

Assistive Communication Service (ACS) NHS CQUIN 2016/20017.

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A service level of evaluation of the impact and effectiveness of Talking Mats as a consultation tool.



Participants attending training.

Background

Talking Mats is evidence based visual framework that lets people think, reflect and express their views.

Talking Mats had been embedded within the Assistive Communication Service (ACS) as an essential tool to support consultation and communication with adults and children with differing communication support needs. It was identified as an approach that could be used effectively with people with different disabilities, sectors, and ages and to consult on a broad range of topics.

A business plan was proposed to increase the number of health, education and social care professional's access to Talking Mats resources and training. (Appendix 1)

This proposal became part of ACS NHS CQUIN 2016/20017.

Aims

The aims of the project were;

- For health, education and social care professionals to develop person centred working
- To increase health, education and social care professionals' confidence using different strategies to support communication
- To support 'safe keeping' for individuals and services

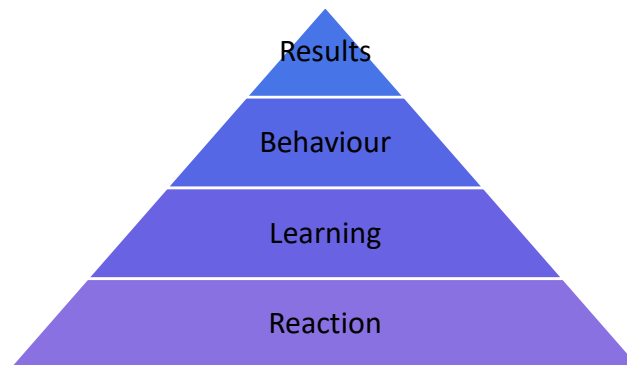
- To increase health literacy and to have a capacity framework which promotes self-management
- To provide a consistent format for addressing the current SEND reforms
- To enable carers to be better supported leading to an enhanced self-patient management

Methodology

- Three cohorts of participants attended a two-day enhanced Talking Mats training course. All participants were provided with a digital and original paper based Talking Mats resource pack.
- Participants were required to complete evaluation and reflective story templates to record their use of Talking Mats with clients. (Appendix 2 and 3)
- All participants completed Pre-and Post-training and Impact surveys (Appendix 4,5, 6)
- Three Speech and Language Therapists completed Accredited Talking Mats training, to enable them to deliver a programme of Talking Mats training in 2017/18

The Kirkpatrick model was used to guide the design tools to evaluate impact of training on both participants and clients.

Kirkpatrick model



- **Reaction of participants** - what they thought and felt about the training
- **Learning** - the resulting increase in knowledge or capability
- **Behavior** - extent of behavior and capability improvement and implementation/application
- **Results** - the effects on the business or environment resulting from the participant's performance.

1:1 Reaction- what they thought and felt about the training

82 participants completed the 2-day training course. Feedback from each training course was gathered. This was consistently positive and there was a high rate of satisfaction with both content and resources provided.

Feedback about the resources;

'The resources are really useful, especially being able to add in more items, which really opens up discussions. I liked having the digital version, because it is easily accessible and really easy to add in more items if needed'.

'The visuals were really helpful and helped increase students understanding'



Participants practicing using a Talking

The videos and scenarios were excellent.

Very good teaching, Much better than I thought it was going to be!

Good day. I have learned a lot about the nitty gritty of doing Talking Mats. Thanks

Interactive fun. New learning. Knowledgeable trainers

2:1 Learning - the resulting increase in knowledge or capability

The client stories and reflections were used to evaluate participant’s skills and learning. These evaluation tools tested participant’s awareness and use of core principles of use of Talking Mats. These core principles are identified as best practise interview skills in social and universal good practise research.

The core principles include;

- 1) Interviewer asking open questions
- 2) Interviewer being neutral
- 3) Interviewer matching conversation to client’s level of understanding
- 4) Person having control, balance in interaction
- 5) Person having time to respond
- 6) Person having opportunity to expand on topic

85% of the participants were evaluated by Talking Mats’ Trainers to be competent and confident to use Talking Mats post training.

