



# Keeping Safe:

## How's it going?

*Creating a listening space for people with learning disabilities to think and share how their lives are going*

Funded by Scottish Government

Keys to Life

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Talking Mats Limited is a social enterprise that spun out of University of Stirling in 2011. Its vision is to improve the lives of people with communication difficulties by increasing their capacity to communicate effectively about things that matter to them.

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# Keeping Safe: How is it going?

## Easy Read Short report

The Keeping Safe Talking Mats is a resource developed through a project funded by the Scottish government to help people with learning disabilities think about their lives and say what they feel. Staff working with people with learning disabilities across Scotland have been trained to use the resource.

### What is a Talking Mat?

Talking Mats is a way of having a conversation with pictures.

Talking Mats is based on research from the University of Stirling.

This research found out that people with learning disabilities found that using Talking Mats helped them to talk about more things and express thoughts more easily.



There are three topics of conversation in the Keeping Safe Talking Mats:



Your well being



Your Relationships



Thoughts and Feelings

### Who uses the Keeping Safe Talking Mats?

**234 staff** working with people with learning disabilities in Scotland have the resource and are trained to use it. It was important that

- they are skilled in using it
- they knew that they couldn't use it with all people with learning disabilities
- that they had the confidence and skills to act on the information they gained by using the resource

## What does the resource help people say?

The resource helps people think about their lives and tell staff how they are feeling. Staff told us

- they found out new things about people they were working with
- it was a helpful way to have a conversation about more sensitive or difficult topics. For example, how someone was feeling after a relative dies, wanting to go out on a date with someone they know.

## How can the resource support change in people's lives?

We were sent stories that showed how the resource had been used in many different ways to help people improve their lives. For example

- Supporting someone to go to a doctor's appointment



- Helping someone use social media safely



- Getting more exercise



- Speaking up at a review meeting



- Learning ways to keep safer when out and about



- Becoming more independent when using the shower



## Conclusion

We have created a pictorial tool where people with learning disabilities are given space to think, reflect, and express their views on their lives.

This project is

- helping people talk about the small problems in their life. This makes it easier to talk about bigger ones
- giving people time to think about their whole lives. This keeps them healthier and safer
- enabling people with learning disabilities to have their say. This keeps them in control of decisions about them

More staff will be trained to use the resource. Contact Talking Mats for details.

[www.talkingmats.com](http://www.talkingmats.com)

# Introduction to Keeping Safe and Talking Mats

## *The Keeping Safe Journey*

The development of an accessible resource (and associated training for staff), to enable adults with learning disabilities express concerns has been a 6 year journey that has involved several Scottish partners and funding streams. It started its life in the Learning disabilities team in NHS Fife who worked with Survivor Scotland<sup>1</sup>. It then developed to include practitioners from across the whole of Scotland with Talking Mats Social Enterprise<sup>2</sup> taking the lead, and Kingdom Abuse Survivors Project (KASP)<sup>3</sup> providing some support into the training element of the project. The final project was funded by the Scottish Government: Keys to Life monies. The full history of the different projects involved can be found in appendix 1.

The current resource developed in this last project is called the 'Keeping Safe Talking Mat'. Finalisation of this resource was a process of learning from the implementation and experience of the previous projects to then testing out the new resource using an ongoing, iterative process between practitioners, people with learning disabilities and staff at Talking Mats Ltd. We are grateful to all the individuals who have shared their thoughts and ideas with us over the term of the project.

## *What is a Talking Mat?*



Talking Mats® is a low tech visual communication framework originally developed at Stirling University to support people with communication impairment. Talking Mats is an established communication framework with a strong research evidence base. The research demonstrated that people with learning disabilities say more, and the quality of what they say is enhanced compared to usual methods of communication ( Murphy and Cameron 2008)<sup>4</sup>.

<sup>1</sup> <http://www.survivorscotland.org.uk/>

<sup>2</sup> <http://www.talkingmats.com/>

<sup>3</sup> <http://www.kasp.org.uk/>

<sup>4</sup> Murphy J and Cameron L (2008) The Effectiveness of Talking Mats for People with Intellectual Disability British Journal of Learning Disability 36: 232-241

Talking Mats helps people think and express a view by:

- providing a structure where information is presented in small chunks supported by symbols
- giving people time and space to think about information
- saying what they feel in a visual way that can be easily recorded
- taking account of additional non-verbal and verbal comments
- building an individual's confidence by starting with easy topics and moving to more abstract ones, e.g. starting with things you do in your spare time and then progressing to what you feel about your relationships

## What were the drivers for the project?

### ***What was the initial driver for this resource ?***

The initial driver was the concern that adults with learning disabilities are at increased risk of various forms of abuse (Pring 2013)<sup>5</sup>. Abuse can take place in a variety of settings. For example, the much publicised case of the abuse in Winterbourne View<sup>6</sup> (a private hospital), the ongoing current concern of untimely and poorly investigated deaths in a foundation trust in England highlighted by the Mazars report<sup>7</sup>. People with learning disabilities living in the community are not immune from exploitation. McCormack et al (2005)<sup>8</sup> identified the most common location of abuse as being the family home, followed by day services and public places. Reiter et al (2007)<sup>9</sup> found most physical abuse was reported as occurring in the local neighbourhood. In the study 'Cruelty and Loneliness', of the 67 people with learning disabilities interviewed, 62 had experienced some form of harassment, abuse and related crime (Gravell 2012)<sup>10</sup>.

There is a strong correlation between abuse and poor communication skills because people may not have the language and communication skills to report issues of concern. People

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<sup>5</sup> Pring, J. (2011) Longcare Survivors. The Biography of a Care Scandal, London: Disability News Service

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)

<sup>7</sup> <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf>

<sup>8</sup> McCormack, B., Kavanagh, D., Caffrey, S., Power, A. (2005) Investigating sexual abuse: findings of a 15-year longitudinal study, British Journal of Intellectual Disabilities, 18, 217 – 227

<sup>9</sup> Reiter, S., Bryen, D.N., Schacher, I. (2007) Adolescents with intellectual disabilities as victims of abuse, Journal of Intellectual Disabilities, 11 (4) 371 – 387

<sup>10</sup> Gravell, C. (2012) Loneliness + Cruelty. People with learning disabilities and their experience of harassment, abuse, and related crime in the community, London: Lemos and Crane

with learning disabilities may also lack understanding about the nature of abuse (Burke et al 1988)<sup>11</sup>

Abuse of various forms and in various settings is therefore a major problem in the lives of people with learning disabilities, and creating a space for people with learning disabilities to raise concerns so carers and staff can begin to listen and act, is paramount.

## **Wider Keys to Life drivers**

The Keys to Life strategy 2013<sup>12</sup> builds on the significant progress made in Scotland since the publication of the Same as You strategy in 2000<sup>13</sup>. However, a number of areas are still failing, particularly the stark fact that people with learning disabilities die 20 years earlier than the general population. Health is determined by a variety of complex factors e.g. genetics, the way we live and our broader social and environmental conditions. This complex interrelationship is demonstrated in the rainbow model of health determinants as described by Dahlgren and Whitehead 1991/2007<sup>14</sup> see below.



Emerson and Hatton 2014<sup>15</sup> argue that people with learning disabilities are disadvantaged at every level of the rainbow model. It is therefore critical that practitioners take a holistic approach to addressing health inequality, because focusing only on one level of the model will result in limited change.

In addition, people with learning disabilities have poor awareness of the factors that contribute to health. Furthermore the incidence of limited communication skills may reduce their capacity to convey identified health needs effectively to others (e.g., relatives, friends,

<sup>11</sup> Burke L et al ( 1998) Dealing with sexual abuse of adults with a developmental disability who also have impaired communication: supportive procedures for detection, disclosure and follow-up The Canadian Journal of Human Sexuality. Volume: 7. Issue: 1

<sup>12</sup> <http://keystolife.info/wp-content/uploads/2014/05/the-keys-to-life-full-version.pdf>

<sup>13</sup> <http://www.gov.scot/resource/doc/1095/0001661.pdf>

<sup>14</sup> Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

<sup>15</sup> Emerson and Hatton 2014 Health Inequalities and People with Intellectual Disabilities Cambridge University Press



paid support workers). As a result, carers (unpaid and paid) play an important role in the identification of health needs (Emerson 2010)<sup>16</sup>.

## ***Marrying the initial drivers and Keys to Life drivers***

To ask people to reflect on their lives and raise concerns means you have to allow them to reflect on their lives as a whole. So although the initial driver was about abuse, the Keeping Safe resource addresses much more than that. In particular, we believe it contributes to raising awareness of what makes up the health and well-being of an individual in a broad manner. The resource is inherently holistic, and in effect ask adults with learning disabilities to take time to stop and think about their lives and express a view on *How's it going for me?* Talking Mats facilitates a broader range of people with learning disabilities to be involved in giving these views, with an improved quality and depth to their response. It gives carers and staff a framework to listen, hear the perspectives of the person and identify ways to address issues raised.

Taking this holistic approach, the Keeping Safe resource explores the objectives to the Keys to Life strategy 2015-2017:

- **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life
- **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.
- **Independence:** People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
- **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.



