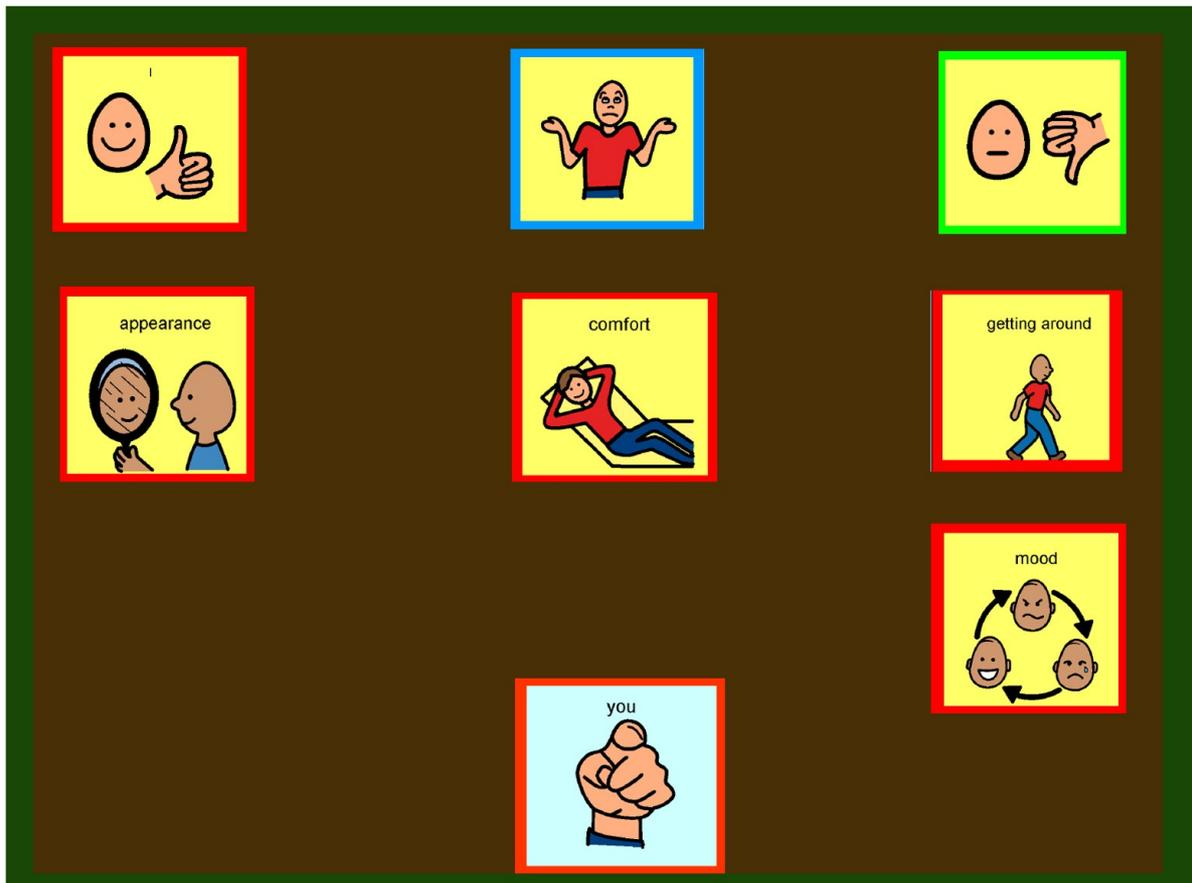


Talking Points – A Personal Outcomes Approach: Using Talking Mats

Evaluation involving participants in the Talking Mats training, held at Stirling Innovation Centre, 22nd January and 1st March 2010

