The paper examines the use of the Makaton Vocabulary, a language program designed to provide a controlled method of teaching approximately 350 signs from British Sign Language with speech, to mentally handicapped and other language handicapped persons. The approach stresses two-way functional communication using a core of basic words. Extension of the program to other types of disorders is noted, and success is claimed in terms of language and concept development as well as in increased eye contact, attention, and sociability. Observations about possible reasons for the success of the Makaton approach are suggested. Appendices list the Makaton Vocabulary, and chart and list the organization for the Makaton Vocabulary Development Project. (CL)
Surveys carried out over the past five years by the Thomas Coram Research Unit into the use of signing and symbols in schools for children who are mentally handicapped throughout the UK, have shown that the Makaton Vocabulary is extensively used.

THE USE OF THE MAKATON VOCABULARY


RESULTS FOR ESN(S) SCHOOLS

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<th>Year</th>
<th>1978</th>
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<th>1982</th>
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<td>70.3%</td>
<td>81.2%</td>
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<td>95.0%</td>
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<tr>
<td>KSLS</td>
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<td>2.4%</td>
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<tr>
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<td>1.6%</td>
<td>1.7%</td>
<td>5.3%</td>
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<tr>
<td>No of samples</td>
<td>330</td>
<td>457</td>
<td></td>
<td></td>
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<tr>
<td>% using signing system</td>
<td>53.1%</td>
<td>90.9%</td>
<td>80.5%</td>
<td>98.9%</td>
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<td>WALES</td>
<td>ENGLAND</td>
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Obviously, these results only cover the special schools' population and therefore do not include any information on the further widespread use of the Makaton Vocabulary in hospitals, like, eg Turner Village; Adult Training Centres; Pre-School Units and in the actual homes of children and adults who are mentally handicapped. Since 1976, thirty thousand people including parents and workers from the caring, teaching and therapeutic professions in mental handicap have attended Makaton Vocabulary Workshops and Training Courses.
Makaton is also being used abroad. It has been used since 1976 in New South Wales, Australia and interest is now growing across that continent. In 1982 the Makaton Vocabulary New Zealand Resource Centre was established and Makaton is steadily being introduced throughout that country. There is also keen interest in the scheme from the United States, Hong Kong, South Africa, Belgium, Norway and Holland.

Why has this happened?

What does Makaton offer mentally handicapped children and adults, their families, teachers and caregivers?

Why has a simple piece of clinical work devised by the author of this paper over ten years ago when she was working as a Speech Therapist in a large Surrey Hospital for the mentally handicapped, been so widely accepted and used?

Let us take a closer look at some of the issues involved -

Let us look first at the communication and language development problems of children and adults who are mentally handicapped, and then let us consider the difficulties that these present for their parents, and to their teachers, speech therapists and caregivers who wish to help them to achieve a quality of life which is appropriate, even if the person is extremely limited in ability. To help achieve this, some means of two way communication whether it be by eg touch, gesture, signs, symbols or speech, is essential. It is well known that children and adults who are described as being mentally handicapped present a wide variety of communication difficulties and language development problems. These vary from individual to individual, in severity and complexity and each person presents a unique combination.

It is possible though to identify, common areas of learning difficulty which affect communication and language development and are well known to most of us. We know, that all learning processes will be affected - if there is a reduction in general awareness and if our perceptual abilities are impaired. This will also apply, if memory is limited and if there is a restriction in the amount of information that can be retained. These problems will not only impose limitations but will delay and impede the development of other abilities dependent on them. For example, the ability to make and form associations and to interpret relationships between people, objects and events will be impaired, as will the ability to store the experiences we have, to classify them, and retrieve them to expand on later experiences.

