



# COMMUNICATION THERAPY INTERNATIONAL

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

## STUDY DAY REPORT

November 2010

### How do you know it worked?

A day looking at how we can evaluate the success of our contributions to disability projects in developing countries

Effective monitoring and evaluation: Louisa Gosling.....	2
Evaluating the sustainability of work in a special needs school and cleft palate surgical centre in Phnom Penn: Kay Gillett & Lydia Kijowska.....	4
Monitoring and evaluation of the first national programme in Speech and Language Therapy in Uganda: Sarah Bagnall & Julie Marshal.....	9
Minutes of CTI AGM.....	10

## **Louisa Gosling: Monitoring and Evaluation**

*Monitoring and evaluation is about understanding, demonstrating and learning from change: “proving and improving”*

We started with an exercise called The Most Significant Change (MSC) to let people introduce each other while thinking about change.

In groups of 3 share stories and

- Describe the most significant change in your life in the last month
- Why is it significant
- What have you learnt from it?

Between the 3 of you choose which story is most significant and why.

*MSC is a method for assessing change – in a participatory way that people learn from.*

### **Aims, objectives and outcomes**

Most monitoring and evaluation depends on having clear aims and specific objectives. You then measure your progress against those aims and objectives. You look for outputs and outcomes.

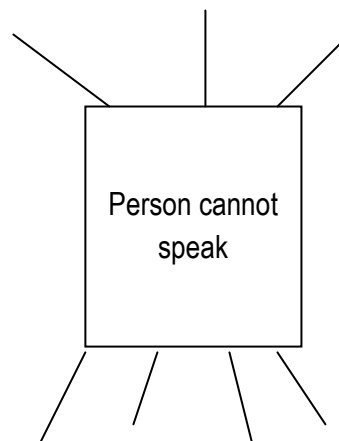
**Outputs: what have you done**, for example the number of training sessions you have held.

**Outcomes: what has changed as a result of what you have done**, – trainees have more skills; and **what has changed as a result of that** – they are able to successfully treat more people.

So how to define outcomes you are expecting to see? It is often easier to start with the problem and turn that into the solution. One way to do this is to draw a **problem tree**.

Start with a problem and write it on the ‘trunk’. Identify causes of this; these are shown as the ‘roots’. Identify the effects of the problem; these are shown as the ‘branches’.

Branches: the results of the problem



Roots: the causes of the problem

In groups people interested in the same kind of work used this approach to identify and describe a problem in areas of

- Training
- CBR
- Clinical work
- Policy advice.

### **The Solution Tree**

The Problem Tree can be used to draw a Solution Tree. By changing one (or more) of the 'roots' the problem is addressed and changes can be expected at the level of the 'branches'. What would these changes look like – what would be good indicators of change?

### **Indicators of Change**

An indicator is a fact, figure, feeling, perception or judgement that lets you measure a change in a situation or condition and which confirms progress towards a specific result.

Types of tool for measuring change:

- Quantitative methods: questionnaire, survey, checklist, forms, tally sheets, counting children methodology
- Visual methods: photo, film, diagram, maps, timeline
- Matrices: control and access
- Stories: Most Significant Problem, drama and song
- Qualitative interviews: semi-structured, key informant, focus groups.

How to choose different methods:

- Who needs the information and why?
- What key questions are you trying to answer?
- What indicators are you monitoring?
- What resources are there to collect and analyse the situation?
- Consider the importance of rigour vs. participation.
- Critical thinking is more important than which actual tool is used.

### **In Summary**

You need to know what information you are looking for.

You need to know who needs the information and what for.

You need to identify the opportunities for learning, for accountability and for improving programme management.

## City University Cambodia Project:

### **Evaluating the sustainability of 3 months' input and 9 months' consolidation in a special needs school and cleft palate surgical centre in Phnom Penn.**

Kay Gillett & Lydia Kijowska described and discussed the approaches used to evaluate the impact of an ongoing SALT project in Cambodia. Details of the development and scope of this project can be found in last year's Study Day Report on the CTI website.

[http://www.commtherapyint.com/news\\_letters\\_downloads/Study%20day%20report%202009%20final%20version\(2\).pdf](http://www.commtherapyint.com/news_letters_downloads/Study%20day%20report%202009%20final%20version(2).pdf)

#### **Aims**

In the broadest sense the project aims to contribute towards improved quality of life and social inclusion for people with speech and language difficulties.