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1. Document Purpose

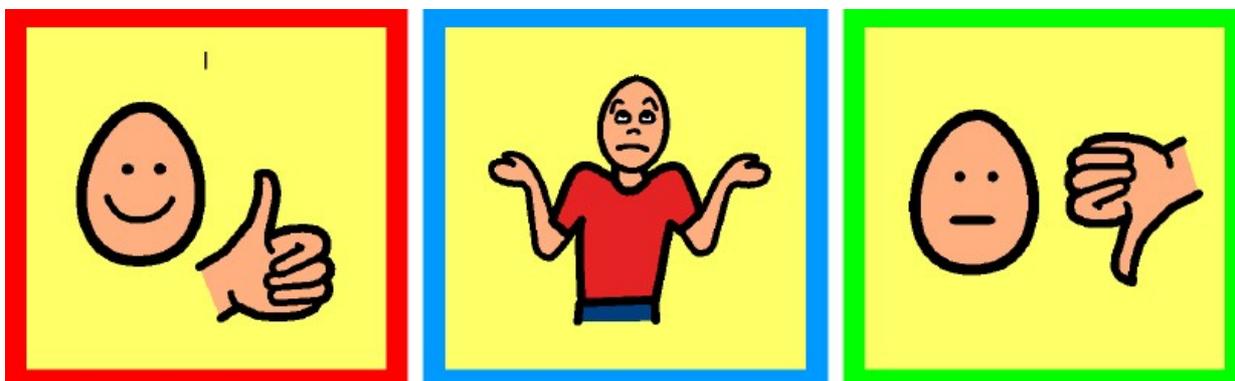
This document captures the learning gained through the first round of practitioner training in a low tech communication framework, **Talking Mats**, and the testing out of the framework in support of discussions about personal outcomes with individuals with communication support needs.

As well as documenting initial observations regarding the utility of the framework in support of *Talking Points: A Personal Outcomes Approach*, the opportunity has been taken to record learning that may inform future 'Talking Points: Using Talking Mats' training and practice sessions.

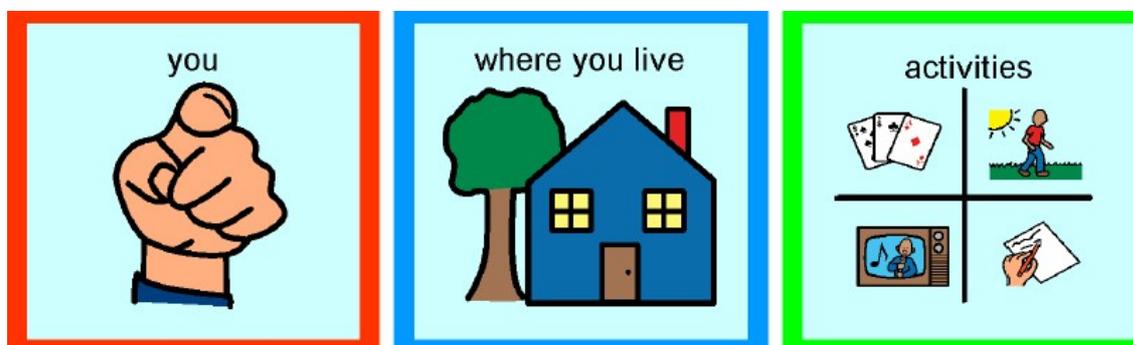
2. Background

Within health and social care settings, there is a growing commitment to focussing on the outcomes important to individuals using services and their carers. *The Talking Points: Personal Outcomes Approach* has been developed to support partnerships and provider organisations to focus on these outcomes. At the heart of the *Talking Points* approach is the engagement between the practitioners and individual service user or carer. This engagement should always be central to taking an outcomes approach, regardless of any communication difficulties. Recognising the challenges that this can present in practice, the resource *Focussing on Outcomes: Working with individuals with communication support needs* has been developed by the *Talking Points* team.

