

PMMLD LINK

*The Bulletin of News and Information for Everyone Working with
People with Profound and Multiple Learning Difficulties*

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***PMLD LINK relies on contributions from practitioners, parents,
carers and everyone interested in this field***

EDITORIAL

Winter 1996

It may be a bit late to say this, but a Happy New Year to you all. I hope that 1997 will be successful, fulfilling and productive in everything you do.

I know from the number of readers who have been contacting me to ask if their subscription is out-of-date, that some of you have noticed that PMLD-Link did not arrive at the expected time. - Once again it is late I'm afraid, and I have had to rename it Winter, rather than Autumn. This is partly my fault, for not getting going on it soon enough after the Conference in November, but also partly because I have been waiting for enough articles to make it the usual interesting read.

We had hoped to have a few more contributions on cultural issues, but even though there are not a large number they are, as usual, interesting, informative, and stimulate our thinking on this topic. The writers represent an range of cultures and perspectives and give us a good mix of thoughts, information and practical ideas to help us to develop our thinking and practice in this very important area. Dilara Kler ran a most thought provoking and informative workshop on this topic at the conference held on 9th November, and you will find brief notes on this workshop in the Conference Report.

On a different topic, Linda Mardell and Sandra Pycock give a most interesting account of how they have developed Communication Dictionaries for pupils at Walton Leigh School to overcome some of the problems involved in interpreting communicative signals from pupils with PMLD and getting the right message. This is an issue which is being debated widely, and we would be very pleased to hear from any of you who are also concerned. Let us have your thoughts, or tell us about the way you have gone about helping people with PMLD to be understood.

Flo Longhorn never lets us forget the senses for long! In this issue she gives us a useful questionnaire to keep us tuned in when we are working with people with PMLD.

BUSINESS MATTERS

Subscriptions

This is the first issue for this subscription year. If you have not already subscribed for 1996/97, do it now, using the subscription form on the back of this issue. If your subscription is out of date, I am afraid your name will disappear from the list, and you will not get the Spring number. The focus for this is 'The Arts'.

Articles

Copy for the next issue should be sent to me by the end of March. If possible, typed or word processed in single line spacing, and good enough quality to photocopy for printing. This means that I do not have to retype articles which are not edited in any other way. Of course, if you use an Apple Mac and can send me a disc in Microsoft word 5.1 so much the better!

Don't forget, we rely on you for articles (on any topic relating to people with PMLD) and information about any new resources you have seen or heard about - new equipment, useful books or articles, new materials or any interesting projects that you or colleagues are involved in. If you need help or information, you can ask for it through PMLD-Link. Just phone, or send a note of what you want to be put in.

DEVELOPING ETHNICALLY SENSITIVE PRACTICE FOOD FOR THOUGHT

Services and support for people with disabilities from minority ethnic communities is often open to challenge and debate. This is prompted almost always by the lack of sensitivity and respect for their race, religion, language and cultural needs.

Many organisations have attempted to redress this concern by raising awareness of the race, religion, language and cultural needs of people with disabilities. However, there remains much more work to be done as the messages to improve change fail to make any significant impact. This is not due to an unwillingness by practitioners but more so to do with the absence of relevant information.

Information can be provided in many ways the most common one is through staff development and training. Other options are through self study and reading articles and appropriate books. While these methods may offer some guidance the practitioner is still faced with translating the information in to practice.

What is the starting point ? How can practitioners become more ethnically sensitive in their practice and feel more confident that they have addressed the race, religion, language and cultural needs of their clients in the most appropriate way.

The essential ingredient in moving towards this very goal is based on integration rather than the segregation of services. This is an important milestone to meet because it suggests that the practitioner address the whole person rather than compartmentalising them in to certain components which relate to gender, race, sexual orientation and disability. Looking at the person as a whole then places emphasis on practice to become wholistic too!

Ethnicity is not just about people from minority ethnic communities it is fundamentally about everyone, it relates to race, culture, language, gender, disability, dress, diet, etc., ethnicity is about all of us white and black. Therefore developing ethnically sensitive practice is really about developing good principles of professional practice for all our clients and their families.

This approach respects the individuality of people with disabilities and recognises their race, religion, language and cultural needs as it is identified by them. It moves away from some schools of thought which offer separate strategies for different people. Instead it provides a framework for improving practice in a meaningful way by seeking to enhance professional practice through redeploying professional skills in a proactive manner. In other words professionals are not deskilled because they are working with people who have different values and cultural mores to their own.

Below is one process that practitioners may use in their endeavour to develop a cohesive framework of action for working towards understanding people with disabilities from minority ethnic communities. The strategy identifies a number of principles which are key to developing ethnically sensitive practice. However, these principles can be equally valuable in developing good practice with all client groups irrespective of their race, religion, language and cultural needs.

Meeting The Needs Of The Child and Young Person

- Meeting the needs of the whole child or young person refers to commitment, knowledge and the ability to work with all children and young people irrespective of their backgrounds.
- An awareness of attitudes towards differences and the ability to challenge them.
- The articulation of such attitudes and not being afraid to say how one feels.
- A critique of values and assumptions. Respecting different values and beliefs to ones own even when one does not understand them.
- An assessment of emotional barriers. Recognising that some situations will be difficult to relate to because they are so far from ones own value base.
- Appropriate expression of attitudes in behaviour. Negative reactions to cultural mores can be reflected in ones behaviour and this should be avoided.
- Developing positive attitudes towards children, young people and their families. Being sensitive to their race, religion, language and cultural needs
- Focusing on family strengths and not problems. Being different does not make families or individuals less able or less valuable.
- Encouraging clients to engage in effective behaviours. Clients with disabilities need to be told that they are valued.
- Challenging children, young people and families to appreciate their own ethnic and cultural background. Having individual race, religion, language and cultural needs is about self worth and is not to be de-valued.

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THE NEEDS OF JEWISH SERVICE USERS IN PMLD SETTINGS

INTRODUCTION

This article looks at ways in which the religious and cultural needs of Jewish people can be met in a multicultural setting. Although there is a small unit in London which serves the more orthodox community, it is presumed that most Jewish children and adults do not have separate Jewish provision. As Jews are predominantly white, and may not display any obvious differences in terms of dress or other outward appearance, there is a danger that the need to reinforce identity within their own cultural group can be ignored.

Cultural Difference

It is often said that the differences within groups are greater than the differences between them. There are approximately 300,000 Jews in Britain, and they represent every shade of religious observance from ultra-orthodox to completely secular Jews who may never enter a synagogue but nevertheless, by reason of their background and history, identify themselves as Jews. There is no substitute for getting to know something about the family of any service user, and ascertaining the level of religious observance and cultural affiliation within the home. For example, parents may not be worried about their child not eating "kosher" food, but may still want him or her to be at home with them on Jewish festivals when the family get together. Alternatively they may not wish to observe Jewish festivals but, at the same time, do not wish their family member to be involved in Christmas festivities.

Anti-semitism

There is an undercurrent of anti-semitism in British society although it is rarely as overt as racism against black people. Those families that have experienced anti-semitism, will be on their guard against it, and staff may have to work to establish trust and convince Jewish service users that their needs are understood. It must not be forgotten that there is still a generation of Holocaust survivors alive in Britain and that they and their children, and even their grandchildren, may have particular sensibilities. Staff too, may wish to initiate training to examine their own cultural stereotypes with regard to this group; many still subscribe to the myth that "Jews are well off" or they "look after their own".

The Jewish Sabbath

One way in which staff can acknowledge the Jewish identity of service users may be through ceremonies associated with the Sabbath. Traditional Jewish families light candles on Friday nights to welcome in the Sabbath, and also drink special wine (grape juice for the children) and eat a specially baked plaited loaf. This may be accompanied by songs and prayers. A local rabbi or any religious person may be enlisted to perform the ceremony, or staff may simply wish to light the candles as an acknowledgement of this event. This simple ceremony may be one that all the service users and staff can enjoy.

Out of sensitivity to religious Jewish service users, outings and parties may need to be moved from Saturdays to another day. The Sabbath ends at sundown on the Saturday, so evening events are usually acceptable.

Jewish Festivals

It would be unrealistic to expect establishments to organise themselves around the Jewish religious calendar, but some festivals can provide stimuli of various kinds for people with PMLD.

1. *Pesach* (Passover - commemorates the exodus from Egypt. March/April)

At this time religious Jewish families do not eat bread or cakes or anything made with flour, instead they eat "matzoh" which is like a cracker. There are also traditional cakes and biscuits made out of matzoh meal which are eaten for the eight days of the festival. These are items that the whole group could enjoy tasting, while acknowledging the cultural contribution of any Jewish members.

