COMMUNICATION THERAPY INTERNATIONAL STUDY DAY

November 2009

"The Long and the Short of it: Short term projects examined"

Looking at different models of overseas project-work and how to address some of the issues that arise from shorter term projects.

Melanie Adams *page 2*

Volunteering Overseas: Models of input
What are your options?
What are the challenges?
How to make it work?

Debbie Sell SLT projects in Sri Lanka *page 6*

An exploration of training issues and transferring skills to others in the field of cleft palate and speech therapy in the context of the Developing World

The City SLT project in Cambodia *page 9*

A team of postgraduate newly qualified SLTs visit Cambodia for 3 months each year with comprehensive support.

The Jack Tizard project in Uganda *page 14*

Bethan Hope and Peter Smith, SALT and Special Needs Teacher report on their trip to establish links between their school and two special schools in Uganda.

Summary of the points raised in the presentations *page 17*

The CTI Debate *page 18*

“Short-term projects are no more than a glorified holiday”

Minutes of the Annual General meeting *page 19*

Evaluation of links between North and South Healthcare Organisations

DFID Health Resource Centre
John James
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July 2008

Background to the report
The report presents the findings of an evaluation of the links between UK health organisations and southern partners.
The evaluation was commissioned by the Department of Health and Department for International Development, following the publication of the "Global Health Partnerships" report by Lord Crisp (2007), and the subsequent response by the Government (March 2008).

Purpose of the evaluation
•To learn lessons from a sample of existing UK–Africa links.
•Examine issues relating to governance and harmonisation.
•Assess the appropriateness of the activities undertaken and their impact.
•Examine the support provided by facilitating organisations.
•Review similar initiatives originating in other countries.

Methodology
•The evaluation reviewed a sample of 12 links in three countries – Malawi, Tanzania and Uganda - that focused on MDGs 4 and 5 (maternal and child health).

•The links were evaluated through a combination of: desk reviews of relevant documentation; questionnaires, telephone interviews.

In some cases: meetings with northern partners, in-country meetings and discussions with southern partner institutions, discussions with southern ministries, and discussions with key facilitating organisations involved in establishing links with southern partners.

•In addition, a review of similar initiatives involving other countries was carried out including the role of supporting and facilitating agencies.

Summary findings
•There was considerable variation in the effectiveness of links. Whilst there were a number of successful links, benefiting, and valued by both southern and northern partners, there were also some that had failed to make significant impact and others which had expended considerable resources but not yet got off the ground.

• Links established by individuals **with prior experience** of working in Africa appeared most successful.

- There was greater impact on outcomes when southern partners determined the nature of the links support provided.

- **Continuity** of **longer-term support** provided by **experienced UK staff** was most valued by southern partners. Multiplicity of short-term inputs (e.g. two week visits) were – with the exception of **specifically-requested technical areas** – poorly regarded.

- Expectations: Links are essentially modest, low-cost interventions, focusing principally on capacity building. Hence, in the short-term it is unrealistic to anticipate any demonstrable improvement in health indicators (MDGs, etc). Process, and not impact indicators are more appropriate.

- The role of the facilitating agencies in providing long term and seed-corn funding was appreciated.

- All links should have agreed work plans with agreed outputs signed off by both partners and harmonised with local and national plans.

- Link finances should be administered through transparent mechanisms, and approved by health institution boards.

Where things can go wrong

- Northern partners driving the agenda, and disempowering southern partners.

- Lack of harmonisation with district and national plans and priorities.

- Slow planning processes – high transaction costs, demands on southern partners' time, opportunity costs, unrealistic plans and promises.

- Lack of prior in-country experience: Technical support provided by UK staff with no prior experience of/ insensitive to the situation in sub Sahara Africa perceived as inappropriate by southern partners.

- Link based on short term visits with multiple players.

- High-technology support: inappropriate in most cases; need to consider opportunity costs, sustainability, and relevance to the situation in sub Saharan Africa.

- Provision of inappropriate equipment and commodities.

Limitations to the review – according to DFID

•"Whilst this short review was necessarily limited and only a small number of **links** were evaluated in detail, we found considerable consistency in the responses of southern partners".

