

Go forth and influence

Speech & Language Therapy in Practice editor **Avril Nicoll** reports on the innovative practice showcased at the RCSLT (Royal College of Speech & Language Therapists) Scotland Study Day in Perth on 26th August 2010, where delegates were also urged to give voice to people with speech, language, communication and swallowing needs.

READ THIS IF YOU

- NEED A BOOST
- WANT TO MAKE A DIFFERENCE
- BELIEVE THE CLIENT VOICE MUST BE HEARD

At a time of financial crisis and low morale in the public sector, it is gratifying to see our professional body rising to the challenge with a study day guaranteed to motivate and inspire, whatever your client group or level of practice.

As Chair of RCSLT and Head of Service in Forth Valley, **Mary Turnbull** is well aware of just how challenging things are. We can take heart though that, after more than 40 years in the profession, she still finds it "fascinating, challenging and rewarding working with people with communication difficulties". Although she is anxious about what a gradual loss of clinical leadership means for the profession, she says above all it is "important not to get too down". Her practical suggestions about what we can do to make a difference include:

- Network, and find who we can influence
- Be prepared to sit on committees
- Think about 'accessible communication for managers', including education about what we need to count beyond face-to-face contacts
- Grab project opportunities
- Keep a feel-good file of positive comments and achievements, and circulate to managers
- Choose the fights to pick, because winning them becomes good news.

In addition to Mary, we are fortunate to have many strong leaders at RCSLT. When challenged by MSP **Richard Simpson** to recognise that, in terms of face-to-face contacts, we are in effect in competition with other allied health professionals, Chief



Photo used by kind permission of RCSLT. From left: **Moira Little**, **Kamini Gadhok**, **Mary Turnbull**, **Moray Macdonald (Weber Shandwick)**, **Gerda Stevenson**, **Richard Simpson MSP**, **Kim Hartley**

Executive **Kamini Gadhok** mounted a strong defence of the social model and the integral role of training to achieving good outcomes. She is taking this message to policy makers and commissioners on our behalf, and I am looking forward to hearing more about a forthcoming project which will determine what outcome measures mean in relation to our work.

I was also excited to learn more about Q-Set from **Sharon Woolf**, RCSLT's Director of Professional Development. I had read about this database of practice before but it wasn't until I heard Sharon's presentation that I realised how useful it could potentially be. I hope services will continue to contribute to it so that therapists, managers and commissioners can access information that will allow them

to compare practice with other areas, and identify and address risks and shortfalls in provision. With Sharon's help, I intend to explore how customised information from the data could complement some articles in *Speech & Language Therapy in Practice*.

In Scotland, RCSLT councillor **Moira Little** and policy officer **Kim Hartley** make a formidable team. They recognise that the majority of speech and language therapists are motivated by clinical practice, and that any study day which is raising awareness of the bigger political picture will be more effective if this is presented alongside exciting clinical ideas. Ten poster presentations showcased innovative practice at different levels across a variety of client groups.

◀ One that particularly caught my eye was from **Pauline Beirne**. She argues that hearing what is important to clients and carers leads us to make better decisions about therapy. This is because both assessment findings and the impact of any speech, language and communication difficulty are taken into account. I like the way Pauline recognises that this initial triage needs skill and experience, as in practice it has too often been seen as a job for newly qualified therapists in generalist posts. She also presents a robust case for sufficient resources being allocated to level one (universal) and level two (targeted) services to ensure that level three (direct intervention) can be effective.

These themes came out in different ways in presentations based on 6 of the other posters, using a speed dating concept devised by Kim Hartley. The presenters moved around tables of 8-10 people giving a brief summary of their project and taking questions. While we would have appreciated longer with them all, the clear advantage of limited time was that the presentations and the questioning became very focused on what was most important:

1. Audit is useful

Greater collaboration across health boards through use of a 'virtual team' can provide an effective and low cost assessment service for low incidence conditions, as **Jane Neil-Maclachlan** explained. Her multidisciplinary team offers the opportunity of an autism diagnosis to adults without a diagnosis of learning disability. Jane is the only full-time member, and the others participate out of goodwill and negotiation with managers. The team meets once a month to allocate cases from across 4 health boards. Not everyone receives an autism diagnosis as a result of the assessment and the team has, for example, identified brain tumours and Multiple Sclerosis. This is an assessment service, and one of the areas for development is to make follow-up more consistent. Jane says it is an advantage that the team's work is audited very thoroughly, as it shows where changes can be made that will make a difference.

