

The Developmental Education Class in Cregg House

With the publication in 1983 of the 'Blue Report', children with handicaps to a severe and profound degree in Ireland were extended the right to an education. A multidisciplinary approach adopted in Cregg House, Sligo has had very effective results.

JANET FOLEY teaches severely and profoundly handicapped children in Cregg House, Sligo.

Background

The extension of Educational Services to children with severe and profound mental handicap in Ireland is a very recent development and the area has given rise to many misgivings, difficulties, and apprehensions as to how these services would operate and who would operate them. Over twelve years ago an important study (Toomey, 1976) dealing with the education of severely handicapped children found that children with handicaps in the low moderate and severe range were teachable in groups given suitable staffing and suitable programmes. In other words, education was possible. Older and younger age groups benefitted and also these benefits were not confined to those who were on the borderline of suitability for placement in special schools for children with moderate mental handicap.

Following this in January, 1983 a Government Report was issued dealing with the Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland. It stated:

In the past, certain groups of handicapped children were excluded from access to education and training because of a very narrow definition of education..... more recently however, the aims of education have been broadened considerably, and there is a world wide awareness that education can be of help in maximising human potential, even for the most disabled people (Blue Report, p. 28).

It recommended many changes to the personnel dealing with this population so as to enable them to be brought within the spectrum of education. One of these changes involved teachers being assigned to these children on a ratio of 1 : 12.

Experience at Cregg House

In April, 1984, I took up one of these appointments at Cregg House. A Staff Nurse and I were assigned to a class that was already in existence and being managed by nurses. We were both new to this class and we therefore were able to make a fresh start and planning commenced on this basis.

This class was renamed the Developmental Education Class. We spent some time discussing approaches and it was agreed that we follow the guidelines of the Blue Report (1983) and set up a true multi-disciplinary team approach to dealing with this class.

Initially we had to look at the characteristics of the students. Then we identified their problems and devised strategies for coping with them.

Children with a Severe and Profound Mental Handicap often have other disabilities. This was certainly true of the children we were dealing with at Cregg House as the following table shows:

Disability	% of pupils
Severe Mental Handicap	80%
Behaviour Disturbance	50%
Epilepsy	13%
Down's Syndrome	24%
Communication Problems	100%

Behavioural and Communication Problems

As can be seen, a large percentage of the children have behaviour disorders. In the class in Cregg House we were fortunate that the Staff Nurse involved in the area had completed a one year Post-Graduate Course in Behaviour Therapy with Exeter Health Authority in England. This expertise has proved invaluable, to the extent that we now feel it would be beneficial for most teachers to gain in-depth knowledge in behavioural skills. The Behavioural approach has been very successful and has enabled the children to learn both in a one-to-one and group situations. Disruptive behaviour which previously hindered learning has now decreased significantly and become more manageable.

In this group of children, three have made sufficient progress for them to join groups in the mainstream school for the moderately handicapped children on a phased basis from which they were previously excluded due to unmanageable behaviour. Communication was also one of the main issues we had to contend with. All of the children have presented with problems in the area of communication. These covered a range of problems including, basic interaction difficulties, low levels of language comprehension and of functional expressive skills. These needs had to be reflected in programme planning. Due to poor general language abilities the team felt that alternative systems of communication had to be considered a priority.

Following this recommendation, both myself and the Staff Nurse, completed the recognised LAMH course that was being run in Cregg House. This enabled us to introduce the concept of a LAMH signing environment into the D.E.C. area as a pilot scheme. While the recommended approach for assessing children specifically for LAMH programmes was carried out and some children were selected on this basis, it was felt that all the children would benefit from signs being used as part of the natural communication process. This meant that signs were used in as many situations as was possible given the limited LAMH vocabulary. The children were therefore exposed to signs as part of all

teaching situations and with the expectation that this would give them an additional cue to comprehension and could help them to develop an expressive signing vocabulary spontaneously. This approach is evaluated as an on-going process.

To date, we have found that some children are benefitting from this approach. Two children have started to use signs spontaneously also it has been noted that two others have shown an associated increase in verbalisation i.e. in the development of spoken vocabulary, and are using 1 - 2 element sentences.

These, then were the types of problems that we were facing, with these children. They were all carefully observed and also given a psychological assessment prior to the class being re-organized. A group assessment of their communication needs was also carried out by the Speech

Therapist at the beginning to enable suitable programmes to be drawn up taking into account the main areas of need. Two groups of six were formed, taking into account abilities, needs, behaviour problems, age and communication abilities. All of these factors needed to be taken into account to form balanced, cohesive groups within which their individual needs could be dealt with.

Programmes

Following research and aided by relevant documentation such as the Department of Education Guidelines (1978) and McConkey et al (1977) checklists were drawn up to cover the main areas of need which were being addressed. These were defined as:

- Fine/Gross Motor Skills
- Play
- Perceptual/Cognitive Areas
- Language: Receptive/Expressive/Non-verbal
- Pre-activation Skills

These checklists were used initially to give base line information regarding the children's abilities. From this information suitable activities were planned and devised within each area. Throughout the implementation of these activities, ongoing daily observations were carried out as a form of evaluation. Video was also used and checklists were updated on an annual basis. Individual educational programmes were devised and incorporated into group tasks or dealt within a 1 : 1 situation if considered necessary. However, the majority of work took place in group settings. Room management procedures were used in the daily teaching situations, i.e. one person either the teacher or nurse conducted the lessons and the other personnel in the room managed the children and kept the group in order.