2. *Rosh Hashanah* (Jewish New Year. September/October).

Once again, candles are lit and a special round loaf is baked to represent the cycle of the year. The traditional food is apples dipped in honey, for a sweet year. Jewish people often send cards at this time, so there is an opportunity for visual display.

3. *Purim* (celebration of the story of Queen Esther. Spring).

This is traditionally a time for fancy dress, sometimes as characters in the Bible story such as the King and Queen. There is a lot of noise and fun associated with this time and children make rattles out of tins and boxes filled with beads or rice.

4. *Chanukah* (commemorating the victory of the Israelites over their oppressors - an 8 day festival near Christmas time).

At this time, Jewish families use a small, 8-branched candelabra, and light an extra candle for each day of the festival, so that eventually all 8 lights are lit on the last day. Again, the ceremony can be enjoyed by the whole group, and may be enhanced if a rabbi, or some other Jewish person, can be persuaded to perform the ceremony.

Music tapes relating to Jewish festivals and the Jewish Sabbath are available, as are tapes and CDs of Israeli songs and folk music (see resource list).

Multifaith calendars are useful for any establishment, both for celebrating festivals as they occur, and avoiding time-tabling other events on those particular days. (The United Nations Organisation publishes one).

Food

As with other aspects of the religion, there is a range of observance with regard to dietary laws. In major cities, it is usually possible to have kosher meals bought in (consult Jewish welfare organisations in the list below), if a service user is from a really orthodox family. In general, religious Jews do not eat any meat that has not been ritually slaughtered, and do not eat pork or any shellfish. They do not mix meat and milk dishes in the same meal. It is important to find out the level of observance, as there is great variation. Some people will not eat any meat that is not kosher, while others will eat all meat except pork. Jews come from all over the world, and there is a rich and varied Jewish cuisine. Experimenting with traditional Jewish dishes can also become a way of acknowledging and valuing the identity of the Jewish service user.

Bar-mitzvah

At the age of thirteen, Jewish boys take part in a bar-mitzvah ceremony, which is the first time they will have been called up before the whole congregation, to read a portion from the "Torah" - the five books of Moses, on the Sabbath. Traditionally, this is celebrated by a big meal and party, and the boy receives presents from family and friends. In Reform, or Progressive Judaism, girls too perform this ceremony, but at the age of twelve. While this may not be possible with children who have PMLD, there may be ways of marking the occasion in some appropriate way, perhaps by another child reading the portion for him or her. (Jewish congregations used this device to enable children in the Soviet Union to have a bar-mitzvah at a time when such things were banned in Russia). A child with PMLD could, perhaps, be 'twinned' in this way with a friend of the family who was having a bar-mitzvah at around the same time.

MULTI-CULTURAL AND MULTI-FAITH CELEBRATIONS FOR PUPILS WITH PMLD

The rich cultural diversity of our country provides a wonderful ready-made resource for the pupils with pmla at Rose Hill School, Worcester.

We are a school for pupils with physical disabilities, where approximately one third of the pupils (25-30) have profound and multiple learning difficulties. They constitute 4 classes within the Department for Special Needs.

Four years ago we decided we wanted to celebrate Eid-ul Fitr with our Muslim pupils and organised a special celebration incorporating music, food, hand painting and making cards to give to our Muslim friends. Parents of the Muslim children sent in food for all the pupils to try, while the parents of other children also supported the event by sending their children to school in new or special clothes, as is the custom at Eid.

Our Eid celebrations were such a success that since then every year, in addition to celebrating Eid and the usual Christian Festivals, we choose a particular faith or culture as a focus for a special departmental celebration.

Three years ago we celebrated Chinese New Year. We began by acting out the story of the festival during the departmental assembly. Each class then cooked and contributed a special dish to the Chinese lunch. We found out which year each child was born in and during the music session, as well as singing songs about the festival and listening to Chinese music, we sang songs about the different animals. We were fortunate to be able to borrow a large Chinese gong from our Instrumental Music Service. The sound and vibrations provided a wonderful stimulation to the senses. Dragons are hard to come by in Worcester so we set about making our own! Each class made a part of it, i.e. head, body, tail and the spectacular result provided the focal point for our music and movement session.

Caribbean Carnival was our next big event and we followed a similar format to Chinese New Year i.e. a delicious Caribbean lunch and a music session which included a visit from a steel band. The focal point for our music and movement session this time was a wonderful float and as it was processed around the school hall we created a fiesta atmosphere with music, instruments, party poppers, blowers and streamers! After games and dancing to "Brown Girl in the Ring" we had our own calypso competition with each class performing a piece of dance/drama they had made up. After all the excitement we had to unwind with fruit punches!

This year we are focusing on the Jewish festivals of Sukkot, Hannukah, Pesach and Shabbat. Unlike in previous years these will be spread through the year and we have already celebrated Sukkot, again through activities such as music, drama and cookery. In addition, we built a succa, decorated at our own celebration and then used during our performance at the Harvest Festival where we were able to share our work with the whole school. As I write, we are preparing for Hannukah and events are planned for Pesach and Shabbat later in the academic year.

Next year we plan to celebrate the Hindu festivals of Diwali and Holi.

COMMUNICATION DICTIONARIES

An active method of interpreting message sending behaviours devised by the Bournemouth Speech and Language Therapy Dept. and implemented within Walton Leigh School for the students with PMLD.

Background

Early interactions develop through mutual support between infant and care-giver. Research has shown that both affect each other; the carers style of interaction and infants gaze and vocalizations influence development of communication skills. Of particular interest to us is the importance of the carers role in development specifically at the stage of Intentionality. Through carers own beliefs that the infants behaviours have meaning so these meanings develop into intentional messages. Schaffer (1977b) stressed "early interactions are sustained ONLY through mothers initiative in replying to the infants' responses as if they had communicative significance."

In the field of Learning Disabilities, many studies have shown how this natural process of interaction breaks down. Hewett and Nind (1994) talk about the 'chicken and egg' scenario debating that both the carer and infant behave atypically.

Our work has begun to focus on the role of the Carer, in particular their observation skills and interpretation of message sending behaviours. It is our belief that ensuring success at this level will aid development onto a more positive spiral. Hence the Communication Dictionary was born.

Communication Dictionary - What is it?

The Communication dictionary was a tool devised as a way to record message sending behaviours and as an active method to test out new messages.

The Dictionary is completed via observation and through liaison with significant carers (described in detail later). The end product comprises 3 important sections per page:

- **What the message is** E.G. When I am happy.
- **How the message is conveyed** E.G. I will smile and laugh
- **What the Carers response should be** E.G. To say "Charlie, you are happy" and to sign happy.

The premise is that 'success breeds success' and that if students can have their current skills acknowledged and responded to this will lead to further development.

This is not a new idea but we see the crucial difference as the emphasis placed on the carers role. Firstly, by increasing their awareness that messages exist and they will therefore will be looked for. Perhaps, also, raising expectations of students' abilities. Secondly, messages will be acknowledged in a consistent manner. As we all know our students have a wide network of carers but this also acts as a potential for inconsistent responding. Without being too prescriptive we feel it is important to detail the Carers' response to messages in order to provide a basic but consistent response. This is meant

as a minimal response to which natural interactional style can be added , reflecting individual styles and moods of the students. It could also be used as a way to provide suggestion as to style of interaction. You will see that many responses follow a child centered non-directive approach and in addition may give help on when and how to use Makaton, as appropriate. Dictionaries can also be used to test out new messages, by continual observation and adding new pages.

Method

The process towards the creation of a Communication Dictionary begins with the Speech and Language Therapist and Teacher making observations of the student and together filling in a questionnaire (based on the Pragmatics Profile - Dewart and Summers 1989). The teacher can use information previously gained through observation and recording . He/she also takes chance to speak to as many of those who have contact with the student as possible so that all perspectives are considered. Parents /primary carers will obviously have a vital contribution to make.

During the next stage of the process the speech and language therapist combines all information gathered so far to create a draft communication dictionary. Once any necessary alterations are made the dictionary itself is produced. Copies are circulated to all involved carers/ staff and the focus now is that each one makes themselves as familiar as possible with the dictionary so that the consistent responses which are fundamental to the success can be implemented.

The Dictionary and therefore its review must now be on-going so message changes or additions can be updated regularly.

