.
Training others to communicate

Maria Venditozzi and colleagues discuss the impact of their multiprofessional Total Communication training

Government directives on the future of services to people with learning disabilities emphasise the importance of the promotion of independence, choice, inclusion and civil rights (Scottish Executive, 2000; Department of Health, 2001). As SLTs, we consider our intervention as having a key role to play in supporting these aims.

Jill Bradshaw’s introduction of the concept of Total Communication (TC) in 1998 is the most significant event that has shifted speech and language therapy services towards supporting and influencing others in the communication environment within the social model of disability. Total Communication is characterised by the use of multiple strategies to support effective communication, using pictures, symbols,
PHOTOGRAPHY

April 2010 | www.rcslt.org

In Scotland over
1,000 people trained

160
published feedback in 2004–2005

We delivered TC training across Renfrewshire, Inverclyde and East Renfrewshire over four years to approximately 1,000 people, including health professionals, social workers, social care and voluntary sector staff and police cadets. Participants completed pre- and post-training questionnaires over a two-year period to evaluate the efficacy of the training package. Part one of the questionnaire incorporated six open text responses; part two comprised 20 questions designed to highlight the level of participants’ skill and knowledge in relation to communication within their work environment. NHS Argyll and Clyde’s Clinical Development Centre analysed the responses.

Training results
We included only those questionnaires with both a pre-training and post-training return in the collation of data – 320 completed questionnaires represented the views of 160 individuals from a variety of different professional/working backgrounds who received TC training during 2004 and 2005. We did not analyse the part one responses quantitatively. Although many examples showed ways in which respondents’ knowledge/practice had changed positively, these are too numerous to detail here.

We compared pre- and post-training responses to each of the part two questions to identify whether staff felt their skills had changed in relation to the question being asked. Respondents provided a score for each of the questions, with responses ranging from 1 (very poor) to 7 (excellent). A zero score represented no response to the question. Table one shows the comparison of the part two responses and shows respondents reported an improved level of understanding or ability following training.

Table two shows the change in score for each individual, either as a reported improvement or deterioration in knowledge or ability. The overall reported change in knowledge showed improvement for most respondents, some to a marked degree. Those who responded in a negative direction demonstrated awareness they did not have a level of knowledge they had assumed prior to the training.

Discussion
In implementing TC training the aim is to support, inform and empower a critical mass of staff to implement best practice in supporting people with learning disabilities in accordance with values stated in legislation. Participants finish the training by developing personal three-month SMART goals to encourage implementation of TC strategies within their work environment.

The expectation is that after training staff implement a TC approach to support independence, choice, inclusion and civil rights; and that they develop an understanding of the level of communication of their service users and using their improved awareness, implement their learned problem-solving skills.

Post-course SLT visits to participants have gathered evidence that staff are achieving these aims. Examples include a personalised folder from physiotherapy for clients, which includes photos of procedures such as postural drainage and wheelchair positioning; symbolised events notices in a resource centre; and the introduction of photos to paperwork for review meetings to involve a client in discussions about activities. Interestingly, the anticipated reduction in referrals following staff training has not happened. However, referrals are now more specific and the expectations of intervention are more realistic. Inappropriate referrals have also decreased. In making TC our first intervention for many referrals, rather than an individual contact, referrals are managed more efficiently and effectively.

There has been a marked increase in referrals for complex cases, frequently...
FEATURE
CLINICAL PLACEMENTS

involving social workers and/or the police. These reflect the appreciation of SLTs’ involvement in managing cases where a client’s difficulty in understanding in a practical context crucially affects issues such as guardianship, sexual abuse and child protection. Additionally, course participants are increasingly referring challenging behaviour to speech and language therapy as well as psychology, because they now appreciate the link between behaviour and communication difficulties.

As a result of intervention by the speech and language therapy department in complex cases and use of TC strategies, the social work department and police have accessed TC training. We have made links with staff within the judicial system, including the Procurator Fiscal and the witness service. They request SLT input at multi-agency public protection arrangements to provide clarity in cases where there is language impairment.

A monthly slot on the Royal Alexandra Hospital’s induction programme supports TC awareness for nursing staff.

Conclusions
It is evident from the audit analysis that TC has been a very successful service provision. There is consistent demand for the training package and for updates on current practice developments. Speech and language therapy staff consider it an effective therapeutic strategy in terms of time management with restricted staffing levels. It also fits into our current service provision of care aims.

Participants’ feedback from the evaluation forms and managers confirms the value of the training. Respondents appreciate the development of insight and problem-solving skills and consider themselves to have strategies to manage the communication needs of all levels of impairment. Referers are using the skills of SLTs in more complex cases, where language and communication skills are recognised as crucial in issues such as abuse, capacity and forensic cases.

We propose to roll out training to a wider audience, to include the police service, NHS acute staff, dentists and community services, and are working towards validation of the course by a recognised training body. This will bring the training in line with current recommendations from professional bodies and government quality indicators.

Maria Venditozzi, principal SLT, email: maria.venditozzi@renver-pct.scot.nhs.uk; Helen Beltran, Fiona McMillan, Anne Davies, Anne Burns, specialist SLTs; Jill Carson, lead SLT

References & resources

Acknowledgements:
With special thanks to Clinical Development Officer Margo Pratt for analysis of the data.
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**RCSLT Scotland Leadership Day**

**Sink or swim: Dealing effectively with powerful but challenging people (and keeping your sanity)**

**John McIntyre Conference Centre**
**Pollock Halls**
**18 Holyrood Park Road**
**Edinburgh, EH16 5AY**

**Friday, 23 April 2010**
**10am – 4.45pm (registration 9.30am)**

The aim of this exciting event is to empower, build the confidence of and improve support for SLT leads so they can better deal with challenging pressures at work by:

- Developing knowledge of approaches to effectively manage powerful but challenging people within their organisation.
- Clarifying SLT leads’ rights and responsibilities as professionals, employees, managers and citizens in respect of challenging local service changes likely to have a negative impact on speech and language therapy service users and/or staff.
- Developing knowledge of and appraising supports available within and outside SLT Networks, including the RCSLT.

**RCSLT member:** £25 (£21.28 + VAT)
**Non-member:** £45 (£38.30 + VAT)

Delegate fees include lunch, refreshments and materials

Programme now available online, visit www.rcslt.org

Terms and conditions apply
Any questions?