In addition, while it is acknowledged that there is not one tool or approach that can be used with everyone to support communication, and instead it is about finding the right approach for each individual it was also recognised that an innovative low tech visual communication framework, **Talking Mats**, has proved to be a powerful tool in helping people with a range of communication difficulties express their views. It uses a simple system of picture symbols and a textured mat that allow people to indicate their feelings about various options within a topic by placing the symbol below a visual scale.



A series of **Talking Mats** symbol sets has now been developed to support communication in different care settings and addressing a variety of topics. However, while some of the outcome types explored within *Talking Points* were catered for by existing symbols, this was not the case for all outcome types and a new set of '*Talking Points*' symbols was developed, covering 3 topics: '**About you**', '**Where you live**' and '**Activities**'.



In order to test out the utility and limitations of the *Talking Points* symbol set, it was necessary to provide **Talking Mats** training (and practice opportunities) to a number of practitioners working with individuals with different communication support needs.

Anticipating that the *Talking Points* symbols will require some refinement, a second training exercise is planned for the autumn. This will enable practitioners to become familiar with and to evaluate the revised symbol set, and to identify any further learning points for subsequent roll-out.

3. Taking Part in Talking Mats Training

Talking Mats training takes the form of two half-day sessions, typically separated by a period of 4 - 6 weeks. A maximum of 16 participants can attend and as such, 4 partnerships / provider organisations who have already made effective use of *Talking Points* (East Renfrewshire, Lothian, North Lanarkshire and The Richmond Fellowship) were each invited to identify 4 practitioners to take part in the initial training and symbol evaluation.

The **Talking Mats** training was held at Stirling Innovation Centre on 22nd January and 1st March 2010.

Session 1 comprised a demonstration and practice session, and made use of DVDs of **Talking Mats** in action, with a discussion around things to watch out for and factors influencing the use of **Talking Mats**. This was followed by an introduction to the *Talking Points* symbol set and preparation for the second session.

In the interim, participants must commit to making a video for screening and discussion at the second session. Ideally the video should feature their use of **Talking Mats** with a service user, but it was stressed that filming could be carried out with a family member or friend if obtaining permission proved time constraining or difficult to negotiate. A video recording consent form outlining the purpose of the exercise was provided by the *Talking Points* team.

Interim visits with the participants were carried out by members of the *Talking Points* team to establish how participants had found using the *Talking Points* symbols in practice, with a focus on any issues and limitations encountered, the extent to which the symbols accessed the outcomes concepts and how they anticipated using the framework in future. It was stressed that the feedback was solely for the purpose of informing the development of the symbol set and had nothing to do with accreditation for the course. The documented feedback has been incorporated in this report.

Session 2 began with small group discussion about the experience of using **Taking Mats**, followed by participant video screening and feedback. The session concluded with a focussed discussion on the utility of the *Talking Points* symbol set, and this benefited greatly from the facilitators' considerable knowledge and expertise.

The **Talking Mats** training format is tried and tested and all participants very positively evaluated it. However, there were some issues regarding communication about the training, as described below.

Communication Issues

Information about the opportunity to participate in the training and evaluation exercise had been cascaded down through the four organisations and it emerged that the focus of the training workshop '**Talking Mats and Talking Points**' had been open to interpretation. While some had understood the intended purpose of the training, others had assumed that the training would provide an introduction to both *Talking Points* and **Talking Mats** and was therefore aimed at practitioners with no prior exposure to *Talking Points*. In one case, the '*Talking Points*' reference had not been recognised as significant. This resulted in half of the participants being unfamiliar with *Talking Points*. However, while the term 'personal outcomes' was not always familiar, all participants were committed to the provision of person-centred care, and intuitively recognised the importance of identifying the things that mattered to the individual and working to support their achievement.

In some respects, this actually added to the discussion about the use of the *Talking Points* symbol set by introducing different perspectives, and at the same time generating fresh interest in the *Talking Points* approach. These participants also introduced some useful insights into the wider discussion, notably concerning attitudes to consent and the use of video and by suggesting different ways of focusing on personal outcomes outside the context of care planning, assessment and review.