Example of the process

Observations	Questionnaire	End Result : Page in the Dictionary
During sensory session - observed to turn head away from person and frown.	Qu: How does -- let you know they don't like something? Ans: Pulls away, Facial Expression and cries	If I Don't like something or am upset. I will pull away show my dislike in my face or cry. <u>Carers Response</u> Say "You don't like it" and take it away. Reflect in your tone of voice i.e. clear and simple not joking. Try something else for Steve to do.
When staff have returned from breaks and greeted Anna, she will smile	Qu: How does -- react when familiar people enter a room? Ans: Smiles as a greeting, sometimes a half smile with eyes closed.	If I am saying Hello. I will make a small smile and sometimes close my eyes. <u>Carers Response</u> Say " Hello Anna" and sign Hello. Smile !

Audit

A recent clinical audit of Dictionaries in use was carried out, specifically asking -

- * how are Dictionaries used and are they useful?
- * were there any changes in staffs' observational and interpretative skills ?

Information was collected by questionnaire and independent observation, with the observer noting how many messages were responded to and how consistently in different situations.

Overall, Dictionaries have proved to be useful but maybe not to the extent originally intended. Messages were being acknowledged thus indicating greater interpretative skills but the dynamic feature of using the Dictionaries to note new behaviours was not realized to its full potential - an area now targeted for future work.

Where to next ?

As with all initiatives, there are positive aspects to celebrate; lessons to learn and new strategies to formulate.

Future Goals will include:-

- * Training - important for initial stages in order for carers to realize their role in early communication development and therefore also increase awareness as to purpose and importance of the Dictionary.
- * Involving Everyone - from assessment stages to all being familiar with completed document. With particular emphasis involving parents/ primary carers - links already exist via school systems but these need to be more widely used.
- * Review System - in order for the dictionary to have an 'on-going' status, a formal review and more regular up-dates are needed. We are currently including a review of a students' dictionary as part of the Annual School review and we have, also, found the need for update at Dept. meetings. One idea has been to concentrate on 1 or 2 dictionaries per weekly meeting to familiarize staff with the Carers Response section and to add any new messages to the dictionary. Another idea is to develop a Co-ordinator role with specific responsibility to up-date the dictionary regularly, noting changes and circulating new information.
- * New developments - expanding the concept of a Dictionary into the idea of a Communication Passport (McEwen and Millar 1993). A Passport is a personalized form of practical information - to include, for example, basic biographical information, their abilities, achievements and aims. We feel this is particularly useful for students at transition points in their lives - those due to leave school. It can save on endless repetition and enables the student to be actively involved in the information sharing process.

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HELP!

Does anyone know of any companies/suppliers of age appropriate plain coloured bibs/tabards/aprons?

If you do please contact:

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THE MOVE PROGRAMME: REPORT OF A STUDY TOUR IN USA

THE MOVE PROGRAMME: REPORT OF A STUDY TOUR IN USA

MOVE, **Mobility Opportunities Via Education**, is a relatively new programme introduced in UK only 4 years ago. It was designed by a teacher Linda Bidabe, and a physiotherapist both working at the Blair Learning Centre, Bakersfield, California, to improve the quality of life of children and adults with profound multiple learning difficulties.

Since joining MOVE earlier this year I have had the privilege of visiting many schools and centres in America and Europe using the programme. I have been amazed at the MOVE revolution. MOVE is definitely no "miracle cure" but a practical programme offering realistic goals to children and adults with special needs.

Linda Bidabe, had observed that children leaving special school after up to twenty years of special education and different therapies were unable to perform some basic tasks and often not involved in making choices about what happened to them after school leaving. Therapy had been based on assessing the child's skills based on a developmental model and determining which the next steps of learning were appropriate. This model, however, did not take into account the skills a young person would need in the transition to adulthood nor the difficulties their carer may have in looking after a less mobile, heavier young person.

The Programme

Bidabe developed a Top Down approach in which a team, including the child and parents, assessed the child's abilities and identified the goals important to them and their families. These goals would offer both help to the family in caring for them, and offer the young person a way of learning how to be more independent and have some control over decisions made in their lives. These long term goals are broken down into classroom and home goals in which the mobility skills of sitting, standing and walking are used to enable them to succeed at the tasks. The mobility goals are integrated into the child's Individual Education Plan and the teacher and therapist work together to determine how much support (prompting) a child needs to succeed at each task and periodically re-assess the child to see if a new skill has been learnt and the amount of prompts can be reduced. The prompts may be mechanical equipment, verbal reminders, signals or any physical help the child may need.

The MOVE curriculum is based on setting specific goals (Based on the Top Down Model) and has a comprehensive record keeping system which therapists can use to describe and measure outcomes, and teachers can use for recording for the Ofsted process. The record keeping process in itself is sufficient to retrospectively measure change and progress in the child abilities.

Research

The early research work was carried out totally in America, with a research project done in Sydney Australia. (Bidabe) However, apart from these papers little research work has been published either in America or in Europe. This is not unusual and new ideas are often introduced before extensive research has been undertaken but programme validation in Europe is seen as the next important step to ensure the programme is effectively validated for use in UK and Europe.

Knowing that little research has been done in this field I wanted to see first hand the effect of this approach so I therefore set out to complete two fact finding visits to six different states in America to find out for myself the impact MOVE had had in special schools and centres in USA. Especially on the children and adults who had been on the programme for up to ten years.

The Tour

My first visit was to the Blair Learning Centre, Bakersfield, California, where the MOVE programme was written and initial research work undertaken. The research group are now 17/18 years old and have moved from a special school class to be included in mainstream secondary school, East Bakersfield High School, the other side of town. What would I expect? I had seen the original "Stand Up and Walk" video and seen the children with a variety of disabilities ranging from cerebral palsy to spina bifida all in wheelchairs and at risk of the range of deformities and contractures we are all familiar with. I thought, at best, some of them would be able to walk with walkers but they would all undoubtedly suffer from contractures to a greater or lesser degree.

They looked like fit and healthy teenagers, they are not committed to a support wheelchair existence, being fed and cared for, but they have gained opportunities for more independent lifestyles. These students still have profound difficulties but I was pleasantly surprised they are all taking a part in determining what they do, choosing activities and working with other young people from neighbouring classes who come to help them on a "buddy system" they set up as part of their inclusion programme. They are now all able to take differing amounts of weight through their legs and show few signs of lower limb contractions. Teachers were keen to tell me how they felt MOVE had helped all these children gain in independence and how the MOVE programme was an integral part of the whole school curriculum.

The biggest impact of my visit was seeing a teenage girl, who had had profound problems on the early MOVE video, walk beautifully and just with one hand held. Yes! These children had been on the programme for 10 years and I could see it works. I couldn't prove it but 25 years as a paediatric physio gave me a good idea of what these young people may otherwise have been like.

I then attended an excellent MOVE conference in Los Angeles. Teachers and therapists from neighbouring counties all gathered to share experiences and talk about setting up MOVE in new areas. An excited MOVE "hum" followed each presentation, discussion included the same issues which are topical in our curriculum debates in UK, the continuing integration/inclusion debate, the development of appropriate curriculum and how to get the directors of health and education to support their joint projects. Another hot topic was the development of transfer plans from child to adulthood and, as we know only too well this is the moment of truth as to whether the agencies work together or not to provide a smooth transition to adult services offering young people some empowerment in being involved in decisions about their own life. Parent/carers and children were also involved in the conference with some of the youngsters entertaining the delegates after the conference dinner.

It was exciting to see teachers and therapists attending the conference together, working together and being involved as part of "the team." They discussed taking ideas back to their schools to help meet the specific needs of the children and parents and help in the shaping of the school development plans. Not always an easy task as well we know!

MOVE with Adults

Another highlight of my visit was seeing the adult programme in action at Delano, California - profoundly disabled adults who had lived for years in a long stay hospital were moved to community homes a year ago.

Ten individuals attended a day centre where Jack Lollar, physiotherapist, had trained the staff use of the MOVE philosophy. The atmosphere was relaxed and friendly. Rows of hospital beds were replaced by advancement chairs, gait trainers and standers. Staff full of enthusiasm and energy worked to reduce prompts helping each person to learn more skills in sitting, standing and walking. I was amazed - the

supervisor said "time is not a pressure, we can slowly work towards changing the quality of their lives it doesn't matter how long it takes."

