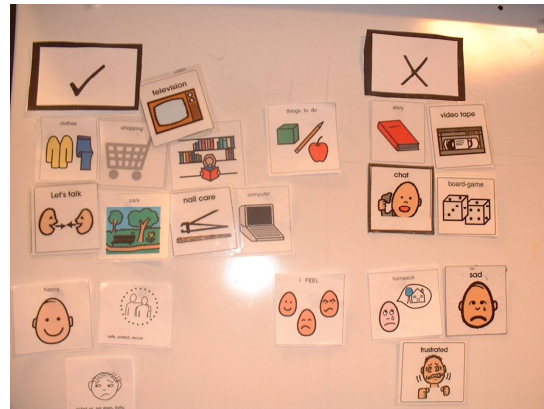


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Inspections and Talking Mats™: a more powerful say

*How can you help children with multiple disabilities express views on their care?
When an inspector called, Angela Hunter and colleagues at a residential school rose
to the challenge with the help of Talking Mats™.*



Children's Homes: National Minimum Standards (DH, 2002) is an important document, as it informs about and supports the work of the National Care Standards Commission. Within the minimum standards there is a section on quality of care regarding consultation. This includes the outcome:

'Children are encouraged and supported to make decisions about their lives and to influence the way the home is run. No child is assumed to be unable to communicate their views.'

A variety of examples by which this outcome should be met are listed.

Most pupils at Holly Bank School for children with multiple disabilities are physically disabled, alternative communicators with additional language and learning difficulties. On first sight, this outcome appeared to be an impossible achievement for both pupils and staff. However, resolve it we must.

Prior to the last care standards inspection, the inspector was offered the help of the speech and language therapy team during her visit. This offer was readily taken up - after which my apprehension levels rose significantly. Just how were we to facilitate this interaction effectively?

Low-tech

Thankfully, inspiration reminded me of Talking Mats™ (Murphy, 1998; Murphy & Cameron, 2002). This low-tech, visually-based communication framework using Picture Communication Symbols (PCS) was developed to allow people with communication difficulties to express views and feelings. It has been used, for example, to allow people to make informed decisions regarding percutaneous endoscopic gastrostomy (PEG) feeding (Murphy, 2003), and to enable discussion of rehabilitation plans (Boa & McFadyen, 2003 and future placement (Cameron et al, 2003). Within school we have used Talking Mats™ to encourage students to express their thoughts and feelings over a variety of areas, on a day-to-day basis. The scheme

is especially useful in that the results can be easily recorded by taking a photograph of the resulting mat.

We identified two groups of residents as being representative of both our residential facilities. Although familiar with Picture Communication Symbols, none of the participants could work with more than four or five symbols at once. Only two participants of a total of nine had used Talking Mats™ previously. One participant had some speech but augmented this with symbols. In fact, two of the nine were not only new to Talking Mats™ but also fairly new to the school, having come at the beginning of term some seven weeks previously. Each participant would be given one-to-one facilitation from a member of the speech and language therapy team.

Pre-session planning involved discussion between the lead speech and language therapist and the inspector. We analysed the questionnaire usually given to children during the inspection, then identified areas for modification to allow symbolic presentation. The need for this modification was the result of both vocabulary and time limitations resulting from the restrictions of alternative interactions. Each session was proposed to last one hour.

The equipment needed for each session was:

- Large whiteboard (The Mat)
- Blu tak
- Camera
- For each child, symbol sets for the topics of:
 - Home
 - Activities
 - Feeding and safety
 - Care
- General symbols for positive/negative/‘don’t mind’
- General vocabulary symbols.

In control

At the beginning of each session the participants - having agreed to be involved - were introduced to the inspector and the reason for the meeting explained. The way Talking Mats™ works was also explained. Each participant was then given all of the five possible topic areas so they were in control of which area was discussed. Once an area was identified by one of the participants – for example, ‘activities’ - the others were then given a selection of symbols relevant to that area. Initially they discussed which activity they wanted to talk about and where on the mat they wanted to place it with their facilitator. The lead therapist then brought the ideas together and placed them on the mat, whilst obtaining the thoughts of each participant on each other’s ideas.

In this way participants commented on activities they enjoyed and why, expressed their feelings about certain things or people within their environment, or factors of their environment – for example, it was ‘too hot’ - and gave some ideas of things they would like to be developed. Most areas of the initial questionnaire were addressed during the discussions of the formation of each group’s mat.

Each group, which ran for an hour, proved to be an intensive time of sharing between the participants themselves, and also between the inspector and facilitators. The facilitators were able to verify many of the comments made, however unusual they may have initially appeared. The facilitators were surprised at the self-involvement of the participants, which resulted in some very meaningful interactions.

I acknowledge that areas for discussion were previously selected, leading to a degree of shaping and reduced freedom of expression. However, the participants were not only enabled to communicate with some spontaneity but they also really enjoyed the experience. Through these two, one-hour sessions, many of the recommended standards were met in a way I initially doubted would be possible.

We will certainly be developing our use of Talking Mats™ to allow our students a more powerful 'say' in their lives here. Hopefully, other groups too will be able to use Talking Mats™ to enable their students to partake in National Care Standard Inspections.

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Resources

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For more information on Talking Mats™, visit www.aacscotland.com