

**PMILD****LINK**

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

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

The topic for this issue is on quality of services and, quite understandably, people have been reticent to write about such a serious subject. However, we have a small but very thoughtful and informative number of articles, and particular thanks are due to the writers who have been willing to tackle such a difficult topic.

Readers will notice that the majority of articles are written from the perspective of adult services. These articles highlight the tensions created by a contract culture in terms of what is seen as quality; discuss what quality might mean; and examine some existing ways of measuring quality.

The issues in schools are, in some ways different. The curriculum is set out, regular inspections take place which purport to show how well each school performs in delivering a quality education. Practitioners in education are likely to feel that rigorous monitoring is already in place, even if there are doubts about the effectiveness of this monitoring in improving standards and a continuing debate about what quality means for students with profound learning disability. Our contribution from an educational viewpoint describes the development of a quality audit in schools in Northern Ireland, where there are no OFSTED inspections.

The different perspectives should provide much food for thought about different aspects of quality, and in what respects these are similar or change through the phases of the lifespan.

The focus for the Spring issue is on working with families. This is a topic which spans every age group - please write in with your experiences, ideas and comments. Barry Carpenter starts the ball rolling with **FUTURE FOCUS** following the articles.

### **BUSINESS MATTERS**

**Subscriptions:** This is the first issue of this subscription year. If you have not yet renewed your subscription please do so as soon as possible. *This is the last issue that you will receive if your subscription is not up to date.* I have included a letter to jog your memory if your subscription is still outstanding, but if you have recently sent it, please ignore this letter and accept my apologies.

#### **Articles:**

Material to be included in the next issue should reach me by the first week in April. I look forward from hearing from you with your contributions!

If the articles in this issue trigger ideas, or you want to comment or expand upon anything that you have read, please write in. Long (within reason) or short, all your contributions are welcome.

Other information is also needed - news of new organisations, change of address, training, resources, new books. Tell us about them so that we can share this information with others striving for quality in this field.

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*Service Quality for Adults with Profound and Multiple Disabilities:  
Has the Introduction of the Contract Culture  
changed the Balance of Power?*

The exercise of power is a major issue in the life of people with profound and multiple disability. They are among the most vulnerable in our society (Fitton, O'Brien & Willson, 1995). One proclaimed intention of the National Health Service and Community Care Act 1990, was the empowerment of service users. One effect of the act's implementation has been the extension of the role of the independent sector as service providers. Part of the rationale for this shift was the enhancement of service user choice. How far there has been any resultant increase in the power of adults with profound and multiple disability is difficult to say.

It might be argued that the power of local authorities has declined in relation to that of service users as their role as direct service providers has been reduced in the light of the Act. The emphasis in local authorities' operations now is on their functions as assessors of need, and as purchasers of services. Thus services for people with profound and multiple disability are now likely to be bought from voluntary organisations and profit making bodies.

Contracts were introduced as a means of regulating these independent providers (DOH 1990), and were intended to provide a surer check on quality than formerly (Lewis and Glennester 1996). Local authorities have become increasingly familiar with the use of these documents which are usually drafted by lawyers and are in legal language. How far has the use of contracts resulted in an improvement in the quality of service provision to people with profound and multiple disability?

Although this may be an impossible question to answer completely, it is not an unreasonable one to ask. There are considerable costs involved in the development of contracts. We need to know that this money is being spent in the best interests of service users, rather than in the payment of lawyers or the protection of managers employed in local authorities or the independent sector.

One relevant point to bear in mind is that the contracts in question are not directly between service provider and service user. Therefore, any view of the service user as having the power of a consumer is inaccurate. Nor is the local authority simply acting as a representative of a service user who cannot negotiate for themselves. Local authorities have other responsibilities in relation to people with profound and multiple disability. Managing the allocation of scarce resources is one of these. Others include the inspection of services, and dealing with complaints. Hence local authority social service departments continue to hold a very powerful position in relation to people with profound and multiple disability.

Adults with profound and multiple disability require a greater input of resources than many other service users in order to achieve an equivalent quality of life. Moreover, they need care givers who know them well enough to interpret accurately their means of communication, which is likely to be individual to them. They also need care to be given by people who are motivated to work hard to promote service users' welfare and their active engagement with their environment. Are local authority purchasers or indeed joint purchasing consortia with health authorities, not likely to be under pressure to keep resource inputs to a minimum? It is at least arguable that people with profound and multiple disability would be in a stronger position to achieve a service more suited to their needs, if funds were made available to a person independent of the local authority who could purchase services on their behalf.

Quality is notoriously difficult to determine. It is a truism that what is highly enjoyable for one person, is heartily disliked by another. Moreover, there is a good deal of contention in the field of profound and multiple disability, even among professionals, about what is a high quality service. A reading of Coupe O'Kane and Goldbart (1996) provides examples of different points of view about current issues. A recurrent theme in such debates relates to how far inferred individual choice should be overridden if it clashes with aspirations by carers to provide an 'ordinary lifestyle'. A general espousal of the five accomplishments or similarly derived value systems is often included in contracts (Smith and Thomas 1993, cited in Nocon and Qureshi 1996). This type of inclusion may well serve a useful function. However, if such values are expressed at a high level of generality, questions remain to who is to be the final arbiter when dilemmas arise. The balance of power is likely to be with service provider staff rather than the service user.

A further tension exists as regards how tailored to individual preference and need contracts should be. In a research study monitoring the implementation of the National Health Service and Community Care Act, Lewis and Glennester (1996) noted a shift among local authority purchasers from the use of individual contracts (known as 'spot' contracts) to the use of block contracts (that is those which agree to buy a number of places). The use of block contracts, presents particular dangers for service users with profound and multiple disability, whose individual preferences require careful documentation. If block contracts are employed, it is extremely important that individual requirements, in the form of individual care plans or allied measures, are included for each individual service user, in the form of some sort of addenda to the original contract (for example in the form of schedules, articles or memoranda). Regular up-dating of these addenda is, of course, essential.

A further consideration as regards the efficacy of contracts in empowering service users with profound and multiple disability relates to whether any attempt is made to explore the experiences of users of the service which is being purchased. When service users are affected by profound and multiple disability, there is an especial danger of their views about service quality remaining unexplored. Contracts tend to focus on service inputs. However, there is increasing agreement that it is service outcomes which are important. Building

on this point, Nocon and Qureshi (1996) argue that it is preferable to monitor outcomes, rather than service standards, because this allows for greater flexibility and variety of approach. A highly prescriptive contract which specifies in a very detailed way how a service is to be established may mitigate against providers responding to service users in the most effective way. The experience of users of a service's responsiveness as to their need and preferences should influence future contracting arrangements.

Contracts should be viewed as an opportunity to promote service quality. For example, they can be utilised to include anti-discriminatory policies as regards both service users and staff. However their employment raises many complex issues which need careful consideration if the balance of power is to be shifted in favour of service users with profound and multiple disabilities. These include:

1. The role of the local authority as 'middleman'.
2. The subjective nature of quality.
3. The development of contracts specifically geared to each individual.
4. The measurement of outcomes from the service users' point of view.

The issues are relevant to other service user groups as well as people with profound and multiple disabilities. However, the empowerment of people with profound and multiple disabilities highlights in a particularly acute way the challenges involved.