3:1 Behaviour extent of behavior and capability improvement and implementation/application

Pre-and Post-training surveys were used to explore concepts of:

1. Person’s engagement
2. Person’s understanding
3. Person’s ability to express their views
4. Person’s involvement

Figure 1: Pre-and Post-rating of engagement between you and the person (Spark, connection, quality of interaction)

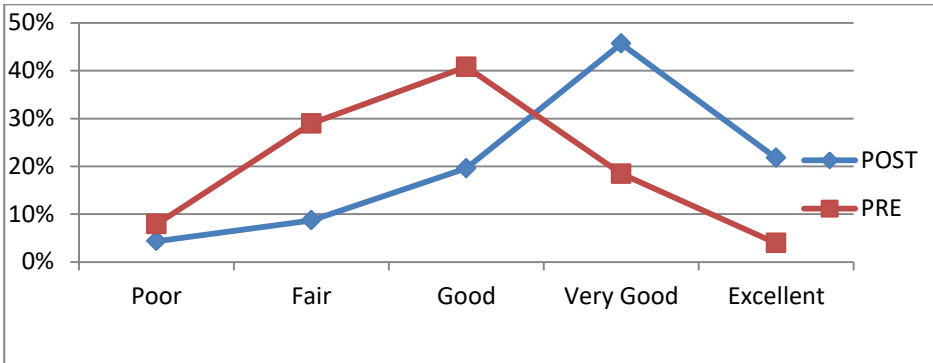


Figure 2: Pre-and Post-rating the person's understanding of the issue/s being discussed (demonstrated both through verbal and non-verbal communication)

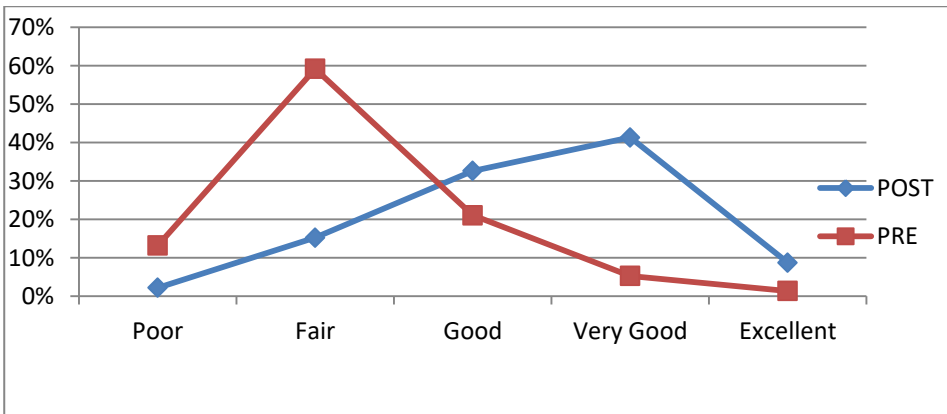


Figure 3 : Pre-and Post-rating the person's ability to express his/her views (demonstrated both through verbal and non-verbal communication.)