Integration and Future Implementation

I had always wondered about MOVE in a fully integrated situation. I visited Montgomery County Colorado. I recognised so many similarities between the local organisation and our own programme of integration in UK. In Colorado I found the willingness of skilful teachers ready to share new ideas, and parents and therapists prepared to take on new methods in order to give children opportunities they would otherwise never experience. In each area one person with a longer term vision acted as catalyst to implement the development of the MOVE curriculum. Kay McGuire, a community physiotherapist, and her assistant travelled round from school to school assessing, reviewing and advising. They worked very closely with their local Director of Special Education and the schools psychologists to develop a longer term MOVE plan for the County.

Washington Hospital for Sick Children was another eye opener, Ginny Paleg the physio had a vision! She worked with children who were very severely disabled and on medical support systems, children on ventilators and children in semi comatose conditions who had virtually no quality of life at all. She demonstrated how "it takes a Team to MOVE" and how each team member was encouraged to carry on as children gradually learned to move independently. She trained the nursing staff in the MOVE philosophy and gave them the skills needed to implement the programme. MOVE is not part of nursing care but nurses are part of the MOVE team and as such are key team members. They are involved in decision making, goal setting and carrying out the programme. The paediatricians are all impressed with the new skills the children develop and, equally as importantly, the changes in attitude of staff members to giving children greater opportunity (these children would otherwise be lying in bed surrounded by wires and tubes with no hope of gaining independent skills). The hospital management team have supported the programme fully and ensured the appropriate staffing and equipment is provided for each child. They have recognised the potential for these very sick children and Ginny Paleg says "the programme has concentrated everyone's efforts in the same direction".

Dr Shari Johnson, the head teacher of the William Baer School in Baltimore welcomed my visit. She had taken MOVE "by the horns" and used a whole school philosophy which worked really well. Her school is for children with physical handicap and severe learning difficulties. The children start at two years old and as many children as possible are integrated into mainstream by age eight with a slow trickle integrating after eleven. All children in school are on the programme. Many children have cerebral palsy or different types of syndromes, or degenerative conditions. Some children have Muscular Dystrophy in which case they use the MOVE programme in reverse adding prompts to enable skills to be retained with increasing help from their equipment. Many of the youngsters go onto do exams at school leaving and a few get jobs. The percentages were very similar to those in UK with dropping numbers in exam groups as more children were integrated into mainstream. Throughout school the emphasis was on choice and opportunity. The lovely atmosphere and the determination of the children and staff made this a model school for the MOVE programme.

Interested in research and training carried out in USA I then visited the University of West Florida and Florida University in Tallahassee to look at standardising MOVE training and accreditation across the world. We discussed research and diverging ideas of speech and language therapist using the MOVE programme to help children use choice and find which systems of augmentative communication may be most suitable for them to develop their communication skills. The next step in the MOVE programme is TELL. A new programme also being written by Linda Bidabe to help children use their mobility skills gained through MOVE to develop increased communication and therefore a better control over their lives.

Jenny French, Profesional Director
MOVE, 26 Great Slades, Potters Bar, Herts EN6 2ER

A Sensory Challenge

Flo Longhorn, Catalyst Education Resources Ltd.

We are all aware of the tremendous importance of the full use of the senses to access learning and to actively learn. We use our senses throughout our lives and they remain fairly constant and useful. When we educate very special people using their senses, we are conscious that this sensory education will be constantly used throughout their lives as well. Recently there has been a lessening of the awareness of the importance of sensory education and its permeation to every aspect of learning for very special people. National Curriculum, for example, should be viewed as enhancing sensory education and not the other way around. In this way, the possibilities of expanding a very special person's education is realistic and is relevant to learning for life.

The education of the senses and the use of senses to enhance learning has developed from our initial use of the primary senses of taste, smell, sound, vision and touch. We have seen the necessity to put senses together, to learn and use the senses in a multisensory way. We also realise that some senses cannot be formally taught, but are important to a holistic approach - the numinous sense, conscious vision and the radiation sense for example.

Now, list in the box below, the senses you teach or are aware of in your daily work and life.

Count the different senses and enter here

and then turn the page to find the richness of a sensory life for everyone to learn from - using their senses.

Identifying the Senses

How many ?

At least 26 !

- hearing sight smell taste
- touch pressure heat cold
- contact pain weight gravity
- position of the body (bodily experience)
- balance (equilibrium) vibration
- hunger thirst fatigue nausea
- sexuality sensuous lust
- bending of joints numinous
- extrasensory perception
- conscious vision radiation sense

PUTTING SENSES TOGETHER

multisensory and synaesthesia

Parents Get Involved!

Our latest project for young people with profound and multiple learning disabilities promises to be a sure-fire winner with teachers, parents and the young people themselves. *Family Matters* is a multi-sensory PMLD touring show created by the people for the people!



To ensure our work in this field is wholly appropriate to the needs, concerns and aspirations of our audience we are bringing together a group of parents and their children with PMLD to help generate the ideas behind the show. A series of workshops at our base in Leeds will be the focus for exploring ideas, techniques and themes which the group feel should be included.

Our previous touring show in this vein, *Fairground Attractions*, proved an enormous success, and we are confident that this consultancy process can only lead to better and more challenging work. One of the hopes for the project is that schools will invite parents to experience the work alongside their children. It seems only right therefore that we set an example by including them at the very start of the project. The workshops will themselves for a pilot for other projects which can involve parents in the creative process. For more information regarding this work contact Interplay Theatre Company, Armley Ridge Road, Leeds LS12 3LE. Tel: 0113 263 8556

Family Matters will be touring in Autumn 1997

Go for It! : Lifeskills is the second series of the SLD strand in the BBC Education: Access to Learning programming. The 5 twenty-minute programmes are aimed at students about to leave school and include recognisable SLD role models developing the skills of independence and socialisation needed at this time. A preview will be showing in NIGHTSCHOOL on Tuesday 11th and 18th February and daytime transmission will be from Monday, April 14th at 10.30 on BBC2.

Feedback from teachers using these resources is welcome, along with suggestions about how the BBC might provide more and better 'Access to Learning'. How about sending them some thoughts on programmes which are appropriate and accessible to pupils with PMLD? Contact Steven Fawkes, the Education Officer, BBC Education, School Programmes, White City, 201 Wood Lane, London W12 7TS. Telephone 0181 752 5359

CONFERENCE REPORT:

PMLD-Link Sharing Good Practice: Current Issues and Innovations

**Held at The University of Birmingham
on 9th November 1996**

Over 60 people attended the conference held at the School of Education at the University of Birmingham. The majority of participants were from all education services working with children and young people of all ages, but there were a number of participants from child and adult services provided by social services, the health service and the independent sector. This made for rather varied numbers in the workshops, and we had to arrange for an extra communication workshop to accommodate everyone who wanted this topic.

A brief report of some of the workshops follows so that the sharing of good practice can continue.

The Keynote Address - Diane Chorley

In her introduction to the day Diane Chorley raised the issue of how we recognise good practice. The following report is taken from the overheads she used to illustrate her points.

Rather than assuming we know good practice when we see it, we should all promote and lead discussion and debate on the nature of quality, standards and improvement in education, with a view to promoting diversity in relation to quality and the definition and achievement of standards.

She emphasised that this applies equally to services other than education, and gave some pointers to help us to recognise good practice in any setting.

Performance Indicators are measures for assessing performance in a particular area. She described two major types:

- qualitative indicators, incorporating views or judgements
- quantitative indicators based on aspects of performance that can be counted or measured.

Performance indicators should answer the question:

"How will we know how we are doing?"

Setting targets makes us focus on what pupils/adults are actually learning, not what we think we are teaching.

She then suggested two main criteria for success:

- Setting targets against particular indicators,
e.g. parent/carer involvement
- Criteria intended to improve performance
 - e.g. develops and uses language - in a variety of contexts
 - selects appropriate clothing - in relation to the weather
 - uses free time - in a number of different ways
 - seeks information - from a range of sources
 - handles money - in different settings

Cultural Influences and People with PMLD - Dilara Kler

Dilara started off the workshop by exploring how other cultures view people with PMLD. We all pooled our ideas about this, and Dilara drew out the following points:

- The value systems towards human life vary enormously in different cultures. We must bear in mind the different quality of life in different parts of the world.
- There is a dehumanising of life for those with PMLD in poor cultures where there is no tradition of caring and no provision and rights for people with severe disabilities.
- Close knit communities can create great pressure on families and children with PMLD because of attitudes towards disability and the value of human life.
- Severe disability involves shame, disrespect, low status which can result in hiding children and withdrawal from the community.
- Some people are "not worth" education.
- Cultural barriers and language barriers can prevent some parents from access to information and access to services for themselves and their children.
- What is provided by external services is limited; at best some get care.