The aim of the SALT involvement is to establish local expertise by empowering local staff to offer basic speech and language services within a multi-disciplinary context.

The therapists also indirectly provide SLT input for a limited number of clients.

The 'outputs' intended to promote this sustainable model include:

- Practical support & training
- Modelling strategies & approaches
- Providing feedback
- Troubleshooting new ideas
- Establishing links with other local professionals & volunteers

#### **Evaluating sustainability**

2009 was the third year of the project. There were no specific baseline measures of outcomes other than yearly progress reports which contained goals, activities and 'successes'. These were a mixture of 'outputs' (what had been *done*) and 'outcomes' (what could be shown to have *changed*).

In order to identify the effectiveness & sustainability of input there needed to be ways of evaluating

the skills of local workers being trained;

the impact on communication skills of clients

We wanted to answer the following questions:

- Does training local staff for 3 months of the year provide them with adequate skills?
- Are these skills retained?
- Are certain methods of training more effective than others?
- Are Western therapy methods transferable to Cambodian culture?
- Do they have a positive impact on client's communication skills?

## **Evaluation**

This was considered in three aspects: that completed by UK SLT's, that completed by local staff and measures of client outcomes.

### **1. Completed by UK SLTs**

#### **1.1 The Rabbit School. A special needs school.**

Goals for the 3 month period were set following 2-3 weeks of observation and through discussion with the headmaster and teaching staff. Evaluation of whether they were achieved was carried out at the end of the placement. An observational rating scale provided a broad measure of how often each strategy was carried out in each class. The therapists used the same rating instrument at the end of the 2009 visit; the start of the 2010 visit and the end of the 2010 visit.

#### **1.2 Cleft palate surgical centre**

Therapists made qualitative observations of the Cleft Advisors, for example:

- Do they bring all resources needed to the session?
- Do they give out appropriate leaflet?
- Do they take a case history?

They also used case study scenarios and questions to ascertain whether the advisor could link theory to practice.

#### **1.3 Comments on the evaluations made by visiting UK SLTs**

The presenters reflected that a limitation of this tool is that again it focuses on *output* (what was actually done) and did not necessarily measure of *outcome* (the impact of what was carried out on the staff and children).

In addition some specific difficulties had been encountered:

- There was an element of subjectivity between the different SLT raters.
- The rating scale was restricted to pre-determined categories leading to the criticism that it was 'not fully representative of what we are seeing'
- Important details were not recorded, e.g. communication books were being used but it was not possible to describe the way they were used: for choosing activities but not for conversation
- The SLT observation was completed after a long summer holiday and with a new group of children which meant it may not be representative of practice all year.

### **2. Completed by local staff**

#### **2.1 The Rabbit School**

A questionnaire completed by staff at the end of the placement explored

- what staff took away from the project

What ways have you learnt to support a child to express themselves?

*'Providing choice to help the child be more independent'.*

- what staff found useful

Have you made any changes in the way you teach the children?

*'Activities set up should be adapted to attention of children (long/short). The teacher has to be flexible with behaviour of the children/change the activities*

- Would like to learn more about

Showed insight - tailor input to teacher's own identified needs...

*'I would like to learn more concepts and methodology to help students/children with no attention, behaviour problems, or who are low functioning (severe/profound disability)'*

A three day training course collected feedback from 20 attendees using a 1-5 rating scale before and after training. This showed improvements in all areas of learning and confidence in practical application

Hoping to achieve a quantitative evaluation of SLT input a questionnaire was developed to be completed by teaching staff *between* SLT visits. It was hoped to evaluate the sustainability of input since UK SLT's left in 2009. The intention had been to email the results but instead they were completed on arrival of the next group of SLTs as a baseline measure.

## 2.2 The Cleft setting :

Ratings scales were given before training so they were able to identify areas of need and what they would like to learn more about. They were also given after training sessions and showed increased confidence.

Difficulties noted with this approach included:

- Staff may feel obliged to provide a rating that indicates improvement. For example they reported using PECS 3 x daily with 9 children but this does not match up with the SLT rating of 'occasionally' and 'never'.
- Language differences can mean that the staff might not be answering the actual question asked
- The Rating scale/ questionnaires were restricted to pre-determined categories
- And did not tap into what staff might deem important.
- Expectations and learning styles are different between cultures so staff may not have been asked to reflect on their own knowledge before.