However, for future workshops, greater attention will need to be paid to ensuring that the training purpose is understood and stressed in all cascaded communications.

A second, more problematic issue was that some participants had only received partial information about the training opportunity, often very late in the day. Although clearly stated within the information sent out, some participants were unaware that the training took place over two sessions and were also unaware of the commitment to complete a video during the intervening period. Together these requirements resulted in 5 of the 16 participants being unable to return to the second training session.

While the smaller group size was conducive to more extensive feedback on the individual videos and an in-depth and highly informative discussion around the *Talking*

Points symbol set, for future training sessions, it will be essential to ensure that the required level of commitment can be satisfied before confirming a workshop place.

4. Interim Video Recording

Obtaining Consent to Video Record the Practice Session

As discussed above, participants were expected to video their use of **Talking Mats** between the training sessions. The video clips were used as a focus for discussion, reflection and consideration of future implications. The reaction to this was mixed, with three participants citing discomfort with this requirement as the reason for withdrawal from the course. Others had been unable to obtain consent to film a service user, but instead had recorded a video with a friend, colleague or relative. In contrast, participants from one provider organisation routinely use video in training. This was evident through their comfort in critically analysing their own communications and in providing constructive feedback to others. These participants had used their organisation's consent and information forms and shared electronic copies.

Accessing and Using Equipment

A number of practitioners had experienced difficulty in accessing and using video recording equipment. Three participants had used their own equipment or borrowed a camera from a friend, as they had been unable to gain access through their organisation. Others had found the video camera difficult to use, with the sound failing to record or the film failing to export, necessitating one or more retakes. This had resulted in the filming being hurried in one case, as the service user was waiting to go out, while another who had required three takes, had found interest levels waning. While most felt that filming had not proved distracting to the service user, those unfamiliar with recording had felt slightly uncomfortable, but did not believe that it had detracted from their engagement with the service user.



Access to Service Users

Where consent issues were overcome, access to service users could still prove problematic. One participant worked intensively with one service user at a time and having only recently started to work with her current service user, felt it would be inappropriate to make the request at this time. The adverse weather in the weeks preceding the second training session had also played a part. One practitioner who had enjoyed a very insightful and successful practice session was unable to record the use of **Talking Mats** as the service user had fallen in the snow and broken her leg. A second had arranged to record the session with a day centre service user, but the individual had not attended on the scheduled day due to the weather.

Lessons Learned

Despite the difficulties that some practitioners experienced, all were agreed that the use of video had provided invaluable insights into the strengths and weaknesses of their own communication approach and welcomed the opportunity to learn from others. It was also recognised that video highlighted non-verbal communication that might otherwise have been missed and could, again subject to permission, allow interested others to consider the individual's views. For instance, one participant had

recorded a lady with dementia chatting enthusiastically and at great length about the trips she used to enjoy, which was something neither her family nor the care home staff had expected. The integral role of video should be clearly stated when organising future training sessions, together with the benefits gained. In addition, the importance of allowing plenty of time and trying to schedule the recording early in the period between the two training sessions should be stressed at the outset.

5. Experience of Using Talking Mats with Different Service User Groups

The training participants had made use of **Talking Mats** with people with quite diverse communication support needs, including individuals with dementia, stroke, cerebral palsy, profound physical disability and limited vocalisation, Asperger's Syndrome and a range of learning difficulties.

All participants had found the approach useful, although not with all service users. One participant had tried unsuccessfully with two people with dementia, but felt that the condition was perhaps too severe in these instances. Another had tried unsuccessfully with a male adult with learning difficulties, but felt that the topics on offer were of no interest to him.

One participant had tried it with a child:

“It didn't fail horrendously. But this wee girl has no verbal communication. I would say that there is no non-verbal communication either because that's the nature of autism, so there are no facial expressions. I think maybe perseverance might pay off for her further down the line and I'm going to keep trying with her. I'm very positive about Talking Mats”.