•"We had the opportunity to talk to local and national stakeholders (hospital/district/ government/ local authority/ academic/ NGO) who had wide ranging knowledge and experience of **links** and this enabled us to draw wider conclusions on the value of **links** as a development instrument in general".

Recommendations: key elements for ensuring successful links

•Relationship built on friendship, shared values, long-term commitment; "adult: adult" relationship.

- Link conforms with principles of good governance.
- Forum to ensure southern partners determine and drive the nature of the support provided.
- Flexible, iterative approach to developing support.
- Support based, where possible, on existing structures, mechanisms and technical resources.
- Principal focus on capacity building: longer-term visits or attachments by senior staff provide the greatest benefit.
- Minimise transaction costs both locally and nationally by reducing multiple "one off" visits.

•Ensure support based on nationally agreed **health** packages, policies and protocols and conforms with agreed local curricula.

- Support aligned with regional and national **health** policy and strategy.
- All support incorporated into institution/ district annual plans.
- Ensure provision of equipment and furniture is demand-led and conforms with guidelines outlined.
- Where possible ensure mechanisms to monitor and evaluate the support given using national data sets (not parallel systems).
- Lessons learned disseminated to other **links** partners, and to a wider audience

THET's comment
Tropical Health Education Trust (20 yrs old). See- Links Manual (2005): *A guide to starting up and maintaining long term health partnerships.*
http://www.thetftp.users44.donhost.co.uk/THETCommentary.pdf

•The rigorous disregard of anecdotal data precludes many accounts of successful links.

•There does not need to be an 'either/or' with long-term/short-term teaching and training visits.

•Not enough attention paid to the possibility of continuity of personnel on repeated visits and the skills mix of senior and junior staff.

•Many links combine successful 2-3 week visits with individual longer placements and find that a mixture of senior and younger participants can be useful.

Melanie then introduced the three presentations. Contributors had been asked to give an overview of the project, outlining the 'model(s)' employed. Then to address issues of:

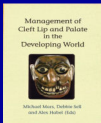
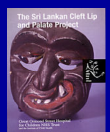
–**effectiveness**

–**continuity, sustainability**

–**meeting expectations & the danger of setting up false hope**

–**what different time-frames allow one to do and what not to**

–**how to address some of these issues**

Sri Lankan Projects 1984 - 2009

Debbie Sell Phd
Great Ormond Street Hospital NHS Trust, and Institute of Child Health

Sri Lankan Cleft Lip and Palate Project 1984-2009 cont.

6 surgical visits
1985,1986, 1990 (Galle), 1999, 2001, 2002 (Kandy) 900 surgeries

13 longitudinal data collection visits
1984,1985,1986 (twice), 1988, 1990 (twice), 1995, 1998, 1999, 2000, 2002, 2009
Recall rate 66% UCLP, 90% BCLP

740 surgeries

Part 1: 1984 - present day
Sri Lankan Cleft Lip and Palate Project: speech outcome in the late operated and unoperated patient

Part 2: Transferring skills
1988 Assistant's training programme
1999, 2000, 2002 Kandy Multidisciplinary Team Project.

Part 3: 1997- present day
Speech and language therapy training course

Speech Outcome Data: why do we need it?

- To ensure the best use of visiting and local teams
- Improvement in speech "was the single most important anticipated outcome for patients/families, often assuming that surgery would make an immediate and dramatic positive difference"
  Reeve et al, 2004
- Appropriate counselling of realistic expectations of surgery
  Habel and Bradbury, 2008

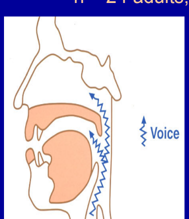
Approaches to Speech Intervention

- CBR
- Specialists fly in, fly out
- NQPs or student SLTs fly in, fly out
- Reverse fly in, fly out
- Transfer of skills
- Camp model
- Generalists SLTs but no specialist service
- Tertiary level specialist service

Sell, Wickenden and Nagarajan, in progress

Studies of very delayed palatal repair in adolescence/adulthood

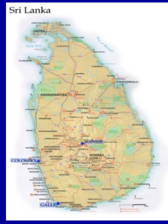
n = 24 adults, 31 adolescents



- Preoperatively 81% have severe articulation problems
- Postoperatively 70% have major difficulties with articulation
- Only 20% have velopharyngeal closure versus approx 30% in the minority world
  (Sell, 1992, unpublished PhD thesis)