Some possible solutions to problems with staff and SLT evaluation:

- Ensure rating scale incorporates staff priorities
- Encourage rating scale use with staff and other professionals throughout the year
- SLT and staff to complete same rating scale and then compare
- Improve self-evaluation through video

### **3. Client Outcomes**

#### **3.1 Rabbit School**

Currently progress notes are the only measure of client outcomes. It is proposed that support teachers should set yearly targets for children and evaluate on the next visit. For example:

PECS – moved on a stage, use in class, no. of items child can request

How many minutes a child can attend to an activity

Spoken language – word level

Functional outcomes need to be considered too, such as whether the changes are meaningful for families; whether SLT input has increased understanding of communication difficulties and reduced barriers to participation.

Functional outcomes for individuals should also be measured such as whether the child is regularly attending school, making friends and able to identify any change themselves.

Videos were taken in 2008 & 2009. The 2010 group will take videos at the beginning and end of their placement with the possibility of developing a structured observation checklist to compare videos.

#### **3.2 Cleft settings:**

The following records of client outcomes were made:

- Khmer speech assessment in order to gain a baseline measurement and compare outcomes after input
- speech samples recorded as a baseline measure
- records were kept of the numbers of parents advised, other difficulties children had alongside cleft and any verbal feedback from parents/carers

Challenges encountered when measuring client outcomes:

- Training cleft advisors to carry out these measures is difficult
- Only a small number returned for more than one session so we were often unable to re-assess: 8 out of 22 potential clients called back, reasons for not reassessing included difficulties of distance/time/money/no contact number
- Because there was no current system in place at CSC for surgery follow up it was difficult for cleft advisors to organise SALT sessions around this
- Parents may have differing priorities and not feel returning is important because surgery alone 'fixes' their child
- Parents may feel a cultural obligation to say that the child's speech has improved when asked by a professional.
- There may be differences about what is meant by speech and language e.g. the parents may be less concerned about a child's significant language delay as long as the child says a few words 'clearly'

Some possible solutions include

- working with cleft advisors to establish what methods of evaluation they can realistically use.
- Continued attempts to compare patient data year on year
- Establishing what patients/carers would consider a successful outcome
- Single case studies following families through therapy programme

SmilePhone. Smile Train have donated the funds to give every patient at CSC a phone post surgery to encourage follow up and continuity of overall care. This is to be evaluated in a year.

### **In conclusion...**

A range of outcome measures have been described including those collected from the SLT's, staff training and client progress. As the project grows, outcomes need to reflect the change within the range of input/areas being targeted.

The presenters, having considered the difficulties encountered with the approach adopted by the project, posed the question, *does western therapy actually work in Cambodia?* Their discussion had been about the difficulties in capturing change; but the very change we might expect in the West might be greater than that which would be deemed a success in Cambodia. So, are we accurately recognising the change?

## **Monitoring and evaluation of the first national programme in Speech and Language Therapy – experiences in Uganda: Sarah Bagnall & Julie Marshall**

Uganda has 42 living indigenous languages as well as English, inherited from the colonial period, and Swahili which is regionally important. There is also a Ugandan Sign Language. SLTs have been working in Uganda with VSO since the 1980s.

There was a review of service and ‘planning for the future’ workshop with stakeholders in 2000. This led to a training curriculum being developed and revised between 2002-2006 and a BSc programme being approved and accredited 2007. Training began with 13 students in 2008, and they graduated in 2010.



The SLTs, still supported by VSO, teach the course and run the teaching clinic at the university hospital. Sarah Bagnall summarised the approach to monitoring and evaluation that has been developed in the two separate but linked strands of the project.

### **Monitoring**      In the clinic

- Reports
- Statistics
- Data

### For the teaching programme

- Assignment results
- Attendance at lectures
- Practical grades

### **Evaluation**      In the clinic

- Statistical analysis
- Different models of intervention
- Reports to VSO

### For the teaching programme

- Module review
- Personal tutorials

### **Challenges with M & E**

Staff changes affect the consistency of approach to monitoring and evaluation.

There is always limited time and too much to do for staff to do so M& E is not established as a priority.

There are no defined ‘indicators’ therefore no clear guide for what to measure.