If these learning problems are applied to the early stages of the development of communication and language then the difficulties we encounter are understandable. Our understanding has been further increased by the information gained in the late 1970s and more recently, from Psycholinguistic Studies of very
early mother-infant communication. These are providing information to describe an activity that has always existed between the mother and infant but was not studied in such detail before. These studies are showing that from birth the infant and mother are constantly engaging in two way, turn taking, reciprocal behaviour involving the most basic forms of human communication, eg through touch, pointing and gesture; vocal play, particularly the use of intonation, stress, and pauses and speech; eye contact and the use of gaze. This is the starting point of communication and language development. It has been shown to be a two way process where each player, ie the mother and infant needs the other, in order to reinforce and stimulate. To begin with, the interaction is entirely wrapped around the mother and infant and the simple routines of caring for a young baby, then gradually as the baby matures, the mother invites and encourages the child to widen his experience to encompass their shared environment. The mother interacts with the child about these new experiences, describing them, repeating and reinforcing them. During this time the mother uses non-verbal and verbal communication which she adapts to match the child's level of understanding and then expands it sensitively to develop her baby's ability. These skills that mothers inherently have, have been known as 'motherese'.

If we relate these studies to the development of communication to children and adults who are mentally handicapped, we realise that the possible implications are considerable and far reaching. The acknowledged learning difficulties which I described earlier, eg reduced general awareness and perception, restricted memory and retention ability, together with delayed maturation of physical milestones, eg sitting, walking, etc, have a detrimental effect on the mother-infant interaction, related to the infant's degree of handicap. Already there are suggestions that if the mentally handicapped child's interaction with the mother is impaired, then the mother's, (or caregivers), own natural patterns of communicative behaviour within the interaction may alter when she is not reinforced appropriately by the child. Not only then does the mentally handicapped person's communication and language development suffer, but the essential two way communicative interaction between mother (caregiver) and child is also at risk (Cunningham 1983).

So far I have only referred to the development of communication in the young mentally handicapped child, but the possible effects of the lack of or the reduction in experience of this early communicative interaction have equal significance for the older child and adult who is mentally handicapped.

How do parents, caregivers and professional workers attempt to restore what may have been lost, or how do they compensate for what may have been an incomplete experience? Is it possible to identify exactly where and what went wrong and when? Do the current assessment procedures provide adequate detail to indicate what is needed? And are the interpretations being made about
this descriptive data and exploratory research into mother-infant communication sufficiently reliable to be the basis for methods of remediation?

For one moment I would like you to think of some of the children and adults in your care or training. Residents in large hospitals for people who are mentally handicapped, like those in Turner Village Hospital, children and adults like those who visit Project Horizon, children in community schools, adults in ATCH, children and adults living at home. If you think about it then you will agree that their very early communication experience, by nature of their handicaps and circumstances, must certainly have been impaired.

When I began work on the Makaton Vocabulary in the early 1970s, I obviously did not have access to these studies on mother-infant interaction, since the information did not exist then, but many of the factors emerging now as important influences in the development of communication and language from these studies, seem to me to be within the design of the Makaton Vocabulary language programme, and the combination of signs and speech taught within the structure of the Makaton Vocabulary appears to be unique.

The Makaton Vocabulary (Appendix 1)

The Makaton Vocabulary is a language programme comprising a specific, developmental vocabulary which was designed to provide a controlled method of teaching approximately three hundred and fifty signs from British Sign language with speech, to mentally handicapped children and adults who have little or no speech and other language handicapped people in order to provide a basic means of communication; to encourage expressive speech wherever possible and to develop understanding of language through the visual medium of the signs and the logical structure of the sign language (Walker 1975).

It was not part of a large scale research project, but resulted from a response to a clinical need in a working environment. The original vocabulary was devised in 1972, as a project to teach sign language to deaf mentally handicapped adults (Walker 1977). It was revised in 1974, to meet the needs of mentally handicapped children living in the community as well, and it is this version which is currently in use.