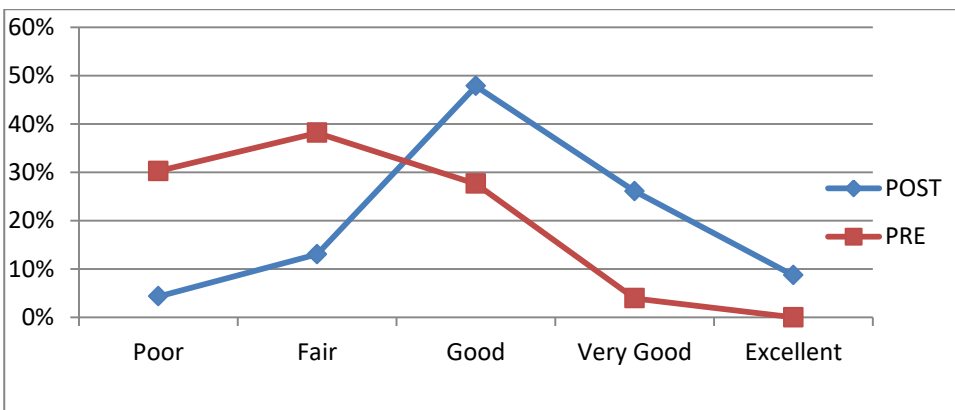
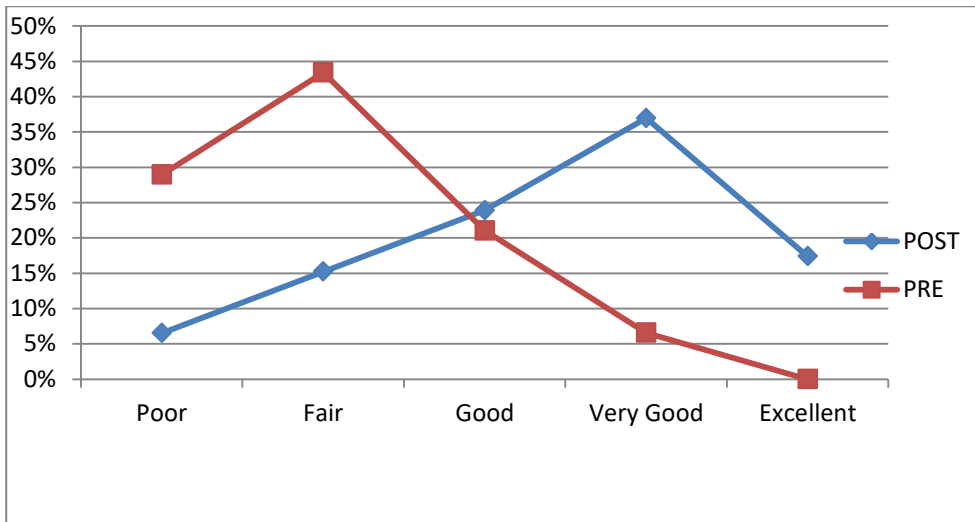


Figure 4: Pre-and Post-rating of the person's overall involvement in the process (staying with the process, contributing, initiating and responding)



These graphs demonstrate improvements across all areas post training,

Statistical analysis was conducted using a t-test and the difference between pre-and post-training survey was statistically significant ($p < .05$).

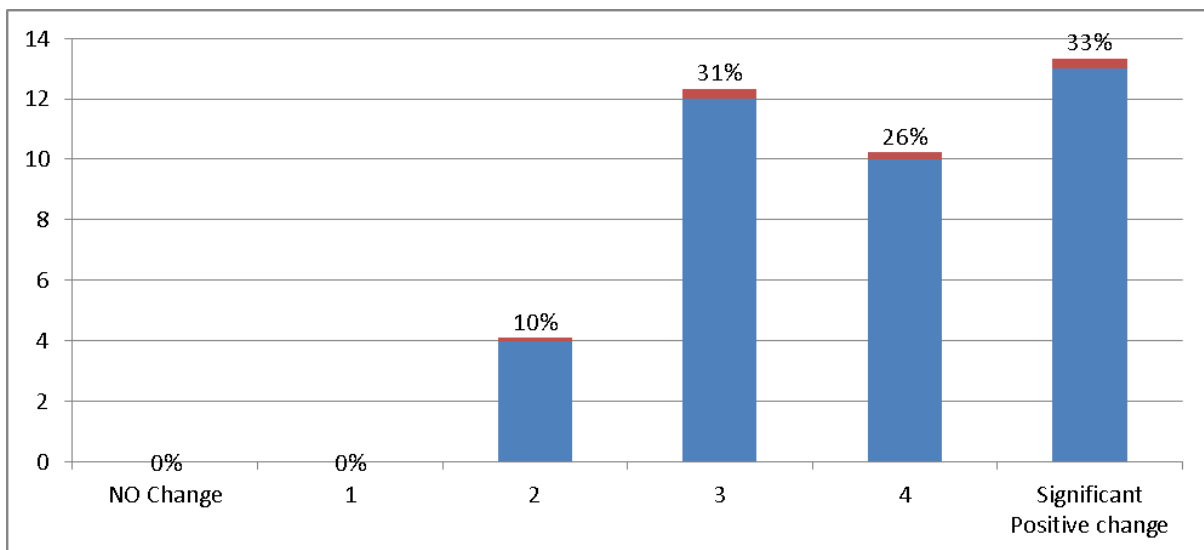
3:2 Behaviour extent of behavior and capability improvement and implementation/application

Post training impact survey

Survey question:

“Question what difference has the training made to your work?”

