

Stop. Think. Change.

Speech & Language Therapy in Practice editor Avril Nicoll attended a midwifery conference as a user representative, but found pause for thought as a speech and language therapist.

Midwifery and speech and language therapy may not at first appear to have much in common but, as both a user representative in maternity services and a speech and language therapist, I am often struck by the opportunities for exchange of ideas and resources. This was certainly evident at the Nursing & Midwifery Council's 2008 Midwifery conference.

In addition to more traditional concurrent sessions, the keynote slots included Progress Theatre, whose energetic and interactive contribution has stayed in my mind even now, many months after the event. The performers are four midwives and a non-midwife. They use scenarios and a range of techniques to get the audience to recognise themselves and the culture they work in, to think about it and to seek ways of improving it. They make the distinction that rather than 'role playing' they are 'playing with our roles'. This lends the safety of the theatre as it is pretend but reflects the reality of the experience it is based on.



Progress Theatre sing "This won't hurt a bit!"

The group says if their work "leaves some people feeling a little uncomfortable" then that is the nature of the problem. They aim to show that cultural pressures can make certain behaviour among professionals "almost inevitable" but at the same time point out we are personally responsible for – and capable of transforming – our own behaviour, the environment and the context. By working from the professional's agenda, the audience understands why they are behaving this

way, sees the impact on the service user and how the professional can do things differently.

The simple 'acting out' of an everyday scenario for the professionals (in this case a birth) caused great hilarity, as it was intended to do, but I'm sure I'm not the only delegate where this combined with tears of frustration over how 'usual practice' can get it so wrong. Another poignant sketch rattled through one woman's progression from idealistic student through eager-to-please newly qualified practitioner, to put-upon supervisor then cynical manager, at each change being weighed down by another set of keys.



Progress Theatre act out a birth.

A visually powerful contribution came from a black mannequin body with white hands stuck on to demonstrate how much intimate touch from different people features in maternity work. This related to women who have been sexually abused, and culminated in a silencing hand over the mouth from professionals who didn't

want to hear. It's not difficult to see that loss of a voice, along with manhandling, is also relevant to many people with communication difficulties.

A clapping technique used by Progress Theatre would be extremely useful in student education as well as for practising clinicians and supervision sessions. The first variation is to improvise a clinical scene where anyone watching can clap their hands to pause the action, put their hands on the shoulders of one participant and simply say what that person – professional, client, carer - might be thinking. The second variation is stop.think.change. This involves clapping to stop the action, think about what is happening, and propose a change to one aspect. The improvisation then continues in this new direction until the next clap.

Supportive group

Another keynote address was from a number of people who are parents of children and adults with learning disabilities. As LD Caring Solutions, 15 parents meet monthly. In contrast to support groups whose members get together to help each other, this supportive group campaigns for and drives change in the education, health and social care professions.

Facilitator Jim Blair explained how the need for these parents to create “a brighter tomorrow through finding solutions to improve services” is driven by our appalling record on looking after the healthcare needs of people with learning disabilities, as highlighted in reports such as Mencap's 2007 *Death by Indifference*. Among the parents, whose children range in age from 5 to 55, we heard from Monica; her son James (33) has Down's Syndrome, and was identified at 6 months with co-morbid Hirschsprung's Disease. She speaks to lots of students and hopes to influence their knowledge. Gwen has a daughter of 50 and a son of 48 who have genetic learning difficulties. She says she loves talking to young students who want to work in learning disability teams. Edna told us how her 55 year old daughter now has a Hospital Passport so that if nursing staff look at it they will understand her better.

The experiences and priorities expressed by the parents showed the importance of being sensitive to individuals and of recognising that small things we do help to make big differences. The parents' observations also reminded me that professionals need to find a balance in acknowledging the additional challenges and grief associated with raising a child with disabilities with the undoubted joy they bring and the need to celebrate their achievements.

The parents offer expert advice to regulatory and professional bodies, train students, meet with commissioners and lobby politicians. In the rush to sign up to the user involvement agenda, the financial aspect is often forgotten, but Jim said they are all paid for the work they do, and that “this is not an option”.

Although one single dad is contributing as a ‘virtual member’, LD Caring Solutions finds it more difficult to engage fathers than mothers. Indeed, the whole issue of access is clearly tasking midwives as much as it does speech and language therapists. In a concurrent session, Dawn Dilks and Dianne Jones from Abertawe Bro Morgannwg University NHS Trust explained that uptake of their parent education sessions had been poor, with a high drop-out rate. To address this, and

accommodate the needs of people like shift workers, they condensed all the sessions into one full day. Attendance increased by 150 per cent and they are booked at full capacity. I asked the midwives what the downside is (as I could think of many for speech and language therapy parent groups) but they only have positive effects to report. In another concurrent session, Jane Walker and Jane Kennedy from the Homerton University Hospital NHS Foundation Trust talked about using bilingual support workers and 'community messengers' to improve access to services. Their Polyanna Project, a non-profit making organisation, is developing resources such as the Hackney Women's Wheel "with and for communities around health and social need".

The Nursing & Midwifery Council has not had the best of press compared with our own regulatory body, the Health Professions Council, but this was a well organised conference with a strong emphasis on reflective practice and professional development. The theme of the programme was promoting partnership working between midwives and women. As lay NMC President Jill Crawford pointed out in her inspiring address, the professionals and the service users "together reach parts that others can't reach".

Further information

- Presentations from the NMC 2008 Midwifery conference, <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3522>
- More about LD Caring Solutions at <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=5146>
- Report on the Polyanna Project, see http://www.thepolyannaproject.org.uk/resources/wheel_report.pdf
- Profile of Kirsten Baker, Director of Progress Theatre, including published articles, see <http://hsc.uwe.ac/staff/public/Profile.aspx?id=2163991>

Acknowledgements

- This conference took place on 19th November 2008 in Manchester. As a speaker, Avril Nicoll received travel and accommodation expenses from the Nursing and Midwifery Council.
- Thanks to the NMC for providing the photographs.

16 June 2009