The Structure of the Makaton Vocabulary

When I was contemplating the use of signing with speech to encourage communication in mentally handicapped people, I was excited by what looked like a possible breakthrough with the use of the signs, but I felt strongly that the signs and speech should be introduced in an organised manner, and that a structured vocabulary was the possible answer. Mothers of young
children, although they introduce vocabulary that is specific and meaningful for their own family and the individual child, still express basic needs and early communication within a fairly restricted narrow vocabulary (Armfie 1982), so I decided deliberately to devise a limited restricted vocabulary.

Points that Influenced its Design

1. It should be a 'core' vocabulary of heavy duty words, simple to learn and basic for early communication.

2. It should be deliberately limited in size to keep memory loading and retention light.

3. Words/signs chosen should wherever possible be multi-functional and should combine together, so that phrases and small sentences could be formed from words used earlier as single words, again reducing memory loading.

4. The vocabulary should be presented in a developmental sequence, so that easy concepts are presented first and more difficult ones later. This would enable a handicapped person to work through the vocabulary as far as their ability allowed them.

Recently it has been suggested that mentally handicapped children's language acquisition does not follow normal development. In view of their impaired early communicative interaction might it not be that these observational studies are showing effects of this and that remediation should adhere to normal development to provide a goal?

5. The two-way functional communication process was built implicitly into the scheme, so that each stage contained vocabulary not only for the handicapped person but reciprocal and facilitating signs/words for their partner(s) to use to permit a two way communicative activity to develop and be enjoyed, eg what? where? yes? no? This was essential, since no one communicates alone.

Recently psycholinguistic theory has been applied to the design of the Makaton Vocabulary Language Programme (Armfie 1982) and the vocabulary is shown to contain almost all the psycholinguistic features of early mother-infant interaction.

6. Another reason for using a defined 'core' vocabulary was to provide a framework against which targets could be set and progress could be charted.

7. Consideration of individual personal needs is allowed for by being able to introduce additional essential vocabulary into any appropriate stage of the vocabulary and by being able to choose within each stage the sequence of signs to be introduced or taught within that stage. The signs do not have to be taught straight through down the list for each stage as printed, and
signs/words not appropriate or outside a person's experience, eg 'nurse and doctor' for a child living at home and attending community school may be omitted.

Whilst it may seem more appropriate to design a vocabulary around a handicapped person's own personal communication needs to increase motivation, it is difficult to do this in practice. The risk of inconsistent use and the difficulty in managing to remember individual differences for workers caring for groups of handicapped people, when individual vocabularies are used outside a one to one or narrow environment is very great. It may be better to accept a small compromise and offer a standard 'core' vocabulary which suits more general needs of a group and which can be more generally learnt and consistently used.

Teaching Methods

Specific teaching approaches are recommended and the vocabulary stages of signs/words should be taught in:

1. a structured formal manner to handicapped people so that they will be able to gain maximum comprehension and encouragement to use the sign/words in functional communication and then signs taught must be used in:

2. an informal manner to generalise use

Each stage should be taught in sequence and adherence to the vocabulary within stages is recommended with the exception of the introduction of additional vocabulary items.

Running parallel with the teaching of single vocabulary items should be the opportunity for the child/adult to experience the use of the same signs that they have learnt as single items in small meaningful phrases and sentences. This vocabulary expansion into other language forms is taught and encouraged, right from stage one- the simple beginnings of the vocabulary.

The Project's Training Committee and Regional Representatives network is continually monitoring, refining and researching with different teaching approaches to suit individual and group needs. Details of these are available by attending Makaton Vocabulary Workshops and Training Courses.

Signs Used

Sign language is the cultural language of the deaf community and it should be regarded as a full language with its own grammar, syntax and dialects as we regard, eg French or Russian as unique languages. It does not follow spoken word order, since it is not a translation of spoken language but a language in its own right. Sign language was not devised by anyone; it evolved through 'sign use' by the deaf themselves over centuries, in the-
same way as spoken language has through usage.