Part 1: Sri Lankan Cleft Lip and Palate Project 1984-2009

- Multidisciplinary project to provide treatment, teaching and research
- Not surgical safari, ethos of self sufficiency and long term follow up, clefts exclusively
- Highly motivated project leads in London and Sri Lanka



Palate Repair in Under 10 Year Age Group

- 77 non-syndromic Sinhalese speaking patients with UCLP, between 4.3 and 7.1 years at palate repair
- Over 10 years old at data collection
- No speech and language therapy, no audiological management and no secondary velopharyngeal surgery
- Severe articulation problems: 70% postoperatively
- In 10 children, normal speech developed spontaneously

Birkett L. Nayak J. Sell D. Dent H. Mars M. unpublished

The Problem

•Large groups of unoperated patients of all ages, cleft types, varying amounts of education, and social contacts

•Many many more needing revisionary surgery and rehabilitation

Conclusions

- Delayed palate repair in older patients is usually associated with velopharyngeal insufficiency
- Abnormal preoperative articulation patterns in older patients do not change with surgery alone
- 1/3 children under 10-11 years at surgery can benefit even without rehabilitation
- Few adolescents did, mostly lesser cleft group
- Adults did not benefit from surgery in adulthood

Sell et al 1987, Sell 1992 ; Sell 1998

Other Culturally Related Important Outcomes unknown to us?

"Patients exist in a socio-cultural matrix in which the meaning of the condition ...and their futures are determined by a host of factors, including cultural beliefs and practices …"

Reeve et al, 2004

"it is possible that repair of the palate carries some status within the patient's local community, perhaps improving employment opportunities and conferring a status of healed or redeemed

Habel & Bradbury, 2008

More Evidence for Speech Outcomes

Audit of a consecutive series of 200 patients referred over their first 4 months working

Poor intelligibility group: 64%
85% hypernasal, 76% major consonant production errors
Intelligible group: 36%
55% hypernasal, 11% major consonant production errors

Dassanayke et al, Sri Lankan Annual Meeting of the Dental Association, 2002

Part 2: Transferring Skills

Counterparts Training Programme

- Only one SLT for population of 18 million
- 5 local individuals received training in facilitating articulation skills in patients with cleft palate over a 4 month period

(Wirt A. Wyatt R. Grunwell P. Sell D. Mars M. Cleft Palate J. 1990)

Critical Appraisal of Counterpart Training Programme 1988

- ?Effectiveness of intervention in highly specialised area of cleft palate
- Selection process
- Sustainability: problems of ongoing supervision and continuing professional development
- Position of the training programme in the existing health/education structure
- Status of individuals
- Stakeholders

Wirt et al 1990a, 1990b

Transferring skills to a multidisciplinary team, where there is no speech and language therapist

Kandy Project 1999, 2000 and 2002

Surgery, orthodontics, audiology, speech and language therapy, paediatrics

Patients

Speech Characteristics

- Kandy Project 1999, 2000, 2002 - High prevalence of very poor speech
- Limited possibilities for pharyngoplasties/revisionary surgery
- Minimal ongoing management of hearing problems
- Preschool children - delayed language development

Doctors

- Speech/language development, communication and therapy an enigma!
- Limited understanding of speech and cleft palate
- Limited experience of normal speech in cleft palate
- OR practiced in the West with expectation of similar SLT service from non-specialist trainee
- Technique focused?
- Machine focused to measure speech

Family Characteristics

- Minimal knowledge of the cleft condition, pathway of care and possible problems
- Limited written material available
- Aware and concerned about speech disorders: judged as moderately or severely disrupted *(Habel and Bradbury, 2008)*
- Passive recipients of services offered
- Unaware of the ongoing nature of speech therapy

Family cont.