<sup>16</sup> Emerson and Baines Health Inequalities & People with Learning Disabilities in the UK: 2010 Dept of Health



# Phases of Keeping Safe Development (2013-2016)

## *Summary*

### **Year 1 April 2013-March 2014**

- Reviewed the feedback from the Survivor Scotland Project 2012-2013
- Defined the specification for symbol development (appendix 2)
- Commissioned the required symbols
- Liaised with KASP
- Developed a project training plan

### **Year 2 April 2014 –March 2015**

- Trained health and social care staff who work with people with Learning Disabilities across Scotland to use the resource
- Gathered feedback to refine the resource further
- Started collecting evidence of impact

### **Year 3 April 2015 –March 2016**




- Ran further courses
- Developed and ran train the accredited trainer course
- Revised the resource based on user feedback
- Ongoing support for the Keeping Safe accredited trainers
- Themed and evaluated the evidence
- Final report .This report will detail
  - The Keeping Safe Talking Mats Resource
  - The training programme for people who work with adults with learning disabilities in Scotland
  - The 'train the trainer' scheme which will promote the sustainability of the vision
  - The impact of the resource on people lives gained from the stories collected, and the subsequent actions to address the individual's concerns

We are also planning a networking seminar to launch this report and share learning throughout Scotland

# Keeping Safe Talking Mats Resource

The aim of the resource is to give people with learning disabilities time to explore and reflect on their lives in a supported, structured manner. It enables them to talk about aspects of their lives and, through this broad discussion, issues of concern can be raised, listened to and appropriate help sought. The person who facilitates the conversation is referred to as the 'listener' and the person whose views are being expressed is referred to as the 'thinker'. This latter term includes people who have no verbal speech, and those who can express themselves verbally.

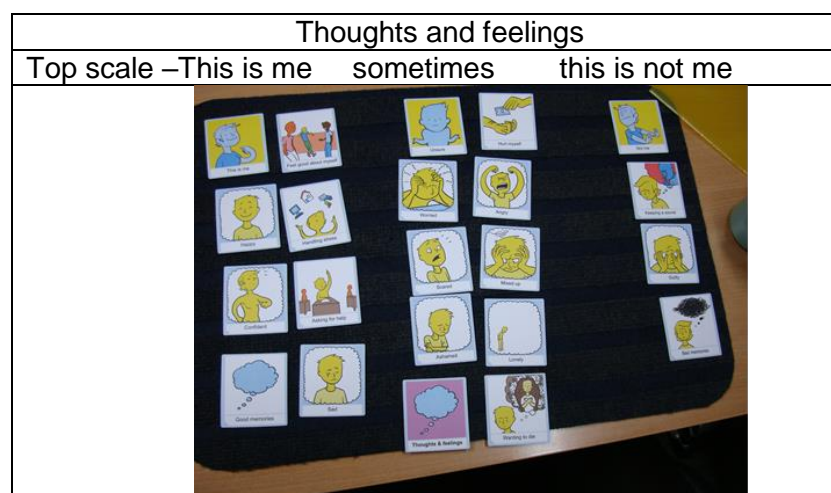
The structure of the resource is based around having conversation on three major aspects of life; well-being, relationships, thoughts and feelings. See below. The latter topic is aimed at people with mild learning disabilities who may have difficulty making self-reflective judgements and verbalising their thoughts. It requires the individual to be able to deal with abstract language so is not accessible to all people with learning disabilities. In addition, we have added in a personalisation check at the start of the Talking Mat. This is to help shift the pattern that had occurred in the earlier projects, where people with learning disabilities had a tendency to tell you what they know and/ or think you want to hear i.e. that alcohol is bad. The personalisation varies depending on the aspect of life being discussed.

		
<b>Well-Being</b> (appendix 3)	<b>Relationships</b> (appendix 4)	<b>Thoughts and feelings</b> (appendix 5)
<ul style="list-style-type: none"> <li>• Physical health</li> <li>• Mental health</li> <li>• Health support and visits</li> <li>• Autonomy, control and safety</li> </ul>	<ul style="list-style-type: none"> <li>• People</li> <li>• Physical contact and intimacy</li> <li>• Managing relationships</li> <li>• Relationships in transition and or ending</li> </ul>	<ul style="list-style-type: none"> <li>• Thoughts</li> <li>• Feelings</li> </ul>
<b>Personalisation examples</b>		
Do you drink alcohol? Are you in pain? If the answer is yes, then the option is included in the mat e.g. 'you said you were in pain, how's that going coping with pain?'	The process is slightly different in that the thinker is not only asked if it is relevant to their lives, but if it is something they want e.g. 'do you have a partner? If not, would you like to have a partner?'	Personalisation occurs during the conversation, i.e. only a selection of emotions are included and the options 'wanting to die' and 'hurting myself' are only included if the thinker's mood is low.

After the conversation, the listener created a record by taking a photo of the Mat, added contextual information, anonymised it and sent to the project team.

## Further Adaptation and examples of completed Talking Mats

The resource was revised in November 2105 based on project feedback and a second edition printed. In total there were 14 changes made. Adaptation included changes to symbols, vocabulary used, and adding or removing options from categories. For one example of a full anonymised report, see appendix 6



# The training programme for people who work with adults with learning disabilities in Scotland

Since Talking Mats is an evidence-based tool, it is key that staff are comfortable and confident with the key principles so that the integrity of the framework is maintained. For example, one of the key principles is to be non-leading and non-judgmental during the conversation.

The training courses were advertised through contacting key people working in learning disabilities throughout Scotland, and latterly the courses were posted on The Keys to Life website.

## **Course Structure**

The course was offered over two days in various locations across Scotland

### **Day 1**

- Foundation training by Talking Mats included
  - An overview of the principles of Talking Mats
  - A model that enables participants to understand the cognitive demands of Talking Mats, and who can and who cannot use it. It was particularly important that participants understood that Talking Mats cannot be used with everyone with learning disabilities. It's a visual resource and requires symbolic understanding
  - Increasing understanding of concrete and abstract language
  - Building confidence in using the Talking Mats framework
  - Recording the Talking Mats conversation by a photographic record plus annotation of context
- Training by KASP included
  - Understanding the impact of sexual abuse,
  - Similarities and differences in symptoms seen in people with learning difficulties and victims of abuse
  - Staff attitude to supporting disclosure

### **Day 2**

- Reflective session on use of Talking Mats in practice, with a particular emphasis on interpersonal skills and embedding the principles of the framework into the conversations. A requirement of Talking Mats training is that the participants film themselves using Talking Mats in an interaction, and reflect on their own communication skills. The participants were provided on Day 1 with an additional Talking Mats resource – 'Where you live', to film their Talking Mats in use.
- The final session explored the principles behind the Keeping Safe resource and gave opportunities for participants to become familiar with it in the form of scenarios. Each participant left with a resource to use. The participant using the resource might decide to use only one topic, or may feel all three topics are required to help their thinker express any concerns. Each participant was asked to send examples of their

use of the Keeping Safe resource in practice to Talking Mats. This was to measure outcome and impact.



Participants receive their Keeping Safe resources on the first course in the Borders Sept 2014

### ***Variations to the course format***

The aim was to encourage as many people to have the resource as possible, therefore in addition to the two day course we organised shorter sessions for people who have had previous relevant training i.e. already completed their Talking Mats training and/or their KASP session.

### ***Training completed by Talking Mats***

Nine courses were held in Borders, Fife, Glasgow, Ayrshire, Stirling and Inverness. We trained 113 people in total. All Health Board areas were represented with the exception of the Western Isles who had attended a previous project (appendix 7)

A wide range of professions attended and included Learning Disabilities nurses, social workers, Allied Health Professionals, advocates and psychologists (appendix 8)

As the training scheme progressed, demand for places increased, and we currently have a waiting list.



Participants at the final course get ready to launch their use of the Keeping Safe Resource

## Course feedback

Course feedback was very positive and included:

Thank you for such a great training course. I now feel more confident to allow my clients to have a resource they can use in a non-threatening way. I feel I will use this a lot

Enhanced knowledge of and awareness of all aspects of communication and displaying emotions

Very well presented. Staff are helpful and answered all questions when I asked advise about how we use the cards. I was given what I needed

Talking mats- positive method of focussing discussion

This course really highlighted the importance of the need and the lack of resources for sensitive

The answer to a prayer really- will be so useful in a project I am carrying out next year.

(They) allow structure into discussing complex/abstract discussions; (they) can aid in helping service users self- identify and reflect on how they are feeling about certain things

Potential for making important change to the lives of the most vulnerable people in our society



# The 'Train the Trainer' scheme

To support the long term sustainability of the resource a Train the Trainers Keeping Safe course was developed and delivered. A detailed training manual was given to the trainers, which included a CD with all the training slides, materials and activities.

Depending on the professionals' existing level of qualifications and experience, there were three alternative routes to becoming a Keeping Safe trainer

1. Talking Mats staff ran the training jointly with current licensed Talking Mats accredited trainers who work in the field of learning disabilities in Scotland. This involved work with four trainers in Fife, Ayrshire and Glasgow.
2. A two day residential course for people who had attended the Keeping Safe training and gained experience in using the resource. There was a rigorous application process and a mutually assessed competency framework for the successful applicants. In addition where further support was required for applicants to meet the standard, this was provided and eight people qualified to run courses focused within their organisations and local partnerships: Lothian, Lanarkshire, Inverclyde, Argyle and Bute, Borders.
3. An update Keeping Safe course for Talking Mats accredited trainers who work in the field of learning disabilities in Scotland

There are **15** Keeping Safe trainers in eight Health Board areas -Ayrshire and Arran, Borders, Fife, Greater Glasgow and Clyde, Lanarkshire, Lothian and Tayside.

This training is ongoing. As of March 2016 they have run 11 courses and trained 87 people. All participants received a Keeping Safe resource. A further 40 resources have been distributed to the trainers for current courses arranged. Future courses are being planned.



The training continues course run by train the trainers in Lothian Feb 2016

In total we have distributed **234 Keeping Safe resources** through our training and the accredited trainers' courses. There are a **further 203 sets** that will be allocated as training courses are arranged.