Prelingually deaf people all over the world will use Sign language so there is eg British Sign Language (BSL); American Sign language (ASL); French Sign Language (FSL); etc. Cultural differences occur between countries, but the underlying structure is similar.

Facial expression, appropriate to body language, gesture and mime also feature a great deal with Sign language and are an essential part of the communication. There are not strict rules as regards the precise performance of the signs, e.g. the actual size of the sign or the distance from the body. These details are dictated by the needs of the message to be conveyed. This flexibility is a great advantage for handicapped people. Also the ideographic nature of many of the signs conveys meanings easily.

Signing English is a systematised attempt by hearing and deaf people to provide a linguistic signing equivalent to spoken language. Sometimes signs are combined with finger spelling and speech and in some Signed English teaching programmes, the objective is to be able to provide a sign vocabulary representing all the components of spoken language.

The Makaton Vocabulary assumes a midway position. It uses key signs from the Sign Language of the Deaf and utilises some of the performance features, e.g. facial expression, body language, use of placement, directionality, etc. It presents these key signs in spoken word order so that it provides a Signed English framework. Thus if a handicapped person is successful on Makaton and continues to have a high dependence on signing he/she can progress to a fuller Signed English programme. The tendency to favour Signed English rather than a British Sign Language framework was no reflection on one being more superior to the other, but because the objective of a Makaton Vocabulary programme is to encourage speech and therefore signs presented in spoken word order seem more appropriate.

Throughout the UK the south east/London dialect is used with the system. It was necessary to standardise the dialect to reduce confusion for the intellectually handicapped people using the scheme.

The Use of the Makaton Vocabulary (Walker and Armfield 1981)

The 1976 Revised Makaton Vocabulary is now in use with:

1 Mentally handicapped deaf and non-deaf children and adults who have little or no expressive speech and poor comprehension. Makaton may be used across the entire age and intellectual range. Research is now showing the effective use of Makaton with young Down's babies (de Prevoet 1983)
2 Children and adults who are both mentally and physically handicapped

3 Those considered to be autistic

4 Some young deaf children in the ordinary range of intelligence

5 Children with severe articulation or speech rhythm problems who need a temporary alternative

6 Certain normal adults with acquired communication problems

More recently Makaton has been reported to be of value with two more handicapped groups:

7 Blind and partially sighted children and adults

8 With psychiatric cases where language and communication is impaired

Experience has shown that in addition to the development of concepts and language other positive results can occur. These are reported to be increased:

- eye contact
- attention
- sociability
- vocalisation, and
- expressive speech.

A marked reduction in inappropriate behaviour is also reported. For those with severe communication impairments, signing can stimulate rather than interfere with language development. These positive side effects fall into a pattern that cannot be easily explained but do raise questions about the use of attention focusing devices as they relate to concept development and the contribution that a communication priority system such as Makaton can make to general language development.

Those who teach and use the system include speech therapists, teachers, occupational therapists, psychologists, parents, instructors, and social and/or hospital staff. They are provided with training in One Day Workshops.

The Makaton Vocabulary Development Project (MVDP) (Appendix 2)

Like the Makaton Vocabulary itself the MVDP grew from a need. In this case the need to support and offer a service to parents, and workers using the Makaton Vocabulary with children
and adults who are handicapped.

It is a non-profit making organization, which has very recently become Charity. It has always operated on slender financial means with a tremendous voluntary contribution being made by the Project Co-ordinator, Training and Research Committee Members, and Regional Representatives. Through the NVDP, Workshops, Training Courses, lectures, related publications and teaching material are provided.