Multidisciplinary Team

Why choose a multidisciplinary team and how does it work? We felt as has been

stated previously that the multidisciplinary approach recommended by the Blue Report would be most suitable for our particular situation. Having worked within this team for two years it is now agreed that it has proven a most effective and supportive base from which work with this population can evolve.

The needs of severely and profoundly mentally handicapped children are very complex and interlinked and it is impossible to separate education and training needs from the other aspects of caring and treatment..... hence it is unlikely that an approach which demands the exclusive interaction of any particular discipline with the handicapped child at any time will be fully successful in meeting his total needs (Blue Report, 1983, p. 39)

We would concur with the view stated Crosby (1976):

In the past, responsibility for evaluation of the programme planning for an individual with mental retardation or another developmental disability was sometimes undertaken by a representative of a single professional discipline, the discipline being determined by how the problem of mental retardation was perceived (e.g. as a medical problem, as an educational problem, etc.) or by the assumed primary needs of the individual's (e.g. medical nursing care, education, etc.). This approach was unsatisfactory, because while the individual's needs in one area might be met, his needs in other areas were likely to be neglected and virtually all mentally retarded individuals have problems that fall within the purview of more than one professional discipline.

In the Developmental Education Class at Cregg House, we had the expertise of a Nurse, Teacher, Speech Therapist, and Psychologist. In the progression of our work, we also linked up with the staff in a Recreation Unit and they also became part of the team. This enabled us to plan a programme to deal with social interaction difficulties and basic communication problems. The Veronica Sherbourne approach was adopted and activities designed accordingly. The team made a commitment to this area one day per week for a half hour session. Every member of the team was present. This gave a ratio of 1 : 1 which is essential to the success of this type of programme.

Apart from this permanent personnel, the class has been able to avail of input from Student Nurses who join the Developmental Education Class for two week placements. A recent development is that we have had an input provided by post-graduate students taking a Behaviour Modification Course presently being run at Cregg House. These students are from many different services around Ireland and have introduced additional programmes and support to the benefit of children in the class.

This approach has provided the staff in the classroom situation and staff working on the residential units with the opportunity for a more integrated approach. Staff are able to

provide back-up to programmes being instigated in either area and to co-ordinate the approach being taken with a particular child.

The team working in the Developmental Educational Class provided their own evaluations of this approach in an internal report issued in November, 1987.

It is stated by the Teacher and Nurse that the team provides a very definite source of motivation and mutual support, that it has been a positive learning situation for all concerned. Also, that each discipline can learn from colleagues in the team and that work can be integrated more effectively.

According to the Speech Therapist Involved in the Programme:

The team approach has many advantages and has facilitated implementation of programmes that would not be possible working alone. This is most evident in the interaction skills programme.

The overall result of working in this way in this particular situation is that it provides a valuable support for speech therapy intervention with each child.

The Psychologist reported that:

Overall progress is being made in training programmes though this would seem to vary with client's abilities. The curriculum chosen and the teaching structures which permit both individual and group inputs would appear to be very suited to the needs of the clients involved.

Where specific input areas have been identified and observed (e.g., social interaction, behaviour management, group controls) significant improvement has occurred.

The multidisciplinary approach as it is adopted in this project would appear to be a very useful and effective working model and has facilitated the implementation of a variety of co-ordinated inputs to this client group.

The recreation staff feel that the team approach in planning and implementing the Recreational programme by all professionals involved is beneficial to the children as it ensures that all aspects of their development is catered for.

Further Developments:

Although not all of the problems of the Developmental Education Class have been addressed, it has been a time of progress in the development of new skills and is seen as a profitable experience to all concerned.

The team in the Developmental Education Class has been involved in many diverse projects. Initially, fundraising activities were undertaken by which we could equip the classroom available to us on the Residential complex as a play therapy area. In this we had the invaluable assistance of the Woodwork Class at the local V.E.C. who made a selection of wooden toys and equipment suitable for the class. This they did as a project for the term. We certainly benefitted from this input and would recommend a link-up with such

facilities around the local area. Arising from the team involvement, there was also a nine week series of talks, workshops and discussions given to parents by all categories of staff in Cregg House as it was recognised that there was a need to pass on basic information regarding our work to parents. These were very successful and proved beneficial to both staff involved and parents. The members of the team have also been part of a Committee that was set up in Cregg House to look at designing a Curriculum for the Severely and Profoundly Mentally Handicapped. Many hours of work have gone into this, but it was felt that this was a positive and necessary step forward. It is suggested that this approach should be extended to all the Severe and Profound children being catered for in the Centre.

These many positive influences and developments have grown from involvement in an area that was at the beginning felt to have limited possibilities.

There are many developments to consider for the future. The team hope to expand the involvement of parents in the team approach. This is seen as a very important aspect of future development.

The team meetings and structures need to be formalized to give the project a good working basis.

A Personal Note

I have found that by working in this area and in a multidisciplinary team I have gained many insights and skills which I would not otherwise have acquired by working in the traditional role of Teacher in a formal classroom setting. I have been involved in all of the above developments and projects and I feel my skills and understanding of the area in which I work have been strengthened. A Teacher working in this manner needs to acquire skills in the area of working with other disciplines. This is a relatively new dimension to teaching for although the other disciplines may have always needed those skills, it is quite often the case that these are not demanded from a Teacher. In the classroom she is usually autonomous. One of the major benefits of acquiring these skills is being able to be an active member of a multidisciplinary team and thereby provide to these children termed Severely and Profoundly Mentally Handicapped a more proficient service.

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