We then explored the reasons why some parents and in particular, mothers, are not involved in their children's education.

- There is a different concept of education which is not relevant to people with PMLD.
- People with disabilities are treated as "ill" and are left lying in bed.
- Many parents want progress in social behaviour and presentability and are not interested in the academic side of education

We discussed how issues of PMLD are reported/interpreted to parents from minority cultures.

- Translations and verbal interpretations can be a disaster if they are done by an someone who has no understanding of the education or care system.
- There may be no written form of the language (e.g. silhetti)
- Expectations may be unrealistically high - i.e. a "cure" or low - intervention may be seen as irrelevant as the situation is "the will of God".

Finally, and most importantly, we talked about ways in which we could help to increase involvement, access and choice, and encourage active decision making.

We also thought about what cultural factors could be used to advance the progress of people with PMLD. We need to understand the culture, and the cultural needs they have.

The following suggestions came from our discussion and from Dilara's handout:

- Food - cultivates tastes and stimuluses; exploring the senses through tastes textures, smells - some pupils will be familiar with certain spices and smells or their ethnic environment.
- Vocal language - often in minor key, tone rhythms and phonics; sounds made, talkative/non-talkative environment. Expressive communication developed at home, laughter (e.g. facial expressions, shaking the head to express 'yes' in Asian countries etc.). Teachers will often use language with signs to communicate with people with PMLD - check the signs and subtle communication methods used at home.
- Music - exploring sensitivity to different sounds, instruments, rhythms, formation and pitches.
- Smells - incense, perfumes, food etc. that evoke the senses.
- Touch - some cultures much more openly affectionate, or are repressive.
- Outdoor activities - actively restrictive in some cultures, particularly physical activities of children from Muslim families (this is derived from the idea of the body as an object of temptation and to be covered from view).
- Home activities - a lot of home activities, particularly in Asian families, revolve around TV and video. The child with PMLD will spend much of the time lying down, or propped up to the TV screen. There is a lack of structure and variety in activities within the home. Schools can advise/educate parents about home activities, importance of play, massage and physio-therapy used in school, as well as other forms of stimuluses.
- Valuing the time to communicate with parents - explaining to parents the exact reasoning behind a particular exercise/activity involving play or other seemingly obscure activity. Parental support of education is essential to accelerated progress of pupils.

Planning to Meet Individual Needs in Schools - Judith Wade

United Kingdom education law is based on the principles of inclusion and entitlement in that all pupils have a right to be educated and have a right to an education that is relevant to their age, aptitude and ability.

Accountability is important to safeguard pupils' entitlement but should be supportive and not threatening, and should not be the pigeon of Ofsted alone.

Delegates' attention was drawn to the new 1996 Education Act which incorporates, under one banner, all previous legislation regarding special needs provision, curriculum and management, all of which must be addressed when planning individual curriculum needs.

In addition, the Children Act 1989, as well as dealing with child protection issues, stressed the importance of a collaborative approach, involving education, health and social services, when meeting pupil needs. However, it was acknowledged that in many cases this has become more difficult since the establishment of trust status to the old NHS authorities.

(A number of OHP transparencies were referred to during the remainder of the talk).

Planning a school curriculum should reflect:

- **the relevant statutory requirements**
- **the school priorities for learning based on the knowledge of the pupils**
- **the known assessment, recording and reporting requirements.**

LEAs are required to hold curriculum policies, as are governing bodies, and it was recommended that schools work together, and with their LEAs, to produce policies that ensure *all* pupils with SENs are catered for, and not just those with SEN in mainstream.

The curriculum for every maintained (special) school shall comprise a basic curriculum which includes:

- **the National Curriculum**
- **provision for sex education for all registered pupils who are provided with secondary education.**

(Ref: Paragraph 352 Education Act 1996)

Two points were stressed at this point. Firstly, there is a need for special schools to write an Access Statement to show how the National Curriculum is delivered to their pupils. Secondly, there is no statutory requirement regarding time allocation, though recommendations have been made by Sir Ron Dearing. Therefore, decisions schools make regarding this allocation should be clearly backed up by firm evidence, and such decisions should be available to all.

Regulations shall make provision for securing that, so far as practicable, every pupil attending a special school:

- a. receives religious education and attends religious worship, or
- b. is withdrawn from receiving such education or from attendance at such worships in accordance with the wishes of his parents.

(Ref: Paragraph 342(b) Education Act 1996).

Arrangements for RE do not appear in the curriculum section of the 1996 Act but under Special Regulations. The key words here appear to be “so far as practicable”, and allow teachers the opportunity for flexibility and creativity in planning a RE programme for pupils with pmlD from their Agreed Syllabus.

Record keeping plays a vital role in providing teachers with **knowledge of pupils:**

- details of pupil’s individual needs
- profile of group needs within each key stage

From such information decisions can be made regarding the level the pupils are currently at and target setting to move them on.

Arrangements for **Assessment, Recording and Reporting** should consider the following:

- National Curriculum requirements
- School curriculum requirements
- Baseline assessment?
- Statements and annual reviews
- Annual report to parents
- Accreditation at key stage 4
- Medical and Social Services

A number of points were made at this point.

1. the possibility of assessing against the N.C., specially at the end of the key stages.
2. the new DFEE proposals for baseline assessment for pupils entering school. SCAA have recently published a consultative document on Baseline Assessment. Certain examples were included in the document, all of which are unlikely to be applicable to pupils with pmlD. However should pupils with pmlD be included in baseline assessment when they already have been statemented or do they have an entitlement to be included?
3. accreditation at KS4. Sir Ron Dearing recognised those groups of pupils below GCSE Grade G: low attainers, under achievers, those with significant learning difficulties. Teachers need to consider how they will accredit work undertaken and how they effectively use the National Record of Achievement.
4. how teachers use/incorporate information from medical and social services.

When discussing the stages in curriculum planning the delegates’ attention was drawn to the SCAA document “Planning the Curriculum for pupils with pmlD” (1996)

Stages in curriculum planning

- **Gathering information and gaining understand**
 - about the needs of the pupils
 - the statutory requirements
- **Planning process**
- **Preparing documentation**
- **Implementation (guidelines)**
- **Monitoring and evaluation**
- **The Planning Process**
- **Time** - length of school day
 - available time
- **Resources**
- **Setting priorities (evidence)**
- **What about** - personal needs (feeding and toileting)?
 - medical attention?
 - transport?
 - therapy?
- **Curriculum style/delivery** - subjects
 - topics
 - cross curricular
- **Progression and age appropriateness**
- **Grouping of pupils**
- **Learning environment**
- **Including assessment, recording and reporting (Code of Practice)**
- **Identifying training needs**

Who should be involved?

Are roles and responsibilities clearly understood?

A six stage model for curriculum planning

- **Planning the curriculum**
- **Developing schemes of work (LONG)**
- **Planning units of work (MEDIUM)**
 - outcomes/delivery/resources/differentiation
- **Lesson planning (SHORT)**
 - e.g. help required by pupils/expectations
- **Assessment and recording**
 - essential part of the planning process
- **Review and evaluation**

Some other general issues raised by discussion groups.

1. Teachers having to write their own curriculum policies and schemes of work would welcome more guidance.
2. The benefit of, and support gained from, networking
3. Teacher training - initial and ongoing.

4. Support from other professionals in compiling IEPs.
5. Vast diversity of resourcing.
6. **Integration**
7. The place of certain activities within the N.C. framework e.g. RDA, and the need to legitimise such activities and have their value recognised universally by Ofsted.
8. Curriculum balance.
9. The concept of progress in relation to pupils with pml.
10. Do Ofsted acknowledge the guidelines in the SCAA document "Planning the Curriculum with pml"?

The workshop provided delegates with an interesting overview of current issues that will generate discussion with colleagues back at schools.

JANET GIBBONS
NOVEMBER 1996

Communication Workshop - Lizanne Jones

This workshop focused upon current approaches to understanding human interaction and the relevance and application of this knowledge in practice with people with PMLD. It began with a brief review of how investigations into communication and people with learning disabilities have progressed over recent years, from an interest in an individual's competence in understanding and responding to discrete actions (of the 'put the spoon in the cup' variety), through functional-pragmatic with its concentration upon everyday needs and choice (between, for example, a drink of squash or milk), to the present emphasis upon social function and the complexity of interaction where both partners are part of the equation and interest centres not only upon the person with learning disability.