Figure 5: To show impact of Talking Mats training.



This graph illustrates a clear positive impact on participants work. All reported some positive change and one third reporting a significant positive change in their practice,

Example of comments on Impact survey from participants:

“I have used this with a range of patients as well as modelled to members of MDT (occupational therapist, neuropsychologists). It has really helped to include patients even more in theory goal planning and rehabilitation process. For one patient, in particular with significant memory difficulties it has helped her to track her progress. After the second training day myself and my colleague plan to feedback in a presentation to the MDT and speech therapy team.”

Link to aim: For health, education and social care professionals to develop person centred working

“The training has really got me thinking about the views of the children that I work with, and involving them in making their views known with regards to their targets and communication modes. I also now feel more confident in asking questions about their views, as I have the right tools to ensure they are”

Link to aim: consistent format for addressing the current SEND reforms

“Allows me evidence my work showing the personal response of the thinker in line with the Care Act 2014. Sharing the knowledge with my work colleagues enhancing communication with all patients e.g. Dementia patients, Mental Health patients”

Link to aim: To increase health literacy to have a capacity framework which promotes self-management.

4:1 Results - the effects on the business or environment resulting from the participant’s performance.

Talking Mats was used with 30 children and 83 adults. Reflective story templates were used to evaluate the interview with Talking Mats.

Figure 6. Number of children and adults who used Talking Mats.

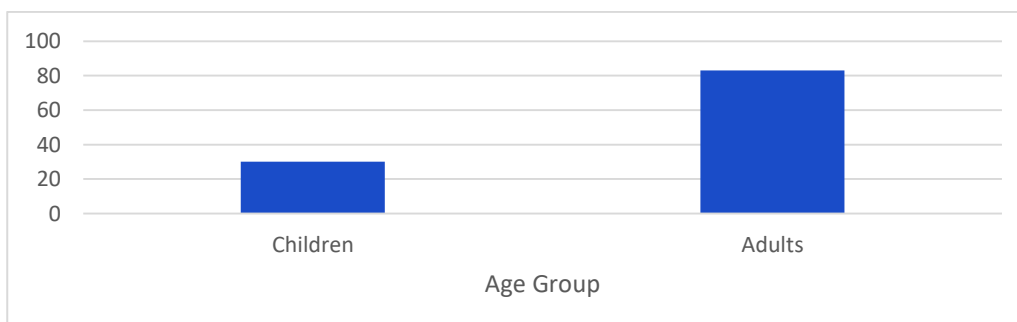
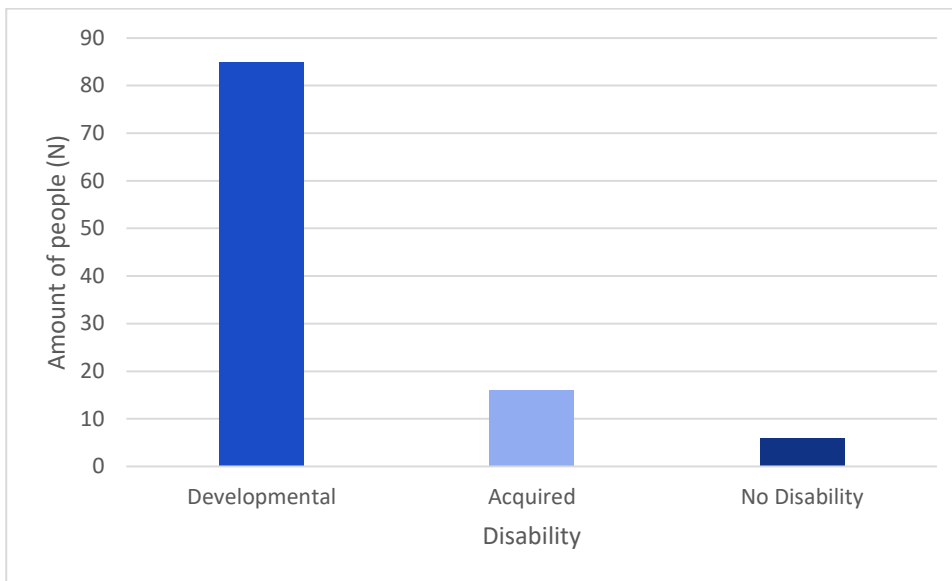