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## *Quality Assessment - A Worthwhile Exercise?*

There has been over recent years a burgeoning interest in the issues surrounding both quality of life, from a social science viewpoint and also quality of care, usually from a health perspective (Malin 1997). Therefore I decided to attempt to evaluate the usefulness of this approach to a group home for individuals with profound and multiple learning disabilities.

Prior to any assessment being possible however, it is crucial that assessors are aware of what they are attempting to measure, i.e. *What is meant by quality?* In addition, time must be spent in qualifying whether quality of care and quality of life are in fact interchangeable, as some authors seem to suggest. Might it not be possible to have a high quality of life with a low quality of care, or vice versa?

My discussion centres on why there is this growth in quality issues and if there is a need to actually measure them objectively, if that is at all possible. The actual viewpoints of those with learning disabilities are of crucial importance in measuring quality, and an examination of the possibilities for those with profound needs is carried out. In examining how to actually measure, I examined various tools to try and choose the most appropriate, and to assess what the chosen tool actually does measure.

The fundamental issue seems to be: *What is quality?*

Various authors have attempted to define both quality of life and quality of care. Brown (1990) for instance argues that

(quality of life is) the difference between a person's needs and desire and the actual extent to which those needs and desires are met." (p.229)

This definition however, does little to ease the task of those attempting to measure quality. This appears to be a common problem amongst researchers as Baker and Intagliata (1982) claimed that there were the same number of definitions as there were researchers examining quality issues. This is no less true for the people actually using the services provided for, as Taylor (1994) has stated

(quality of life) is one's satisfaction with one's lot in life." p.262)

We are thus returned to the person with learning disabilities as the centre of the purposes of quality of life assessment. This has been termed subjective assessment by researchers as opposed to the objective measurement that assessment tools can produce.

The best approach probably lies either between objective and subjective indicators or is in fact a joining of them to produce an overall indicator, as Felce and Perry (1995) have suggested.

So far only the issue of quality of life has been examined, but within the health service especially, the assessment process has often focused on quality of care. The question that needs to be answered is, are these two issues interchangeable?

Health services have, post Griffiths, been forced to look at the development of outcome indicators to measure quality, and ultimately to justify budgetary expense (Cumella 1994) It has been suggested that the quality of a service can be graded by examining how well it reaches these indicators, as argued by Jenkins (1991) The issue raised here is; do the

indicators actually measure what the person sees as quality or what the service can easily measure? The danger may be that quality of service is being confused with quality of life for individual service users. This growth in the use of quality assessment to meet budgetary needs is not, of course, within the health service alone, but now permeates all service industries, such as councils and public utilities. It may be cynical to ask if all the interest in quality of life is linked to the needs of those served or the desires of those who pay the bill and thus play the tune.

For instance, Redfern and Norman (1990) have argued that services may never actually achieve quality but will reach the standards set on the way towards the ultimate goal. These points were echoed by Raynes (1987) who states that the quality of care provided by the service will have an effect on the individual service user and how well they perceive their quality of life to be. For instance for people with complex and profound needs a high quality of care will be needed to overcome some of the physical and sensory impairments present, but is not in itself indicative of a high quality of life. That is more appropriate to how well the care provided allows the individual to live their life.

Why, then, is the measurement of quality both important and such a growth area? One reason has already been touched upon from a service perspective - the need to ensure quality and cost efficiency in the new contract culture underlying health and social care. What is also apparent is the desire of service users and professionals alike to actually see high class provision. This may be a reflection on the growing consumerism of healthcare or may indicate that, following the decline of the institutions, those with learning disabilities are now viewed as partners in care not mere recipients of care.

Most professional groups and service users, not just from the learning disability field, feel that the measurement of quality is crucial to ensure that the users receive what they need. Lindley et al (1995) McConkey (1996) and Wintersgill (1996) all stress just how important the service user is in defining what a quality service should look like. The measures however tend to focus on either questionnaire usage or verbal self report measures. Unfortunately for a large number of people with profound and multiple disabilities these will be of little use. That is not to say that the research is of no value, as it at least establishes what it is that users actually expect services to provide for them. Often the most common point emerging was that service users expected services to do what they said they were going to do! (Lindley et al 1995).

Thus for those with profound and multiple needs there is a need to measure their satisfaction. Hatton (1997) has criticised some of the attempts to measure subjective satisfaction amongst this group as they have usually relied upon surrogate responses i.e. from staff, friends or family. Felce (1996) has shown that family may answer positively for a variety of reasons, whilst their actual feelings are more negative concerning their relative's placement. These can include fear of losing the placement, and fear of negativity being taken out on their relative, amongst others. The actual expression of these fears should alert service workers to the perceived power imbalance that exists, even if the fears themselves are groundless. Lindley et al echoed these feelings in their work focusing on the users of mental health settings.

An additional problem in this area is that of low expectations due to low self esteem, for instance Holland (1990) reported high levels of user satisfaction in a wide variety of settings that ranged from institutional and extremely impoverished to small scale community homes. Indeed Felce (1997) argues that no individual can be

"guaranteed satisfaction as a human right, but only has the right to life and reasonable life conditions." (p.127)

Thus those attempting evaluations with persons with profound needs are going to experience great difficulty in assessing satisfaction. A possible solution may be to

attempt to measure how often the person is happy and/or sad although this itself will rely on interpretation of facial, or other behavioural characteristics. The difficulty, of course, being knowing what indicates emotions for that individual. To achieve this a very detailed communication assessment would be needed for each resident in a house. Green et al (1997) have recently investigated this approach from a behavioural perspective with initially favourable results that future research may replicate.

Assessment has tended to focus on the following domains:

- physical well being
- material well being
- social well being
- development and activity
- emotional well being (Felce 1996).

There are a wide variety of methods available to assess any of the above ranging from participant observation of staff interactions, review of clinical notes, interviews with staff or a contemporary assessment instrument. To this end I decided to analyse three assessment documents, these were:

- LOCO (Gunzburg and Gunzburg 1987)
- COMPASS (Cragg and Look 1994)
- Health Authority Audit document (1997).

These three were selected as the latter two were both currently in use within Staffordshire, one with social services and one with the Health Authority. LOCO was also chosen as I was familiar with it as a tool and had used it previously in the assessment of community services.