Klinefelter Syndrome
Have you developed expressive communication skills in an adult with a mild learning disability and Klinefelter Syndrome?
Andrew Forbes
andrew.forbes@bolton.co.uk

Lee Silverman
Do you have experience in delivering an LSVT service? Is it an effective and efficient therapy approach?
Kristy Finnigan
kristy.finnigan@pat.nhs.uk

Social skills transition group
Have you organised an intensive social skills block of therapy for pupils with social communication difficulties/ASD in Year 6, prior to transition into secondary school? I am interested in information around the baseline/outcome measures and assessments used, particularly Social Skills Improvement System or Social Skills Rating System (Gresham and Elliott) and general feedback.
Helen O’Donnell
h.odonnell@nhs.net

Paediatric dysphagia assessments
Does your service have specialist paediatric therapists who carry out assessment of acquired and developmental dysphagia? Have you trained and supported nurses to carry out this work?
Geraldine Rose
geraldine.rose@nhs.net

ABA SIG
Do you work in a school that uses ABA? I would like to set up a support group or SIG.
Laura Whittall
laura@kidstalkmatters.com

Essence of care
Have you developed or do you know of standards for Essence of Care with children in the care of community services?
Carol Chappell
cchappell@nhs.net

Seven day working
Do you work weekends or seven days per week in an acute hospital? What services do you offer and in what areas?
Kirsty Amos
kirsty.amos@wf-pct.nhs.uk

Foreign accent syndrome
I work with an English child, who was diagnosed with Asperger syndrome at the age of eight. She consistently speaks with an American accent and uses American vocabulary for no obvious reason. This is causing her embarrassment and creating a barrier to communication. Can you offer advice on working with foreign accent syndrome?
Nina Rowley
nina.rowley@derbyshirecountypct.nhs.uk

Email your brief query to anyquestions@rcslt.org. The RCSLT also holds a database of clinical advisers who may be able to help. Contact the information department, tel: 020 7378 3012. You can also use the RCSLT’s website forum to post your questions or reply to other queries.
www.rcslt.org/discussion/forum
This month’s teaching tools reviewed and rated by Bulletin’s expert reviewers

**DVD**

**Talk To Me**

**Publisher:** Speech and Language Therapy Service, Hackney and The City  
Price: Free  
Contact: sltinfo@chpct.nhs.uk  
Reviewer: Dr Janet Lees  
Honorary Research Fellow, Department of Human Communication Sciences, University of Sheffield

**RATING** OVERALL ⭐⭐⭐⭐⭐

In this era of free DVDs with newspapers, it is good to see SLTs have cottoned on by giving DVDs to parents and those working with them. This one is of high quality and covers good practice principles in speech, language and communication for all children, identifying concerns and what to do about them.

The first section is introduced by a child, Francis, who explains how children can be helped to learn to talk. This was the only bit that did not quite work for me because Francis sounded rather scripted. The second section explains how Hackney and The City supports children. Parents and SLTs tell us about services such as ‘Talking Walk In’, a drop-in for concerned parents with children under five. It all seems fun and supportive. Even if your local service is not identical this section covers the main ideas from concern to action.

The third section contains five activities for children, varied in presentation from live action to simple animation.

I would certainly use the DVD with families and groups and recommend sending off for one today.

**BOOK**

**Including Children with Speech and Language Delay**

**Authors:** Aderinola Hotonu, Antonia Aldous and Ranel Schafer-Dreyer  
**Publisher:** Featherstone Education, 2009  
Price: £16.99  
ISBN: 978-1-4081-1450-6  
Reviewer: Emma Towlson  
Early Language Consultant (Every Child a Talker)

**RATING** OVERALL ⭐⭐⭐⭐⭐

This book is well organised, easy to read and relevant, and would be a useful resource to accompany training that SLTs provide to Early Years settings. It answers lots of the questions we are regularly asked by practitioners such as, ‘What causes speech and language delay?’ in a clear and non-patronising way.

The book gives an overview of speech and language development and what can go wrong before linking this clearly and concisely to the six areas of the Early Years Foundation Stage. A parents’ perspective is included as well as practical, time efficient activities that Early Years settings can carry out. It also stresses the importance of SLTs’ skills in relation to the Foundation Stage and breaks up the components of communication in an easy to read way.

A lot of what is suggested covers areas that SLTs and other Early Years staff offer training on, eg reducing questions, commenting, expanding etc, so it would be a useful accompaniment to training packs or point of reference following training.

**BOOK**

**The one and only Sam**

**Author:** Aileen Stalker  
**Publisher:** Jessica Kingsley, 2010  
Price: £12.99  
ISBN: 978-1-84905-040-1  
Reviewer: Anna Rhodes  
Head of Therapy, St Dominic’s School, Hambledon, Surrey

**RATING** OVERALL ⭐⭐⭐⭐⭐

This is a large, colourful book about a boy starting school. It has quirky illustrations of both literal and non-literal interpretations of idioms. Each idiom is written in italics and the associated emotional vocabulary in capital letters so they stand out from the text. It is intended for children aged five to eight and older children with Asperger syndrome and communication problems.

We used the book with pupils in Key Stage Two. One loved it but others found it long and boring and were concerned that, ‘it was not always about Sam’ (a literal interpretation). None were interested in the explanation of the derivation of the idioms and the variation of cases and fonts served to confuse rather than clarify.

The storyline is inappropriate for older pupils, which eliminates the clinical group for which it is intended. It is a good idea to present idioms in context to support understanding but unfortunately this book has failed to achieve this.
Alyson Portch sadly died on 27 September 2009 following her diagnosis of cancer at the end of 2007. She once said she chose speech and language therapy as a career because she wanted to be a “something” - and what a “something” she was.

Alyson qualified from Birmingham Polytechnic in 1990 and began her career in Norfolk. By 1993 she had developed a specialist interest in provision of speech and language therapy to education settings and moved back to Hertfordshire to take up a post in Barnet, where she spent a year setting up a new model of delivery in mainstream schools.

She joined West Hertfordshire Speech and Language Therapy Services in January 1994, as a glamorous, self-determined young therapist with a deep passion for children to receive the best possible speech and language therapy service, to make their lives more positive and to help them achieve.

One boy (now 15) whom she supported in mainstream school 10 years ago, recently recalled to his mother the impact that his “tall pretty therapist” had when she visited his school. He said, “Alyson made my teachers like me, by encouraging them to see what I was good at and what there was to like about me.”

Very soon, an opportunity came up to develop her managerial skills, which she embraced with effortless ease, and in 1995 Alyson became one of the youngest heads of service. Her natural ability to put the needs of the children at the centre of all that she did as a therapist stayed with her into her life as a manager. As she skilfully negotiated contracts with the local authority, she would cleverly bring the negotiations back to what really mattered by saying, “now, after two hours of arguing about money, I wonder if we could spend just a few minutes talking about the service we provide, its quality and the children we care for?”

In so many ways Alyson was ahead of her time. She would often sit in meetings with other professionals and exchange a wry smile when someone proposed an idea she had thought of two, three, even five years previously. With her generosity of spirit she would share her experiences and encourage and support the plan, not ever needing to say (except to her own team), “speech therapy has been doing that for years”. In the frenetic ever-changing NHS, a meeting with Alyson would leave her team reassured and calm, as she always looked forward optimistically, viewing change as just another opportunity for West Herts to shine.