"Families are likely to expect a cure, or attempted cure through medical intervention, relatively little individual attention, not much information or choice about the management of the problem and a one-off visit, not an ongoing service"

(Wickenden et al, 2001)

Training Programmes

In Sri Lanka

Multidisciplinary Clinic Masterclasses

Lecture Programme

Hands on Surgical, Orthodontic, Speech and Language Therapy, ENT and Audiology, Paediatric, Nursing & Anaesthesia Training

Training Programmes cont.

In the UK

Visiting Sri Lankan Multidisciplinary Team

Visiting Surgical Fellowships

Visiting Orthodontic Fellowships

Visiting Speech & Language Therapy Fellowships

3 SLTs Masters/PhD degrees

3 Paediatric registrars

Remember the old Chinese proverb "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime", but the teacher should be skilled at fishing *(Mars 2005)* and the student needs to be of a certain calibre *(Sell 2009)*

John B Mulliken, New England Journal of Medicine 2004

Part 3: Developing a Speech Therapy and Language Therapy Training Course in Sri Lanka 1997 onwards

Collaboration between Great Ormond Street Hospital NHS Trust, and International Child Health, International Child Health, Institute of Child Health, UCL, and University of Kelaniya Colombo

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- Stakeholders engaged
- Steering Groups in Sri Lanka and London
- Backing of Health Ministry
- Funding
- Employment of staff
- Initially diploma now degree
- Supported by Western SLTs for first 10 years; now largely self-sufficient; external examiner from overseas
- Social and impairment based approaches to rehabilitation; module on transferring skills

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Therapists' Work Settings 2008

•N = 63

Setting	Number of Therapists
•Overseas	~4
•Unknown	~5
•Deceased	~2
•Lecturers SLT Course	~2
•NGO	~2
•Private/Education	~11
•Education	~7
•Hospital	~30

0 5 10 15 20 25 30 35

•Number of Therapists

Conclusions

- >80 trained Speech and Language Therapists since 1998
- Based in cities; very large caseloads
- Minimal coverage of speech therapy for many years to come
- Provide consultancy, support and training to teachers, parents, other local workers, nurses
- Clinical SLT Internships in the UK
- Recent Indian influences

SLCLP Project's Impact on Cleft Surgery in Sri Lanka

- Prior to project
  - Not a priority
  - Variety of surgeons involved
  - Large reservoir of patients
- After the project
  - Centres of excellence established in Kandy, Colombo and Galle
  - Increased awareness and higher priority
  - Waiting time for cleft lip/palate surgery reduced
  - More health professionals trained in cleft lip and palate work

Lamabadasuriya 2008

'Cleft lip and palate is not a priority, it is not life threatening, just as the treatment of varicose veins is not a priority.'

Professor of Surgery, Galle, Sri Lanka 1998

Models of Speech Intervention

- CBR
- **Specialists fly in, fly out**
- SLTs NQPs or students fly in, fly out
- **Reverse fly in, fly out**
- **Transfer of skills**
- **Camp model**
- Generalists SLTs but no specialist service
- **Tertiary level specialist service**

Cambodia SLT Project with City University

Background to the Project :Recent History
Independence from France in 1953

1975 – 1978: Khmer Rouge regime

- Entire population sent to work in the countryside.
- Education and western healthcare forbidden.
- 25% of the population killed or died

1998: Rebuilding

- Pol Pot dies.
- Large-scale rebuilding begins with billions of foreign aid dollars

Statistics

	Cambodia	Thailand	UK
Life expectancy	54	75	79
Under 5s mortality	82	8	6
Average Age	21	33	40
School life expectancy	10	14	16
wage $/yr	1500	7400	33,600

45% of under-5s are moderately/severely underweight
Of the 80% living rurally, 8% "use adequate sanitation facilities" (Unicef 2006)

Barriers to health for rural children with disabilities: (Van Leit et al, 2007)

- Cost of transportation (67%)
- Cost of healthcare and medicine (40%)
- Lack of knowledge about health (38%)
- Lack of trust of the healthcare system (38%)

Project Model

- Started in 2007
- A team of therapists work for 3 months each year. Our focus is not on the individual level, but through training and working with organisations.
- A team of postgraduate newly qualified SLTs visit each year with comprehensive support

- 3 SLTs worked in Cambodia from Sept – Dec 2007.4 SLTS in 2008 and 5 SLTs in 2009