I decided to attempt to assess what overlap, if any, there was between them. Each question within the tools was categorised as follows:

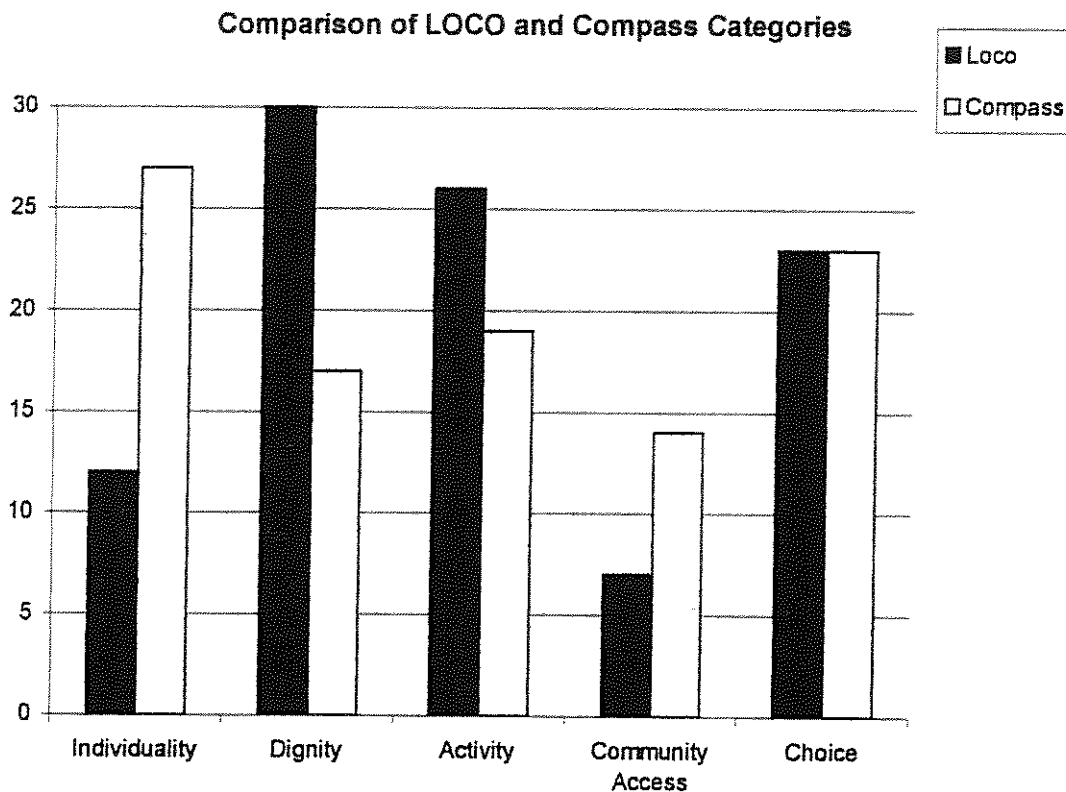
- choice
- local environment/community access
- skill development/activity
- dignity/respect
- home environment/individuality.

This was possible for both LOCO and Compass, but proved very difficult for the Health Authority Audit tool, as it soon became apparent that its outlook was very different.

The Health Authority Audit tool was primarily composed of issues surrounding service structure and efficiency rather than the actual quality of life afforded to service users and I decided therefore to discount its use for this particular study.

It will be seen from diagram 1 that LOCO and Compass give different weight to their respective categories, with LOCO tending to favour issues dealing with the design of both the environment and its place within the wider community. Furthermore the choice of activities and skills favoured by LOCO point it in the direction of a client group with advanced skills and relatively little need for staff support to achieve these goals. For instance, LOCO stresses the importance of service users being able to access coin operated vending machines (statement 8.22.a) and using the job centre on a regular basis (7.19.a). Gunzburg and Gunzburg, the authors of LOCO emphasise the importance of meeting training conditions, and this is both a reflection of LOCO's age and the group it is intended to serve.

That is not to say that LOCO is all bad as an assessment document for it contains a crucial section that I feel is missing from other documents of this type. In addition to evaluating what activities are available in the community and the use of them by service users, it goes on to assess if management practices within the community home permit the use of these resources and, crucially, actually support and encourage their use. For example, it asks if residents are allowed their own bank accounts, and then goes on to ask if they do actually use them.

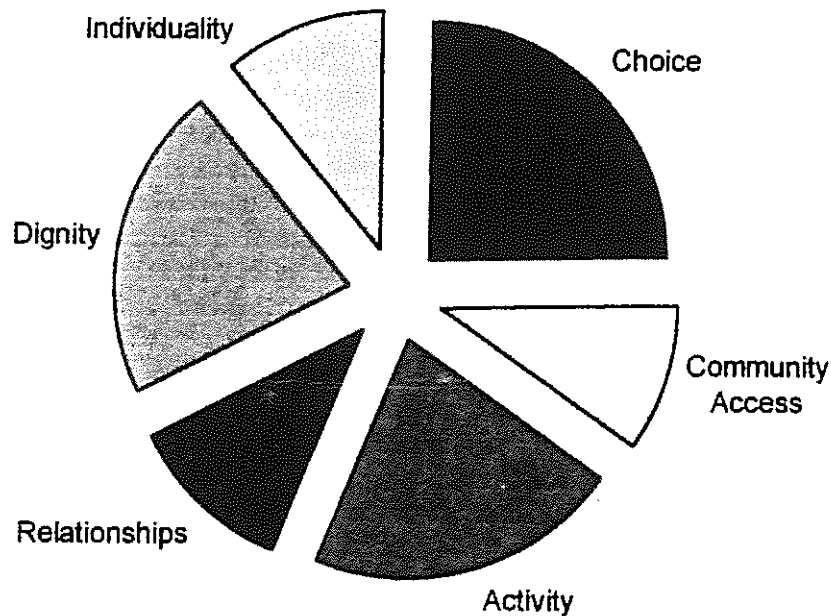


Compass is itself founded on the principles of normalisation and is a detailed assessment document whose category breakdown is given below. It needs considerable staff time to complete. The authors, Cragg and Lock recommend at least four visits to interview staff and residents both individually and in groups. This returns an assessor to the difficulties of gaining answers from people with complex needs and multiple disabilities as mentioned earlier.

Thus, although Compass is generic, its results may need to be evaluated in the light of the group that the home is designed to serve. This is not to say that those with profound needs are not allowed normalisation, but that their specific needs in relation to physical and sensory impairment need to be considered.

Whilst the completion of Compass results in a full summary sheet, the numerical data do little to illustrate either the strengths or weaknesses of the home under assessment or the quality of the residents' lives. To achieve this aim there needs to be a detailed examination of the findings to draw out common themes and issues. These then need to be discussed with the service provider, in a non-threatening manner, to hopefully achieve changes that will lead to a better quality of life for all at the community home.

## Distribution of Categories for COMPASS



In conclusion then, it seems that an objective quality of life assessment does offer results that are useful for service planning needs and organisational issues. What is not clear is how much the assessment has to say about the quality of life experienced by the residents themselves.

It appears that what is needed is some sort of subjective assessment that those with profound and multiple needs are able to both understand and use. Ultimately it seems that this may have to focus on perceived happiness and the frequency of this happiness whilst within a service setting as suggested by Green et al (1997). The approach to this may involve the use of a tool such as the "Affective Communication Assessment" to establish exactly how residents express their desires and emotions.

For this particular setting, the findings reflect what researchers have already found; centralised and rigid managerial practices are linked to poor community integration and the rebirth of institutional practices. Thus staff are left to change only those aspects of the service that they are able to; issues such as the monitoring of developmental activities and the maintenance of high standards of care.

Future research within this setting should aim to assess the residents' views and possibly the development of a more appropriate tool that is less generalist to all settings, but more appropriate to those with profound needs.

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## *Pursuing Quality in People's Lives - from an Adult Service Perspective*

I would agree with Joan Boucher (see PMLD-link issue 28) that poor quality provision in services for people with disabilities is unacceptable, limiting opportunities and the power to influence the things that happen in their lives. High quality provision can lead to increased power and freedom, and some positive changes are happening in services for adults. However, there is still some way to go before more imaginative ways of providing services for people with profound and multiple learning disability are widespread.