A pair activity gave participants the opportunity to undertake a brief comparison of their own social communication with the usual experiences of people with PMLD. The common practice in social interaction is that

- the pace varies and partners are synchronised
- conversations follow a 'burst-pause' pattern
- there is smooth rapid turn taking
- there is a variety of topics
- there is a balance of who initiates
- there is no set agenda
- there is a process of introducing and ending the conversation.

This is in marked contrast to the experience of people with PMLD where interactions are usually very brief, one sided, practitioner initiated and often follow a set agenda with no opportunity for the person with PMLD to take the lead.

A video showing parents interacting with their children, all of whom have PMLD, illustrated how recent work has drawn upon investigations into early interaction between infants and caregivers. The examples showed parents sharing company and non-verbal communication with their children, developing 'conversations' which *allow* the child to communicate, basing these on the child's existing abilities, varying their pace and approach to the child's mood, positioning themselves close to the child, being alert to signals and adapting to what the child is doing at different times.

The challenge to us as practitioners is to overcome our 'uncomfortableness' and translate our ideas about social interaction into our day to day work. We need to incorporate the features of good non-verbal communication:

- aim for good synchronisation,
- ascribe intentionality,
- pick up on small movements,
- actions and vocalisations and reflect these back
- use the 'pause-burst' pattern,
- be sensitive to our communication partner's moods and interests;
- help him or her to initiate,
- be prepared to change the topic.

We must sometimes take risks with age appropriateness, but be acutely aware of the dangers of crossing the boundaries into what might be construed as sexual abuse. We should adopt a 'total communication' approach, intentionally using a variety of modes: touch, vibration and textures; reaching, touching, gestures, body posture, movement and facial expression; vocalisation, varying tone and volume; signs and symbols; objects of reference which have a particular significance for a child, and for those who find these meaningless, actions on their bodies which signify a particular event or activity.

This was a comprehensive workshop, busy but not too rushed, and informative without overloading people. With our interest aroused, we were left wanting to find out more, several handouts and references should enable us to do this.

Report by Alice Bradley

FUTURE FOCUS - The Arts

I believe that there are few people indeed, who are not in some way involved with some kind of creative art. This may be music, dance, visual arts (painting, sculpture, pottery, film etc. etc.), reading for pleasure, drama - there are so many different art forms, and immense differences within each one. The arts stimulate our senses in a very special way, and heighten our awareness and pleasure in our surroundings.

When we think of using the arts with people with PMLD, we might perhaps ask ourselves in what ways we ourselves are involved in the arts. We may be makers or performers, actually engaged in the creative process. This can be a form of self expression which gives enormous emotional satisfaction. Although some people are natural geniuses at a particular art form with a strong inner drive to create which needs little outside impetus, most of us have been introduced to the various forms of creative arts through other people, and in our education and leisure experiences. From other people we have learned the skills which are necessary to gain satisfaction from the process of creating something ourselves.

Many people who are involved in the arts would not consider themselves to be creators or performers. We can enjoy music without being able to play an instrument; we can enjoy paintings and sculpture without being able to paint, or model; we can enjoy watching people dance, whether it is the ballet or a modern form of dance; we can enjoy reading, or being read to, without being a writer or poet, and we can enjoy going to a play or a film without being an actor.

However, most people do, in fact, create or perform at their own level at times. When did you last doodle on your pad, or embellish something with your own pattern? Do you ever sing in the car, or at the sink, or when you are with a group of friends? Most people enjoy dancing, particularly when they are young. We don't feel we have to be star performers to enjoy doing these things, although we may choose the privacy of our own homes to do some of them! Of course, there are many other ways of being creative. The dividing line between arts and crafts is indistinct, and many people practise some kind of creative work in their leisure time. Art or craft, it is a process which gives satisfaction to the person who does it, and often to others who appreciate the results.

When we use the arts in our work with people with PMLD, there is perhaps a danger of concentrating on the process of creating or performing, and the opportunities for learning or self expression that the arts can provide for people with PMLD. This may lead us to overlook the pure pleasure and satisfaction to be gained in enjoying the creativity of other people. Often This experience is often heightened when we can share it with a friend.

In the next issue of PMLD-Link we would like to hear about all the many ways that people with PMLD can be involved in the arts. Tell us about the projects which have involved people in the creative process and their enjoyment and the learning that has taken place. But tell us too, about other ways of being involved in the arts - a visit to an exhibition or gallery perhaps, a live music performance. Let us hear how you have helped people with PMLD to enjoy being involved with the arts.

Carol Ouvry

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Enabling Access – effective teaching and learning for pupils with learning difficulties.

Carpenter, B., Ashdown, R. and Bovair, K. (eds)

Fulton, 1996, 309 pp
Paperback £15.99.

ISBN 1-85346-420-1

When I first received this latest book from Carpenter, Ashdown and Bovair, I was concerned that it appeared to parallel their earlier work, *The Curriculum Challenge* (Falmer, 1991). There are certainly similarities in both the format and content of these two books. However, much has happened since the earlier publication, and I was heartened to find that this is reflected in the tenor of *Enabling Access*.

In an attempt to move the current debate forward, Carpenter and Ashdown, in their opening chapter, remind us of the whirlwind of developments which have confronted teachers since 1989. They provide us with the structures which will enable teachers to address the issues of access, and set the positive and assertive tone which is continued throughout the book. 'Entitlement', they state, 'is now broadly accepted, but does not bring with it automatic solutions'. The raison d'être of books such as this is to enable teachers to move along in their thinking, towards the implementation of approaches which seek solutions to some of the challenge of meeting pupils' needs in differing educational settings. In this respect, *Enabling Access* provides a welcome addition to the literature. With regards to entitlement, we must not

become complacent. This is an area in which I suspect further battle scars will be gained before we win the confidence of all colleagues in schools.

The first half of the book draws upon the expertise of practitioners who have pioneered developments in providing access to the core and other foundation subjects and religious education. The ideas in these chapters will be welcomed by subject co-ordinators wrestling with National Curriculum implementation. Whilst some of the chapters offer little that is new in terms of subject delivery, they do provide a timely reminder of what can be achieved by enthusiastic teachers with a commitment to address individual pupil needs within a subject context. It is particularly useful to have this overview of subject development together within one volume.

The second half of the book adopts a more philosophical and discursive approach. It was here that I found ideas and debates from near to the leading edge of developments in our more progressive schools. Rob Ashdown sets the theme by reiterating 'whole curriculum' issues which are still at the nucleus of educational debate. His chapter is followed by Richard Byers who, with characteristic alacrity, demands that classroom processes are given greater prominence in curriculum discussions. A bold attack upon atavistic and 'outmoded' interpretations of curriculum purpose will touch a few raw nerves, but it goes to the heart of matters which must form the core of

curriculum dialogue over the coming years.

Carol Ouvry has long been in the vanguard of curriculum development for pupils with profound and multiple learning difficulties. Teachers of pupils with complex needs, concerned to address entitlement issues, will welcome the contribution which she makes with Suzanne Saunders. Readable text is accompanied by diagrams which demonstrate approaches to providing breadth and balance in the curriculum for pupils with PMLD. Ouvry and Saunders do not propose simplistic solutions to achieve a synthesis between a subject driven National Curriculum and more developmentally based models, and are quick to debunk tokenistic interpretations. They do express a conviction that 'National Curriculum programmes of study can provide a structure and context for teaching activities which offer opportunities to address individual priorities'. In their model of a learning continuum they challenge narrow concepts of a curriculum which emphasises the teaching of skills and knowledge, and reaffirm the idea that the curriculum should be a vehicle for promoting the development of the whole child.

Christina Tilstone gives us a view of the challenges which may be ahead if we are to build a society in which people with special needs will play a full role. Changing attitudes, which she takes as the theme of her chapter, she acknowledges as a slow and daunting task. In addressing the need for change, Tina

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introduces us to the book's final theme of self advocacy.

As we have come to expect, Peter Mittler confronts us with ideas which are at once profound and challenging, but expressed with a clarity which enables us to gain insights into an issue which demands vigilance. Mittler shows an understanding of the aspirations of pupils with learning difficulties and an appreciation of the practicalities which schools must address in preparing pupils to become 'empowered agents of social change'. In the final pages of this book, he presents every one of us with the challenge to re-examine our relationships with pupils and with parents in continuing to strive for excellence in educating pupils with learning difficulties.

Richard Rose is General Inspector for Special Education with Northants Inspection and Advisory Service.

Enabling Access was the winner of the 1996 Special Needs Academic Book Award.

The Education of Dual Sensory Impaired Children: recognising and developing ability.

Edited by David Etheridge.