2. Evaluation at every level

Another project which is being thoroughly evaluated is **Gretel McEwen's** 'Before words'. The simple pictorial resources were much admired by delegates. They are based on our understanding of the importance of early relationships, of positive attachment and of everyday tasks as opportunities to communicate. Developed initially in Newcastle upon Tyne for a Surestart project, they are being taken forward with universal and targeted distribution across Moray from the antenatal through to toddler stage.

The two and a half year project has a second strand, which will need a sensitive balancing act from the professionals involved if it is to meet its aim of being supportive as well as evaluating progress. Gretel says that using the resources with more vulnerable families should help the professionals understand more "how to embed these messages with families who find it difficult to engage with services." At the same time, however, the resources are being used as the basis for "enquiry" about the development of interaction between parent and baby, and this is linked to social services real time evaluation processes. The uptake and use of the resources in this way, along with brief training for the professionals involved, will all be evaluated.

3. Quality matters

Ciara Robertson and **Ashley McColl** are developing an online database of accessible information and trying to ensure it gets used by the people it is intended for - adults with learning disabilities. The key word in this multi-agency project is quality. All contents of the database are rated against quality standards, and service user and quality assurance groups are involved in this process.

Ciara and Ashley have tried to build sustainability into the project, as they only have a year of a full-time post to implement it. Training of staff is a very important part, and critical evaluation skills are included. Interaction with local libraries has also been valuable. At the moment, the database is only available within Fife.

4. Practical training works

Training is also an essential strand of **Sharon Simpson** and **Alison Muir's** project. They have been tackling the problem caused when a large number of carers with no training in eating and drinking difficulties support children at mealtimes. They have found that practical training has the biggest impact. (This includes being fed yourself on a ball with a big spoon while blindfolded.)

Alongside the training, every child has been assessed through observations in schools, information from the family, and liaison with physio and occupational therapists. The resulting ideal feeding scenario (tools, positioning, seating, temperature) is then put on an individual feeding plan. A traffic light system indicates both the aspiration risk and the level of support required. Staff say that the simple device of putting the appropriate colour in the corner helps the most.

In terms of outcomes, Sharon has noticed that the staff are more patient, give more time, interact more and see the mealtime as an opportunity to develop skills rather than just as a task. They are also more aware of signs that they should stop feeding the child.

Continuity from preschool right through to adult services is the ultimate aim.

5. Assigned not delegated roles

Sheena Borthwick has likewise been grappling over a number of years with how to provide effective speech and language therapy training for other staff.

I was really interested in her distinction between dysphagia being *assigned* to rather than *delegated* to a nurse's role. It makes sense that if speech and language therapists can help other people to do their job better – rather than being perceived as trying to offload their own work – there will be a change in mindset and better attendance at training sessions.

In implementing her project, Sheena found Practice Development Nurses as crucial as Link Nurses. This is because they got stuck in to helping with nursing duties that freed others to talk about their training. ▶

6. Getting evidence into practice

The issue of practice development – or how we get evidence into practice – is a major theme of **Karen Krawczyk's** working life, as she will explain further in the Winter 10 issue of *Speech & Language Therapy in Practice* when she unveils her top resources.

Karen showed us a colourful self-assessment wheel developed with Sheena Borthwick, which can be used with multidisciplinary teams to help them identify their strengths and weaknesses. Importantly, the seven areas covered are backed up with references and tools. Karen also talked about the value of an appreciative enquiry approach, having the right facilitator at events and of recognising and trying to address confusion over terminology.

