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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

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Introduction

'Mealtime mats' have been recommended as good practice in the UK when supporting people with learning disabilities and dysphagia[1,2].

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. neuro-rehabilitation '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.

Purpose

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)

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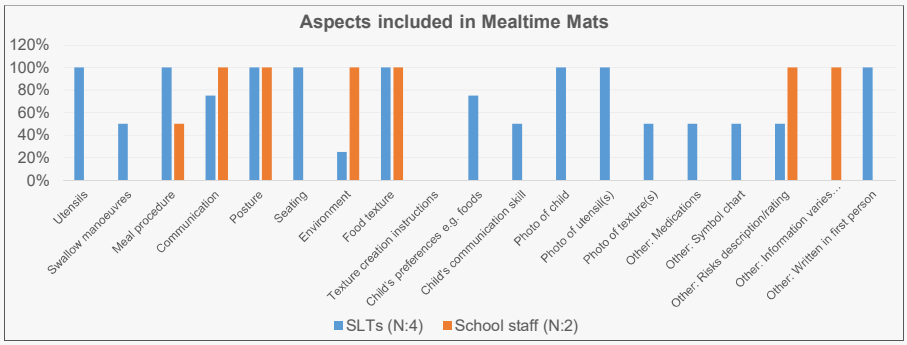
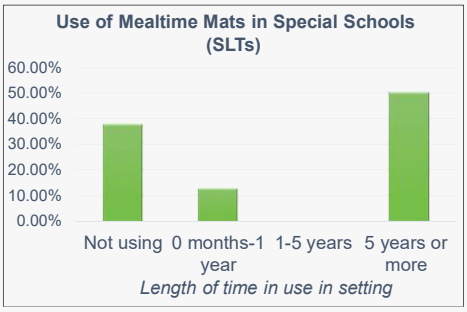
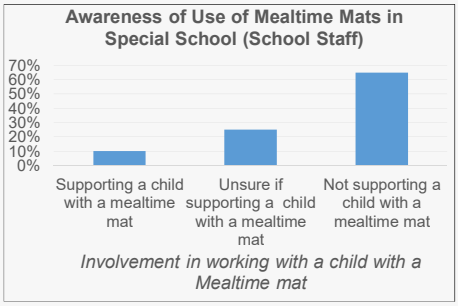
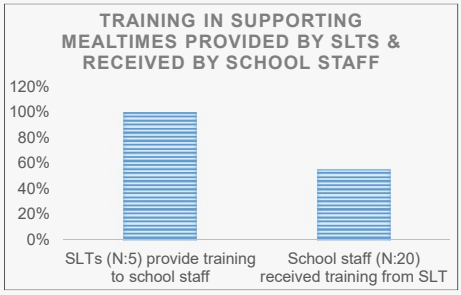
Results









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 school[4].

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 previously[5].

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.

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