### Impact case study (REF3b)

**Institution:** Manchester Metropolitan University  
**Unit of Assessment:** 3  
**Title of case study:** Research-informed development of appropriate services for people with disabilities in Majority world countries (underserved countries)

1. **Summary of the impact** (indicative maximum 100 words)
   This case study describes the impact of research by Julie Marshall and Juliet Goldbart, on international development; specifically on the lives of people with significant disabilities in Majority World countries. Research on delivering appropriate services to people with speech, language and communication disabilities has led to a Nuffield-funded project to mentor graduates from the first speech and language therapy qualifying programme in East Africa, providing much needed professional input in Uganda, Kenya, Rwanda and Tanzania. Related research on the need for appropriate services, and the form these services might take, has resulted in a model of service delivery in slum areas (bustees) of Kolkata (formerly Calcutta), which has now been rolled out to 69 sites across the Greater Kolkata area.

2. **Underpinning research** (indicative maximum 500 words)
   The impact is underpinned by two sustained and interconnected programmes of research; Marshall’s engagement with a range of speech and language therapy service developments in East Africa since 1988 and Goldbart’s extensive collaboration with the Indian institute for Cerebral Palsy (IICP) since 1986.

   Although people in the Majority World are disproportionately affected by significant disability (Global Health Observatory, 2004), health, education and social care provision is severely limited. Western models of service delivery are unlikely to be practical given the dearth of professional staff, and may not be culturally appropriate in form or content. Research in Kolkata (Goldbart & Mukherjee, 1999, 2001) explored the lives and service needs of families with children with cerebral palsy and contrasted this with Western models of service delivery [1]. These studies revealed the commitment of even the poorest parents to finding services for their children with disabilities, but the overwhelming difficulties in attending conventional services for families living in bustees. Findings, supported by local survey data, informed the development of a model of service delivery through mother and child health workers, employed or volunteering with non-governmental organisations (NGOs) with established credibility in the bustees. Initially three NGOs agreed to participate and the model of training these staff and development of an appropriate needs assessment for the slum areas was piloted and evaluated in five bustees (Sen & Goldbart, 2005). The action research method enabled the emergence of a culturally appropriate model of service delivery which was sustainable within existing NGO resources [5].

   In a parallel development, research funded by the Royal College of Speech and Language Therapists (Marshall, Goldbart & Evans, 2004; Goldbart, Marshall & Evans, 2005) studied the experiences of international students who studied SLT in the UK [4]. The findings demonstrated that UK speech and language therapy qualifying programmes were not providing appropriate education for students from countries with little history of SLT services to feel competent to work in their home countries. These students and graduates would also welcome support once qualified. Poor preparation and support for returning to their home contexts may have contributed to limiting the number of Majority World students who returned home to take up and remain as in SLTs on graduation, which in turn leads to SLT services in some Majority World countries remaining extremely limited, despite government and third sector funding. In such countries, services often continue to be provided by a small number of Minority World volunteers.

   The challenges of providing speech and language therapy (SLT) services in sub-Saharan Africa have been researched by Marshall (e.g. 1997 a+b, 2000,2003), demonstrating a dearth of appropriate services for children with speech and language difficulties, and leading to her involvement in the planning of the first SLT qualifying programme in East Africa. As SLT is not yet established as a profession, and the support for new graduates would be minimal, Marshall devised a mentoring project to provide professional support and guidance from a group of SLTs with experience of working in under-served countries. This Nuffield-funded project is currently in progress.

**Key Researchers**

3. References to the research (indicative maximum of six references)


Quality Indicators

1. The IICP collaborations were funded by a Department for International Development (DfID) Higher Education Link grant to Indian Institute for Cerebral Palsy, Manchester Metropolitan University and School of Physiotherapy, Cardiff University, from 2000 to 2002, and a DfID grant from 1998-9.

2. The study of international SLT students in the UK was funded by the Royal College of Speech and Language Therapists (£6000)

3. The mentoring project is funded by Nuffield Foundation (£80,000) from 2011-2014.

4. In response to the World Report on Disability (2012), Marshall was invited to co-edit a special edition of the International Journal of Speech-Language Pathology, aimed at informing and influencing policy makers, service leaders and practitioners throughout the world. In the first three months since publication, this special edition, of which reference 6 (above) was the lead paper, has 4655 full text downloads.

4. Details of the impact (indicative maximum 750 words)

Impact is demonstrated in three inter-related areas; impact on direct beneficiaries of rehabilitation services, the development of culturally appropriate training materials, and training for health and education workers both “in-country” and in the UK.

Direct impact:

The initial 3-year action research bustee project (2000-2002), evaluated by Sen & Goldbart, (2005) was implemented in five urban slums in Kolkata, offering individualised home-based intervention for parents and their child with disabilities, through three mother and child welfare NGOs. IICP trained and mentored community development practitioners who were already working in the bustees, to deliver rehabilitation guidance in addition to their usual role in mother and child welfare. Community development work was also undertaken to increase awareness and acceptance of people with disabilities. The model has been widely implemented and is now operating in 69 sites in 55 Kolkata Municipal Corporation (KMC) wards, involving seven local NGOs.