How is this different

- Newly qualified SLTs vs. clinical specialist SLTs
  - Very hard for SLTs who are working to commit to 3 months
  - Allows a selection process: 40 applicants initially applied and from which 10 were interviewed
  - Chosen NQT SLTs (all post-graduate) have a great deal of related experience
- Training Model
  - All work involves training individuals, training groups, working with organisations and developing links between organisations
- Sustainable: Each year builds on the last
  - comprehensive handover sessions between each year's team in the UK; detailed notes, records and resources in Cambodia; focus on developing strong working relationships with local partners

Where we work

In the capital, Phnom Penh:

- The Children's Surgical Centre (CSC)
- The National Paediatric Hospital (NPH)
  - Both provide free primary surgery for cleft lip and palates
  - Limited MDT (Surgeons, nurses, visiting missions) with no SLT
- Rabbit School for children with disabilities
- National Borey Centre - Children's home with a large number of children with physical and learning disabilities
- All Ears Audiology Centre

Cleft Palate Work

- 82+ patients seen pre and post operatively at CSC (18 of whom returned for therapy sessions)
- 33+ patients seen at National Paediatric Hospital
- Local worker (Samnang) trained as 'Cleft Speech Advisor'. Daily lectures and clinical learning.
- Training sessions for cleft surgeons
- Links made and referrals possible to audiology and orthodontic clinics

Outcomes

- Local worker at CSC and another at the NPH now taking a clinical lead with supervision
- Cleft Speech assessments developed in Khmer

- Referral pathway set up for hearing and dental problems
- Surgeons more aware of speech as an surgical outcome
- Khmer Leaflets made and system for distribution agreed
- Set up system for distributing toothbrushes and cleft bottles
- Produced list of possible candidates for secondary surgery
- Presented at the National Cleft Conference

Communication disabilities

The Rabbit School

- Conducted classroom needs assessment
- 10 training sessions for school staff with practical in-class follow-up
- Translators used to support work
- Delivery of a 5-day intensive training workshop for 35 Cambodian field workers and teachers. Topics included:

  What is speech and language? How to identify children's strengths and needs; How to produce visual timetables & communication boards; How to use sign and manage challenging behaviour.

- Prior training given to Rabbit School staff to allow them to support us in workshop delivery.

Outcomes

- Training week for 35 Cambodians. Follow-on training week scheduled for November 2009
- Teachers are using visual strategies such as visual timetables, communication boards and PECS
- Classroom activities more functional
- School asking for SLT input into curriculum

Dysphagia Work - National Borey Centre

Supporting caregivers at lunchtimes in feeding children with severe CP.
Two training sessions provided on safe feeding practices for 20-30 caregivers.
Development of communication and feeding profiles for 22 children in English and Khmer

Outcomes

- Staff using a more optimal feeding position with some children
- Communication and feeding profiles made for 22 children, continuing this year.

Sustainability:

Building An MDT Approach

- All Ears Audiology
- 4 training sessions provided for Cambodian audiologists and trainees
- Referral system for cleft patients established and support provided to attend
- Orthodontics
- Referral system for cleft patients established.
- Disability Action Council
- Established links with local organisations; presented our project and explored areas of SLT need in Cambodia
- SLT working party established

The Challenges

1. Measuring effectiveness

- Progress seen within the 3 month visit. However, due the to model of working, a challenge is showing and maintaining effectiveness between visits. We've tried to do this by measuring:
    - Client progress (speech recordings, assessments)
    - Change in caregiver behaviour
    - Clinical skills of lead SLT workers
    - Increase in interest to support children with SLCN
    - Number of people trained and level to which trained
    - Impact on coordination between services

2. Continuity

- Since the model allows a large gap between visits, we have tried to ensuring continuity by:
    - Exit meeting with local partners
    - Raising awareness of the project
    - Importance of selecting SLTs who share ethos of project
    - Comprehensive handover and training in the UK
    - 2 week initial visit with SLT from the previous year
    - Supervision by permanent SLT (Dr Alice Smith) based locally
    - Halfway progress visit, with continuity a focus
    - Involving other SLTs who can do low-level monitoring