A recent report (1) found that only one in five of the local authorities surveyed uses a recognized system of quality assurance, using instead a variety of locally devised systems. I have had experience of reviewing a range of service provision for people with severe learning disabilities and as an independent inspector would like to express my viewpoint.

On a recent visit to my local theatre, managed by the local authority, a large notice board told us in percentage terms that the outcome of their quality standard measures showed how many times the curtain had risen on time, the toilets were cleaned etc. A friend commented 'how do they know that, they didn't ask me and I am a regular supporter'. The expectation is that local authorities and the health service will become more efficient, effective and economical that is, 'business like'. But unless people are involved in deciding what constitutes quality and how it is measured the standard achieved may not be appropriate.

Most people have experienced good and bad service and from this form a definition of what is a quality service. However, if you have a learning disability, your experience of choice with the opportunity to say what you think and to make changes may be very limited. The challenge for service providers is to develop systems that are linked to quality of life, quality of care and quality of environment. To achieve improvements in these areas it is not enough to take responsibility when things go wrong, but to focus on finding out what people need.

This involves establishing formal requirements by way of standards and then conforming to those standards, leading to systematic inspection and review. "Homes are for Living In" (2) and similar publications develop questions based on six principles - privacy, dignity, independence, choice, rights and fulfilment. These principles have been generally accepted as the essentials of good practice. There is a tendency to concentrate on the quality of management and care that alone are unlikely to show the quality of life for people using services. Making judgements about other people's lives is difficult. Asking, listening and involving people who use services and their carer is essential if this is to be achieved.

Quantifiable standards are therefore not sufficient, qualitative methods are also necessary. A quality service should, as far as possible, involve people in developing services that meet their needs and those of their carers. This would ensure that people with the greatest need receive appropriate support, and that the more vulnerable people in the community are protected from unnecessary risk. Within this group of people are those with profound and multiple learning disability.

Many people who use the local authority Social Service find it difficult to express their concerns and are unlikely to challenge systems. This is especially true for people with severe learning difficulties who have little experience of being listened to or regarded as

adult. Often it is their family who act on their behalf, but sometimes help may also be available from advocates, befrienders and buddies. Buddies may themselves have a learning disability, but will represent a person with a profound and multiple learning disability. A Circle of Support is a group of people who have an interest in the life of a person with a profound and multiple disability, and who work together to improve the quality of that person's life. Circles of Support are a welcome addition to the ways in which people may be helped.

When taking a *quality of life* approach, services should aim to help people to 'have their say' and should have a commitment to making changes based on the viewpoint of the people who use the service. Changes should be made or an explanation given why change may not be possible.

The NHS and Community Care Act (3) directs local authorities to operate a complaints procedure that can be used to make representation as well as complaints. The procedure should be used in a positive way to protect the interest of individuals, therefore it should be accessible and uncomplicated. An organisation that is committed to quality should consider complaints and comments that are received positively as an indication that people feel able to influence the system. They may also demonstrate where there are problems that should be addressed.

Services which have a commitment to quality will be incorporating quality checks into all aspects of service delivery. This involves a commitment from managers and staff to achieve improvements in terms of quality of life for people who use services. Training becomes important, in what makes a quality service and how this can be achieved. The feeling of providing a quality service can improve staff morale and also job satisfaction.

Quality of life outcomes for people with profound and multiple learning disabilities means being able to share places and activities with others and not to be separated from these by spending the majority of time in segregated environments. It means having personal relationships and being respected as a worthwhile and valuable member of society. Quality services strive to do this.

#### *References*

- (1) The County Councils Network *Commissioning Social Care* (Tel: 0171 834 3009)
- (2) DHSS (1989) *Homes are for Living In*
- (3) National Health Service and Community Care Act 1990

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*Developing Internal Monitoring and Evaluation Systems  
to assure Quality Provision for Pupils*

My name is Morag Lynas and I am the Principal teacher of Roddensvale, in Larne, Northern Ireland, a school for pupils with special educational needs within the North-Eastern Education and Library Board. Although there is an external inspection system carried out by HMI in Northern Ireland, there is no independent inspection system similar to that operated by OFSTED in England and Wales. Rather, the Department of Education, Northern Ireland is promoting the development of individual self auditing systems within schools. In 1994, officers from the Education and Library Board led a two day in-service training course for the Principals of six special schools on establishing internal school quality assurance systems. The officers used examples of monitoring and evaluation systems, one of which had been developed by Suffolk Local Education Authority, England.

What follows is a very brief account of the work arising from the course, and its subsequent implementation within my school. You will see from what I write that we are at a very early stage of development in the work, but we have been encouraged by the positive influences it has had so far on what we do.

As part of the course we Principals wrote five quality statements for PMLD provision:

1. Learning activities are purposeful.
2. Learning activities are varied.
3. Active learning is taking place.
4. Pupils are encouraged to express preferences.
5. The learning environment is of a high standard.

We then agreed a number of performance indicators to support each quality statement, for example:

**QUALITY STATEMENT** *Learning activities are purposeful.*

**PERFORMANCE INDICATORS**

- 11 Teachers have realistic expectations of their pupils.
- 12 Learning builds on previous pupil achievement.
- 13 The pace of work is kept relevant to the pupil's health and ability.
- 14 The scope of the work is stimulating.
- 15 Progress is reinforced by regular feedback from all staff and peers to pupils: praise is used to reward and motivate.

And we identified the evidence which would support each performance indicator, for example:

## EVIDENCE

- 111 Preparation has ensured that each pupil is actively encouraged to succeed/enjoy realistic tasks/experiences.
- 121 There is evidence that pupils are being presented with/working on tasks/experiences in which progress can be made/maintained/valued and new learning may take place.
- 131 There are strategies to avoid pupils becoming passive/frustrated.
- 141 A sense of purpose and direction exists. Pupils are engaged in activities which are demanding, stimulating and may provide opportunities to succeed.
- 142 Resources and tasks are differential to take account of pupil's ability and needs.
- 151 Evidence from various modes of reward indicates that pupils receive positive, appropriate reinforcement.

Also, we decided that specific evidence was needed to enable us to assess achievement and quality, but that what this evidence consisted of would depend on the systems already in place in each of the schools. Accordingly, we took the material back to our own schools so that we could identify specific evidence to support the statements in the *Evidence* section. For example, in our school we agreed that we would use the following in assessing our progress towards achieving the first quality statement.

## SPECIFIC EVIDENCE

- 111 School policies/procedures/medical routines actively encourage discussion re individual Education Plans.
- 1211 Individual Education Plans
  - Formative assessment
  - Summative assessment
  - Records of achievement
  - Pupil's work
- 1311 Class team planning/discussion (monitoring/evaluating pupil's activities/health)
  - Timetable
  - Individual routines
  - Medical situation
  - Individual education plan
  - Home/school liaison
  - School schemes of work
  - Classroom schemes of work
- 1411 Broad, balanced relevant curriculum including Early Stepping Stones
  - Stepping Stones
  - School schemes of work
  - Classroom schemes of work

- 1511 Physical evidence (smile, nod)
- Visual evidence (sticker, certificate)
- Displays
- Verbal evidence (praise, Makaton sign)

The quality framework also includes two further sections. One is headed by the question "Is the quality statement being met?"; the second is headed "If no, action plan." Examples of the documentation is shown on the following pages.