# The impact of the resource

The importance of this project is whether the use of the resource has a positive impact on the lives of people with learning disabilities. As part of the evaluation process 83 anonymised stories were sent to Talking Mats by 23 staff. The stories provide a powerful insight into the lives of people with learning disabilities, and the impact of the resource. It was felt it would be valuable to explore these further using a process of thematic analysis. We are grateful to the intern programme of Psychology Department of Stirling University for allocating final year student Anna-Revekka Kormpala to help us complete this work and for some guidance from Scottish Commission for Learning Disability.

Stories are an important medium for hearing about people's lives. We are not claiming that these stories are representative of all people with learning disabilities. There is something very powerful in listening to the individual experience, but also taking the time to reflect on common issues and themes that emerge. Many of these will need much deeper investigation than this project allows.

## Coding

The individual symbol options were coded as to whether they were placed on 'the going well' or 'not going well' section of the Mat. Some thinkers made both positive and negative comments about an option e.g. 'their family' and therefore these are coded more than once. Where the options were placed in the middle, they were only coded if an additional comment was added, which indicated that it was either a positive or negative facet of someone's life.

## *Contexts of the Keeping Safe conversations*

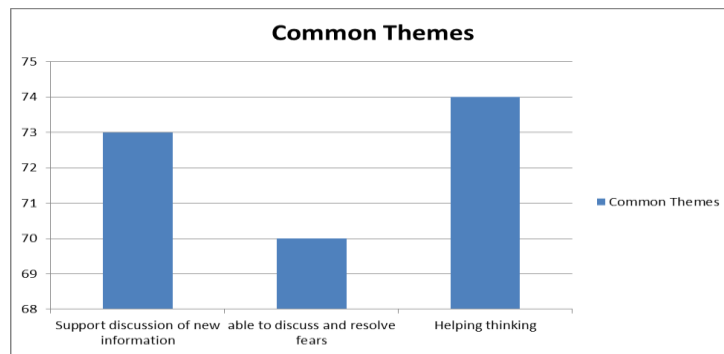
The Talking Mats stories that were submitted were used by staff working in a variety of settings including; day services, residential, forensic, inpatient and advocacy. Staff predominantly worked in adult services but because we recognised the need for good transition links between child and adult learning disabilities services, we also had a few staff working with older age young people with learning disabilities.

The Mats were used for a variety of reasons including;

- to touch base with how people's lives were going and check how they were feeling
- preparation for reviews including work placement and supported living,
- contributions to statutory reviews for adult support and protection including a police led interview, adults with incapacity case conference, welfare guardian report, child protection case conference
- supporting periods of transition, such as living alone for the first time
- fitting in with other different local initiatives e.g. keeping healthier, a project looking at who they spend time and impact this has on health & wellbeing.
- exploring specific issues like not wanting to go to the doctor, relationships with flatmates/ family and challenging behaviours, self harm, destruction to property
- People with learning disabilities requesting to do a mat

There are examples of the resource being used regularly and embedded in service provision. One is included in appendix 9

## Common themes that emerged through the 3 mats



The above bar chart demonstrates that out of the 83 reports, Talking Mats was seen as a helpful way to discuss new information (89%), discuss and resolve fears (84%) and help thinking (89%). These comments were taken from free text boxes.

### Quality of Information

Staff frequently commented on the quality of information gained through the 'Keeping Safe' resource revealing things they had not known previously;

*'This mat was so helpful for person B. It gave so much information which we did not expect. It will assist in Adult Support and Protection feedback. It gave him his own say in things.'* (53H2)

It also helped when the thinker was unable to express their thoughts clearly

*'allowed this person to disclose things that they were struggling to disclose verbally.'* (17H1)

There was also the sense that the structure and supports provided by the Talking Mats framework led to a better quality of interaction and conversation. Breaking the component parts of a **topic** into different **options** supported the individual's thinking, helped auditory processing and or memory difficulties, and kept people focused on the topic e.g.

*'As Q has auditory processing difficulties this is a very effective method of chatting to Q about any worries she may have. It also helps with memory and attention as she has something visual to keep her focused. Q has regular difficulties with her emotions and her behaviour. The Keeping Safe resources are ideal for regularly checking that she is coping at Day Service and making her aware that she can express herself effectively in a TM session.'* (6R4)

*'Enabled the person I was working with to focus on his feelings rather than working out what was being asked of him – which usually happens when having a general chat'* (92R1)

The information gained reflected the person's view and not the views of those around them

*'A tends to copy words or phrases used by the person talking to her, so I find Talking Mats extremely helpful in supporting her to voice her own opinion with minimal opportunity for her to copy what I have said/be led by me. There are also concerns about A being influenced by others opinions and I feel that when we use Talking Mats she is able to say what she really thinks.'* (108T1)

*'This resource gave this gentleman the power to say exactly what he was thinking and not what he thought someone wanted to hear.'* (90T1)

The resource enabled staff to have a conversation about more sensitive and or difficult issues;

*'allowed needs to be identified that I would not have thought to ask about such as the smoking and taking drugs.'* (17T2)

*"Usually when she expresses her feelings she can get either upset or angry. She did not get upset or angry at any point through doing the talking mats, although the subject and things she was saying was at times difficult issues."* (18H2)

*'A has good communication skills but as we had a sensitive issue (personal care) to discuss I felt that a talking mat would allow us to explore this.'* (48H2)

## **Therapeutic impact**

At times the mats were not just about information gathering, but appeared to have an additional therapeutic impact e.g.

*'Talking Mats are a nice way to break down situations for her and help her to gather her thoughts. K always seems relaxed and calm after having a discussion and this is a very good way to guide that conversation.'* (6R2)

*'Breaking down the conversation in wee topics helped to have a better insight of her grieving process.'* (97T1)

*'Although I knew a little about H's issues, the Talking Mat helped her to open up and confide in me more'* (21t2).

## **Measuring Progress**

The thoughts and feelings Mat was also used to reflect on progress.

*'I used the Mat to review what, if anything, has changed in her thoughts and feelings over past 5 months. She reflected that it was ok to feel sad and to try to remember all the good times and happy memories and that it was ok to express anger, she felt more in control, less angry more able to talk.'* (109T2)

## **Feedback on the resource from people with learning disabilities**

There was a lot of positive feedback on using the resource from people with learning disabilities

*'I adore this. The mats really helped me speak about my feelings.'* (18H2)

*'Later, when she was getting a lift back home, she said the mats really helped her speak about her feelings. She said it was overall really good and she would like to do Talking Mats more in the future.'* (28t2)

## **Impact on Staff time**

Many people thought using the resource would take too much time but in fact were surprised to find how much information they got in a short space of time.

*Thinker was better able to focus on his feelings rather than working out what was being asked of him – which usually happens when having a general chat.* (92 R1)

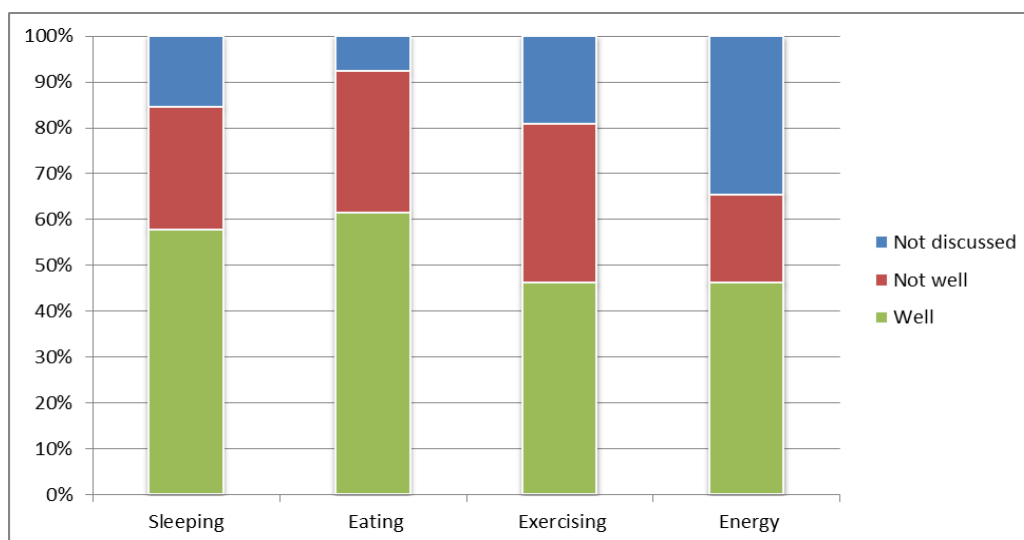
# Stories that emerged from the 3 Mats



## Well-being mat

Twenty six Well-being mats were submitted and key themes are discussed.