All participants had however gone on to enjoy a successful session with one or more service users, sometimes unexpectedly, and overall it was felt that it is a very individual thing, and very much a case of trial and error with each person.

Features of the approach that the participants particularly liked were making silences more comfortable, visual affirmation and service user empowerment:

“It makes it feel real when it comes back to us – that was so visual for me it made it feel real. It's almost hitting you in the face. You can filter the words but not the pictures in the same way. There seems to be more of an impact. You're having to listen to it more. ... It gives power to the person because it's not easy to say I've been saying this for the last three years to people but nothing is getting done about it. But with the symbols you can say I'm happy or not happy and it's because of this, this and this”.

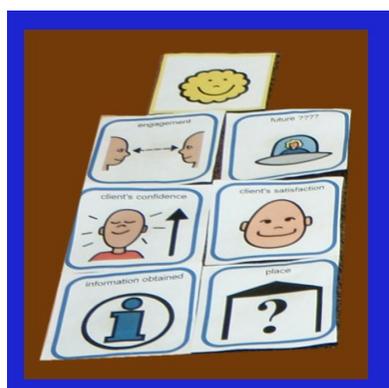
Feedback regarding the level of service user understanding of the topics covered by the symbol set was mixed, with particular symbols repeatedly posing difficulties (as described in at section 6).

One practitioner was concerned that a particular service user, a young man with learning difficulties, was trying too hard to please and as a result was placing every symbol at the 'thumbs up' end of the visual scale.

“I had hoped the symbols would make a difference, but they didn’t for that individual. There was that concerning incident a couple of years ago and he didn’t raise it. In the three years I’ve known him, he is very biddable”.

The facilitators pointed out that acquiescence is a recognised issue in adults with learning difficulties. It can be very hard to express a negative view and helping people to overcome this tendency is a long term process. However, practical suggestions that can help include using rival football teams, which tend to elicit fairly strong feelings. Taking time to develop your own mat first was also recognised as important, particularly emphasising that there are things that you don’t like and that it’s okay to be negative. A variation of this approach was turning the **Talking Mats** session into a game.

Service User Reaction



When using any approach as part of ongoing efforts to improve service user involvement, it is prerequisite that the approach in itself provides an enjoyable and meaningful experience and achieves positive outcomes for all participants. This was indeed the case with **Talking Mats**, with ‘client engagement’, ‘client satisfaction’ and ‘client confidence’ all rated extremely positively by the training participants. Some service users had taken to the **Talking Mat** immediately, others had required a bit of reassurance. The level of enjoyment was plain to see in the videos provided by participants, as

was the increase in confidence that service users experienced as the session progressed.

Information Obtained

All participants also reported obtaining useful information, at a minimum reaffirming what was already known about a service user, but with several identifying new information, which in one case was of huge significance:

“This gentleman has got his own home and has a minimum amount of support. His girlfriend has also got her own home. And both of them were saying that they weren’t very happy with the support they are getting from the provider organisation. So what I did with the man was focus on his house, his carer and his activities and whether he felt safe. And he said that he didn’t like his house, he didn’t feel safe and he didn’t like his carers. So he spends the majority of his time in his girlfriend’s house. And I asked what it was about his house, and he said it’s upstairs. And he said if there’s a fire, I’ll have to jump out the window and that’s why he doesn’t feel safe. And I said what do you like about your girlfriend’s house and it was that her flat was ground floor and he would be able to get out easily in a fire. And his house is better accommodation in a better area. The reality is that her house which is ground floor has no garden and is a quite dark. I never knew all of that”.