Figure 7. Number of people with developmental, acquired or no disability



Thematic analysis of the stories

The analysis of the Talking Mats stories found that in many examples new information was gathered that was not previously known. This was unique information which had not been provided through questions and routine interaction with the person. There were specific themes around the information obtained, these were analysed as linking to;

- ✓ **Quality of Life**
- ✓ **Care experience**
- ✓ **Safety**

Figure 8. To show thematic analysis of Talking Mats stories

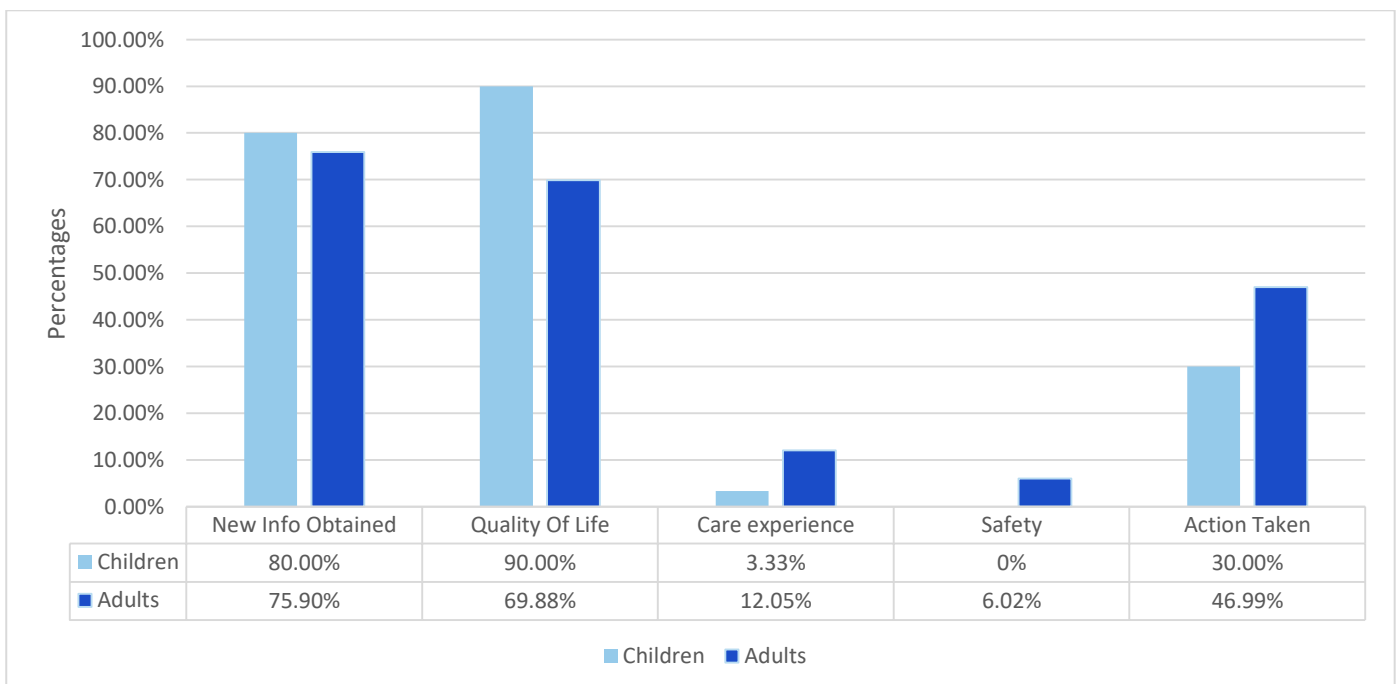


Figure 8 above displays how many stories with adults and children successfully obtained new information in the process of using Talking Mats.