### Day to day physical health



This reflects the varying views expressed on factors that contribute to day to day physical health. Participants commented that asking the questions raised awareness and led to strategies emerging through the discussion

*'He indicated unsure about sleeping. 'We discussed this and he indicated that a particular peer is causing the issue. This is now being looked at.'* (53H2)

It also gave staff an insight into the health literacy of the thinkers and their capacity for self management of long term conditions, e.g. A man with cerebral palsy commented

*'that his eating wasn't going too well and, when asked, said that he would like to try a more varied diet but is worried about choking.' On exercise he added 'that exercise wasn't going well but he would like to try using the new parallel bars in the centre to help improve his strength.'* (62H1)

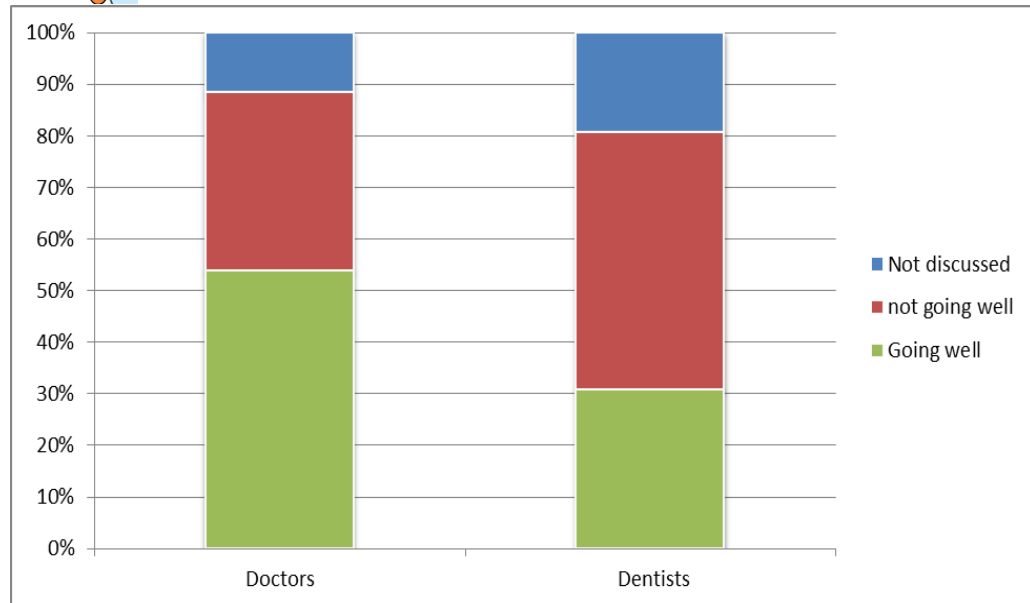


## Medication and coping with pain

The feedback on medication and coping with pain also indicated some disparity. When the medication symbol was used (17 times), all thought their medication was going well. However 18 out of the 26 people reported being in pain, 9 of those thought they were coping with their pain but 9 did not.



### Feelings about attendance at doctors and dentists



There was mixed feedback about attending doctors and dentists. For some it was going well;

*'P was clear that visiting the doctor and dentist was going well.'* (48H1)

*'A said his recent trip to the dentist had gone well.'* (48H2)

For others their opinion that things were not going well related to a specific incident and or previous experience;

*'The doctor did not talk directly to me.'* (53H2)

*'...was not happy with the way the doctor's receptionist speaks to her.'* (21H1)

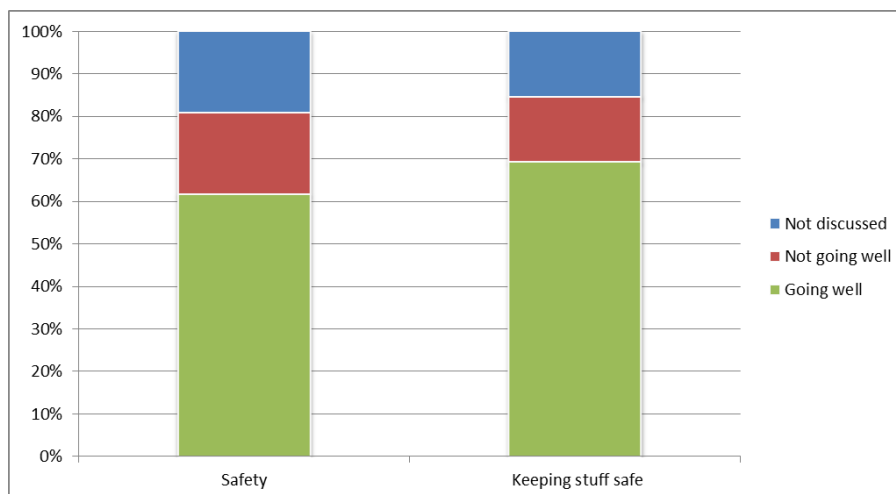
*'Dentist was also immediately placed in the middle as he has recently been told he needs 11 fillings.'* (33H3)

*'He was afraid of the doctor and dentist and that he did not want to go. We discussed the reasons and he said that he was very afraid of injections. I reassured him that you don't always get injections at the doctor and offered to accompany him. After a bit more discussion he agreed and also agreed for me to pass onto the doctor how scared he was of needles. The visit went well and he was given reassurance from the doctor that it was rare for someone to need an injection when visiting their GP.'* (17H3)

There were also comments from several people that these were long standing issues  
*'hates the doctors'* (18H2)



## Autonomy and safety



It is pleasing to reflect that most people felt that their safety was going well. Where it was not going well this was related either to other flatmates or service users or in a couple of cases to more serious issues that were currently being dealt with under Adult Support and Protection Legislation.

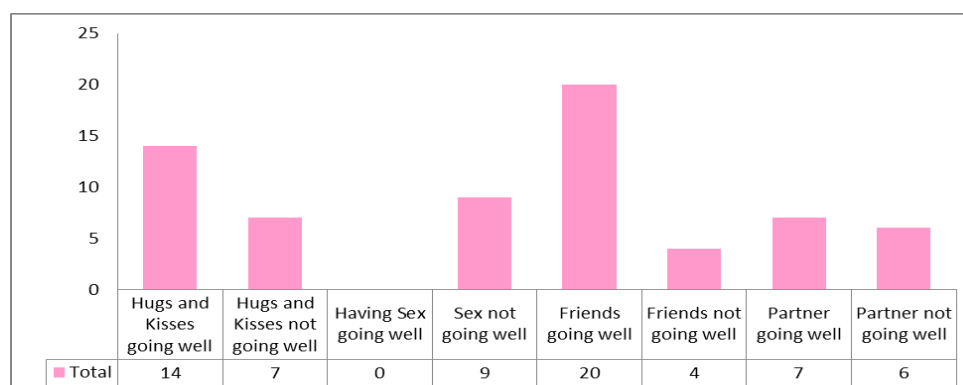


## Relationships mat

28 Talking Mats were submitted.



## Physical relationship, Friends & Partner



Out of the 28 interviews 13 stated they had or wanted a partner however there were few comments which expanded further;

One person commented that

*'She would like his friendship but not a boyfriend, he doesn't understand this.'*  
(109R3)

And another report was that

*'He commented that he has a girlfriend but they rarely have the opportunity to meet out with the local day centre. He would like to move this relationship on but is unsure how to.'* (92R1)

The intimacy option of hug and kisses was used on 21 Mats and the option representing sex and how that's going, was used on 9 Mats. There were a range of views expressed

*'Hugs and kisses ok with family'* (109R2)

An older lady said *"I can't do that. It's not appropriate."* (18R1H1)

There were several instances where the thinkers did not want to discuss the sex card

*'She did not want to discuss the 'having sex' card which she places in 'not going well' but this is a standard response for K when using these cards. She generally appears embarrassed by the card so we tend not to dwell on it. She is always, however, given the opportunity to discuss it if she wishes.'* (6R3)

*'Client was very uncomfortable addressing the card on sexual relationships. We ended up removing the card from the mat without a fuller discussion because it was very likely that the exercise would not have gone ahead.'* (50R1)

For someone they placed it in the not going well and qualified it by saying

*'it was something they were not interested in.'* (109R3)

In one story this topic enabled a person to disclose a previous assault that had been dealt with, but continued to have an impact on her life (23R3)

It is significant that nobody reported that sex was going well for them at that time.



## Social Media

Social media was used 9 times out of 28 interviews. 8 people reported it was going well and 1 it was not. We only had two stories which expanded on this topic showing the different impacts it can have on relationships.

1) A lady with very limited social contact outwith her family and negative experiences *'.....taunted in her local community. Her only social contact is on the internet; she has established a relationship with an older woman from a forum she is on. This person lives in a different country. They have exchanged small gifts. There have been no pictures of each other exchanged.'* (67R2)

2) A story about a woman reflects the dangers of social media. *'She had sent some revealing pictures of herself to her boyfriend. She also posted the pictures on Facebook by mistake. This situation came to light during a workshop on Sexting. She said she was not sure how to take them down and didn't know how to ask for help. She is afraid of Social Media from her negative experience'* (67R1)





## Coping with Grief

Out of 28 interviews 18 choose to reflect on their experience of coping with loss. Eight felt they were managing positively

*'...can remember mum in happy way, knows its ok to feel sad' (109R2)*

but conversely for 10 people, this stage was more difficult and there were significant ongoing issues

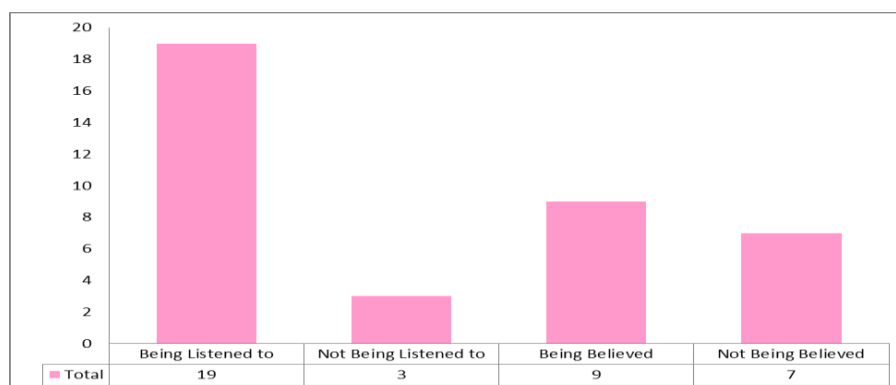
*'H feels that no-one takes her sadness at losing her aunt as seriously as it should be. She is told to 'get on with life' and not to dwell on her loss.'(21R2)*

Additional information related to grief arose through use of another topic. This happened for the person above with Thoughts and Feelings set when she talked also about her sibling dying