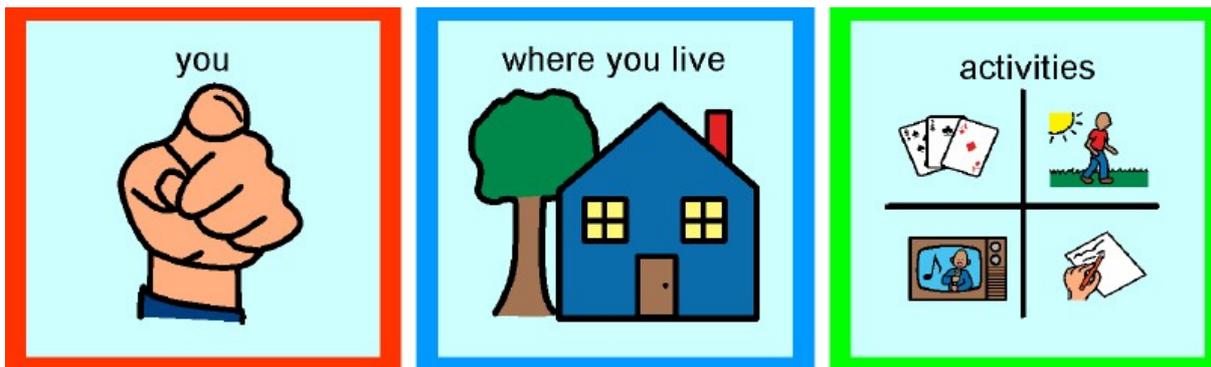


6. The Talking Points Symbol Set

Symbol Set Development

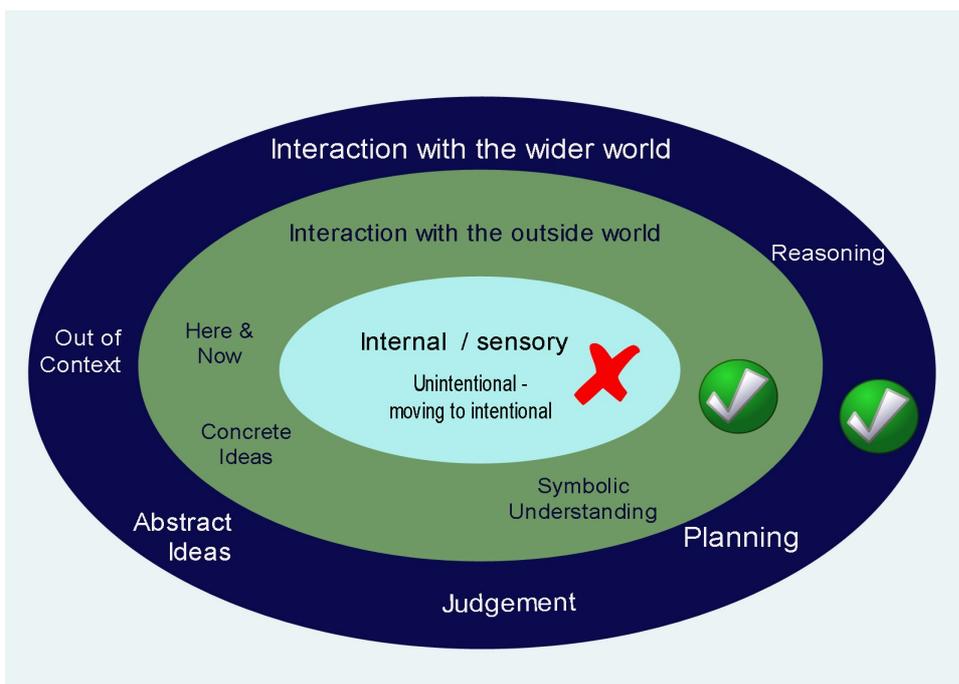
One of the key issues in using **Talking Mats** effectively is deciding which topics to use as the focus for discussion. In the case of *Talking Points*, the topics of interest may appear pre-determined, mirroring the existing set out outcomes. However, the translation is less straightforward in practice.

The first consideration is the number of high level topics to introduce. This has been restricted to 3, based on the facilitator's accumulative experience in developing symbols for and using **Talking Mats**.