3. Meeting expectations and not setting up false hope

- Research in Cambodia has shown local people have high and unrealistic expectations of NGOs. We try to ensure we portray and agree a realistic service by:
  - Initial planning meetings with each centre each year
  - Shifting the focus away from our projects and more on increasing their skills
  - Local organisation-centred planning
  - Setting realistic goals for ourselves

4. Personal Challenges

- Frustration and sadness with some local practices
- 'Culture Shock'
- Living and breathing speech therapy
- Plenty of rain!
- Trying to do too much

Children's Surgical Centre - *www.csc.org/*
National Paediatric Hospital - *www.nphcambodia.org/*
Rabbit School – www.rabbitschool.org/
All Ears – www.allearscambodia.org/
Disability Action Council – www.dac.org.kh
Who Cambodia Profile – www.who.int/countries/khm/en

Jack Tizard Special School International Link trip to Uganda

Jack Tizard is an all age community day school (3-19 years) in the UK catering for children and young people with Severe Learning Difficulties (SLD) and those with profound and multiple learning difficulties. Some pupils may have additional sensory impairments, physical difficulties or challenging behaviour. Whilst the school is all age, care is taken to ensure that a distinctive primary and secondary ethos exists.

Two teachers, Peter Smith and Tessa McGeehan, spent 2 ½ weeks in Uganda; Bethan Hope, Speech and Language Therapist, spent 4 weeks in Uganda. The staff team visited 2 special schools; The Komo Centre for Understanding Children with Autism and the Entebbe Welfare School, a school for children with a range of learning and physical disabilities.

Two Ugandan Speech and Language Therapy students were supervised by Bethan supervised and helped with language barriers by interpreting. The school students were taught in both Luganda and English.

The team provided resources to the schools, spent time in classes learning about how children in Uganda are taught and also shared skills by providing training to school staff.

The purpose of the first trip was partially a fact finding exercise to:

- Investigate the set up of 2 different special schools in Uganda
- Gain an understanding of the education available to children with special needs in Uganda
- Gain an understanding of attitudes of staff, parents and the wider community towards people with special needs
- Make links with the Speech and Language Therapists working out in Uganda.
- Offer a training opportunity for Ugandan Speech and Language Therapy students.
- Evaluate our own practise in light of experiences in Entebbe and to understand more fully the impact of effective strategies for improving communication skills and providing meaningful learning experiences for pupils with complex physical and learning needs.
- Shadow teachers to observe their strategies and also to demonstrate some of our approaches as a starting point for discussion.

DFID Global Schools Partnerships

The government encourages schools to make global links through their global schools partnership programme. Following an initial visit to a partner r school a link can be registered with the British Council and support and advice can then be sought through this programme. The team visiting Uganda and the wider school staff team want Jack Tizard students to be able to access similar global links to other mainstream schools at a level they can understand. This might mean listening to music from other cultures, looking at pictures of other cultures or providing them with sensory experiences related to other cultures.

Komo Centre

The Komo Centre for Understanding Autism was set up by Elizabeth Kaleeba to provide her son, Christopher Komo, who has a diagnosis of Autism, with a means of accessing education.

It has one special needs class which currently has 6 students, but could cater for up to 10 students. There are also two mainstream nursery classes; these students provide the special needs students with opportunities for interacting with normally developing children.

Two nursery teachers run the mainstream nursery classes; Anna Fayers, VSO volunteer is supporting the running of the special needs class and has a role in providing advice regarding special needs and training staff. She works with a Ugandan Special needs Teacher. Anna has a two year placement through VSO.

Whilst we were there we carried out direct work with the students, assessing them and making suggestions about strategies that could be used to develop their interaction; their understanding of language; their ability to express themselves; and their attention and listening skills in order to improve their access to learning opportunities.

We were aware of the need to use staff skills, rather than de-skilling them by forcing our western values on to their teaching practice. One way this was achieved was by asking staff to share traditional stories with us and using these to develop a sensory story, which was really successful with the students.

Elizabeth Kaleeba, director of the school, was keen for us to provide training to staff. Although the teachers are special needs trained, their understanding of Autism and of strategies to use with children with Autism is at a basic level. It was therefore helpful to cover this; we discussed basic language strategies as well as total communication and in particular the use of signing. We looked at some Makaton signs together, but were keen for staff to use their knowledge of Ugandan sign to support students.