In Roddensvale, since my report on the course and a subsequent talk to school staff by Dr. John Hunter (HMI, NI) staff are slowly accepting that, indeed, there may be benefits for the pupils, teachers and school from a quality audit approach. The school has completed and implemented a system for monitoring and evaluating the PMLD provision and has also completed the same system for the TEACCH programme which we use in working with pupils with autism. In fact, we have just invited Dr. Hunter to carry out a TEACCH audit in March 1998.

For many years I have held a class review every six months with individual teachers. I hope in future to use this time to include work carried out on the quality statements of my audit. For example, in the PMLD class, work was reviewed a couple of months ago, taking the quality statement 1 as the framework for discussion. It was evident to both the class teacher and myself that some performance indicators were not being achieved. We discussed the reasons for this for example, in relation to 1311, there had been a lack of time for class team planning. As part of the action plan we agreed that half an hour once a week should be formally timetabled and, along with the other action points recorded we will review the effectiveness of the arrangement at the next review at the end of January.

The benefits of using quality statements are already evident. They provide a focus for the work of class and senior teachers; they support class and school development planning; and they provide an agreed agenda for appraisal discussions. We are aware that class teachers need to have sufficient confidence to take part in discussion of areas where progress has not been made and that class and senior staff need to accept that progress in development requires collaboration at all levels. This is a particularly important issue when new staff come into the school.

The development of our quality assurance system is in its early stages and we would welcome comment from colleagues elsewhere who have taken a similar or different route from ourselves and are ready to share their experiences with us.

**Morag Lynas**  
**Principal, Roddensvale School**

QUALITY AUDIT - CURRICULUM IMPLEMENTATION FOR PUPILS WITH MULTIPLE DIFFICULTIES

RODDENVALE SCHOOL

QUALITY STATEMENT - D1 - LEARNING ACTIVITIES ARE PURPOSEFUL

Performance Indicator	Evidence	Specific Evidence	Is Quality Statement Being Met? Yes/No	If No, Action Plan
D11 Teachers have realistic expectations of their pupils	D111 Preparation has ensured that each pupil is actively encouraged to succeed/enjoy realistic tasks/experiences.	D1111 School Policies/ Procedures actively encourage - I.D.T. discussion re Individual Education Plans.		
D12 Learning builds on previous pupil achievement	D121 There is evidence that pupils are being presented with/working on tasks/experiences in which progress can be made/maintained/valued and new learning may take place.	D1211 -Individual Ed. Plan -Formative Assessment -Summative Assessment -Records of Achievement - Pupil's work		
D13 The pace of work is kept relevant to the pupil's health and ability	D131 There are strategies to avoid pupils becoming passive/frustrated.	D1311 Class Team Planning/Discussion (Monitoring & Evaluating Pupil's Activities/Health) - Timetable - Individual Timetable - Medical Situation - Individual Education Plan - Home/School Liaison - School Schemes of Work - Classroom Schemes of Work - Individual Education Plans.		

QUALITY AUDIT - CURRICULUM IMPLEMENTATION FOR PUPILS WITH MULTIPLE DIFFICULTIES - RODDENSVALE SCHOOL

QUALITY STATEMENT - D1 - LEARNING ACTIVITIES ARE PURPOSEFUL

Performance Indicator	Evidence	Specific Evidence	Is Quality Statement Being Met? Yes/No	If No, Action Plan
<p>D14 The scope of the work is stimulating</p>	<p>D141 A sense of purpose and direction exists. Pupils are engaged in activities which are demanding, stimulating and may provide opportunities to succeed. D142 Resources and tasks are differential to take account of pupil's ability and needs.</p>	<p>D1411 - Broad, balanced, relevant Curriculum - including Early Stepping Stones Stepping Stones - School Schemes of Work - Classroom Schemes of Work - Individual Education Plans</p>		
<p>D15 Progress is reinforced by regular feedback from all staff and peers to pupils: Praise is used to reward and motivate.</p>	<p>D151 Evidence from various modes of reward indicates that pupils receive positive, appropriate reinforcement.</p>	<p>D1511 - Physical Evidence (smile, nod) - Visual Evidence (sticker, cert) - Displays - (Verbal evidence - Praise/ Makaton Sign)</p>		

## **FUTURE FOCUS . . . Is the Family in Focus?**

For many years now, educationalists have been exhorted to engage in partnership with parents. In the main, this is something that teachers in the field of special education have done particularly well. However, of late, I have begun to feel that 'partnership' has come to have something of a hollow ring to it. We have become very glib in the use of the phrase 'partnership with parents'; have our actions become empty? Would our so-called partners, the parents, claim that they have a partnership based on mutual trust and respect and where they feel equally valued?

A headteacher tried to explain to me recently that she did not formally identify specific activities or approaches for her staff to work with parents as they had an open door policy. Politeness prevented me from retorting that open doors can be very draughty; once the door is opened, is the room worth entering? A fundamental issue is the word, 'parents'. Do we actually mean a partnership with parents or is it, in reality, a partnership with the mother? Where we do engage with parents – is it just mother and father or is it in a wider family circle?

The reality for so many families these days is that they do not conform to the stereotypical definition of family. They may comprise other significant people who are not blood relatives. This brings with it challenges for our professional practice. When we enrol children and adults in our schools and centres, do we list only mother and father, or is there space on our admission forms to list those significant others in the life of the young person? When we organise events, are they solely focused on parents, or does that include the family? What do we do for brothers and sisters who may have crucial role as supporters of the family? What do we do for grandparents who may be intricately involved in family support – practically, emotionally or financially?

A mother told me recently that her 14-year-old daughter with profound and multiple learning difficulties (PMLD) was greeted from the school taxi by her nextdoor neighbour. For the next two hours, until this widowed mother returned from her job in the local supermarket, the nextdoor neighbour gave her daughter her tea, spent leisure time with her, and was responsible for her overall welfare. Obviously, the nextdoor neighbour gained a great deal of knowledge about this young lady: her food likes and dislikes; which television programmes she enjoyed; even what made her laugh. But when the mother asked if the nextdoor neighbour could attend the annual review, the school refused. This is a sad indictment of 'partnership'. If we are truly working with families, then we should be anxious to access all sources of information about the child or young adult and their family, and to use opportunities such as the annual review as a forum for information-sharing, and for empowering those people who are actively involved in the life of the family.

For families of children and adults with PMLD, the pattern of family life may be changing. More children with PMLD are surviving than we have ever known before. This is largely attributable to the increased survival rates of premature babies. More children with PMLD are entering adulthood. We do not have a wealth of experience of how to care for the adult with PMLD, as in the past very few adults survived with this range of disabilities. We are all in a learning situation, and yet the major people at the sharp end of this task are the families themselves.

The composition of families, and the pattern of family life, is changing. Many families may live in a frightened and confused state which may have originated from the birth of their child, for as Beckman and Beckman-Boyes say:

*The news that a child has, or is at risk from, a developmental disability, is often among the most frightening and confusing pieces of information that parents will ever receive.*

These feelings do not subside for many families. The multiplicity of services with which they have to engage over many years only exacerbates the confusion (Madden, 1995). As their child enters the transition from the school years to adult provision, what should have been hopes for their child's future may turn into fears as they realise the paucity of provision that is available.