Rather than developing symbols corresponding to **Process**, **Maintenance** and **Change** outcomes, symbols pertaining to options within the above 3 topics were developed. The reason for taking this approach is that it was recognised that many of the concepts addressed within *Talking Points* fall within the outer layer of understanding, as shown in **Figure 1** below, and therefore may not be accessible to individuals with learning difficulties or cognitive impairments that impact upon judgement, planning and reasoning skills and the ability to grasp abstract concepts.

Figure 1: Talking Mats: Levels of Understanding©



One consequence of this approach is that the *Talking Points* **'Process'** outcomes have, at least initially, been omitted and instead a fairly extensive range of specific **'Activities'** introduced.

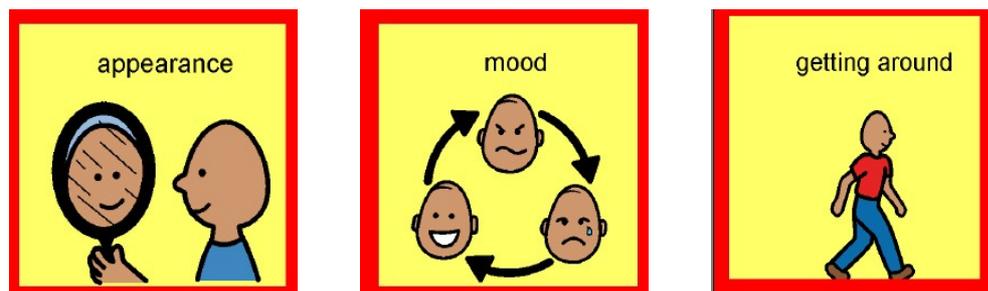
It was therefore important to establish the extent to which the symbol set allowed practitioners to access the *Talking Points* outcomes, and also to identify any other issues encountered when using the symbols in practice.

Participant Feedback

While some participants felt that, based on their fairly limited exposure to date, the symbol set appeared to work and it would take time to identify other relevant symbols, others pointed out issues with specific symbols. Some were, as expected, conceptual issues, while others pertained to the choice of imagery and wording. Perhaps unsurprisingly, no issues were identified regarding any of the **'Activities'** options, which fall within the middle circle.

Imagery and Wording Issues

Symbols that caused minor concerns that participants felt could readily be addressed through alternative image choice or wording included **'appearance'**, **'mood'** and **'getting around'**, all of which sit within the **'About You'** topic, the latter proving problematic for use with people with disabilities, notably concerns that excluding such individuals through image choice could be detrimental to building relationships.



Conceptual Issues

Images raising conceptual issues were **'the community'**, **'your safety'** and **'comfort'**, with concerns also expressed about the image in the case of the latter.



'Your safety' was the focus of extensive discussion. Some participants reported having real difficulty in explaining this, while others were able to obtain profound insights into this issue, as evidenced by the earlier example of the service user concerned about the risk of a fire in his house. The facilitators cited similar examples from their own experiences, causing speculation that perhaps if the topic resonated with a service user, the meaning would be understood. However, at the same time it

was recognised that this is an extremely dangerous assumption to make if you get it wrong. A further concern was that if **'your safety'** did prove to be of concern to an individual with very limited verbal communication, it would be difficult to ascertain the nature of the problem, given its multiple associations. Given the importance of this topic and the many different meanings it can convey, it was suggested that **'your safety'** should in fact be developed as a topic, rather than simply offered as an option.

The Omission of 'Process' Outcomes

Training participants who were familiar with the personal outcomes approach felt that the omission of the **Process** outcomes was significant, particularly in informing service delivery improvements and when working with specific service user groups, notably individuals with learning difficulties and children.

"I think for people with a learning difficulty that is important. If you asked them they probably have been telling us regularly in a roundabout way about lots of things but we've not listened and we've not picked that up. It would be really good for them to have the card to say I've told my nurse, whatever, and things haven't changed for me. I think they are telling us but they don't have a real power behind it and TM gives them that."