Seeing and nurturing the strengths in other people and helping them to focus on what they did best was her special gift. She was imaginative, creative and built a service which was appealing and exciting to be part of. She listened so well and took the time to get to know her team as individuals, valuing what was special about each and every one of them.

So knowledgeable and skilled in all areas of speech and language therapy, she challenged her profession to tackle difficult issues by writing articles on managing waiting lists, measuring the quality of services and publishing Making Priorities Count in 2000, a functional prioritisation system enabling fair decision making. She was very proud of her work as a professional advisor to the Health Service Ombudsman, which she continued throughout 2009, with confidence and much respect from the government body, despite her illness.

Outside of work Alyson revelled in her role as a mother, taking much pride in her daughter’s achievements and all aspects of their life together. She was a loyal, devoted and generous friend, colleague, sister, daughter and mother who will be greatly missed but will go on encouraging our minds, inspiring our souls and touching our hearts.

“Alyson made my teachers like me, by encouraging them to see what I was good at and what there was to like about me.”
**APRIL NOTICES**

**SPECIFIC INTEREST GROUPS**

Send your SIG notice by email to: sig@rcslt.org by 1 April for May, by 5 May for June and by 1 June for July. Take advantage of the RCSLT’s low-price room booking rates for your next meeting. Visit: www.rcslt.org/about_room_booking/roombooking

**Trent Voice SIG**

21 April, 9.30am – 4pm

Professional voice users and the PDT: Interactive workshops with voice teacher Sandra Glitterstone and singing teacher Lynne Wayman. Case studies discussion, includes AGM. Oak House, Rothwell. Members free; £15 non-members. Includes lunch. Bookings essential. Email annahanson89@hotmail.com

**Autism SIG (Northern)**

21 April, 9.30am – 12.30pm

The principles of structured teaching for all ages – clinical examples and practical strategies; TEACCH Transition Assessment Profile (evaluating functional skills, transition goal planning in community-based settings). Guest Speaker OT Lisa Belshaw. Swallwell Community Fire Station, Gateshead. Email: yvonne.hough@esp.org.uk

**Learning Disability (East) SIG**

21 April, 9.30am – 4pm

ART SOUNDBOARD – feedback from course; AGM. PPE People with ALD and mental health diagnosis. Conference Hall, Ida Darwin Hospital, Fullbourn, Cambridge CB5 8EE. Non-members £15; members students free. To book, email susan.platt@blpt.nhs.uk, tel: 01234 310 589

**Mainstream Schools SIG (South East Region)**

21 April, 10.30am – 4.30pm

Dorothy Bishopp (the barriers to learning for children with SLDD): Communication Champion, Jean Gross (her role, initiatives, research, expectations, our role). RCSLT, London. Members free; non-members £30. Email: mainstreamsig@yahoo.co.uk to reserve place

**North West Dysfluency SIG**

21 April, 9pm

Daniel Hunter: the importance of early intervention with children who stammer. The Michael Palin Centre: Stammering Information Programme (copies of DVD provided). Elizabeth Gaskell Campus, MMU, Hathersage Road, Manchester. Email: jennifer.croche@mmu.ac.uk

**Tracheostomy SIG**

21 April

Professor Liz Ward – research on tracheostomy protocols as well as research, confidence and clinical consistency across Australia and the UK, and telehealth. Queens Square, London. Members £20; non-members £25. To book, email gemma.jones@royalfree.nhs.uk

**Head and Neck SIG**

22 April


**Mainstream Special Needs SIG**

22 April, 9.30am – 4.30pm

Discover more about Louise Cosby’s Lish Tell-Lie Inclusive Storytelling; Grange St Education Offices; Grange St, Burton-on-Trent DE14 7ER. Members £30, includes membership renewal and lunch. Booking essential. Email: nicola.clark@staffordshire.gov.uk

**SIG Working with Offenders**

23 April

‘To treat or not to treat...’ Venue tbc but will be in the north of England. Email: offender@sig@rcslt.org for information.

**SIG Adults with Learning disabilities London and Home Counties**

26-30 April, Follow up, 30 September

AWLD post-basic dysphagia course. RCSLT, London. £150. For application pack email: patreeswolowar@southwark@cert.org.uk, tel: 020 3094 5377 or email: deborah.green@kpct.nhs.uk, tel: 020 8417 5215

**West Midlands ALD SIG**

28 April, 9.30am – 1.30pm

Focus on assessments available to therapists working with ALD clients – comments and new ideas welcome. Includes AGM. Morris House, Birmingham. Birmingham: Email: elizabeth.green@kpct.nhs.uk, tel: 021 466 7754

**Esses SIG**

29 April, 10.30am – 4.30pm

Dr Vicky Joffe – narrative therapy. With AGM. Members free; £15 (includes annual membership); non-members £45. Bring lunch. The Bittmann Centre, Warley Tyler Centre, Pitsea Hall Lane, Basildon SS16 4JH. To book, email: trudimann@ihns.or.uk or kbarrow@ihns.org

**South West SIG in Voice**

29 April

Skills for voice clinics. To include: ‘What’s that I’m looking at?’ Voice clinics: from bog standard to gold standard. Education Centre, Royal United Hospital, Bath. £10 including membership. Email: henrietta.samler@ruh-bath.swest.nhs.uk to book

**AV SIG**

30 April, 10am – 4pm

Working with babies’ workshop with Jacqueline Stobbs & Donna Serrandino. Using the AV approach, including presentation, video observation and practical ideas. St George’s Hospital, London. Free. Email: jane.whitehouse@bch.nhs.uk

**SIG for SLTs working in Child Development Centres**

4 May, 10am – 2.30pm

Educational Psychologist Anita Sonee Early Years Foundation Stage – background, research and linking in with attachment, through social and emotional development. Room C217, Cott Building, Perry Barr Campus, Birmingham City University. Members £20; non-members £25; students £5. Email: renawilson@ihns.nhs.uk, tel: 0121 266 666 ext 3894

**SIGAAD**

6-7 May, 9am – 4pm

Dr John Rosenbek exploring assessment and treatment of dysphagia for SLTs working in all adult acquired fields. Charing Cross Hospital, London, W6 8RF. Members £105; non-members £180. Email: sig_aad@yahoo.co.uk or find us on Facebook

**SIGADA**

4 May, 2008 – 5.30pm

APR ‘Active learning for active learning’ Carolynn Playfer. PM: AGM and case discussions for SLTs new to hearing impairment. The Boardroom, Royal National Throat, Nose and Ear Hospital, Grays Inn Road, London WC1X 8EE. Annual fee £65; non-members £35. Email: jenny.yeoman@tpcc.nhs.uk