In the next issue of *PMLD-Link*, we would like to hear from you about the various approaches you have found useful in working with families. Perhaps you would like to share with us particular events or ideas that you have found particularly effective. Please do write in and help us all to re-envision what it is to work with families, so that the word 'partnership' can thrive once again and have true meaning for the families of children and adults with PMLD.

I would like to conclude with a quotation from a mother who described what, for her, partnership with professionals meant:

*The professionalism on which you stand, is not a different road to the one on which we tread... It is also the road that is cushioned and softened by the laughter and the smiles of love, and tears, of our children. That road is the same road, and when we relate to each other we have the partnership that dreams are made of. From the educational psychologist who sits with you and tries to translate the vision you have for your child in the way that his or her report is written, to the occupational therapist who will make a separate attachment to your child's wheelchair so the cat can curl up next to your child, to the midwife who finds a lovely position you can feed your child in, even though it is completely against her textbook knowledge... These are the professionals who are working in the spirit of the term, 'partnership'.*

(Manuel, 1996)

Barry Carpenter  
Chief Executive, Sunfield, Clent, Worcs.

## References

- Beckman, P.J. and Beckman-Boyes, G. (eds) (1993) *Deciphering the System: A Guide for Families of Young Children with Disabilities*. Cambridge, MA: Brookline.
- Madden, P. (1997) 'Why parents: how parents: a keynote review'. In BILD (Ed.) *Working Together – Partnership with Families (Learning Disability Bulletin No. 102 – September 1996)*. Kidderminster, Worcs.: British Institute of Learning Difficulties.
- Manuel, P. (1996) 'A parent's perspective'. Paper presented to the National Children's Bureau Conference, London, 6 December 1996.

The thoughts shared in this article are based on Barry Carpenter's recently published book, *Families in Context: Emerging Trends in Family Support and Early Intervention* (David Fulton Publishers, 1997).

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## *The Extended Curriculum: meeting the needs of young people*

Griffiths, M. and Tennyson, C.

David Fulton Publishers, 1997, 79 pp, £12.99

ISBN 1-85346-433-3

Inspections of further education colleges have revealed an extensive need for staff development for those working with students with learning difficulties and/or disabilities. Written by two Further Education Funding Council inspectors, the purpose of this handbook is to provide a kind of self help manual for colleges who wish to simultaneously review their curriculum and provide some staff development, for, as Stenhouse pointed out, 'there is no curriculum development without staff development'. While the guidance is targeted particularly at specialist colleges, the ideas are relevant to sector colleges as well.

The authors warn that many of the ideas contained in the book are deceptively simple and that some outside facilitation may be needed. This is true and no one embarking on using this handbook should expect to find any easy answers. But is the book helpful?

The book is divided into two parts. The first part focuses on developing the college's general curriculum offer and the second on planning and reviewing individual student

programmes. Each part is divided into work sessions with suggestions for activities and some worked examples. The sessions are targeted at different groups of staff according to their roles.

What the manual provides is guidance for an aspect of provision where little relevant material exists at present. The sessions are structured so that they provide a step by step approach to curriculum review and development and the activities and examples provide some useful resources which, if used in conjunction with other material, could provide a good framework for development.

There are some gaps, however, the most important being a theoretical framework to underpin the proposed curriculum model and the thinking behind some of the activities. The manual also does not attempt to address the important but difficult issue of key skills and some processes, such as accreditation and curriculum evaluation, are over simplified. Some of these weaknesses could have been addressed by providing a more extensive list of additional reading and sources of information.

With the advent of self assessment in colleges this book could provide a useful starting point but, as the authors themselves point out, the ideas will require 'considerable hard work and expertise' to make them a reality.

Lesley Dee lectures at the University of Cambridge School of Education.

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## *Approaches to People with Profound and Complex Disabilities.*

Campbell, M., Cullen, C. and Parry, A.

University of St. Andrews and Fife Council. 346 pp, ring-bound.

Available from Pavilion Publishing, 8, St. George's Place, Brighton, East Sussex. BN1 4GB.

This is an interesting and innovative pack of training resource materials. It is an introductory level course, presented to a trans-disciplinary professional audience. Each of the six units can be accredited under the Credit Accumulation and Transfer (CAT) scheme which operates between most Higher Education Institutions.

The pack is described as 'an open learning course for direct care staff' and offers units of study in six key areas – 'movement', 'vulnerability', 'task analysis', 'therapeutic techniques', 'relaxation and sensory stimulation' and 'communication'.

Each unit follows a common format, opening with a clear statement of objectives and a helpful introduction to the study topic. Terminology is carefully defined with ample opportunity for professional

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reflection built in. A series of short exercises, requiring the student to reach a personal definition, apply recently gained knowledge, or problem-solve around a case study, are placed at frequent intervals throughout the text.

The orientation of the units strongly reflects the professional background of the authors. For example, Unit II discusses only 'task analysis' as the main teaching technique. Many children entering adult provision will have experienced a curriculum which is not strongly orientated to behavioural approaches, where task analysis is only one technique employed in a repertoire of teaching styles. Hence, from the stance of continuity and progression, a heavy reliance on one approach may lead to a mismatch with the client's preferred learning style.

However, this comment should not be seen as a reflection on the quality of the training material contained in the units which, on the whole, do achieve their purpose of providing foundation information through an introductory course. The only unit where the information offered is unsound is Unit VI, 'communication'. The opening statements on the interactive nature of communication and its early development are well conceived. Where the unit does fall apart is in the discussion around alternative forms of communication. For

example, page 325 defines sign systems but, instead of defining symbol systems, chooses only to mention the Blissymbol system and then fails to apply the same generic discussion of principles offered on sign systems.

No practical case studies are offered regarding symbol systems, which are having a major impact in the UK in unlocking the communication potential of people with profound and multiple learning disabilities. Indeed, the total absence of information on computer-assisted communication leaves this as a very incomplete unit of study.

Overall, this is a 'learner-friendly' study pack, clearly presented, and pitched at an appropriate level. In the absence of introductory materials for care staff, particularly those without formal training, this set of materials presents a valuable starting point. Set in a programme of ongoing professional development, it has a worthwhile contribution to make.

Barry Carpenter is Chief Executive/Principal at Sunfield, Stourbridge, West Midlands.

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## **Living with a Brother or Sister with Special Needs: a book for sibs**

Donald Meyer and Patricia Vadasy.

University of Washington Press. 139 pp, £14.95

ISBN 0-295-97547-4

*Living with a Brother or Sister with Special Needs* looks like a handbook, feels like a handbook, and is formatted in the style of a handbook, so by all accounts it is, in principle at least, a handbook. This is the main aim of the book: to be a clear yet supportive manual for 'sibs' - those whose lives are impacted the most by a child with special needs in the family, but who are often supported the least.

Like many 'handbooks', it is heavily influenced by America, which is not surprising as both of the authors are American. This is perhaps a drawback in the book when read by a British audience. It uses terms not considered to be acceptable in Britain, such as 'mental retardation'. Also the whole chapter about 'Laws, Programs, and Services for Persons with Disabilities and their Families' loses its value. Had this chapter not been so superbly explained throughout, then this point could have had more severe implications, but as all terms are clearly explained it can be more of a learning experience than a fault.