London: David Fulton Publishers, 1995, 129 pages.

Paperback, £13.99

ISBN 1-85346-335-3

During the last five years I have lost count of the number of times I have heard people in the field of dual sensory impairment saying that they 'must write' about the good

practice that is happening in this country. We are very poor at actually doing this so this book is a welcome addition to the developing literature in the field of the education of dual sensory impaired children in Britain.

The book contains a series of nine chapters written by a range of professionals on a selection of approaches and information related to children up to about fourteen years with dual sensory impairments. The chapters cover a variety of aspects of the curriculum; assessment; working with families; and an insight into some of the provision that has been developed across the country following the GEST 29 (14) initiative which supported a selection of consortia in England and Wales in the setting up of that provision.

Although it specifically addresses a small population of pupils, many of the chapters contain information on relevant approaches that could be and are being used with a greater range of pupils with different needs. The chapter on assessment is one that would be of particular interest when looking at kinds of assessments that could be used in special schools and may help in the selection of appropriate approaches. The curriculum based chapters are each free standing and can therefore be read independently of the others. Their contents are easy to read and provide basic information and a rationale that would give the reader a baseline to use prior to investigating the subject further to gain a more in-depth understanding. The bibliographies provide

suggested texts to help with this. Those chapters related to the GEST initiative are probably of more interest to those working directly with dual sensory impaired children.

The strongest asset of this book is its positive attitude towards the education of these pupils. David Etheridge sums this up in his introduction: 'This book is about ability, not disability. It is about what children can do and how they can progress.' What it has to offer can be used by more than those working within the field of dual sensory impairment, especially those working within schools for pupils with severe learning difficulties. Most importantly, it is predominantly easy to read and the information it provides incites the reader to investigate particular subject matter further.

Helen Redding is Teacher/Manager for Curriculum Development and Pastoral Care at St John's School, Bedford.

Interactive Approaches to Teaching – a framework for INSET.

Mark Collis and Penny Lacey – with a contribution from Dave Hewett on Intensive Interaction.

London: David Fulton Publishers, 1996, 122 pages.

Paperback, £13.99.

ISBN 1-85346-366-3

Mark Collis and Penny Lacey set out, in ten sections, to review the literature on interactive approaches and to 'challenge' readers to 'reconsider' existing teaching

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practices by 'returning to principles'. The introduction to the book offers a succinct historical analysis and explains that this is both a textbook and an INSET pack. A clear contents page and a useful index help to guide the reader around the materials. Each section opens with a clearly stated aim and concludes with an opportunity for 'reflection'; suggestions for 'moving on' and an invitation to create an 'action plan' based on issues raised. Within each section there is some text; a set of references and suggestions for further reading; and a collection of photocopiable originals for making OHP acetates or handouts. This publication uses a distinctive open learning style of presentation with lots of boxes, bullets, tables and changes of font.

The first three sections explore the defining characteristics of interaction; teaching approaches which could be said to be interactive; and the nature of the relationship between teacher and learner. Sections 4 and 5 expand on this theme with a very helpful analysis of learning through problem solving and an examination of teacher interventions, focusing on supporting learning through prompting and scaffolding rather than simply providing help.

Section 6 provides an 'ecological' view of assessment, encouraging teachers to take account of the quality of the learning process itself as well as measurable outcomes; of understanding as well as skills. Working with the 'whole learner', Section 7

suggests, can be enhanced by building an environment that promotes interaction through the use of objects of reference, symbols, sensory experience and collaboration between pupils and staff.

Section 8 moves on to the idea of setting targets for learning which are focused and relevant yet open-ended and interactive while Section 9 discusses curriculum development and the possibility of an 'integrated, interactive curriculum'. Section 10 sets up a series of questions with commentaries which are designed to 'provoke the reader into a re-evaluation of the purposes of recording' and avoids the trap of providing practical 'how to record' examples or samples of blank sheets, even if readers may be left with a sense of frustration at their absence.

Dave Hewett's section distils the principles explored in *Access to Communication* into a few brief pages. Two 'scenarios', with suggestions for appropriate responses, show how interaction may be initiated before Hewett moves on to discuss 'further progression' and some of the issues, such as the use of physical contact, which may be raised by interactive approaches. This section may serve largely to whet the reader's appetite for Nind and Hewett's book.

At first glance the sequence of the sections seems unusual. The material on curriculum development and the setting of aims, for instance, comes near the end of the book. In fact, the sections proceed from an evaluation of practice and move towards questions

about how the curriculum can be made more interactive.

It is in the nature of this book, therefore, that the reader is required to change focus from section to section and to cope with the potential frustrations of a shifting sense of balance between big ideas and the details of practice. Only a few pages are devoted to some huge areas, such as curriculum design, where there are very contentious issues to debate. A scant seventeen lines are provided on National Curriculum assessment. It might have been better to leave this discussion out altogether than to offer so little about something that is surely a major issue for many. Other sections, however, focusing on practical issues like prompting and scaffolding, are enormously helpful. The material on problem solving is particularly illuminating, offering a very lucid analysis of a phrase which is too often used without real thought or understanding.

In the end, this book achieves its aim of bringing related material together in a digestible form. The A4 format, the photocopiable sheets, the tightly focused sections of text and the references make this book an immensely valuable resource for practitioners, staff developers and students in higher education who wish to explore this important area of work among students who experience learning difficulties.

Richard Byers is reviews editor of *PMLD Link*.

reviews reviews reviews reviews

Learning through Interaction: technology and children with multiple disabilities.

Edited by Nick Bozic and Heather Murdoch.

London: David Fulton Publishers, 1996, 172 pages.

Paperback, £14.99

ISBN 1-85346-377-9

Edited collections always make for interesting reading. At their best they offer lively debate around common themes or argue a cogent position from a variety of perspectives. At their worst they can be disjointed and fragmented with articles and chapters loosely related.

This book falls somewhere between these two extremes. It offers a variety of examples of good practice in working with pupils with a variety of learning difficulties, interacting with a variety of forms of technology to develop relationships with aspects of their environment. The examples are well-written and detailed and offer teachers opportunities to consider their practice and to build upon the ideas offered. Whilst the examples are clear, there is little that is markedly innovative. Many of the ideas have been presented in other texts, often in a more accessible format, notably in the NCET publication *Extending Horizons* (1995). There are especial exceptions to this. Paul Nisbet's description of mobility and the insight of Leighton Reed and Christopher Addis on developing a concept of control warrant re-reading. Each and any of the chapters can stand alone as useful

material for schools and individual teachers.

It is, however, the linking together of these ideas within the notion of mediational technology that leaves one wanting a little more. The introduction by Nick Boscic and Heather Murdoch whets ones appetite, but, having raised issues, the editors fail to draw the reader into the issues as one progresses through the text. Each chapter cries out for a preface indicating links to the central theme.

In addition, I was left considering the holistic view of the child surrounded by mediational technology. I tried to imagine the complexities facing the child who used proximity devices to control an environment, a smart wheelchair, communication aids and so forth all, so to speak, in the 'one pair of trousers'. The impact of such integrated approaches, where the experience of one intervention impacts upon others, needs to be examined in a more detailed fashion.

Equally I would have very much liked to see discussion in the book of the impact of technology on the nature and quality of interactions. Anyone who has used e-mail or any of the on-line discussion forums for the Internet will be aware that the quality and structure of the communication is markedly different from other forms. A debate could have begun in this volume to consider whether the impact is beneficial or not and what costs we must bear if such technology is to be integrated into all classrooms.

Ultimately I enjoyed the book and it does offer much to commend it. I will, however, hope to see Volume 2 soon so that the debate can be extended considerably further.

David Banes is head teacher at Scope's Meldreth Manor School, Royston, Herts.

Crossing the Bridge: access to the National Curriculum for pupils with profound and complex learning difficulties.

Volume I: English, mathematics and science;

Volume II: information technology, geography and history.

Kent PMLD Curriculum Development Group,

Grange Park College, Leybourne, Kent ME19 5QA. Tel: 01732 842144.

Kent Curriculum Services Agency Publications.

These materials, in spiral bound A4 format, offer examples of ways in which the subjects of the National Curriculum may be interpreted meaningfully for pupils with profound and multiple learning difficulties. In breaking the programmes of study down into 'bridges' within level 1, the group did not mean to suggest 'pre-National Curriculum' work, but rather material which constitutes 'the beginning of the National Curriculum'. These documents, offering exemplified activities, ideas for resources and descriptions of the contexts in which learning can occur, will help you greatly in developing your own schemes of work for pupils with PMLD.

