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A survey of UK Special School Speech & Language Therapists (SLT) and school staff regarding the use of mealtime mats to provide eating and drinking guidelines



Sally Morgan, Cara Drury, Megan Thomas, Celia Harding Sally.morgan@city.ac.uk @sallymorganslt City, University of London

www.city.ac.uk

Introduction

'Mealtime mats' have been recommended as good practice in the UK when supporting people with learning disabilities and dysphagia1,2.

Typically these are simple one page, double sided laminated documents which short brief instructions of how to support a person with their mealtime, often with photographs included.

A variety of terms are in use e.g. 'Mealtime Information Sheet'1, 'Personal Placemat' & 'Eating & Drinking Plan'² They are also being utilised in other settings e.g. neurorehabilitation 'Mealtime Advice Mats'3

There has been little exploration of their effectiveness in general or of their use in children's services for children with LD and/or dysphagia.

<u>Purpose</u>

This survey explored the use of mealtime mats by UK special school staff and Speech & Language Therapists (SLT).

Methods

Two questionnaires developed to collect experiences of creating and using mealtime mats within UK special schools.

Ethical approval given by LCS Proportionate Review process, City, University of London.

SLTs (11) responded via an online survey Education staff members of a UK special school (25) completed paper-based questionnaires

Data were analysed using:

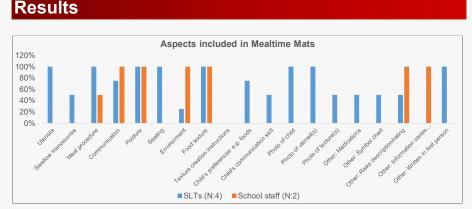
- descriptive statistics
- reviewing a small amount of free text comments using content analysis.

Some responses were ineligible or incomplete with the questionnaires analysed being: SLTs (8) School staff (20)

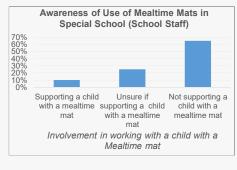
References

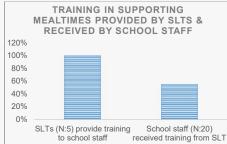
National Patient Safety Agency (2007). Problems swallowing? Ensuring safer practice for adults with learning disabilities who have dysphagia. Resources for health staff.
Marriott, A., & Turner, S. (2016). Making reasonable adjustments to dysphagia services for people with learning disabilities. Improving Health & Lives: Learning Disabilities Observatory
Probert, E. and Fundell, C. (2015). Reducing risk and promoting mealtime independence. RCSLT Bulletin, (January), pp. 20.
Meattime Advice Mat use in specials schools for children with learning disabilities. Learning Disability Practice
Chadwick D, Jolliffe J, Goldbart J et al. (2006). Barriers to caregiver compliance with eating and drinking recommendations for

caregiver compliance with eating and drinking recommendations for adults with intellectual disabilities and dysphagia. Journal of Applied Research in Intellectual Disabilities, 19, 2, 153-162.









The SLTs and school had different terms to describe the mealtime mats: Eating & drinking profile Eating & drinking passports Other: Not specified

One SLT (20%) reported they were measuring adherence to the mealtime mat advice.

Two (40%) of SLTs gave additional views in the free text comments. These reflected two aspects:

- Strong positive feeling regarding importance of mealtime mats as part of good service provision
- Concern that cost and time pressures were reducing mat effectiveness e.g. less frequent reviews and updates with no adherence monitoring

School staff also were positive about mealtime mats, despite few currently using them.

Fifteen (80%) of school staff responded to the free text question of reasons for concern about a child's eating & drinking. They highlighted three areas:

- Behaviour related to mealtimes e.g. food refusal, only eating certain textures
- Signs of aspiration e.g. coughing, chest infections
- Oral/preparatory difficulties e.g. difficulties using cutlery or chewing.

Conclusions

This small survey has shown that mealtime mats are being implemented within some UK special schools, though not all.

Even in this small sample, there is variety in usage in terms of name, format, content and evaluation. This reflects recent other findings of 12 different terms used within a sample of only 14 SLTs and one special school⁴.

The difficulties of ensuring support staff are aware of the strategies to support at mealtimes and of the reasons to raise concern continue to be highlighted, as found previously⁵

Research to determine the effectiveness of mealtime mats in special schools and other settings, including how to implement them, would be beneficial. This may assist further adoption & support of this recommended good practice approach.

> CONTACT. Sally Morgan City, University of London School of Health Sciences Northampton Square London EC1V 0HB