These six presentations were by speech and language therapists who are all seeking to give the best possible service to their clients. With the keynote speaker, we heard the voice of a service user. This offered an exceptional opportunity for us to see ourselves as others see us, and to take inspiration from a different field.

Gerda Stevenson is an actor, writer and director who once spent 3 months finding out about aphasia at Queen Margaret College, Edinburgh for a part she was playing. She is married to a native Gaelic speaker and they are raising their two children bilingually, including daughter Galina (12) who has Down Syndrome. (With both children clearly reflecting their mother's positive personality, Galina's brother once asked why it wasn't called 'Up' Syndrome.)

Gerda is passionate about the theatre and, similarly to our own profession, concerned for its future given funding constraints. She is desperately worried that we are "witnessing the deprofessionalisation of acting", with companies consisting of mostly 2 or 3 members, and writers as a result writing for small numbers of people. This chimes with our own concerns about deskilling and diminution of services.

Gerda traces her belief in community, inclusion and examination of the status quo back to her family's connection with the Rudolf Steiner approach. Her company, Communicado, is not

run under a business model, and any money is put into the art not the management. In terms of speech and language therapy for her daughter, therefore, it is not surprising that she has been very influenced by Symbol UK (<http://www.symboluk.co.uk/>). She believes its success in developing "innovative services that enrich the lives of children and adults who have special needs" is down to it being a non-statutory organisation that has been free to develop its values. Gerda has worked with a number of speech and language therapists, and says she most appreciates "openness and a creative approach".

She herself has been endlessly creative in devising scenarios to advance Galina's communication, inspired initially by books from DownsEd which emphasised the importance of the written word to children with Down Syndrome. Gerda says, "I believe that you can teach most things to children – and probably to adults – through storytelling and drama." For herself, she considers Galina as her audience. As an actress, regular rehearsal – going over material again and again "until it is embedded in the creative subconscious" – holds no fears. Galina has loved teaching Molly the puppet to match words. Mother and daughter gather props and direct little plays, for example a hospital with dolls, where the name on the medicine bottle has to be matched to the name of the doll. When learning about time, Galina would choose a subject, Gerda would improvise a cliffhanger and use 'and then?...and then?' as a device. As Gerda says, it has always been exciting for her as well as Galina and, "if the teacher or facilitator is excited, it makes a difference."

Gerda is keen to help make sure that people with speech, language, communication and swallowing difficulties are not overlooked when priorities for limited funds are decided by politicians and commissioners. The Royal College of Speech & Language Therapists is looking for other service users who may be willing to talk to the media as part of its new 'Giving Voice' campaign, which is being organised with the help of public relations firm

Weber Shandwick. Robin Matheou at RCSLT is liaising with the service users who come forward to explore their story and the level of media exposure they would wish. If any of your clients think they might like to do this, you can contact her to find out more: robin.matheou@rcslt.org.

As Moira Little said in summing up the day, this is the time to "Go forth and influence!" SLTP

Avril Nicoll is Editor of Speech & Language Therapy in Practice magazine, www.speechmag.com. She also has a blog at www.speechmag.typepad.com.

Resources

- Before Words project, www.beforewords.co.uk
- DownsEd, www.downsed.org
- Gerda Stevenson's website, including more information about her journey with Galina, <http://www.gerdastevenson.co.uk/>
- Giving Voice campaign, http://www.rcslt.org/about/campaigns/giving_voice_campaign
- Q-Set (RCSLT members only), http://www.rcslt.org/members/qset/qset_main_page

REFLECTIONS

- DO I MAKE SUFFICIENT USE OF STORYTELLING AND DRAMA IN COMMUNICATING A MESSAGE?
- DO I GIVE SERVICE USERS OPPORTUNITIES TO ADVOCATE FOR THEMSELVES?
- DO I SEE THE ADVANTAGES OF REPRESENTING THE PROFESSION IN WAYS THAT GO BEYOND MY CLINICAL ROLE?

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