*'She told me that she sees them in her room at night, and this scares her even though she knows they won't hurt her. She admitted to feeling guilty that her sister had died and she had lived.' (21T2)*



## Being listened to and being believed



The listeners were advised to sequence these options as the concept of 'being listened' to would support the more abstract concept of 'being believed.' The advice both from Survivor Scotland and KASP was to keep 'being believed' as part of the set although it is a more abstract concept than 'being listened to'. It is difficult for people to know whether they are being believed or not. However, where abuse has occurred, if someone has not been believed this becomes an important aspect of their relationships with others. There were two instances where people commented they were not believed but were not able to comment on why they felt this way

*'she was not sure why she is unsure about being believed.'(18R2).*



## People you don't know very well and others' behaviour

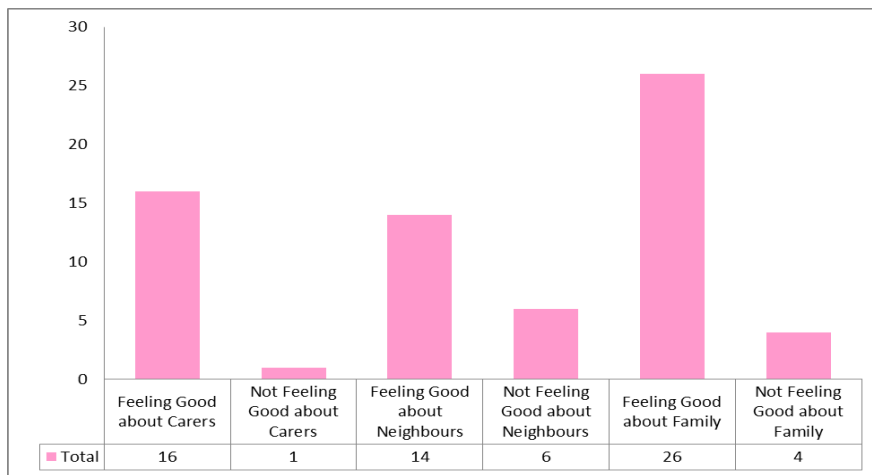
This 'people you don't know' option was originally called 'strangers' but in the process of the project we changed to 'people you don't know very well' to avoid the pitfall of the negative connotations of the word stranger. Comments included

*'don't feel safe on the street or at home, on my own.'*(97R1)

*She is afraid of strangers particularly men and has said that she has been followed on several occasions.*(67R2)



## Carers, Neighbours & Family



Families were generally seen positively and the negative comments involved some significant additional detail in terms of individuals' lives e.g. the impact of a father returning to the family home,

*'shouting and swearing at my mum', 'didn't like it, makes me upset.'* (10R1)

*She was unsure about neighbours as they slam doors and doesn't like this* (29R2)



## Thoughts and Feelings mat

It was recognised from the outset that this topic is abstract and therefore only accessible to people with mild learning disabilities and whose cognitive understanding allows them to reflect at a conceptual level. In the earlier Survivor Scotland project a significant disclosure had occurred through use of this set, and so it was thought important to keep it in the resource, even though not everyone would be able to access it. We anticipated that this would be the topic that was least used and have been surprised that this has not been the case. We received 28 stories. However reading the stories, we do not think that everyone who used it was able to fully understand the concepts e.g

*'found the process too difficult'* (23T1)

Where people were able to engage with the concepts, the conversations resulted in some powerful discussions but it is hard to draw the themes together as the stories that emerge are particularly individual and personal.



## Abuse

Where historic abuse had occurred the 'Thoughts and Feelings' topic allowed for a safe discussion and was reported as helpful.

*'M is generally calm and feels in control. However occasionally events from the past make her feel mixed up and scared. The abuse plays on her mind as she knows that despite reporting it, no-one has been charged and she feels that nothing has been done. As this abuse was historic and has already been reported, there is nothing more that could be done except to support and allow M to talk about her feelings.'* (21T3)

*'The girl was feeling confused, upset, angry and sad as a result of a sexual assault, she felt ashamed as she felt that it was somehow her fault that it had happened. This young girl is receiving ongoing support and Talking Mats has been used several times to help and encourage her let feelings be known.'* (67T2)

On one occasion the thoughts and feeling topic was used in an investigative context and the police officer involved said about the resource that

*'the emotions cards were especially important as, although some details about the situation were vague, the person was able to very clearly express that the alleged incident made them feel bad and therefore indicated that something potentially criminal had occurred.'* (33T3)



## Self Harm

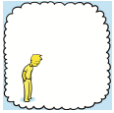
Out of the 28 stories, five reported that they considered self harm as part of their identity and two expressed suicidal thoughts.

*'Following a serious disclosure she self harms. This is a coping strategy that works in the short term for her.'* (67T2)

*'Through this I found out that the gentleman was getting frustrated at himself when he couldn't manage things and was hitting himself.'* (91T1)

The mats also gave people permission to admit to things that they were otherwise unable to say

*'said for "wanting to die" that "I know I shouldn't say that'.* (18T3)



## Lonely



There appeared to be a significant incidence of loneliness Ten of the 28 Thoughts and Feelings stories reported the thinker as feeling lonely at the time of doing the mat



*'... said she was feeling lonely at home as she didn't feel she had anyone to talk to. She felt that there had been a breakdown in the relationship with her keyworker at home and she did not feel that this relationship could be repaired' (6T3) and*

*'.....is generally happy but did confess to being lonely and to keeping this a secret from her family, as she does not want to worry them.' (21T1)*

# Actions from the Keeping Safe Talking Mats resource

Listening to the views of people with learning disabilities is certainly important, and it is critical that staff follow through actions raised from the process of doing the Mat. Most, but not all of the stories identified actions. Sometimes the actions were not immediate as they involved onward referral but sometimes there were small steps that could be actioned there and then. The actions have been themed to fit in with the key outcomes from the Keys to Life 2015-2107

Keys to Life 2015-2107 strategic outcomes	Action arising from the 83 Talking Mats	Number
 <p><b>A Healthy Life:</b> People with learning disabilities enjoy the highest attainable standard of living, health and family life.</p>	Help to prepare or attend health appointments	5
	Increased access and or improvements to exercise	5
	Improvements to diet	4
	Seeking support for bereavement	4
	Support with drug and or alcohol intake	3
	Develop strategies to lift mood	3
	Develop further strategies for communication	2
	Seek further training so staff could understand a specific mental health condition	1
 <p><b>Choice and Control:</b> People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.</p>	Explore more views through another mat. Examples of further mats included – relationships, making decisions, feeling safe	11
	Develop strategies to respond to or manage difficult relationships	5
	Develop strategies to increase personal safety	4
	Advocate on behalf of the person so that other people/staff listen and respect their wishes	4
	Raise awareness of Adult support and protection legislation	2

 <p><b>Independence:</b> People with learning disabilities are able to live independently in the community with equal access to all aspects of society.</p>	Preparing to represent their view for forthcoming review /meetings	9
	Increased independence in personal care	3
	Increased responsibility in getting around	1
 <p><b>Active Citizenship:</b> People with learning disabilities are able to participate in all aspects of community and society.</p>	Help with finding friends or moving relationships on	5
	Develop strategies to support safe use of social media	2
Twelve Mats resulted in a referral or update to another agency in order to get additional support required to carry out the actions		

# Discussion

Our vision for this project was to create a resource that would support people with learning disabilities to think, reflect and express their views on their lives. The stories that have been submitted clearly demonstrate that the Keeping Safe resource has opened up discussion between staff and people with learning disabilities and that this resource enabled the thinkers to reflect on their lives and allowed their voices to be heard. The discussion will initially highlight how the findings relate to the Keys to Life objectives 2015-17 and then go on to explore how we embed this in practice in learning disabilities in Scotland. It will also explore the limitations of the resource, and finally interest that has been generated from other groups and areas.

## ***Keys to life 2015-17 Objectives***



### **A healthy life**

The incidence of people who are frightened of medical appointments based on this sample is of concern. There seems to be a high level of issues around maintaining physical health that reflects current literature e.g sleeping, diet and exercise. It is uncertain how these figures compare to the general population. There also appears to be a lack of health understanding, in that of the 18 who commented that their medication was going well, 9 people were having difficulties with day to day pain. This may well reflect the findings of Beacroft and Dodd 2010<sup>17</sup> who found that pain is not recognised and managed well for people with learning disabilities. In their study they found that people with learning disabilities are not getting timely and appropriate 'as required' medication for their pain. This issue warrants further exploration.

People with learning disabilities have difficulty accessing counselling and other interventions which involve talking about and exploring past experiences, reactions and thoughts and feelings, as this language based and conducted in a highly verbal medium. This may mean that such therapies are not accessible to or that the effectiveness of such input is compromised because the inherent language demands of the interventions are not fully recognised by practitioners. The NHS choices web-site quotes 'For many adults, they (talking therapies) may be the same or more effective than medication.'<sup>18</sup> There is clear evidence from the stories in this project that issues such as bereavement, difficult relationships and abuse is impacting on mental well-being. The Keeping Safe resource has become a way of supporting a more in-depth discussion with a supportive listener. In one example a client was attending a psychologist for support following a sexual assault. The Mat process clearly enabled her to talk and open up about difficult and personal things. However this person had hardly spoken to her psychologist. (23R3). It is hoped that the

<sup>17</sup> Beacroft and Dodd 2010 Pain in people with learning disabilities in residential settings – the need for change British Journal of Learning Disabilities Volume 38, Issue 3, pages 201–209, September 2010

<sup>18</sup> <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/benefits-of-talking-therapy.aspx>



combination of the Talking Mats approach with a structured psychological intervention could open up support to many more people

Overall, using the well-being section of the Keeping Safe resource helped the individuals identify a range of strategies that could help improve their health. It also enabled staff and people with learning disabilities to look with fresh eyes at overall needs. There is a sense that use of the options will help increase health literacy and, for some, might promote self-management of long term conditions.