Despite these niggling problems, the book lives up to any expectations you have of it. It is clear and concise, superbly presented and above all, well thought out. This gives it an 'easy to read', universal appeal.

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Perhaps the strongest aspect of the book is the first chapter. It deals with many of the feelings that I have felt as a sib. It has useful subheadings, which are explained in italics before you even start the sections, making sure the reader completely understands the topic about to be discussed. This chapter does not deeply elaborate on any illnesses or disabilities, but it does give a brief explanation of a great variety of illnesses and disabilities, giving the reader an understanding of the problems other sibs may have.

The description of emotions is for me, where this chapter is at its most useful. I have never had contact with other sibs in this way. It was very strange to read about the vast array of emotions that I have experienced at one time or another. The embarrassment, anger and the guilt that I only ever feel when my sister is involved were explained, laid in front of me, and given a title. The feelings I felt after reading this section of the chapter are inexplicable: those of relief at being understood, and relief that it was normal for a sibling of a child with special needs to have these emotions.

This chapter alone should be handed to every brother and sister of a child with special needs worldwide. In my opinion, it dwarfs the other chapters which, in themselves, are essential to the success of the book. They explain the points that

are raised for each individual in the greater depth that is perhaps required for a sib. *Living with a Brother or Sister with Special Needs* is easy to understand and is a must as a reference book for every special school across the country, in that it provides the answers to many questions that sibs are embarrassed to ask.

Matthew Carpenter is a Sixth Form student at Henry Box School, Witney, Oxfordshire. His sister, Katie, has Down syndrome.

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### ***Solving Children's Sleep Problems: a step by step guide for parents.***

Quine, L.

Beckett Karlson, 1997, 217 pp, £12.99

ISBN 1-901292-01-1

Anyone working in the field of learning disabilities with an interest in the subject of sleep problems will already be well aware of Lyn Quine's work in this area. In 1991, with Kristin Wade, she published *Sleep Disturbance in Children with Severe Learning Difficulties – an examination and an intervention trial*. That study concluded by noting that the research had produced a remarkably clear cut set of results, showing that it is possible radically to improve children's sleep behaviour, and that the improvements result in a number of changes in relationships within the family.

The present volume is directed to parents of *all* children with sleep problems, though specific reference is made to children with disabilities generally (pp. 13-14) and learning disabilities (p. 38). What is not made clear in the book is the relation between earlier work on learning disabilities and the present far more comprehensive target audience, though reference is made to requests from parents of children without disabilities for advice in the light of the success of the research. Be this as it may, the book needs to be judged in its own right, and with respect to its expressed aim of helping such parents to improve their children's sleep problems. Specifically, this is to be achieved through parents understanding why problems occur and how they can be avoided, the diagnosis of sleep problems and the execution of step-by-step programmes.

In Part I, Chapters 1 to 3 describe the causes of sleep problems, emphasising that the majority arise from a process of inappropriate learning and may therefore be remediated through appropriate behavioural techniques. On this premise, the book presents, in Chapter 4, an overall strategy for parents to adopt. This begins with the taking of a history, with a sleep diary chart included.

Part II, Chapter 1, presents the basic *antecedent-behaviour-consequence*

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(ABC) approach to the functional analysis of behaviour, showing how the sleep diary may be used in this context. Chapter 2 goes on to describe the elements of designing an appropriate strategy through the use of positive reinforcement, setting conditions to encourage sleep, and the use of extinction. A self-test on knowledge of behavioural methods follows.

In Part III, a systematic approach to identifying the child's particular sleep problem is offered, employing flow charts linked to the child's age. From the standpoint of the developmental age of a child with learning disabilities, the inclusion of ages may be less than helpful, and indeed the general usefulness of linking particular sleep problems to particular ages may be questioned in this context. (This is not to say that the inclusion of Department of Health guidelines on settling babies to sleep is inappropriate – though it is worth noting that even at the time of writing this review, these have undergone some reappraisal.)

Part IV, which occupies almost half of the book, covers intervention with and reduction of sleep problems. Within the limits of space and imagination, this section must be comprehensive with respect to the *kind* of problems that parents may encounter (though of course, for some parents, '... *but my child is different* ...').

The four sections described add up to an impressive distillation of theoretical underpinnings, practical strategies and placing parents in a position to do something about their child's sleep problems. However, some caution is urged with respect to the extent to which parents will be able to use this book in the way intended.

Presentationally it is somewhat dense despite Mic Lowen's clear and entertaining cartoons. I would suspect that parents will require a good level of literacy and familiarity with the use of handbooks to gain the full benefit. Since this is probably true for all such parent-targeted books, the question is really whether the book *might* have been presented more attractively and accessibly, making its use easier. Certainly if it were to be used as the basis for a course or workshop, with relevant sections made available as handouts, its impact would undoubtedly be great. Because of the clarity with which it is written, such mediation could as well be undertaken by an informed parent as by a professional.

Since it is likely that awareness of the book will be greater among professionals than parents, then the former have an important role to play in letting the latter know about this resource and, where necessary, giving support in its use. To return to the origins of the book, it is perhaps worth adding that while the relevance of this

approach to children with learning disabilities has been amply demonstrated, its potential for improving the sleep of such adults is almost certainly nearly as great.

Loretto Lamb works with the Profound and Multiple Impairment Service at The University in Dundee.

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The following new publications have been received for review:

## **Families in Context – emerging trends in family support and early intervention.**

Edited by Barry Carpenter.  
David Fulton Publishers.

## **Sex in Context – a personal and social development programme for children and adults with profound and multiple impairments.**

A major set of materials of which we have so far received *Safeguards in Systems – a handbook* and *Part 1*.

Caroline Downs and Ann Craft.

Pavilion Publishing  
supported by the Joseph Rowntree Foundation.

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## **BOOKS**

*People, Plans and Possibilities* by Sanderson, H., Kennedy, J., Ritchie, P. and Goodwin, G. published by SHS Ltd., Edinburgh (1997) This book is available direct from the publishers. Tel. 0131 5387 7717

*The Extended Curriculum: meeting the needs of young people* by Griffiths, M. and Tennyson, C. published by David Fulton 1997. (Reviewed in this issue).

*Living with a Brother or Sister with Special Needs: a book for sibs* by Donald Meyer and Patricia Vadasy published by University of Washington Press . (Reviewed in this issue)

*Solving Children's Sleep Problems: a step by step guide for parents* by Quine, L. published by Beckett Karlson 1997. (Reviewed in this issue)

*Working with People with Profound Learning Disabilities: a Collaborative Approach to meeting Complex Needs* edited by Penny Lacey and Carol Ouvry publisher David Fulton (due August 1998)

*Communication Before Speech: Development and Assessment* (Second Edition) by Coupe O'Kane, J. and Goldbart, J. published by David Fulton (due April 1998)

## **RESOURCES**

*Astro Ball* - a battery powered glowing ball powered by 9 volt battery.

Different sizes and colours from £9.95 each.