Evidence was also gathered re actions taken based on the information from the Talking Mat. For example, 39 out of 83 stories with adults have led to actions being taken. These actions included

- ✓ updating communication devices,
- ✓ trying new activities,
- ✓ making plans for community sessions,
- ✓ creating a communication book,
- ✓ Occupational Therapy functional skills assessment,
- ✓ changing visitation,
- ✓ increased use of social media
- ✓ assessments for global learning disabilities,
- ✓ meeting with carers to discuss ways in which person can be more independent

These results illustrate that Talking Mats leads to actions being taken towards improving quality of life

Talking Mats story examples:

Allowing people to voice their opinions



'Persons mother can be very protective of her and frequently the person states that it is up to mom as a reply to what activities are of interest. Therefore, Talking Mats was considered a helpful tool in capturing the persons' voice and determining own interests'. 'Talking Mats was extremely helpful in structuring the conversation and focusing on particular activities.

Results exposed interests that the person did not consider before and provided Occupational Therapist with a variety of activities to explore that will potentially increase her occupational participation.

A script and service evaluation Talking Mats tool based on the PREMs is being piloted for CLCH healthcare professionals trained in Talking Mats. It will be useful to evaluate the success and limitations of this tool.

The use of Talking Mats provides an important tool to help address these. Further research would be useful to explore the longer-term impact and sustainability of training and implementation of Talking Mats.

With thanks to;

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References and further supporting evidence

Business Case heading	References and or further supporting evidence
Effective and efficient Resource	Murphy J. Gray C M, Cox S, van Achterberg T, Wyke S (2010) The effectiveness of the Talking Mats Framework with People with Dementia. <i>Dementia : International Journal of Social research and Practice</i> 9(4) 454-472
	Murphy J and Cameron L (2008)The Effectiveness of Talking Mats for People with Intellectual Disability <i>British Journal of Learning Disability</i> 36: 232-241
	Murphy J (2005) Enabling people with Aphasia to discuss quality of life. <i>Stroke: therapy and rehabilitation: Quay Books</i> p135-145
	http://www.talkingmats.com/wp-content/uploads/2013/09/Talking-Mats-and-ICF-CY-Final-Report-Sep-2012.pdf
Services are person centred	Blogs many examples here are 2 http://www.talkingmats.com/talking-mats-rehabilitation-setting-story-south-africa/ http://www.talkingmats.com/getting-root-problem/
Supports 'safe keeping' for individuals and services	Attached poster from Keeping Safe project
	Final report Through a Different door page 32-40 http://www.nes.scot.nhs.uk/media/2833213/20140816_mystery_shopping_project_report.pdf
	http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-Vol1.pdf Murphy J & Cameron L (2006)The Acute Hospital Experience for Adults with Complex Communication Needs <i>Communication Matters Journal</i> 20(2): 7-11
Develops health literacy	Macer J, Fox P (2010) The use of a low-tech communication framework to facilitate annual GP health screening consultations: supporting people with learning disabilities and mental health needs to express their views. <i>Learning Disability Practice</i> 13(9) 22-24
	http://www.talkingmats.com/helping-people-dementia-go-dentist/
	Bell D & Cameron L (2008) From Dare I say...? to I dare say: a case example illustrating the extension of the use of Talking Mats to people with learning disabilities who are able to speak but unwilling to do so. <i>British Journal of Learning Disability</i> 36: 122-127
A Capacity framework	http://www.talkingmats.com/can-talking-mats-support-capacity-make-decisions/
Promotes Self-management	Murphy J & Boa S. (2012) Using the WHO-ICF with Talking Mats as a goal setting tool. <i>AAC Journal</i> 28(1) 52-60
	Bornman J and Murphy J (2006) Using the ICF in goal setting:clinical application using Talking Mats. <i>Disability and Rehabilitation: Assistive Technology</i> 1(3):145-154
	http://www.talkingmats.com/can-talking-mats-used-help-someone-identify-worries-health/
Provides a consistent format for addressing the current SEND reforms	http://www.talkingmats.com/ehc-plans-with-the-talking-mats-app/
	http://www.talkingmats.com/education-and-health-care-plans/
Carers are supported	Gillespie A, Murphy J & Place M (2010) Divergences of Perspective Between People With Aphasia and their Family Caregivers. <i>Aphasiology</i> 24(12)1559-1575
	Murphy, J., & Oliver, T.M. (2013) The use of Talking Mats to support people with dementia and their carers to make decisions together. <i>Health & Social Care in the Community Health and Social Care in the Community</i> 21(2) 171–180