**South East SIG in Deafness**

12 May, 10am – 4pm

APR ‘Circuits and circumstances – the effect of the environment on early brain development’ Key speaker Robin Balbume, Exeter. Email: lucy.bombre@nhs.net

**London SIG Bilingualism**

11 June, 9am – 4pm

Impact on Motor Theory, discussion workshops from her new book. Language disabilities in cultural and linguistic diversity. RCSLT, London. SLTs £50, SLTS and students £30. For information, email: sina.shah@brentsctnhs.uk. Closing date: 29 April

**SIG For SEN in Mainstream Schools**

28 May, 9.30am – 3.30pm

Supporting SLCN across the curriculum: RSAs and beyond. Speaker includes Dr Victoria Joffe. St.分数线horpe. Includes buffet lunch. SLTs £50, other professionals £80. Email: julie.robinson@ehfps.oxhs.uk

**SW Thames SIG in Developmental Speech and Language Impairment**

19 May, 7.45 for 8pm

Dr Alan Mack – What is music therapy? Music Therapist. Julia Serebratski. The Meath School, Brosa Rd, Ottershaw, Chertsey, Surrey. KT16 6LF. Members free; (annual fee £15); non-members £45. Contact Jo Sebire tel: 077753 635, 240 or email: josebire@mac.com

**South West Motor Speech Disorders SIG**

20 May, 9.30am – 3.30pm

Paediatric acquired brain injury, issues in assessment of motor speech in adults and children; timing of implementation based intervention. Lecture, Royal National Hospital for Rheumatic Disease, Upper Borough Walks, Bath, BA1 1LR. Members free; non-members £45 or £10 (including annual membership). Email: illies@mjaron.ac.uk or tel: 01793 636 200 ext 5529

**SIG Psychiatry of Old Age**

22 May, 9.15am – 4.30pm

John Killick: working with people with advanced dementia. Dianita Lipinska: using counseling skills with people with dementia. RCSLT, London. Members £45, non-members £65. Includes refreshments. Book by 4 May. Email: charlyharv@nhs.net, tel: 01634 812 932

**Scottish SIG in Dysphagia**

24-25 May

Videofluoroscopy and management of patients with head and neck cancer – Dr Jan S. Lewin, Associate Professor, M.D. Anderson Cancer Care Centre, Houston, Texas. Hairmyres Hospital, East Kilbride, Glasgow. Members £120, non-members £200. Contact: Julie Ellis, tel: 01224 593 566. Email: scottisdyspha@nhs.net

**Communicating Matters SIG Scotland**

26 May, 9.30am – 3.30pm

Topic: Evaluation – Valley Chat. Team Nursery Narrative Project and Dr Jan Broomfield. Leith Academy Edinburgh. EH6 8JG. Members £12; non-members £25. Queries by 26 April. For information, email: sandra.clapperton@luht.scot.nhs.uk or tel: 0131 536 9652

**Early Years SIG (South West)**

28 May

Circuits – ‘Circuits and circumstances – the effect of the environment on early brain development’: Key speaker Robin Balbume, Exeter. Email: lucy.combre@nhs.net

**London SIG Bilingualism**

11 June, 9am – 4pm

Impact on Motor Theory, discussion workshops from her new book. Language disabilities in cultural and linguistic diversity. RCSLT, London. SLTs £50, SLTS and students £30. For information, email: sina.shah@brentsctnhs.uk. Closing date: 29 April

April 2010 | www.rcslt.org
20-22 April NAIDEX 2010
The UK’s leading disability, rehabilitation and homecare show. Naideex 2010 will be taking place at the NEC Birmingham. For more information and to register for free entry, visit: http://www.naidex.co.uk/ Register entering priority code E355.

Makaton courses run by Eg Training Ltd, Midlands Area 2010 dates:
26 and 27 April - Follow Up, 5-7 July - Enhancement; 4 and 5 October - Beginners; 1 and 2 November - Foundation. For more details visit: www.eg-training.co.uk or call us on 01530 274747.

27 April Are you getting enough (2)?
Making the transition from supervisee to supervisor:
For SLTs from any clinical area. CLaSS Unit, University College London. £130. Contact: 020 7679 4204 or class@langsci.ucl.ac.uk. Visit: www.ucl.ac.uk/psychlangsci/students/professional/class

27 April RNIB conference
Peterborough. The transition into adulthood of young people with visual impairment and complex needs. Range of speakers and workshops. £130 (professionals), £60 (parents and young people). Details: www.rnib.org.uk/transitionconf; tel: 0121 665 4235; email: children@rnib.org.uk

28 April Understanding and managing psychogenic voice disorders
This day will explore a classification system for psychogenic voice disorders, assessment tools for the SLT and treatment options, working within a cognitive-behaviour therapy framework. £130. Contact: 020 7679 4204 or class@langsci.ucl.ac.uk

1 May, 5 June, 11 September Smart talkers open day, Hednesford, Staffs
Topic: How to achieve a better work/life balance for teachers, SLTs and assistants. 10 - 3pm. Visit: www.smarttalkers.org.uk; tel: 01844 704 5888 or 07792 906741

1 May 11 May 12 May
Sheridan Jones will introduce two talk-based courses for SLTs and assistants who are chairing or attending interagency meetings. £130. Contact: 020 7679 4204. Email: class@langsci.ucl.ac.uk; visit: www.ucl.ac.uk/psychlangsci/students/professional/class

1 May- 3 June
A new scheme for children with phonological difficulties aged 3 to 12 years. Free introductory seminar with the author; Wendy Rinaldi, near Guilford, Surrey. SOUND is a metacognitive, multisensory scheme where children learn alongside characters in a story and in fun games that can be carried on at home or in school. The first two book series covering the stopping and fronting phonological processes are now available at £58 plus delivery for each series. For information, SLT reviews and picture examples please email orders@wendyrinaldi.com. You can use the scheme without training but the free seminar gives you the opportunity to discuss the scheme with the author and will help you to train others.