The Training Committee and Regional Representatives network are continuously monitoring current training methods and new ideas and approaches. There are three signing advisors on the Training Committee, who work regularly with the deaf community. Their role is to advise on the use and maintenance of signing standards of the Regional Representatives and within the NVDP Training Courses. The Research Committee also acts in a monitoring capacity. Arising from the need to keep the NVDP Regional Representatives, who are all practitioners, in touch with research, has been the production, since 1980, of the NVDP Research Information Service. This provides practitioners with detailed information, which is continuously updated, of all related research projects. A summary of each paper, indicating clinical and educational application is given. This Service is issued as a publication to anyone wishing to purchase it from the NVD. Current and future projects involve:

- an evaluation of the use of symbols with Makaton;
- an investigation into the value and use of the Makaton Vocabulary as an aid to teaching reading;
- an evaluation of current assessment procedures and their appropriateness to non-speech systems;
- the establishment of a data bank to collect information via the Regional Representatives network into the language acquisition of handicapped people and the most effective teaching methods;
- the establishment of national parent groups linked to Regional Representatives to provide exchange of information and needs.

The address is:

MAKATON VOCABULARY DEVELOPMENT PROJECT
31 Firecrest Dr., Camberley, Surrey
Project Tel: Camberley (0276) 61330
Admin Secretary Farnborough (0252) 51607
Summary - What Makes Makaton so Effective? (Walker and Armfield 1981)

Some observations on the Makaton system can be made:

1. Makaton appears to be the only alternative communication system which has been divided into developmental stages. Other lexicons have been studied and/or prepared, but Makaton provides a set of lexicons organised in stages which are increasingly complex.

2. The vocabulary provides a guide for even the most experienced language development teacher or therapist - as well as for those new to vocabulary development - to deciding on priorities in developing communication and it also offers a guide to planning and measuring progress. The stages suggest a realistic and economic limit on vocabulary instruction attempted in a sequence for children with very limited abilities, while the freedom of choice within the stages allows for as much creative judgement as the instructor wishes.

3. The range of vocabulary has been carefully chosen so that as the concepts are learned they can be used to connect and combine into two or three word sentences and longer. This design feature is present from the earliest stage and throughout the entire vocabulary.

4. A source of frustration for many who wish to explore sign language as an alternative means of communication is that initial training requires weeks of study before an adequate vocabulary is acquired. This is not so with the Makaton Vocabulary because the graded stages permit communication to begin immediately at the most basic level.

5. It is a potential guide for using alternative communication systems other than BSL for persons with severe communication impairment. Symbol, picture and other alternative communication systems usually rely solely on the judgement of the teacher/therapist for selection of the vocabulary to be taught. Makaton provides a guide for selecting vocabulary - especially initial vocabulary.

6. Because the system is widely used throughout the United Kingdom, it offers an exceptional opportunity for collecting data on the language development of persons with severe communication impairment. Extensive data gathering could provide information pertinent to learning more about the teaching and acquisition of normal language development.

Finally, the growth of the Makaton Vocabulary has been very rapid and we have in this country now a situation where clinical practice has raced ahead of research practice. It is therefore not surprising that there should be some criticism. It would be unhealthy had there not been any.
We must look realistically at this current position. Practitioners, e.g. teachers, speech therapists, nurses, and parents, are intensely aware that time and early intervention are of the greatest importance to try to improve the quality of life for children and adults who are mentally handicapped and with whom they are closely involved. They cannot therefore easily accept that they must wait for substantial and detailed research to be completed. Also the detail and quality of research data required has not been started yet and would involve the pooling of financial and professional resources.

Could I therefore make an appeal for a closer working relationship between Researchers and Practitioners, and a greater mutual respect for the contribution that each may offer the other and ultimately the handicapped child or adult.