### **Choice and control:**

This resource establishes a listening space so that people get used to thinking about their lives and reflecting on the small things that impact on their quality of life. It is through this process that confidence in thinking, reflecting and expressing grows so that people will be able to raise much bigger issues. Creating regular time for staff and people with learning disabilities to reflect is inherently protective, and having a set structure makes it easier for both parties. A common theme that occurs in many of the major scandals and subsequent reviews when things have gone badly wrong is that earlier concerns were not addressed and that safety and protection are not in the foreground of service delivery. This resource gives staff and people with learning disabilities a framework to discuss topics in an organized manner and this process can only contribute to good safeguarding.

There are further concerns over the degree to which it is a choice for people with learning disabilities to be in a close (partner) relationship. Out of the 28 interviews 13 stated they had, or wanted a partner. However there were few comments which expanded this. It would be concerning if this indicated acceptance that this is not a life option.

Sex can be a difficult topic for any of us to talk about and there was little discussion of it whilst using the resource. This was evident from both the listener and the thinker. During the training course we heard *'we don't want to talk about that – that is opening a can of worms'*. It is a difficult balance to establish a need for personal privacy, whilst ensuring that people have the information to make choices and have control over this aspect of their lives. This suggests an area for further research in terms of the experience of people with learning disabilities developing partner and intimate relationships. It may also be important to examine the attitudes of the staff supporting them.

The participation of people in decision making as far as they are able is enshrined in the Adults with Incapacity Act<sup>19</sup>. A key principle of that act is to take all practicable steps to enable participation, and that participation must relate to the decision in question. Anna Volkmer in her recent book<sup>20</sup> cites Talking Mats as a helpful tool to help individuals participate or increase their ability to participate. The Talking Mats training helps staff think about the complexity of their language, the decisions people are, or are not, able to participate in and how to maximise capacity. We would hope this focus on choice and

<sup>19</sup> <http://www.legislation.gov.uk/asp/2000/4/contents>

<sup>20</sup> Volkmer A2016 Dealing with Capacity and other legal issues – a resource for Speech and Language Therapists J&R Press

control provided in the training can be extended and applied to other areas outwith the Keeping Safe resource.



### **Independence:**

The theme of being able to be more independent and act increasingly for themselves, particularly at review meetings came out strongly through the action mentioned in the stories. A photographic record of the Mat is seen as a helpful way of helping people express their own views at these meetings.

Sometimes the actions that came out of the mat were very practical e.g. the provision of a shower mat so someone could manage the shower more confidently on their own. The Mat provided the space for both staff and the person with learning disabilities to look with fresh eyes to find solutions to increase independence.



### **Active citizenship**

This was the area that the resource explored least and comments are focused on loneliness and friendships. Social connectedness is an important factor in well-being, recent research from the Royal Society of Arts<sup>21</sup> suggests that social connectedness correlates more strongly with wellbeing than social or economic characteristics such as long term illness or unemployment. We are aware from other work we are doing with National Involvement Network, funded through Keys to life, that the statement 3 in the National Involvement charter<sup>22</sup> about being involved and connected is a particularly difficult one for organisations to address and find solutions to. The incidence of loneliness through these stories reinforces the importance of this work.

### ***Embedding in Practice***

We trained over 113 people and collected 83 stories but these were submitted by only 23 people. Those that submitted stories are clearly finding the resource helpful and many of them describe plans for further Mats. That still leaves a number of people trained who have not responded to our follow up requests. Further follow up to determine the degree to which the resource has become embedded in their practice is important. The accredited trainers are an important asset in this, as not only can they develop training locally, they can also provide leadership to their local area. Sharing good practice and networking is an important way to promote the benefits of using the resource and there are plans for a networking day to enable this to happen. There were a few students on practice who attended the training and fed back positively about how helpful it was. It may be appropriate to consider training the future workforce and link with appropriate courses.

<sup>21</sup> Royal Society of Arts 2015 Community Capital: The Value of Connected Communities

<sup>22</sup> <http://arcuk.org.uk/scotland/charter-for-involvement/>

## ***Limitations of the Talking Mats Keeping Safe resource***

This resource requires symbolic understanding and therefore will not work for people with profound learning disabilities. This is a group who often have a high degree of intimate care needs and therefore finding a way to reflect on their safety is paramount. Whilst the resource will not work directly, the framework might give families and carers a helpful structure for observations and discussion as the options might allow them to look at situations with fresh eyes and not habituate to the person and their environment. It would be of value to discuss this approach with organisations that focus on supporting people with profound and complex needs.

The Keeping Safe resource allows people to raise concerns- it does not provide an investigative framework. Interviewers are taught the Talking Mats skills to explore concerns further, but this is on a case by case basis and should only be done by a practitioner experienced in using Talking Mats. To provide a standardised investigative Talking Mat would require more development work and a further period of trial and testing. As far as we know the Keeping Safe resource has so far not been tested in court, but there will be a degree of advantage to staff in that it is a standardised set of symbols so they cannot easily be accused of leading the conversation by their symbol choice. The symbols themselves are neutral, and participants are taught in the training to use open questions and provide non-judgemental feedback to the listener.

This resource has only been produced as an original card resource and is not available on the Digital Talking Mat. We have not sought views on whether a digital version would be helpful as we do not currently have the funding to add this resource to our Digital Talking Mats resources.

## ***Other groups and other areas***

We have had significant interest in the resource from practitioners who would like to use it with other groups of people; people with dementia, people with aphasia, and in cases of child protection. Our experience from other Talking Mats resources is that there is much commonality in the issues people face and therefore the resource may transfer without much adaptation. This is an area we would like to explore further with the funder's permission. Using the resource around child protection would involve adaptation because it operates in a different developmental and legislative context.

There is also much interest in using the resource in other parts of the world. For example we have had interesting emails and Skype conversations with Naomi Rezzani from Scope's Communication and Inclusion Resource Centre in Melbourne Victoria. She has pilot funding to strengthen safeguards from abuse, for people with communication difficulties and wrote *'When we searched for ideas for the communication aids, we came across Talking Mats "Keeping Safe" and thought it was ideal to pilot. Talking Mats has provided information to us to assist us to understand the premise for the resource. In exploring the resource itself, we have found it is an ideal tool to "have a chat" about health and wellbeing, relationships and thoughts and feelings. We can anticipate it will give staff the confidence to sit down with someone, who has little or no speech, and talk about topics they have never broached before.'* In turn they are developing complimentary resources that will enable abuse to be explored further. Similarly we have also had enquiries from a research group in the University of Gothenburg Sweden and the Tizard centre in University of Kent.

At a recent conference on safeguarding in London, Scotland was recognised as being in the lead position of the four UK nations through its work in Adult Protection implementation. We would like to think that the development of this resource funded by Scottish Government

could continue Scotland's lead in this field and enable other countries to learn from our experience.

## Conclusion

From the stories and feedback received there is no doubt that the Keeping Safe Talking Mats resource creates a safe space for people with learning disabilities to think and share how their lives are going. It also gives staff the skills and confidence to listen and ask questions beyond their normal repertoire. A rich tapestry of stories has emerged through this project that reflects the reality of the lives of people with learning disability in different parts of Scotland. Information was shared that was not previously known to staff and enabled people with learning disabilities to have their say. The information gained enabled improvements to be made that improved the quality of individual's lives. The feedback from people with learning disability was that they enjoyed using it. There has been significant interest in the resource from other groups e.g. people working with dementia and stroke and also from other countries e.g. Australia and Sweden.

In a field when where we know people are vulnerable to a range of inequalities and or potential mistreatment and abuse, it is important that we create a culture that addresses small concerns so people will feel more able to voice the bigger ones. The Keeping Safe resource has been found to be a tool that allows people to express their concerns and gives staff a framework to listen to them. This approach is a win-win, because through that listening we will also help meet the wider strategic objectives of the Keys to Life strategy; addressing health inequality, choice and control, independence and active citizenship and we do that from the voices and perspective of people with learning disabilities.

## Thanks

Over the last three years it has been a real privilege to work on this project and we are very grateful to Scottish Government for the funding provided and for further funding to allow the project to continue.

We are also grateful for the foundation stones laid through the earlier projects with Survivor Scotland and NHS Fife ,

It has been great to partner with KASP in the running of the training.

We are grateful to all the support we have had from the administration staff in Talking Mats particularly with the demands of organising resources and training.

It has been good to meet and work with the participants from all over Scotland and lastly but very importantly, thanks to the people with learning disabilities who have shared their stories with us.