2 and 3 June
Train the trainer (Talking Mats)
Stirling. Participants must be trained and experienced in Talking Mats. Tel: 01786 458 105; email: karen.crow@str.ac.uk; visit: www.talkingmats.com

10 June with follow up on 14 July
Neurolinguistic programming (NLP) for SLTs
Two day practical workshop. University of Wales Institute, Cardiff. £150 includes resources. Tutor: Francesca Cooper. For details email: f.cooper@uwic.ac.uk or tel: 029 20 201 546

11 June, Gatwick; 17 September, Bristol; 27 November, Scotland
The Association of Speech and Language Therapists in Independent Practice “Setting up in independent practice” Thinking about working independently? This course provides information about making the move into independent practice. More information- www.helpwithtaking.com

24-25 June
LSTV/LOUD training and certification workshop
Evidence-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. Lecture Theatre, Clinical Neurosciences Centre, 33 Queen Square, London. To register: www.lsvtglobal.com. For Information: info@lsvtglobal.com

20-21 July
Lidcombe Programme of early stuttering intervention
London N12. Training workshop hosted by NHS Barnet. Presenters: Mary Kingston and Claire McNeil. For enquiries about cost and application forms, contact: mandy.kidd@barnet.nhs.uk

Talk Tools
13-14 September, level one: a three part treatment plan for oral-motor therapy. 15-16 September, level two: oral-motor therapy: assessment and program plan development
Midlands – Early booking essential. Presenter: Renee Roy-Hill. www,eg-training.co.uk / 01530 274747
RECRUITMENT
CALL GIORGIO ROMANO ON 020 7880 7556
OR EMAIL giorgio.romano@redactive.co.uk

Barnet and Chase Farm Hospitals
NHS Trust

Highly Specialist Speech and Language Therapist – Critical Care/Head and Neck
Band 7 £29,789 - £39,273
37.5 hours per week
Ref: 341-DN-6549-0014280
This post provides an excellent opportunity to develop skills as a core member of a well-established Head and Neck Cancer MDT based at Chase Farm Hospital, working alongside an experienced SLT Clinician. The Head and Neck Cancer service forms the northern sector of the North London Cancer Network. The service to critical care is underpinned by an SLT network within the North/Central London area, which meets regularly to provide training and support for staff developing competencies in this specialist area. The critical care component of this job role (18.5 hours) is based at Barnet Hospital. There is also opportunity to develop management and leadership skills in a supportive team of 10 SLTs with regular supervision/appraisal. Currently work is in progress to use and develop outcome measures as a key part of our service.

Specialist Speech and Language Therapist – Acute Dysphagia/Stroke
Band 6 £24,831 - £33,436 (pro rata if part time)
37.5 hours per week
Ref: 341-DN-6549-4779876
This post will be split between our 24 bed Acute Stroke Unit and the acute medical and surgical wards with regular input to the Acute Medical Admissions Unit. Based at Barnet Hospital there may be future opportunities to gain skills in head and neck cancer, voice and neuro-rehab on the Chase Farm Hospital site. Applications for part-time positions will be considered.
Barret and Chase Farm Hospitals NHS Trust is a dynamic and forward thinking Acute Trust with easy access to central London. Accommodation is available if required. There is regular transport between the two hospital sites. Informal enquiries and visits are welcomed by the Service Lead for Speech and Language Therapy, Patsy Allan on 020 8216 4380 or email patsy.allan@bcf.nhs.uk
To view all current vacancies within the Trust and to apply online for the vacancies listed above please visit www.jobs.nhs.uk/in/bcf
Closing date: 30 April 2010.
The Trust has a Smoke-Free Policy. Smoking will not be permitted on any of the Trust’s premises (including the grounds that those premises are sited on) or in any Trust owned vehicle. Applicants should be aware that it might not be possible to smoke throughout working hours.

To view all current vacancies within the Trust and to apply online for the vacancies listed above please visit www.jobs.nhs.uk/in/bcf
Closing date: 30 April 2010.
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www.jobs.nhs.uk/in/bcf

Northumberland, Tyne and Wear NHS Foundation Trust

Lead Speech and Language Therapist for Children and Young People’s Forensic Service.
Agenda for change Band 8a, £37,996 - £45,596 pa
Ref: NTW-CYPSS09-76
This is an exciting new opportunity for a dynamic, innovative and enthusiastic Speech and Language Therapist to lead and develop the Speech and Language Therapy service available to young people in a range of medium, low secure and open tier 4 services for people with Learning Disabilities.
You will be key in developing the current Communication Department which consists of 3 SALTS, 1 SALT Assistant and 1 Secretary. This service is an integral part of the in-patient service and will soon be providing a support to 54 young people across 2 hospital sites, which includes open units, low and medium secure facilities at Prudhoe Hospital and the Roycroft unit at St Nicholas Hospital, Newcastle, both being national facilities.
You will carry your own clinical caseload as well as co-ordinating the SALT service provision across the service and the multi-disciplinary team. In order to fulfil the role of Lead SLT, you will have significant experience working in the field of Learning Disabilities preferably as part of an MDT including experience of SLT leadership.
Key responsibilities include:
• Taking the clinical lead for providing assessment and management of communication difficulties within the children and Young People’s Forensic service
• Leading on the development of audits and MDT research proposals
• To clinically supervise less experienced staff and students
• To develop a co-ordinated response to those young people who have eating and drinking difficulties
• Co-ordinate and provide a range of teaching programmes
• Close liaison and working with other members of the SLT and MDT Teams
You will be managerially accountable to the Children and Young People’s Forensic Service Manager and professionally accountable to the Trust allied Health Professional Lead. The Department is committed to CPD and will offer regular team meetings and peer support/supervision. There is also support from the Trust Lead for AHPs and other SALT teams within the Trust.
For informal enquiries and visits please contact Derek Henderson, on (0191) 223 2832 or e-mail: derek.henderson@ntw.nhs.uk
Closing date: 15th April 2010.
We are an equal opportunities employer.

To advertise here please call Giorgio Romano on 020 7880 7556 or email giorgio.romano@redactive.co.uk

April 2010 | www.rcslt.org

Bulletin 31
Calling all Band 6/7 Speech & Language Therapists looking for work!

As a leading supplier to the NHS and private sectors for Speech & Language Therapy temporary staff, Reed Health is recruiting SLTs within all areas of Paediatric and Adults.

Looking to hire a SLT?
If you are in need of SLT temporary cover (long/short term), or have a permanent role you need to fill, we will help you find the skilled staff you need.

Contact our SLT recruitment specialists to register your vacancies or find out more about our job opportunities.

Contact your local branch:
London 020 8252 5414
Birmingham 0121 237 2628
Manchester 0161 830 1687
Glasgow 0141 204 6571
Newcastle 0191 255 1789

Follow us on twitter: www.twitter.com/reedhealth

Reed Specialist Recruitment Ltd is an employment agency and employment business.

reedglobal.com/healthjobs

Centre for Welsh-Medium Higher Education funded Scholarship in Speech and Language Therapy

UWIC’s Centre for Speech and Language Therapy is offering a unique opportunity for Welsh-speaking Speech and Language Therapists who are keen to develop a career in Higher Education, whilst continuing to make a meaningful contribution to the profession. Applications are invited from Welsh-speaking Speech and Language Therapists to work on a project on phonological acquisition in bilingual children, under the supervision of staff at UWIC, as well as the ESRC Centre for Research on Bilingualism in Theory and Practice, Bangor University. No prior experience with post-graduate research will be required, since the development of the scholarship holder’s research skills constitutes a key component of the scheme. The research program will last for up to four years and lead to a PhD.