Contact the Cosmic Ball Company Ltd. North End, Bletsoe, Beds MK44 1QT

Tel: 01234 781865

## **MATERIALS FOR TRAINING AND INDEPENDENT STUDY**

*build first draft publications series*

Independent study packs for staff working with people with learning disabilities:

*Ageing Matters Pathways for Older People with a Learning Disability*

*Positive Approaches to Challenging Behaviour*

*Better Choices - Fuller Lives*

*Have a Good Day*

Available from: BILD Publications, Plymbridge Distributors, Plymbridge House, Estover Road, Plymouth, PL6 7PZ

Tel: 01752 202300 Fax: 01752 202333

*Sex in Context* - training and resource materials published in three parts:

*Safeguards in Systems: A Handbook* -

Strategies for devising guidelines relating to the sexuality of children and adults with profound and multiple impairments.

*A Personal and Social development Programme for Children and Adults with Profound and Multiple Impairments*

Pack 1 Section I: Strategies for Devising a Programme

Section II: Recommendations for Teaching and Learning

Pack 2 Section III: Staff Development

Section IV: Working with Parents and Carers

Available from Pavilion Publishing, Brighton. Tel: 01273 632222

*Approaches to People with Profound and Complex Disabilities*

Training and resource materials written by Campbell, M., Cullen, C. and Parry, A., available from Pavilion Publishing, Brighton Tel: 01273 632222

(Reviewed in this issue)

## **COURSES AND CONFERENCES**

### **FEBRUARY**

- 3rd Moving into the Community  
Run by: roc  
Venue: Horizon NHS Trust, Harperbury, Herts  
Tutor: Linda McEnhill  
Further details: roc  
Tel: 01923 663628
- 12th Bereavement and Loss  
Seminar on issues of bereavement and loss for people with learning disabilities and how staff can work towards developing counselling skills in this area.  
Run by: BILD  
Venue: Liverpool  
Further details: Karen Clarke  
Tel: 01562 850251  
01562 852522 (24 hr. answerline)
- 12th and  
13th Aromatherapy  
Run by: roc  
Venue: Horizon NHS Trust, Harperbury, Herts  
Tutor: R.D.Mugan  
Further details: roc  
Tel: 01923 663628
- 24th Stimulating the Senses  
Run by: roc  
Venue: Horizon NHS Trust, Harperbury  
Tutor: Charlotte Wilmer  
Further details: roc  
Tel: 01923 663628
- 24th Ageing Matters: Pathways for Older People with Learning Disabilities  
Run by: BILD  
Venue: Chamberlain Hotel, Birmingham  
Further details: Lucille Bennett  
Tel: 01562 850251  
01562 852 522 (24 hr. answerline)
- 26th Drama with People with Profound Learning Disabilities  
Run by: roc  
Venue: Horizon NHS Trust, Harperbury, Herts  
Tutor: Deborah Davies  
Further details: roc  
Tel: 01923 663628
- 28th Sherborne Developmental Movement: Level 2  
Run by: Sherborne Foundation UK  
Venue: Grimsbury Park School, Bristol  
Further details: 0117 937347

### **MARCH**

- 4th Differentiation: Including Pupils with PMLD  
Run by: NASEN  
Venue: Manchester (exact venue to be confirmed)  
Further details: NASEN  
Tel: 01827 311 500  
Fax: 01827 313 005

- 4th Art - the value of mark making  
 Run by: roc  
 Venue: Horizon NHS Trust, Harperbury, Herts  
 Tutor: Irma Mullins  
 Further details: roc  
 Tel: 01923 663628
- 4th Music and Communication - Music for Non-musicians  
 for care staff who have little or no experience in music making who wish to use music as a means of improving communication for adult clients.  
 Run by: RNIB Multiple Disability Services  
 Venue: Leatherhead, Surrey  
 Further details: Simon Labatt (RNIB Music Officer)  
 Tel: 0171 388 1266
- 12th Introduction to Observation and Recording Skills  
 Run by: roc  
 Venue: Horizon NHS Trust, Harperbury, Herts  
 Tutor: Deborah Davies  
 Further Details: roc  
 Tel: 01923 663628

#### APRIL

- 2nd It's not what you say, it's the way that you do it!  
 Conference addressing areas of appropriate communication methods for staff working with people with profound learning disability or people with learning disability and who have sensory impairments.  
 Run by: BILD  
 Speakers: Phoebe Caldwell, Keith Park, Norma Wingfield  
 Venue: Wolverhampton  
 Further details: Karen Clarke  
 Tel: 01562 850251  
 01562 852 522 (24 hr. answerline)

- 29th Better Choices. Fuller Lives  
 For people working with people with profound disabilities  
 Run by: BILD  
 Venue: Chamberlain Hotel, Birmingham  
 Further details: Lucille Bennett  
 Tel: 01562 850251

#### MAY

- 19th Profound and Multiple Learning Difficulties: Everyday Good Practice  
 Run by: Manchester Metropolitan University /Mencap  
 Venue: Didsbury School of Education, Manchester  
 Cost: £25 (parents) £70 (professionals)  
 Further details: Manchester Metropolitan University  
 Tel: 0161 247 2013/6425
- 20th The Healthcare Needs of Women with Learning Disabilities  
*Meeting in Memory of Dr. Ann Craft*  
 One day symposium (rescheduled from 4th December 1997)  
 Run by: Forum on Learning Disability  
 Venue: Royal Society of Medicine, London  
 Further details: Lisa Spicer  
 Tel: 0171 290 2988  
 Fax: 0171 290 2989

20th Have a Good Day  
For staff working in day services  
Run by: BILD  
Venue: Chamberlain Hotel, Birmingham  
Further details: Lucille Bennett  
Tel: 01562 850251

**JUNE** Music and Communication - Music for Non-musicians  
4th Two day course (continued on 23rd July)  
23 July Run by: RNIB Multiple Disability Services  
Venue York  
Further details: Simon Labatt (RNIB Music Officer)  
Tel: 0171 388 1266

### SEPTEMBER

14th **bild** 1998 Annual Conference  
to Venue: Manchester Conference Centre  
17th Further details: Karen Clarke  
Tel: 01562 850251  
Tel: 101562 852 522 (24 hr. answerline)

### EXHIBITIONS

#### PLANET Training Events and Exhibitions:

	4th February	Lancaster
	12th February	Neath
	13th February	Southampton
	18-19 March	Manchester
	3 April	Gloucester
Dates:	4-5 April	Perth
	9 May	Belfast
	17-18 May	Manchester
	23-25 June	Earls Court, London
	9.-10 September	Wembley, London
	18-20 September	Olympia, London.

Further information from Planet, Cambridge House, Cambridge Grove,  
London W6 0LE Tel: 0181 741 4119  
Fax: 0181 741 4505

23rd **Naidex** International Exhibition  
to Run by Naidex Care Management  
25th Venue: Earls Court 2, London  
June Further Details: Reed Exhibitions  
Tel: 0181 910 7873

### SHORT COURSES

Soundabout School-based training sessions involving both staff and pupils, class by class, offering simple but effective techniques in live music making which promote listening and communication skills.

Training also offered in :

Music microtechnology including *Sound Beam* and other midi-based technologies.

Basic Veronica Sherborne body awareness and developmental movement.

Introduction to TACPAC tactile sensory awareness package with music

Foundsound: the use of found or low-cost materials to create instruments or sound sculptures suitable for special needs environments.

Further details from: Ann Brown  
Tel: 01608 642009