At present there is limited local ownership of monitoring and evaluation. When the need is not recognised attempts to measure progress will not be sustained.

## Minutes of CTI AGM: 13<sup>th</sup> November 2010

Chair: Mary Wickenden (chair)

Minutes: Himali

Item	Action	by
<p><b>Minutes of previous meeting</b></p> <p>Minutes of Committee meeting held on 23.05.10 accepted as accurate by Mary</p>	none	
<p><b>Membership</b></p> <p>Ruth Patil gave an update on CTI membership. Current membership stands at 163. Almost half this number is sponsored members. Ruth encouraged members to set up standing orders. Most people used January 1 as the date for Standing order to go out.</p>		
<p><b>Treasurer's Report</b></p> <p>As of 19 October 2010, the balance in the Deposit account is £1365.03. The balance in the current account is £1269.09</p>		
<p><b>Composition of committee</b></p> <p>New chair person was voted in</p> <p>Chair: Mel Adams.</p> <p>Proposed by Tom Morris, seconded by Shereen Ibrahim</p> <p>Secretary: Himali de Silva</p> <p>Treasurer: Ruth Patil</p> <p>Editor: Ruth Afako</p> <p>Other duties:</p> <p>Study day coordinator: Nayanalie</p> <p>Website: Himali</p>	<p>Previous chair Mary to hand over</p> <p>Continue position</p> <p>Continue position</p> <p>See section on Website</p>	<p>Mel and Mary</p> <p>Himali</p>
<p><b>Website</b></p> <p>Mary reported that she has had positive responses re the updated website. It is now being used as the main</p>	Himali to inform the web manager.	Himali and Julie

<p>source for information sharing. A few changes were suggested;</p> <ul style="list-style-type: none"> <li>- Upload the leaflet on the website, so people can print it out as necessary</li> <li>- Add links to the international arm of ASHA, Australian SLT organisation, East Africa and Audiology</li> </ul>	<p>Julie Marshall to send Himali links to the organisations.</p>	
<p><b>Leaflets</b></p> <p>It was agreed that the leaflet was a bit dated and a new one needs to be designed. This may need to be as early as February 2011</p> <p>Mary informed people about the CTI posters which could be borrowed for publicity</p>	<p>Mel to check with MAITS where their leaflets were printed and look in to getting the new CTI leaflet done at the same place.</p>	<p>Mel</p>
<p><b>Articles</b></p> <p>Ruth A asked people to write articles about interesting projects, which can be shared with others via the website</p>		<p>All</p>
<p><b>Directory</b></p> <p>Ruth P emailed Directory to all members but many emailed bounced back. It was suggested that;</p> <ul style="list-style-type: none"> <li>- To set up email account to send the attachment to one email address at a time</li> <li>- If this fails, to post the directory with a note requesting members to get in touch with Ruth with new email addresses</li> </ul>	<p>Ruth to re-send directory</p>	<p>Ruth P</p>
<p><b>Links with other organisations</b></p> <p>Mary informed that Occupational Therapists have started a group 'OT Frontiers'. The physiotherapists equivalent 'Adapt' has been up and running for some years. A representative from Adapt was present at the AGM.</p>	<p>Mary to contact the two groups and propose a joint meeting next year.</p>	<p>Mary</p>
<p><b>Study Day</b></p> <p>Ideas for Topic:</p> <ul style="list-style-type: none"> <li>- MDT working in other countries</li> <li>- CBR update (new guidelines were launched this year)</li> <li>- Working with interpreters</li> </ul>	<p>Contact OT/PT groups to see if they agree</p>	<p>Mary</p>

<p>- Funding for host projects</p> <p>Most people agreed that the CBR update along with MDT working might make a good study day.</p> <p>Timing of Study Day was discussed. People felt that July might be too late for people going away for summer. It was agreed that April is a better time.</p> <p>Ruth A suggested that we have a bigger session with a practical focus in April, but that we maintained the smaller group as well.</p>		
<p><b>AOB</b></p> <p>Funding sources;</p> <ol style="list-style-type: none"> <li>1. MAITS: minimum of 3 weeks</li> <li>2. Vodafone: world of difference project</li> </ol>		

CTI articles about speech, language and communication projects around the world can be found on our website, along with all out recent study day reports:

**[www.commtherapyint.com](http://www.commtherapyint.com)**