From the second year onwards, the scheme will involve some Welsh-medium teaching in Speech and Language Therapy, for example in the form of clinical or support tutorials. Upon completion of the PhD, funding will be provided for an additional year to enhance Welsh-medium provision.

The scheme is part of a job creation initiative administered through the Centre for Welsh Medium Higher Education (CWMHE), with the aim of increasing Welsh-medium provision in Higher Education. As part of the scheme, UWIC will be committed to the creation of a full-time academic post for which the scholarship holder will be able to apply upon completion.

The scholarship starts on 1 October 2010. Funding covers tuition fees and a maintenance grant of approximately £13,000 p.a. On top of that, any teaching undertaken by the postholder as part of the scheme will be paid for separately. It may also be possible for the postholder to continue delivering one or two weekly clinical sessions in their current capacity, particularly if this involves bilingual clients.

For informal enquiries, please contact Dr Robert Mayr (rmayr@uwic.ac.uk).

An application form and further particulars in the form of frequently asked questions can be downloaded from the UWIC website on:
www3.uwic.ac.uk/English/uwicresearch/researchdegrees/Pages/Other_scholarships.aspx

Applications must be received by 7 May, 2010.

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Building a future for children and young people with Autism

HERMITAGE, THATCHAM, BERKSHIRE RG18 9NU

Prior’s Court is one of the country’s foremost Schools specialising in the provision of education and supportive care for children and young people with autism, severe learning difficulties and complex behaviours.

Specialist Speech and Language Therapists

Full-time, Pay Scale Band 6-7 (37.5 hours pw)
Part-time, Pay Scale Band 6-7 (2 days pw Maternity Cover)

The Speech and Language Therapy Team is an integral part of the Therapy Services provided at Prior’s Court School which includes Occupational, Music and Psychological Therapies. We are looking for 2 enthusiastic therapists to join our small friendly team of Speech and Language Therapists and an Assistant. You will be RCSLT and HPC Registered with proven experience. We aim to be innovative and flexible in delivering evidenced based services to our students as part of the Prior Approach. We offer support and training across staff and parent groups to facilitate effective communication for all our students. The organisation is committed to CPD and there are excellent training opportunities and a comprehensive benefits package.

Closing date: Midday 23rd April 2010.

For an application form and/or to arrange a visit please contact Susan Berry, Recruitment Officer on 03635 245923. For further details please go to our website www.priorscourt.org.uk or for questions email hr@priorscourt.org.uk.

All positions within the school are subject to a satisfactory Enhanced Criminal Records Bureau Disclosure.

Prior’s Court School, Hermitage, Thatcham, Berkshire RG18 9NU

Charity Number: 1070227
DCSF Number: 869/6014

every child matters INVESTORS IN PEOPLE

April 2010 | www.rcslt.org
APPOINTMENTS
CALL GIORGIO ROMANO ON 020 7880 7556

Temporary Speech & Language Therapist

(Maternity cover contract for up to 8 months) £22,221 - £26,276 pro rata
Coventry Ref: 5423-2

This is an excellent opportunity to join our team at a very exciting time. RNIB Rushton School & Children’s Home serves youngsters aged up to 19 who have severe visual impairment and additional complex needs. There is a major re-building scheme underway to provide expanded state-of-the-art facilities.

We need a Speech & Language Therapist to join our existing full time clinician to cover maternity leave. This post involves both direct work with the young people and the training of staff to enable them to consistently support the young people’s identified communication needs.

You must be a qualified Speech & Language Therapist. Flexibility, commitment, enthusiasm and a willingness to learn are also essential. Experience of working in this field would be advantageous.

Appointment is subject to an Enhanced Criminal Records check.

For an application pack (quote 5423-2), visit www.rnib.org.uk/jobs, email joseph.begley@rnib.org.uk or call 020 7391 3271. Closing date: 15 April 2010. Committed to diversity.

Reg. Charity No. 226227.

Leeds Community Healthcare - Children and Families

Senior Specialist Speech and Language Therapist

Band 7, £30,460 - £40,157 pa, Full Time, Permanent, Job share considered
Ref: AW/CS 567/09

The Northern and Yorkshire Cleft Lip and Palate Service are seeking to recruit a Specialist Speech and Language Therapist to be a member of the Yorkshire part of the service, based at the General Infirmary Hospital in Leeds. We are looking for an enthusiastic and innovative clinician who particularly enjoys working as part of a team. Our service is one of nine designated regional Centres in England and Wales. The post holder will become a member of the dynamic, multi-disciplinary cleft team, joining an existing team of 5.8 wte Specialist Speech and Language Therapists. The vacancy has arisen due to the previous post holder relocating.

You will be required to attend Combined Clinics around the Yorkshire region and manage a small clinical caseload which will involve some travel. There will also be the need to liaise with Speech and Language Therapists (SLTs) from outside of the Leeds area.

You will have at significant and demonstrable experience or equivalent of working with clients presenting with Cleft Lip and Palate (CLP) and/or Velopharyngeal Dysfunction (VPD) and have some experience of working with clients with dysphagia. Experience of taking part in audit sessions, undertaking pre and post operative assessments and be familiar with training other SLTs on the subject of CLP/VPD is essential. The post holder will also be expected to work with the Lead SLT to support service development initiatives. In addition to having close links with Leeds Metropolitan University, there are close links with other Paediatric SLTs working in the Community and Education sector of NHS Leeds Community Healthcare.

Clinical supervision can be accessed on a regular basis and CPD is encouraged and facilitated.

Due to the nature of the role it is essential that applicants are able to travel independently across the locality and have access to a suitable vehicle for business purposes, if necessary adjustments can be considered in accordance with the Disability Discrimination Act.

For informal enquiries please contact Jenny Nayak on (0113) 392 3786 or 07507 7885972.

Apply online at www.jobs.nhs.uk/in/nhsleeds
Closing date: Wednesday, 21st April 2010.

www.nhsleeds.nhs.uk
Speech and Language Therapists

Community Adult x 1
Band 5/6 (depending on experience)
Community Paediatrics x 3
Band 5/6 (depending on experience)

We have the flexibility to offer mixed adult/paediatric posts and part-time working, depending on applicants.

The Speech and Language Therapy team in South East Essex is proud of its history of providing a responsive, innovative, and high quality service to the local population. Life in the NHS is changing fast both nationally and locally and we are therefore looking for talented, enthusiastic Speech and Language Therapists to join our dynamic and supportive community adult and paediatric teams. We have good systems in place for supporting newly qualified therapists and assisting them in developing their clinical skills.

The community adult post is based in a community clinic. You will be managing a caseload of people with a wide range of acquired and progressive neurological conditions. Clients are seen in a range of settings including intermediate care, clinic, home and care homes. We have good links with the Community Stroke Team which we are keen to develop further.