## Appendix 1 History of previous Projects

Date	Project /Agencies	Funders	Description
2010	6 Dimension Cards (6D) NHS Fife	Survivor Scotland	The project used a set of cards, termed 6D cards which had statements about health, wellbeing and previous life history. Patients were asked to select cards relevant to them and hand them to staff during their appointment. The study found that patients who elected to use the cards raised issues of childhood trauma during their consultation, where previously they had not. The full research report and user friendly booklet Helping Patients to Talk about Trauma can be accessed on the SurvivorScotland site <a href="http://www.survivorScotland.org.uk">www.survivorScotland.org.uk</a>
2011	Adapting 6D cards to people with learning disabilities NHS Fife	Survivor Scotland	Adapted the cards for the learning disabilities service from the 2010 6d set above as these cards were written and not accessible to people with literacy difficulties. This study identified that significant amendments were needed to make the cards more meaningful to a wider range of people and that staff needed more guidance to support their communication introducing the cards. Talking Mats was identified as an appropriate tool
2012	Evaluation the effectiveness of the Talking Mats and the 6 D cards NHS Fife	Survivor Scotland International Futures Foundation	This small study found that the 6D cards within a Talking Mats framework were an effective resource to support consultations with people who have a moderate-mild learning disabilities however it identified that the 6D cards would benefit from some redesign in order to provide more opportunities to support disclosure and to sit more comfortably within a Talking Mats framework.
2013	Supporting people with learning disabilities to disclose issues of concern Talking Mats Ltd. and KASP	Survivor Scotland	<p>This project took on board the redesign identified in the 2012 project. This included</p> <ul style="list-style-type: none"> <li>• reducing the overall number of symbols and topics in the set</li> <li>• including cards which might support disclosure into existing topics and not have abuse as a topic on its own</li> <li>• develop a training framework to support staff to understand the relative impact of cognitive difficulties and identify who can and who cannot use Talking Mats effectively</li> <li>• support staff to recognise the language demands of topics that would be discussed and to be confident to know which topics involved more abstract concepts</li> <li>• support staff to be confident in listening to and handling abuse</li> </ul> <p>This project trained and piloted the resource with 36 people across Scotland. It found the resource supports people with a learning disabilities to think about their health and wellbeing and express areas of concern including potential disclosure of abuse however several design issues emerged particularly around the symbols and language issues. It recognised that training was essential to promote confidence in using the resource</p> <p><a href="http://www.talkingmats.com/wp-content/uploads/2013/08/Talking-Mats-and-Survivor-Scotland-final-Report.pdf">http://www.talkingmats.com/wp-content/uploads/2013/08/Talking-Mats-and-Survivor-Scotland-final-Report.pdf</a></p>



## Appendix 2

### Symbol development






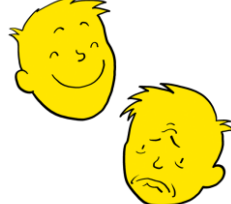
The feedback from the 2013 project (appendix 1) raised some issues about the images that were being used in the Survivor Scotland Talking Mat. Some participants found them helpful but 50% of the people trained chose not to use these images. Plus there was feedback that participants would prefer the images to be in colour as this would make them more attractive. In the 2013 project the images were designed by Change Limited<sup>23</sup>. Change is an award winning organisation whose prime focus is on Easy Read images. The specification required for a Talking Mats image is different to easy read in that:

- the image must be neutral as possible as it needs to be able to placed in either the negative or positive category.
- there need to be particular consideration to reducing the amount of visual information given so that the image used is a scaffold to understanding but does not overload
- acceptable in terms of age, ethnicity and sexuality
- attractive and engaging
- cannot be construed as suggestive
- they can be used as a starting point to explain more abstract concepts and enable those concepts to be personalized to the individual
- The colour yellow is used to identify the key person in the image. A search of the literature showed that very little empirical research has been written about optimal symbol size and colour for different client groups. However several leading graphic and cartoon designers use yellow as this is easily recognisable, attractive and ethnically neutral e.g. Simpsons, Lego

Given the above, a decision was made to develop a specific symbol set.

The specification for the images was developed in collaboration with the symbol artist over a number of projects. The Talking Mats symbol specification was tested with groups of people with a wide range of communication support needs, including people with learning disabilities.

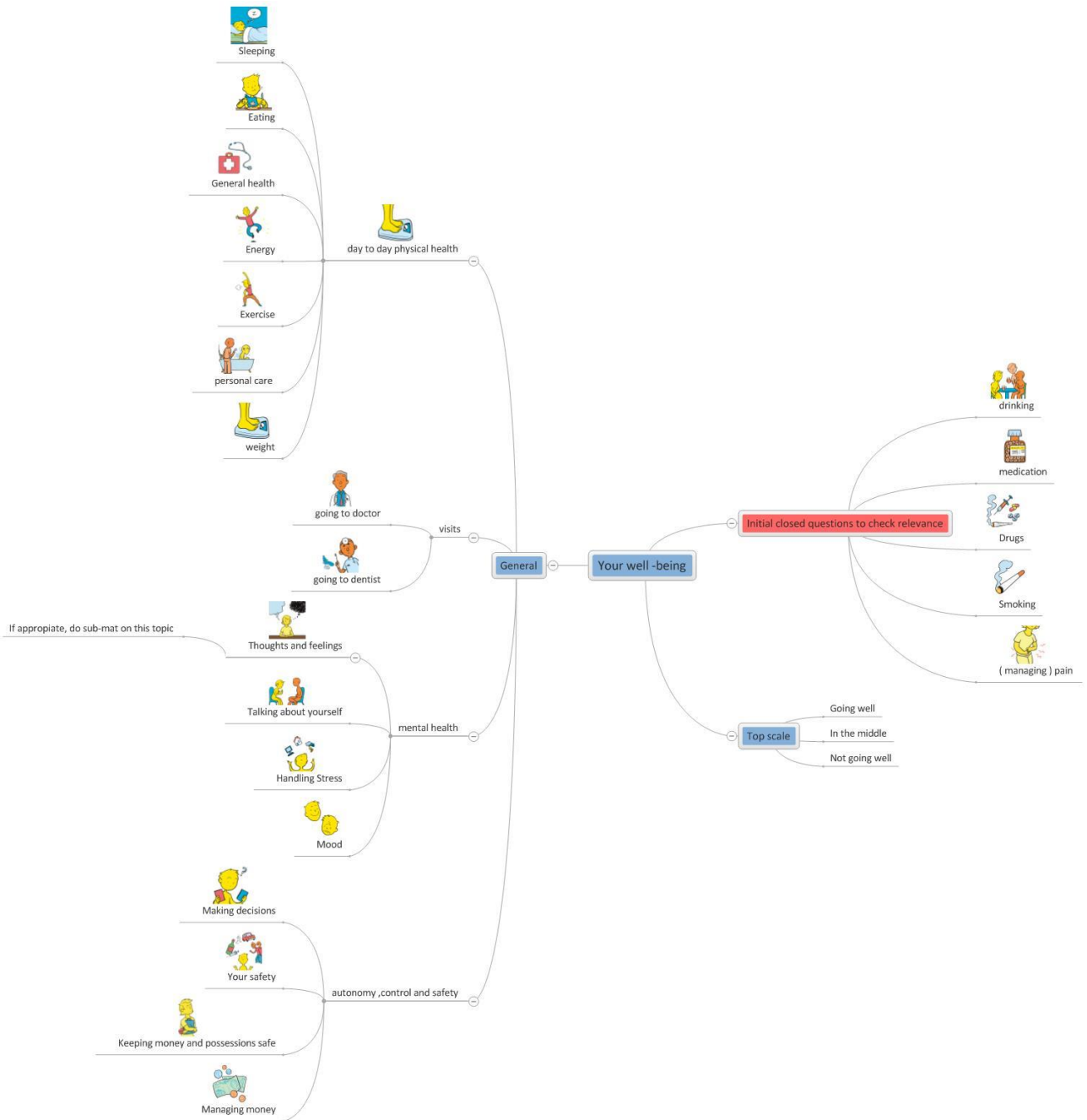
Below are some symbol examples

	Thoughts and feelings	Trusting people	Mood
Change Symbols			
Talking Mats symbols			