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Le Prevost, P A 1983. 'Using the Makaton Vocabulary in Early Language Training'. Mental Handicap Vol 11, No 1


Walker, W 1977. 'Teaching Sign Language to Deaf Mentally Handicapped Adults' (a practical account and an experimental evaluation). In INS Conference Proceedings 3, Language and the Mentally Handicapped Kidderminster BIMR, pp 3-25


Walker, W and Armsfield, A 1981. 'What is the Makaton Vocabulary?' Special Education: Forward Trends Vol 8, No 3
APPENDIX 1
The Makaton Vocabulary

STAGE ONE

Mummy (Mother)
Daddy (Father)
Brother
Sister
Nurse
Doctor
Drink (Cup)
Biscuit
Dinner
Toilet
Bed
Chair
Table
House (Home)
Car (Bus)
I (Me)
You
Where?
What?
Here
There

STAGE TWO

Man
Lady
Boy
Girl
Baby (Doll)
Bread
Butter
Egg
Milk
Tea
Sugar
Cake
Jam
Ice-cream
Door
Window
Fire (Heating)
TV
Lamp (Light)
Telephone
Dog
Cat
Bird
Knife (Cut)
Fork
Spoon
Plate

STAGE THREE

Sweets
Cigarettes
Apple
Orange
Banana
Fish
Rabbit
Horse
Cow
Pig
Sheep
Butterfly
Boat
Train
Aeroplane
Bicycle
To live
To work
To eat
To drink
To climb
To swim
To fall
To shave
To brush hair
To brush teeth
Big
Small

Yes
No

Please (Thank you)
Good morning
Goodbye

And

Not

Clean

Dirty

Now

Sorry

My (Mine)
Your (Yours)
Up
Down
STAGE FOUR
Teacher
Boss
Friend
Children

Name:

STAGE FIVE
Priest
Milkman
Postman
Policeman
Fireman

Church
Shop
Road
Garden
Fire (Blaze)
Post-box

Money
Bag (Carry)
Letter (Stamp)
Time (Watch)

To carry
To throw
To catch
To stop
To help
To like
To want
To quarrel

Quick
Slow
Happy (Pleased)
Sad (Miserable)
Difficult (Hard)
Easy (Soft)

To be able
To make/do
To forget
To grow

STAGE SIX
Country
Town
Sea
Cinema

Holiday

Colour
Red
Blue
Green (Grass)
Yellow
Black
White
Brown
Orange

To begin
To finish
To bring
To ask
To speak
To listen
To be able
To begin (can)
To forget
To grow

Same
Different

New
Old

Beautiful
Smart
Nice
Kind

Ours
Theirs

Another
With

Who?
Which?
STAGE SEVEN

Numbers 1-10

How much?
How many?
How old?

Many (A lot)
Some (Few)

Time (Hour)
To-day
To-morrow
Yesterday
Next week
Next year
Last week
Last year
Long time ago
Saturday
Sunday
Night
Day

When?

Always
Again
Late
Early

Before
After

Wages

To buy
To save

Sun
Rain
Wind
Snow
Stars
Moon
Sky

Careful
Expensive (Pain)

STAGE EIGHT

To choose
To win
To dance
To find
To understand
To remember

Birthday
Christmas

Party
Parcel
Balloons
Photograph
Camera
Mirror
Radio
Newspaper

Sandwich
Beer
Sausages
Meat
Potato
Bacon
Cheese
Coffee
Tomato

First
Last
Next

Over
Through
Near (Close)
Between

Lucky
Hungry
Thirsty
Worried

Really (True)

Why?
Because
STAGE NINE: ADDITIONAL VOCABULARY

Handicap
Deaf
Dumb
Blind

Specific
Medicine
Tablet
Injection
Operation
Sick
Ill
Pain
Dead
Hearing aid
Spectacles
Wheelchair
How are you?

People
Soldier
Sailor
King
Queen
Farmer
People
God (suggest, sign Jesus)

Names:
For family or close acquaintance, often the initial letter of
the name is finger spelt, or some noticeable feature, eg
little boy - spectacles is signed.

Rooms:
No specific signs for rooms, eg classroom, bathroom, but the
deaf sign the verb eg to bath conveys bathroom, to cook
conveys kitchen, for classroom suggest school.
CURRENT MAKATON VOCABULARY DEVELOPMENT PROJECT ORGANIZATION.