The paediatric posts are based in community clinics. You will be managing your own caseload of children with a wide range of speech, language and communication difficulties. We have good links with health colleagues and local education services.

For an informal discussion or for further information please contact Anna Smith (Adult Community) on tel: 07814 377553; email: anna.smith@see-pct.nhs.net or Janet Peck (Paediatrics) on tel: 07814 377565; email: janet.peck@see-pct.nhs.uk

To apply online at www.jobs.nhs.uk using reference 514-146EN.
Closing date: 15 April 2010.

Glenside Hospital

Speech & Language Therapist (Band 6/7)
Neurological Rehabilitation, Salisbury: £20,710 - £33,436

Prime opportunity for challenge and reward at an independent neurological Hospital. Set within an eight acre campus, close to the Cathedral city of Salisbury.

Glenside provides specialist care & rehabilitation to adults with long-term neurological conditions, including acquired brain injury. The Speech and Language Therapy department is an established part of a Multi-Disciplinary Team (MDT). You will work closely with other colleagues and be supported to provide high quality rehabilitation in our Hospital and different settings across campus.

You will be a proactive individual with an interest in brain injury, take a goal-focused approach to rehabilitation and have the skills to work as part of an MDT. Backed up by excellent resources, regular mentoring and a supportive team the role will enable you to develop your skills in managing people with complex cognitive and social communication difficulties. Rotating across different locations on campus, the role provides excellent learning opportunities with flexible working hours and a relocation package.

Visit our website to download an application form or apply online.
To find out more contact Catherine Coates, Lead Speech and Language Therapist: salt@glensidemanor.co.uk or tel 01722 746855.

www.glensidehospital.co.uk
Closing date: 30 April 2010
Maximise your skills and realise your ambitions through exciting experiences, training and development opportunities. Our patients consistently acknowledge the high quality of care we provide. Listening to your ideas, involving you and working flexibly we believe in making your working life successful.

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The James Cook University Hospital/ Carter Bequest Hospital
DIVISION OF CLINICAL SUPPORT SERVICES
DIRECTORATE OF SPEECH & LANGUAGE THERAPY
Specialist Speech & Language Therapist – Neurosciences Ref: 0144
37.5 hours per week
Mon - Fri (part time/job share welcomed)
Agenda for Change terms and conditions Band 6
Salary Range: £25,472 - £34,189 pro rata pa plus
Pension and Staff Benefits
Pay Award Pending April 2010
We are looking for an enthusiastic therapist who wishes to join our growing team of 12 wte specialist speech and language therapists. You will provide communication and swallowing management to acute and community adult patients with acquired neurological disorders, including head injury, as part of a well established team. You will be dysphagia trained with post graduate experience of treating a variety of adult acquired disorders. There is scope to develop multidisciplinary team working, videofluoroscopy skills and advanced dysphagia management with support from an experienced team of therapists.
There are opportunities to develop your own particular neurolsciences interests within a large teaching hospital that includes the specialties of Acute Stroke, Cardiothoracics, ENT, Regional Cochlear Implant, Head & Neck Cancer, Maxillo Facial Surgery, Neurology, Neurosurgery and Neuro-oncology, plus the Regional Spinal Injuries Unit. The Trust also hosts the Middlesbrough MND Care Centre. Research and personal development are actively encouraged.
Informal contact is welcomed by Jayne Deakin, Director of Speech & Language Therapy on 01642 818544.
Closing date: 14th April 2010.
Smoke Free Sites from July 2006.

Primary Care Speech and Language Therapists x 2
Band 6 – £29,797 - £39,516 – REF: 659-LD005-B6

NHS Hammersmith and Fulham aims to deliver equitable services through access to local NHS care for all. The appropriate resourcing and development of people in the Borough is a foundation stone for this and will be based on collaboration with the healthcare sector and social services. If you have experience of working with adults with a learning disability and are looking for a new opportunity, this may be the post for you.

This post is based at our offices in Stamford Brook within the Learning Disabilities Services integrated multi-disciplinary team including staff from NHS Hammersmith and Fulham and the London Borough of Hammersmith & Fulham Community Service.

The team includes a range of health and social care professionals, including other Speech and Language Therapy colleagues, who support local adults with a learning disability and their families and carers to ensure their health and social care needs are met.
The post holder will have a proven track record of experience of working with adult disabilities, will have skills in team working and joint goal setting and will have some experience in dysphagia assessment and management.
There are strong links with neighbouring community services, the local acute trust and the Speech and Language Therapy Network, which provides SLT services across Hammersmith & Fulham, Kensington & Chelsea, and Westminster PCTs. Clinical supervision is provided via this network by a Principal Speech & Language Therapist who specialises in working with adults with learning disabilities.
Excellent opportunities for continuing professional development exist.
For further information regarding this post / informal visit or to chat please phone Brendan Stephens, Manager – H & F Learning Disability Service on Tel: 020 8383 6464.
Closing date: 19th April 2010.
If you wish to apply for any NHS vacancies please visit www.jobs.nhs.uk and search by the reference code.
Working towards equal opportunities.

The PCT offers excellent learning and development for all staff, comprehensive pension and occupational health benefits, accommodation loans, assistance with transport and access to Key Worker Living initiatives, and supports flexible working such as job sharing, flexi-time, term-time working, and compressed hours.

IMPROVING HEALTH AND HEALTH SERVICES IN OUR COMMUNITY

CALL GIORGIO ROMANO ON 020 7880 7556
Speech & Language Therapist

Full time (term time only for 40 weeks per annum)

Salary dependent on experience

Based at Kestrel House School (North London)

This is an exciting career opportunity for a Speech and Language Therapist to join our multi-disciplinary team at Kestrel House School which opened in September 2008 and is located in North London. Kestrel House School is part of The Eagle House Group. It is an independent co-educational day school for children between the ages of 4 and 16, providing both primary and secondary education for children who have an Autistic Spectrum Disorder and social communication difficulties (including Asperger Syndrome).

We have our own dedicated multi-disciplinary team including speech therapy, occupational therapy, music therapy and psychology. All multi-disciplinary teams work within the Eagle House Group Multi-Disciplinary Framework which is seen as one of the Group’s strengths. As such there is the opportunity to link and train with other therapists and professionals within the Group.

This is a superb role for a warm and caring person who wants to help others through their area of expertise. The successful candidate will have to have a passion to work in such a specific type of setting.

The position will involve:

- Working within classes as part of the multi-disciplinary team
- Support and in service training for staff and other professionals
- Assessment and intervention planning
- We are looking for a Speech and Language Therapist who:
  - Is enthusiastic and motivated with a good sense of humour
  - Is dynamic, innovative and flexible
  - Has experience working with children and young people with Autism
  - Is RCSLT and HPC registered
  - Is able to communicate and work collaboratively within a supportive multi-disciplinary team

If you are interested in joining our multi-disciplinary team of professionals and wish to have an informal discussion please contact Janet Lawrinson, Head of Rehabilitation Services on 0151 247 6207 or Elizabeth Scanlan, Highly Specialist Speech and Language Therapist on 01704 385080.