"I think the process outcomes would be a good thing. Particularly in Children and Families, where it is really important to ensure that the child's views have been taken into account. I think it would be more empowering to them"

For participants who were not currently using an outcomes approach, the inclusion of **Process** outcomes was also cited as important, and this type of questioning formed part of their existing evaluation processes.

One initiative of particular interest is the use and development of **Talking Mats** within East Stewart Gardens and Sinclair Integrated Day Service in North Lanarkshire. Here the service managers were particularly keen to trial the use of **Talking Mats** with service users with dementia and aphasia as part of the annual service review and, unable to await the production of the symbol set in support of *Talking Points*, created their own symbols, including symbols for the various **'Process'** outcomes. While not all service users took to the tool, its application did nevertheless generate some insightful findings with several service users. This experience suggests that inclusion of **'Process'** symbols is both feasible and worthwhile. Moreover, the staff at East Stewart Gardens staff have developed their own symbols to convey different aspects of **'your safety'** and increasingly have taken a personalised approach to symbol development, augmenting the standard symbol set with symbols they know will have specific resonance for an individual service user. Staff have agreed to undertake an action research project, ensuring that observations regarding the successfulness of different symbols are documented and learning can be shared with other service providers.

7. Future Uses of Talking Mats With a Focus on Personal Outcomes

Despite concerns about specific symbols and the omission of **'Process'** symbols, all participants were extremely positive about making future use of **Talking Mats**, both with a focus on personal outcomes and in other capacities. Some were confident that they would develop their own symbols, while others were interested to find out more about the existing 'off the shelf' symbol sets.

There was a strong sense that although the approach was ostensibly very simple, there was actually a lot more to it than first met the eye, and usage could become more sophisticated over time. Participants felt it would be useful in all stages of the care process, from getting to know the individual and his / her likes and dislikes, in care planning, assessment and goal setting and later in reviewing whether or not goals have been achieved.

In particular, in relation to review, it was felt that the use of symbols and the ability to visually revisit what had been planned could significantly add to current processes, helping to provide a record over time, which was likened to 'mapping a journey'. It was further noted that in some settings often the service user does not attend the review in person, or would be reluctant to contribute in a meeting setting, and here it was felt that recording a session with **Talking Mats** beforehand would be an excellent way of bringing a simple but clear record of the service user's perspective into the room.

Finally, it was observed that **Talking Mats** could help to provide a focus on personal outcomes outside of the context of planning, assessment and review. For instance, it was felt that the Mats would be helpful in debriefing sessions following an incident, both in terms of taking the heat out of the situation by having something to focus on, and by photographing the completed **Talking Mat** to provide a record of what was agreed.

8. Conclusion and Proposed Next Steps

The initial reaction to the use of **Talking Mats** in support of a personal outcomes approach has generally been extremely positive. The training format and delivery was very favourably evaluated and for future training events some important lessons have been learned regarding communication. However, a number of issues have emerged with regard to the *Talking Points* symbol set. These issues should be addressed before roll out. In particular, while service providers who engage with their service users on a day to day basis may be in a position to experiment with symbol development, personalisation and use over time, practitioners having only occasional contact with service users, such as care managers, will require a fit-for-purpose *Talking Points* symbol set that can be used 'out of the box'. As such, the following next steps are proposed:

- In conjunction with the University of Stirling, agree and finalise the *Talking Points* symbol set covering the 3 foundation topics: **'About you'**, **'Where you live'** and **'Activities'**, redressing wording and imagery issues identified at section 6.

- Follow-up correspondence with the training participants to find out how they are progressing with the symbol set in practice settings.
- Combine participant feedback with the learning to emerge from East Stewart Gardens to encourage the introduction of **Process** symbols, **'your safety'** symbols and, where appropriate, the development of personalised symbols.

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