We began to encourage use of pictures within school, but had to recognise the limitations of this as children may have little access to pictures at home. In addition, we frequently introduce PECS in Jack Tizard School, using food as a motivating item for children to request. This was not appropriate in Uganda as food is so much more precious and children may not always get 3 meals a day, so they are hungry.

Entebbe Welfare School

The Entebbe Welfare School's lessons were a lot more academic than those in England. Teaching is very structured and often centres around rote

learning information through frequent repetition. The children are placed in classes based on ability which means that in the primary class there were also older students with special needs (up to 17 years of age). The needs of the students seem quite varied; some children had little or no speech and appeared to have significant difficulties understanding language as well; other children were developing their speech and language skills at a slow rate.

The highly structured approach used can be helpful for special needs students in terms of having a clear work routine, however it's very difficult for staff to adapt this curriculum to the needs of the special needs students and if they can't learn in this structured way, they may end up being left to their own devices and missing learning opportunities or engaging in negative behaviour.

Religion, in particular Christianity, is very important in Ugandan culture; prayers and songs were sung at the start and end of lessons. The students relied on their religious beliefs. At the end of a lesson when the teacher was leading a song thanking Jesus, one particular student suddenly started clapping and dancing, responding very positively to the song.

All the students were encouraged to develop their independence and this was made clear throughout the day. One of the keys aims of the school is to prepare students for independent living by giving them jobs related to activities of daily living. Some of the jobs it was uncomfortable to watch the children do, e.g. cleaning out toilets, hand-washing clothes. However we could see the purpose of empowering the students to look after themselves and this is an area where perhaps we could learn more from our Ugandan colleagues.

In terms of speech and language therapy, myself and the Speech Therapy students were able to carry out assessments on approximately 6 students. Although this was good experience for the Speech Therapy students, it was difficult to put the assessments to good use for the school as staff are limited in how they can adapt their practice for special needs students.

I wanted to talk to staff about how SLT fits in with the school's aims, however, we were at cross purposes as I think they felt I should give them some answers, when I recognised that the way I work in the UK is not transferable to this setting. I did discuss basic language strategies again, e.g. Reducing language levels and using signs/gesture to support understanding, but I came to the conclusion that in terms of speech therapy, state schools need a more traditional 'old-school' method of taking students out to do individual or small group work, rather than expecting teachers to adapt their teaching methods.

Summary of the points raised in the presentations compiled by Melanie Adams

The key features and stages of the Sri Lanka process were:

1. Engaging stakeholders
2. Setting up steering groups in UK and Sri Lanka
3. Obtaining backing from the Sri Lankan ministry of health
4. Obtaining funding
5. Employing staff (UK and Sri Lanka)
6. Receiving support from 'Western' UK therapists for 10 years
7. An emphasis in the training on social as well as impairment based approaches to rehabilitation and the transfer of skills.

Elements that have been found to be key in effective projects:

1. Pre-departure preparation to include:

    Orientation to the project and handover from previously volunteers on the same project.

    Clinical preparation (eg. modified dysphagia training, additional training on cleft lip and palate).

2. The formation of a committee of previous volunteers to the project plus additional members who are people with extensive experience of overseas work, if possible.
3. Sharing lessons learnt between different projects.
4. Ensuring adequate funds for interpreters and modifying one's expectations of what can be achieved in any one session when using an interpreter (ie. time issues)
5. The use of local materials, adapting materials to the local culture (eg. use of certain types of stories)
6. Taking video footage and photos of current local good practice to reflect back.
7. Considering the need to modify one's way of wring to meet the local expectations eg. Taking children out of the classroom rather than working within the classroom?
8. Choosing your partner organization and your trainees carefully.
9. Try to use local therapy students and bring them into services you are working in – in the hope of setting up a sustained student placement.
10. Think about and help to set up local referral patterns.
11. To be aware always of what we as volunteers are learning and bringing back with us to share in our workplaces here.
12. Look out for potential future links – who else to link in with locally.