Closing date: Monday 31st May 2010.

Kestrel House School, 104 Crouch Hill, London N8 9EA
T: 0208 348 8500 • W: www.kestrelhouseschool.co.uk

www.eaglehousegroup.co.uk

Highly Specialist Speech and Language Therapist – Community Rehabilitation Service

Agenda for Change Band 7 £29,789 - £39,273 per annum, pro rata

37.5 hrs, permanent (job share will be considered)

Job Reference: SEF0640

This is an exciting opportunity within NHS Sefton Community Health Services for a Highly Specialist Speech and Language Therapist to work as part of our Community Rehabilitation Team. You’ll join an established multi-disciplinary team based at Southport Centre for Health and Wellbeing working across Sefton with adults with acquired disorders of communication and swallowing.

The post involves:

- sessions working as part of the Community Rehabilitation Team, a multi-disciplinary team delivering therapy in patients’ homes in the Sefton area to patients with neurological conditions.
- out patient sessions working in a new Centre for Health and Wellbeing with patients with acquired voice disorders, head and neck cancer, dysfluency and domiciliary follow-up of non-neurological patients discharged from hospital.

If you are interested in joining our multi-disciplinary team of professionals and wish to have an informal discussion please contact Janet Lawrinson, Head of Rehabilitation Services on 0151 247 6207 or Elizabeth Scanlan, Highly Specialist Speech and Language Therapist on 01704 385080.

Closing date: Friday 23rd April 2010

Kestrel House School, 104 Crouch Hill, London N8 9EA
T: 0208 348 8500 • W: www.kestrelhouseschool.co.uk

www.eaglehousegroup.co.uk

Enquiry Form

Name:
Address:
Contact number:
Job reference:

Closing date: Friday 23rd April 2010

Contact Giorgio Romano to book your advert. Tel: 020 7880 7556 or email: giorgio.romano@redactive.co.uk

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* March 2008, 2,958 replies

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* March 2008, 2,958 replies
LEARNING DISABILITY, CAMPUS RE-PROVISION PROJECT, FAREHAM AND GOSPORT

Speech & Language Therapist  Job Ref: 348-HPT3127A
Salary: Band 6 £24,831 - £33,436 pa pro rata
Hours: p/t 22.5 pw

We are looking for an enthusiastic therapist to join the campus re-provision team and be part of our integrated community team. You will provide assessment and intervention for people with learning disability who are moving out of long-term stay hospitals into the community. This is an exciting opportunity to further develop your skills in the assessment and treatment of communication difficulties and dysphagia in people with multiple and profound disabilities. You will also work closely with the multidisciplinary team to provide guidance and training to support staff and other professionals to enable them to understand and meet the needs of people with severe learning disabilities.

The SLT service has a strong commitment to providing clinical supervision and support and you will be part of a network of speech and language therapists working across the trust. You will be offered a comprehensive induction programme, ongoing CPD opportunities and peer review.

Informal enquiries are welcome. Please contact Nevin Gouda, acting trust lead for Speech & Language Therapy, on 023 8064 6152 or Ron Hodges Integrated Team Manager, on 01329 316 445.

Closing Date: 21 April 2010  Interview Date: TBC

For an application pack telephone: 023 8087 4115 (24 hours), e-mail: recruitment@hantspt-sw.nhs.uk or apply online at: www.hampshirepartnership.nhs.uk quoting the Job Ref.

This Trust is fully committed to equality and diversity and encourages applications from all sections of the community including users of mental health services.

To advertise here please call Giorgio Romano on 020 7880 7556 or email giorgio.romano@redactive.co.uk
specialist support is not a ‘second best’ option. They know the children so well and are part of the school. They will be able to relate the interventions back to, for example, what the child did in English that morning, which a visiting SLT would not know.

We are now extending ELCISS into a programme called Targeting Mental Health in Schools (TAMHS). This will focus on supporting the transition between primary and secondary school and enhance the existing Social and Emotional Aspects of Learning (SEAL) programme, to include a focus on social communication skills.

An exciting time
My work in schools has made me realise we have a long way to go still with school-based SLT support. But awareness is being raised of the importance of speech, language and communication in the classroom and the role of speech and language therapy in education.

I think this is the most exciting time for us to be working in schools as there is a great deal of government focus. In 2011 will bring with it many exciting opportunities. I also feel that as a profession we are really short on evidence of what works. For example, we say it is important to work collaboratively with teachers or that we need different interventions for different groups, but do not have sufficient evidence for why this is so.

Bringing professions together
The City joint MSc programme, run collaboratively with the Institute of Education, keeps me aware of current issues, debates and conflicts. It is so valuable to bring SLTs and teachers together to explore effective collaborations and SLT practice.

A great privilege
Working at a university is a great privilege. It allows me to be involved in the training of future SLTs – something I’m passionate about – as well as clinical research and practice. At the moment we are analysing the results of the ELCISS project, which involved training teaching assistants (TAs) delivering vocabulary enrichment and narrative programmes, both of which will be published by Speechmark later this year.

Our results are showing the TAs have gained significant knowledge and skills as a result of four days’ training. There has been significant improvement in pupils’ performance on certain vocabulary and narrative measures, which is very promising. We even found teachers who took part in a two-hour workshop on language and communication were talking about changes they were going to make to their teaching, for example ensuring definitions are clearer.

Targeting mental health
ELCISS is about trying to find interventions that are pedagogically effective as well as realistic in terms of available resources. Getting teaching assistants to support speech, language and communication and to conduct intervention programmes with specialist support is not a ‘second best’ option. They know the children so well and are part of the school. They will be able to relate the interventions back to, for example, what the child did in English that morning, which a visiting SLT would not know.

We are now extending ELCISS into a programme called Targeting Mental Health in Schools (TAMHS). This will focus on supporting the transition between primary and secondary school and enhance the existing Social and Emotional Aspects of Learning (SEAL) programme, to include a focus on social communication skills.

OCCUPATION: SPECIALIST SLT AND READER AT CITY UNIVERSITY LONDON

Trained in South Africa and with a doctorate from the University of Oxford, Victoria Joffe’s areas of expertise include specific language impairment, special education needs, and the interface between education and speech and language therapy.

Victoria manages the Enhancing Language and Communication in Secondary Schools (ELCISS) project. Her many other responsibilities include directing an innovative joint MSc programme, which looks at collaborative practice between therapy and teaching staff.

Dr Victoria Joffe

“I think this is the most exciting time for us to be working in schools as there is a great deal of government focus”
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