TRUSTEES
Prof Joan Bicknell
Mr Colin Christmas
Mrs Margaret Walker

CENTRAL ADMINISTRATION
Director
Administrative Secretary
Clerical Staff

TRAINING SECTION
Training Officer
Training Committee
Regional Representative Network
International Users Network

PUBLICATIONS SECTION

Research Information Officer
Research Committee
### Regional Representatives - Representatives at Training Committee

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### Notes
- NE England
- N Ireland
- Scotland

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**Margaret Walker, Research & Clinical Speech Therapist**
Gloria Packwood, Teacher in Charge, Communication Unit, Birmingham

Sue Cousins
Mary Anderson
Felicity Parsons
Philippa Rooke
Jill Slater
Paul Thomas
Simone Taylor
Barry Carpenter
Pat Trotman

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Sandwell
Dudley
Wolverhampton
Birmingham
Sandwell
Warwickshire
Shropshire

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Anne Warren
Margaret Parker
Peggy Pritchett
Caroline Mathiasian
Ann Squirrel
Jenny Burnett
Susan Peptic-Smith
Carol Gill
Linda Hiscott
Caroline Knight

Oxfordshire
Oxfordshire
Berkshire
Berkshire
Hertfordshire
Hertfordshire
Buckinghamshire
Leicestershire
Leicestershire
Bedfordshire
Northamptonshire

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Jill White
Sally Austin
Ann Northover
Sue Lyon
Jean Barker
Barbara Hollis

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Suffolk
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Essex
Cambridgeshire
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Lincolnshire

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Pat Canty
Janet Huddy
Erica Crutchley
Christine Jenkins
Elizabeth Fox
Joyce Emerson
Lesley Stevens
Esther Thomas
Pat Peters
Geraldine Cooper

Cornwall
Devon
Devon
Somerset
Wiltshire
Dorset
Avon
Avon
Somerset
Wiltshire
Dorset
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Heather Scott
Bernadette Rice
Elizabeth Bennett
Vincenzo Avilia
Mervyn Whalley
Ann Howard
Rosemary Burslem
Patrick McKiernan

Sandra Rudd
Rosanne Dart
Pat Burton
Eleanor Bird
Diane Pike
Caroline Pickstone
Alex Jones

Bromwen Carless
Jill Holding
Tricia Howard-Jones
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Beverley Dawkins
Edna Collings
Sue Ashby
Sue Charlton
Robert Spence
Anne Chapman
Sue Mitchell
Fiona Hendry
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Carole Edmondson
Keith Parks
Pat Broughton
Margaret Faulkless
Frances Walker
Barbara Wealthy
Valerie Knight
Rosemary Lester
Jane Holland
Louise Broome
Kathy East
Renée Henderson
Ann Brookes
Sarah Norman
Jill Wells

Bury
Lancashire
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Lancashire
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Lancashire
Cheshire
Cumbria
Isle of Man
Nottinghamshire
Nottinghamshire
Nottinghamshire
Nottinghamshire
Derbyshire
Sheffield
Lincolnshire
Hereford & Worcester
Dyfed
Dyfed
Gwynedd
West Glamorgan
Camden & Islington
Kensington, Chelsea & Westminster
Brent
Surrey
Ealing, Hammersmith & Hounslow
Ealing, Hammersmith & Hounslow
Ealing, Hammersmith & Hounslow
Surrey
Surrey
Surrey
Waltham Forest
Hillingdon
Bromley
Wandsworth, Merton & Sutton
Surrey
Wandsworth, Merton & Sutton
Barnet
Hampshire
Hampshire
Hampshire
Hampshire
Hampshire
Hampshire
Hampshire
East Sussex
East Sussex
Wendy Thompson
Helen Bradley
Jane MacDonald
Sue Wright
Janet Young

East Sussex
West Sussex
West Sussex
Kent
Kent