The CTI Debate

Motion: Short-term projects* are no more than a glorified holiday.
(*ie: those that last under a month)

Arguments for the motion:

- Time is needed to learn the local expectations, geography, culture, even the accents, etc.
- It takes time and effort to build relationships
- Projects have a high demand on local workers, who need to get accustomed to the visitor's way of doing things.
- Short term projects do not follow the "adult-to-adult" model, and they disempower local communities.
- Longer term projects offer the opportunity to build links with powerful and influential local organisations that can effect and help implement change.
- Countering the argument that it is possible to plan intervention beforehand; how does one do this in a place where there is no internet?
- Can the cost and expenses of many short term inputs be justified when compared to that of long term ones?

Arguments against the motion:

- In the real world, skilled professionals are not easily available for long term projects, due to work load, finance, etc.
- Short term projects are less disruptive to the hosts, and less threatening to local workers and organisations.
- Taking a consultancy approach empowers local people, as they are given information that *they* can use, as well as reducing "possessiveness" on the part of the visiting worker.
- Short term projects require more planning and preparation, and can result in clearer objectives.
- Although objectives must be smaller and good handover is required, ongoing visits support this.
- People stay healthier, focussed and fresher!

Points raised during discussion:

- In order to undertake short term projects, there is a need for comprehensive pre-planning and preparation, including fact-finding (eg local politics and culture, etc)
- Flexibility is essential.
- It is necessary to work to build rapport with local workers and organisations.
- It is important to consider carefully what is achievable in a short time.
- Being a visitor on a short term basis can sometimes provide the possibility of saying things and addressing difficult issues with impunity which can not be raised by those ensconced in the situation. However it is vital that the visitor is sure he/she is definitely representing the wishes of local people.

Minutes of CTI AGM meeting
14th November 2009

1. **Minutes of last AGM**

These were accepted as an accurate and signed by Mary Wickenden.

2. **Matters arising**

There had been discussion last year about setting up a facebook account and enabling members, particularly those working in a developing country, to exchange ideas and support each other. Shermeena Rabbi offered once again to set up the facebook account and a link to it will be put on the CTI website.

3. **Committee members**

Current committee members and posts are:
Mary Wickenden – Chair
Ruth Patil – Membership and Finance
Nayanalie Dassanayake – Preparation for Study Day
Linda Watson – Secretary
Ruth Afako – Newsletter
Himali De Silva
Mel Adams
Pauline Ndigirwa

Mary outlined the role of Chair and expressed a wish to step down, having held the post for 6 years.
Mel Adams expressed an interest in the role of Chair, but wanted to find more about what it entails.
Two new people were voted on to the Committee:
Amy Jensen (worked in Bangladesh) – proposed by Ruth Afako and seconded by Mel Adams
Sarah Bagnall (worked in Uganda) – proposed by Anne Bruce and seconded by Judith Mitchell

4. **Membership update**

Current membership stands at 146 individuals and 4 organisations, an increase on last year.
New members were attracted by articles in the RCSLT Bulletin and a number of enquiries have come via the newly revamped website.
As a result of sending out a reminder letter re subscriptions, several members renewed their payments and a small number offered to sponsor another non-paying member.

5. **Finance**

Deposit account stands at £1363.66
Current account stands at £603.62 (approximately £200 less than this time last year)

6. **Links with other organisations**

Ruth Patil had had some discussion with Gemma Hoskins at VSO and she was hoping to attend today's Study Day. She did not in the end come.

Meheen Rangoonwala from MAITS outlined their work as a funding body for special education projects. Four current areas of focus are:

- grant applications and funding. They have recently supported Bethan Hope to visit Uganda and a number of therapists to carry out work in Cambodia
- links with organisations in Pakistan, India and Bangladesh
- setting up centres for special education. The first is in Cape Town and will be run by local staff
- setting up an online interactive community for special needs

A link to the MAITS website is to be put on the CTI website – Himali to contact Wimaal

7. **Ideas for Study Day 2010**

The following ideas came from those attending the Study Day/AGM:

- working with interpreters
- what types of intervention work/don't work
- how approaches "translate" (eg. visual techniques)
- update on CBR (this would also be very useful for overseas members)
- needs assessment

These ideas will be looked into further at the May Committee meeting.