<sup>23</sup> <http://www.changepeople.org/>

## Appendix 3

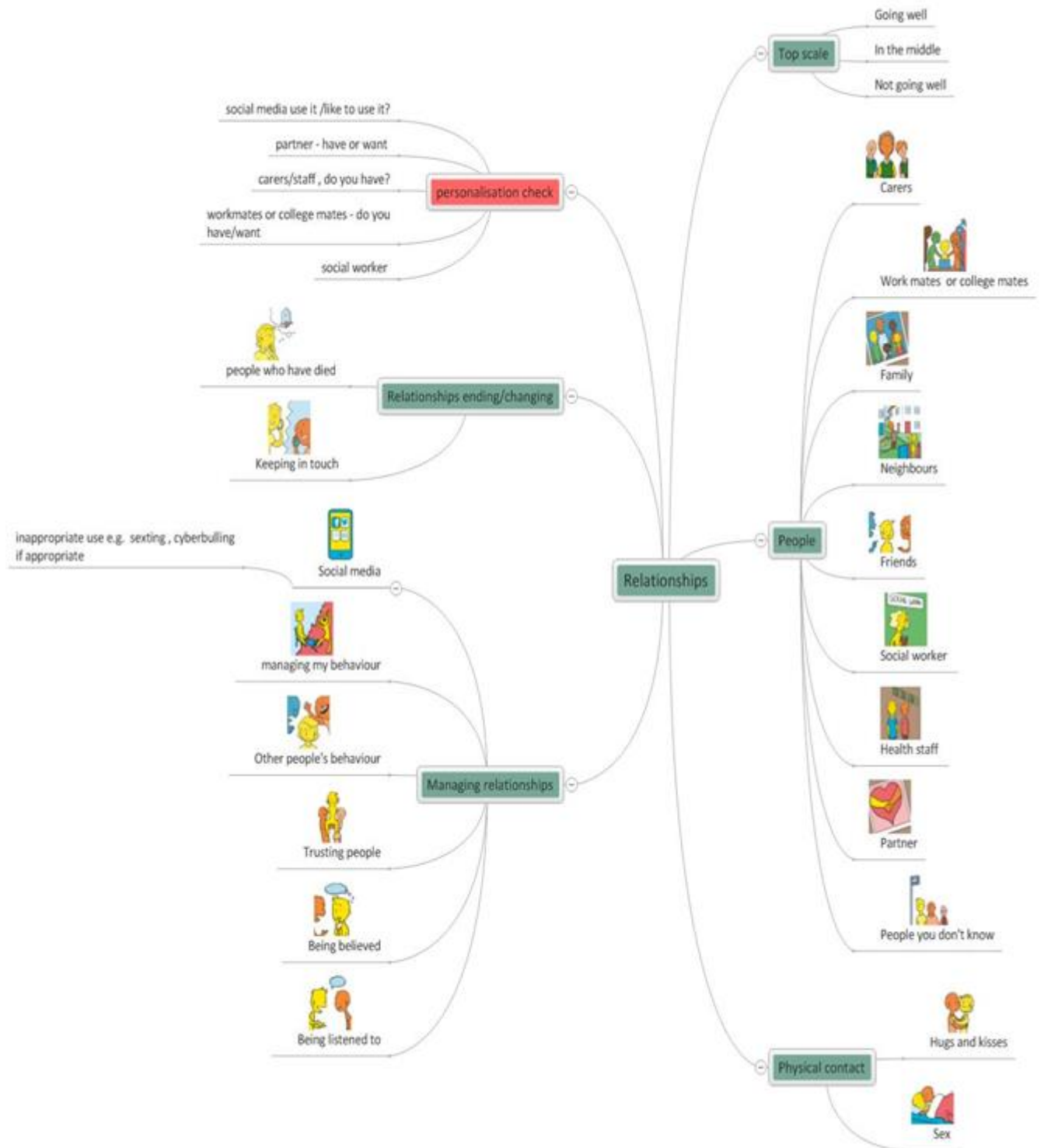
### Resource Topic –Well being





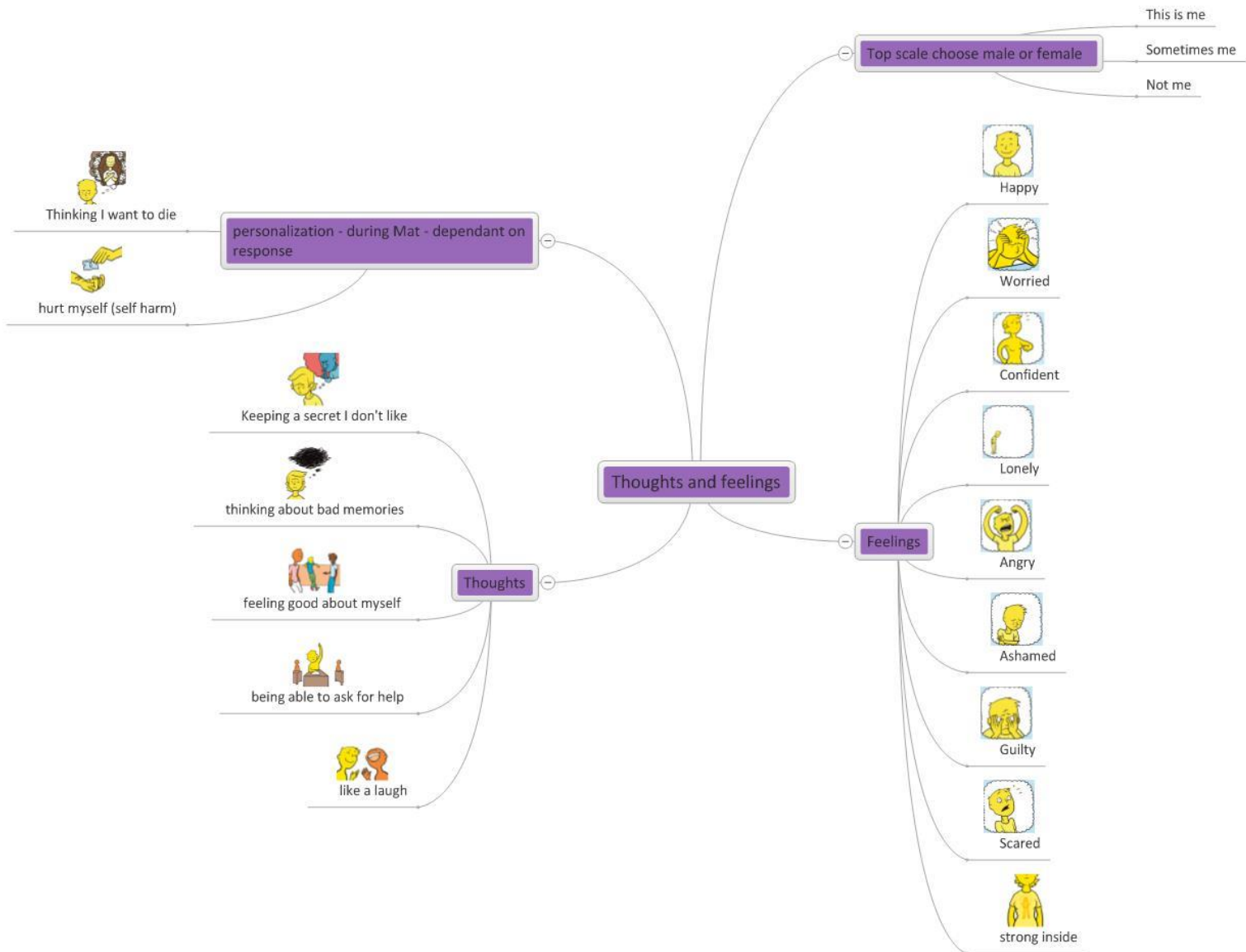
## Appendix 4

### Resource Topic- Relationships



## Appendix 5

### Resource Topic -Thoughts and Feelings



## Appendix 6

### Example of Wellbeing mat



#### **Description of thinker and reason for doing it:**

V has a moderate learning disabilities and hearing impairment, speaking louder helps but there may still be bits that V misses. V's mother had recently passed away and she wanted to discuss this more. I started with this topic so we could look at how this might be affecting her.

#### **Comments on outcome of interview** (e.g. what you found out and what action):

V would like to have a healthier diet. She is also not sleeping well at the moment, she is crying herself to sleep due to losing her mum, but feels it's getting easier. Her mood and thoughts and feelings are also up and down due to her loss. V is happy with her levels of exercise as she has decided to take up a walking group, hopefully this will help her energy levels too. Otherwise V is very content, but losing her mum has certainly knocked her. V seemed happy to have the space just to talk about her loss.

#### **Comments on resource** (what was helpful/what was not):

The cards were very helpful for V to understand what I was asking, perhaps relying on them in case she was not hearing me right. This mat captures a moment in time and I believe it would have been very different if undergone last week or last month.

## **Appendix 7**

### **Keeping Safe Talking Mats Training Courses**

#### Courses Held

	Number of courses	Number attended
Borders	2	18
Inverness	1	9
Glasgow	1	13
Ayrshire and Arran	1	17
Stirling	2	32
Fife	2	24
Total	9	113

#### Courses Held by accredited trainers

	Number of courses	Number attended
Lothian	2	20
Lanarkshire	2	11
Glasgow	3	23
Ayrshire and Arran	3	27
Midlothian	1	6
Total	11	87

Resources given to update Talking Mats professionals - 21
---

#### Range of areas represented

NHS GGC	22
NHS Borders	17
NHS Fife	15
	14
NHS Highland	
NHS Tayside	11
NHS Ayrshire & Arran	9
NHS Lothian	9
NHS Forth Valley	4
NHS Lanarkshire	4
NHS Shetland	2
NHS Grampian	2
NHS Dumfries & Galloway	2
NHS Orkney	1
A research centre for LD	1
Total participants	113

## Appendix 8

Range of professions trained in Talking Mats Keeping Safe during the project

Learning disabilities nurses	25
Social workers	22
SLTs	21
Social or Care support workers	13
Day care officers	8
Advocates	8
Psychologists	5
Communications officers	2
Occupational Therapists	2
Other <i>Project Officer -1</i> <i>Student (LD team)-1</i> <i>Tenant and service users participation assistant-1</i> <i>Activity Scheme Co-Ordinator with disabilities team -1</i> <i>Teacher at transition -1</i> <i>Team leader education-1</i>	6
Total	113

## Appendix 9

### An example of Embedding the Resource in Service Provision

From two of our Keeping Safe Accredited trainers Leigh Hunter and Julia Pollock

#### Talking Mats at TEENS+

*TEENS+ is a charity that provides continuing education to adults with learning disabilities – most of whom have ASD and some form of communication difficulty.*

*We use Talking Mats on a daily basis at TEENS+. All of our students have the opportunity to do a Talking Mat regularly (usually once a week). We use the Keeping Safe resources not because we are worried about a student, but simply to ‘check-in’ with them and see how things are going. Using the resources regularly, has helped our students feel like they are being listened to in addition to developing their skills. Should a problem arise we now know that they will have the skills and the experience to express this.*

*Our students benefit from Talking Mats in a number of ways. For some the process is quite therapeutic as they find it very soothing when they are anxious - or it may just be an opportunity to vent. For others it can help with choice-making and provide us with valuable information that can help us to make positive changes. Some of students even use Talking Mats as a conversation or reflection tool. And, of course, there will occasionally be times when a student has real concerns that they otherwise may not have been able to express.*

*Leigh and I were so impressed with the impact that Talking Mats had made at TEENS+ that we have since gone on to become accredited trainers. Our staff team are all keen to be trained in Talking Mats and the ‘Keeping Safe’ resource. Becoming trainers has allowed us to start training up the team and we hope that the majority of them will be trained before the end of the year. As a speech and language therapist I feel that Talking Mats does not only provide our staff with another tool in their toolkit, but it can also improve their own communication skills. Talking Mats training teaches people to communicate a client’s pace. To wait. To listen. To provide opportunities for communication. To problem-solve by breaking down problems into smaller chunks. In an organisation like TEENS+ these skills are invaluable and they make a real difference to our students’ lives.*