The impact is expanding outside Kolkata, with one corporate organisation providing services in two rural villages and three partner organisations in districts outside KMC involved in training trainers for their own districts. Six organisations (three in other Indian states and three in the districts of West Bengal) are being supported to become zonal training agencies for persons with disability in rural areas. This far, a total of 980 families in West Bengal alone are receiving services that were not previously available.

Through her research in the UK and East Africa, Marshall became involved in planning East Africa’s first SLT qualifying degree programme, at Makerere University, Uganda. As SLT is not yet an established profession, and support for new graduates would be minimal, she devised a mentoring scheme to provide professional support and guidance from SLTs with experience of working in under-served countries. This project, funded by the Nuffield Foundation has, since September 2011, provided direct in-service training for approximately 24 graduates of this new programme and SLTs working in Kenya, support for the university staff in delivering and
developing the SLT degree, provided remote and face-to-face one-to-one mentoring for each member of staff and graduate and support for the strategic development of services for people with communication disabilities in Uganda.

Two cohorts of students (n=19) have graduated from the programme and are now working in Uganda, Kenya, Tanzania, Nigeria and Rwanda, adding significantly to the very small numbers of SLTs in these countries. Four graduates are currently teaching on the programme and form a core of indigenous lecturing staff. These four also provide the first indigenous language SLT service at Mulago University hospital in Kampala.

Sixteen mentors support the graduates from the Uganda programme, as well as other indigenous and non-indigenous SLTs from Uganda and Kenya, who have joined the project. Participants are developing clinical audit tools that are currently generating data to demonstrate the need for further service developments and have designed case history and assessment materials. Lecturing staff have been supported to revise and gain approval for a new undergraduate curriculum for SLT at Makerere University. Graduates have also been supported to present at national and international conferences and to write papers for publication.

Marshall is currently also involved in a project based at University of Sydney, mapping services for people with communication impairments across Sub-Saharan Africa and is providing advice to Moi University, Kenya regarding establishment of a further SLT qualifying programme.

People with communication disabilities and their family members have been empowered by involvement in the mentoring project’s advisory group and feature on the project website: http://www.rihsc.mmu.ac.uk/projects/project_profile3.php?projectid=444

Culturally appropriate materials:
In 1998 DfID funding enabled Goldbart, with Warrick (Canada) to develop a manual and video-based training course for use with families with a child with severe communication impairment related to intellectual and/or physical impairment. This course, informed by Goldbart and Mukherjee (199a&b, 2000, 2001) was intended for use in both literate and non-literate communities. The resulting course Learning About the World has been distributed by IICP since 1999.

Through work with Communication Therapy International Marshall has developed training materials (e.g. reading lists, pre-departure briefing) and short courses (e.g. for VSO volunteers) for SLT planning to work in underserved countries.

A manual was produced to accompany to course in Kenya 1995 (see below) which has since been made available to people working in a number of underserved countries, including Kenya and Tanzania, as well as being utilised by participants in the Ugandan mentoring project: Marshall J. & Warner J. (Eds) (1996) An introduction to Communication Disorders in Children. A book for workers in less developed countries. (Unpublished).

Training and development:
Goldbart has run many training workshops for students and staff at IICP and service providers from the Kolkata area and beyond. In 2011, with Janice Murray (also MMU), she ran courses for students, practitioners, policy makers, speech and language pathologists from organisations in West Bengal, Delhi, Mumbai, Mysore and Chennai as part of the 3rd All India AAC conference.

Marshall and colleagues ran training at the Kenyan Institute of Special Education, Nairobi, on supporting children with communication disability (1995) Funded by DfID. Marshall supported SLTs in East Africa in 2009, running training on setting up a professional association and planning for sustainable services.

Graduates from the Makerere SLT programme have contributed significantly (as president, treasurer and secretary) to the development of the Association of Speech and Language
Therapists in East Africa (ASLTEA) in 2012, and in organising and presenting at the Biennial East African Conference on Communication Disability, which in 2012 had representation from 16 countries.

Marshall also supports UK based SLTs wishing to work in underserved countries through founding and being a committee member of Communication Therapy International and contributing to training e.g. NW NHS AHP training: Marshall J. (2012) Volunteering in AHP (Speech and Language Therapy). Invited presentation at North West International Health Care in AHP. Manchester, UK. March.

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<tr>
<th>5. Sources to corroborate the impact (indicative maximum of 10 references)</th>
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<tbody>
<tr>
<td>Written testimony on file and available from:</td>
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<tr>
<td>[A] Director, Indian Institute for Cerebral Palsy, Kolkata, India</td>
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<tr>
<td>[B] Dean of School of Health Sciences at Makerere University</td>
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<td>[C] Dean of the Medical Faculty at Makerere University in Kampala, Uganda.</td>
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<td>[D] Lecturers on SLT programme Makerere University</td>
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<td>[E] Service user/family representatives on Speech Therapy programme, Makerere University</td>
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<td>[F] Annual Reports for Indian Institute for Cerebral Palsy, from 2010-11 to present</td>
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<td>[G] You-Tube video on SLT in Uganda – [link]</td>
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<tr>
<td>(1,658 hits at 29/05/2013)</td>
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<td>[H] Number of downloads of IJSLP World Report on Disability papers</td>
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<tr>
<td>[I] Clinical audit data: Muhimbili National Referral Hospital Dar es Salaam and Gulu Regional Hospital, Gulu.</td>
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