BOOKS

Getting in Touch: Ways of working with people with severe learning disabilities and extensive support needs by Phoebe Caldwell. Published by Pavilion Publishers/Joseph Rowntree Foundation 1996. ISBN 1 900600 05 6 11.95

Sex education for visually impaired children with additional disabilities: developing school policies and programmes. Published by RNIB 1996. ISBN 1 85878 091 8

Medical Matters. A booklet intended for teachers, describing the most common medical conditions which children may have and the educational implications. There is also information on infectious diseases, immunisation, and suggested guidelines for the administration of medicines in school. Produced by SENJIT, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL

An environmental audit: An eating and drinking strategy: Using tactile symbols.

Supplements from issues of *eye contact* magazine have been converted into three eight page reports covering aspects of education for Multi-disabled visually impaired children. Available from RNIB Education and Information Service, 224 Great Portland Street, London W1N 6AA

Useful Addresses for Special Needs The title is self explanatory and the book is available from In Touch Trust, 10 Norman Road, Sale, Cheshire M33 3DF. For those of you who would like to be kept right up to date with information, contacts, organisations, publications about the whole range of disabilities In Touch publish a Newsletter. The subscription is £12.00 for organisations or professionals and negotiable for parents.

RESOURCES

Packs

PLANET Leaflets: Information on Play and Leisure Products and Resources

These leaflets give about products and resources for a wide range of topics and activities, and vary in price from 50p. to 1.00 per topic. They are available from PLANET, Save the Children, Cambridge House, Cambridge Grove, London W6 0LE Tel: 0181 741 4119

'*VITAL Information*' An introductory pack for people working with multiply disabled visually impaired children for the first time. A selection of articles tackle issues such as communication, mobility classroom management and deafblind education. Compiled by VITAL (RNIB/VIEW Curriculum Group for multi-disabled visually impaired children) available from RNIB Education Information Service, 224 Great Portland Street, London W1N 6AA

Video

Incidental Music: Sound Therapy for Children with Special Educational Needs with accompanying illustrated booklet - "*Sound Therapy - the music of Sound*". Based on a research project by Dr. Phil Ellis (University of Warwick) this video shows how a creative environment, a world of sound, can be explored by the children themselves using the keyboard of an electronic synthesizer, or Soundbeam. £25.00 available from The Soundbeam Project, 463 Earlham Road, Norwich NR4 7HL

Movement, gesture and sign: the video The first part shows examples of movement communication programmes, use of personal gesture and of the Cnaan/Barrie signs, both in one-to-one sessions, and in everyday environments. The second part demonstrates the 150 signs and ways in which to use them.

COURSES AND CONFERENCES

FEBRUARY

- 8th Sherborne Foundation Introductory Course
Level 1 Part 1
Run by: Sherborne Foundation
Tutor: Zilla Harford
Venue: Sherborne Centre, Bristol
Further details: The Sherborne Centre
Tel: 0117-961-0010
- 11th Learning Disability - examining the issues
Participants will examine their concepts of disability, consider how service users are devalued, and discuss how to change the situation
Run by: Playtrac
Tutor: Andy Battell
Venue: Playtrac, Radlett, Herts
Further details: Playtrac Training Consultants
Tel: 01923-854861 x 4385/6

MARCH

- 3rd Observation Skills
Practice and discuss various techniques of observing and recording. How to store information, give feedback to colleagues and use the information constructively.
Run by: Playtrac
Tutor: Ann Mathon
Venue: Playtrac, Radlett, Herts
Further details: Playtrac Training Consultants
Tel: 01923-854861 x 4385/6

APRIL

- 3rd to 5th Sherborne Foundation International Course
Level 2 Module 1
Run by: Sherborne Foundation
Venue: Heathermount School, Berkshire
Further details: The Sherborne Centre
Tel: 0117 961 0010

JUNE

- 3rd to 4th Sexuality and Sexual Health Issues for Women with Profound Learning Difficulties
Run by: Sex Education Team, Harperbury NHS Trust
Venue: Sex Education Team Training Room, Harperbury
Further details: Sex Education Team
Tel: 01923 854861
- 25th Cultural Issues in Sexuality Work with People with Learning Difficulties
Run by: Sex Education Team, Harperbury NHS Trust
Venue: Sex Education Team Training Room, Harperbury
Further details: Sex Education Team,
Tel: 01923 854861
- 18th RNIB Leisure Resource Day
Run by: RNIB
Venue: St. James's Park, Newcastle upon Tyne
Further details: Gill Levy at RNIB
Tel: 0171 388 1266

JULY

2nd Sexuality and Sexual Health Issues for Men
with Profound Learning Difficulties
Run by: Sex Education Team, Harperbury NHS Trust
Venue: Sex Education Team Training Room, Harperbury
Further details: Sex Education Team
Tel: 01923 854861

SEPTEMBER

14th *bild* International Conference 1997 Services challenged by complex needs?
to The conference will focus on complex needs and learning disability. Specific
17th research interests and areas of professional good practice will be identified.
Venue: Manchester
Further details: Karen Clarke
BILD, Wolverhampton Road, Kidderminster DY10 3PP
Tel: 01562 850251

EXHIBITIONS

21st to Independent Living Exhibition
22nd Regional exhibition of equipment and resources
March Run by: Reed Exhibitions
Venue: Whitchurch sports Centre, Bristol
Further details: Reed Exhibition Companies
Tel: 0181 910 7873

25th to Independent Living Exhibition
26th Regional exhibition of equipment and resources
April Run by: Reed Exhibitions
Venue: SECC, Glasgow
Further details: Reed Exhibition Companies
Tel: 0181 910 7873

13th to Naidex International Exhibition
15th Venue: Birmingham NEC
May Further details: Reed Exhibitions
Tel: 0181-910-7873

8th to Independent Living Exhibition
9th Run by: Reed Exhibitions
August Venue: Sandown Park, Esher
Further details: Reed Exhibition Companies
Tel: 0181 910 7873

26th to Independent Living Exhibition
27th Run by: Reed Exhibitions
Sept. Venue: Doncaster Exhibition Centre
Further details: Reed Exhibition Companies
Tel: 0181 910 7873

TRAINING

In-house training

Hirstwood Training offer one day courses on various aspects of using multi sensory rooms. Topics include *Overview of the Multi Sensory Room; Assessment and Communication in the MSR; Multi Sensory Equipment; Safety and Maintenance of the Equipment, Sensory Impairment Issues; Theme Work*. The agenda for the course is set with each establishment. *Hand on Days* working with your service users in your Multi Sensory Room or with your own equipment is also offered.

Tutor: Richard Hirstwood

Further information : Hirstwood Training, 7 Ellesmere Road, Morecambe, Lancs LA 4LF
Tel/Fax: 01524 426 395

Short courses

Sheena Munro (formerly Laurent) offers number of short courses: *Basis Atmospheric and the Group Massage Technique (3 days); The Conscious Use of Colour (2 days); Theme Environments (2 days)*.

Further details : Sheena Munro, 111 Wick Lane, Wick, Bournemouth, Dorset BH6 4OLB

Long Courses

Diploma in Information Technology for Special Needs

C.A.S.E. Unit at Keele University

One year distance learning course in theory and use of IT for people with special needs, particularly children/adults with learning disability.

Applications to : Postgraduate Admissions
Academic Affairs Department
Keele University
Keele, ST5 5BG
Tel: 01782 583386

RNIB Certificate in Multiple Disability

A modular course run by RNIB and Birmingham Royal Institute for the Blind.

The course consists of 10 formal study days; 10 work based assignments; 3 hours per month tutorial; and starts on 8th April 1997

Course Co-ordinators: Sarah Garner and Surrendra Shroff
Venue: RNIB MDTS Offices, Edgbaston, Birmingham
Further details: Sarah Garner - 0121 643 9912
Surrendra Shroff - 0121 428 5062

RNIB Certificate in Multiple Disability

Modular course run by RNIB

The Course consists of 15 formal study days; 5 written assignments; 3 hours per month tutorial and starts on Wednesday 16th April 1997

Course co-ordinator: Sarah Garner
Venue: Gloucester
Further details: Sarah Garner - 0121 643 9912

If you would like to publicise any courses or training events for people who work with people with profound and multiple learning disabilities, please send details for inclusion in the next issue of PMLD-Link to Carol Ouvry. As one of our main aims is to share practice and to disseminate information which may be interesting or useful to parents or practitioners, no charge is made for inclusion in this list.

PMLD-Link

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