

Communication between Parents and Professionals

The relationship between parents of children with special needs and the professionals with whom they have to deal - psychologists, teachers and medical personnel - is a vital, yet overlooked dimension in the educational process. A report of a workshop on this topic describes how the issue of communication was highlighted and explored.

CRIONA GARVEY is a Senior Psychologist with the National Rehabilitation Board and a founder of Cooperation Parents and Professionals (COOPP).

PAUL NIALL is an executive member of the National Parents' Council - Primary, and a parent of a child with special needs.

INTRODUCTION

At the Second Annual Conference of the Irish Association of Teachers in Special Education held in June 1990, discussion on the subject of the relationship between parents and professionals provoked a lively and concerned debate. The vital importance of developing an attitude of openness and trust between the parties involved, in the best interests of children with special needs who are at the centre of this concern, led to the formation of a working group committed to exploring this question in a more deliberate way. Focusing on the central area of communication between parents and professionals, a workshop was planned which took place in Dublin during a weekend in March 1991. Organisations which sponsored the event included IATSE, the National Parents' Council - Primary, and the National Rehabilitation Board.

It was felt that parents, teachers and psychologists working on a daily basis with children with special needs would be a good core group with whom to target work on communication. Most areas of special needs were covered, i.e., mental handicap, hearing loss, visual impairment, physical disability, language disorder, emotional maladjustment, reading difficulty (dyslexia), and traveller education. Twenty five people participated in the workshop over a Friday evening and practically all of Saturday.

The objectives of the workshop were to:

- (1) Get people talking together on an equal basis;
- (2) Discuss barriers to good communication;
- (3) Seek solutions to the barrier problems;
- (4) Form an Action Plan for the future.

Most of the time was spent working in small groups, with an occasional discussion session where all of the groups were combined. The discussions were generally very lively and there seemed to be no shortage of opinion or comment.

BARRIERS TO COMMUNICATION

Barriers to communication were considered to derive from the attitudes of some professionals who were thought to be threatening, arrogant, lacking in honesty, using jargon, and not listening to parents or involving them.

Problems in communication arise due to fear of the unknown and lack of knowledge of roles. Parents are often afraid of professionals and people in authority and they fear recrimination and possible repercussions on their children, i.e., victimisation. Professionals, on the other hand, seem to be afraid of criticism and construe questioning as criticism. This may sometimes appear as professional arrogance or talking down to parents or not talking to them at all. There is quite often poor communication, probably due to inexact information, and the fact that written reports are not sent to parents.

Professionals do not pay sufficient attention to the needs of parents or clients. The overuse of professional labels, language or jargon, intimidates parents. Also the lack of professionals' time and resources may interfere or limit adequate communication. There is also a lack of backup services. Parents may not accept their child's handicap and may have expectations that cannot be fulfilled, e.g., instant, clear diagnosis, prognosis and cure. Labelling children as mentally handicapped, or indeed not doing so, may also be a problem for parents.

The involvement of parents, and their own knowledge about the children, is not sufficiently valued. In particular, parents consider that they have a right to be closely and actively involved in all major case conferences and decisions in relation to their children. Parents do not demand enough from professionals and services. They should insist on being included as members of teams, where decisions are to be made about their children.

Case conferences with large numbers of professionals and often including the physical barriers of tables, chairs and formal dress, can be intimidating for parents. There can be a confusion of expectations, goals and objectives causing problems in communication. If professionals disagree about diagnosis, parents may become confused and worried. Professionals are very often not trained in communication skills. Social, economic and educational factors in individual backgrounds can interfere with communication. There is also a traditional Irish deference of parents to authority figures which may contribute to a barrier in communication between the parties.

BREAKING BARRIERS: PROFESSIONALS

- 1 Treat parents with respect and listen and pay attention to what they say about their children. Parents should be treated as equal partners in the educational process.
- 2 Inform parents clearly and often about what they are doing and why they are doing various tests and assessments. This should be done from the earliest stages of diagnosis.
- 3 Give parents written information/reports about their children so that the parents may have a casebook for their own information.
- 4 Help parents to understand the nature and implications of disability/handicap. This involves giving the parents time to think about the problems and to ask questions as required.
- 5 Give parents the name of a key worker who will contact, support and inform parents on a regular basis about relevant issues. This key worker could be a public health nurse, teacher, social worker, psychologist, etc.

BREAKING BARRIERS: PARENTS

- 1 Accept responsibility for asking questions and querying decisions.
- 2 Seek an active role in planning programmes for their children, carrying them out and assessing them.
- 3 Ask to have regular meetings with professionals to share information as equals.

- 4 Be involved in setting up Parent-to-Parent programmes to support, advise and help other parents of children with special needs.

BREAKING BARRIERS: ORGANISATIONS

- 1 Ensure that training in communication is part of the training of professionals, with particular emphasis on the giving of information openly and sensitively in clear accessible language. The use of jargon should be discouraged. Parents should be involved in training in communication skills for students and professionals, particularly in the areas of medicine and psychology. The use of video is recommended to develop and improve these skills. It is suggested that the National Rehabilitation Board and the Psychological Association of Ireland may have a role in drawing up guidelines for communication courses and in organising them.
- 2 Have a formalised policy and model(s) regarding approaches to be used when parents are being informed that their child has a difficulty/handicap. This applies to hospitals, clinics, schools and all other organisations involved with parents and children.
- 3 Develop an Individual Programme Plan for each pupil/client and deal with communications, information, reporting, allocation of professional time, goal planning and identification of needs. As part of the plan, preconsultation information should be provided for parents, dealing with the role of each person involved in the process, and outlining the possibilities and the limitations in the services the professionals can offer.
- 4 Provide an Advocate/Advisory Service for parents. Government Departments or the National Rehabilitation Board should do this.
- 5 Support the appointment of a Junior Minister to coordinate services for people with special needs.
- 6 Encourage the appointment of Named Parent Adviser in each of the Departments of Health and Education to facilitate parents.
- 7 Survey by means of a questionnaire, parents' opinions and needs.
- 8 Organise regular meetings between parents and professionals, in schools, clinics, and relevant organisations.

- 9 Include parent representatives on all committees and boards relating to special needs at all levels. This includes all Government committees.
- 10 Organise further Communication Workshops between parents and professionals.

CONCLUSION

Barriers to good communication are many and varied, as are the means of dealing with them. It is hoped that the recommendations which have emerged from this workshop will be acted on as soon as possible. In particular, it is hoped that state and voluntary agencies and teacher groups, e.g., the Departments of Health and Education, NRB, PSI, IATSE, INTO and NPC will implement at least some of these recommendations immediately and plan to implement the remainder as soon as possible in the best interests of children and families with special needs.