

NEW WRITING

Joint problem solving in a special school

Penny Lacey



Dr. Penny Lacey: I am a senior lecturer at the University of Birmingham's School of Education where I run a distance education programme in severe, profound and complex learning difficulties and disabilities. I began as an

infant teacher in a mainstream school but quickly moved into special education to work with children with severe and profound and multiple learning disabilities (SLD/ PMLD). After 15 years in the classroom (plus some management experience) I moved into higher education to train others to teach children with SLD/ PMLD and conduct research. I have now been in higher education for 20 years. During these 20 years, I have also run courses in schools and worked alongside staff in classrooms, offering new ideas on working with individuals with PMLD.

Summary

Since April 2008 Dr. Penny Lacey of the University of Birmingham's School of Education, has been working as a consultant to a special school to help them develop their provision for children with profound and multiple learning disabilities (PMLD). She describes here how she opted for a partnership approach which would recognise and extend existing good practice at

the school and in which her experience and knowledge would be added in some way to that of the staff and children. She found that this collaborative approach enabled everyone to move forward together with the promise of achieving lasting change.

In April 2008 I started working as a consultant for one day a week in a primary special school. My brief was to help develop the provision for children with profound and multiple learning disabilities (PMLD), contribute to curriculum development and to encourage a research culture in the school. So far (November 2008), I have been involved in the first two. The third will take a while to get going. In this article I am going to write about helping to develop the provision for children with PMLD. I am going to reflect on what I have been doing and how the provision has been developing.

Models of Working

When I was offered the job as a consultant in the special school, I first starting thinking about the model of working I wanted to adopt. There are several possibilities for anyone wishing to work alongside others with the express intention of trying to influence practice.

I could, for example, have adopted the role of an expert, trading on my 35 years of experience, and gone into classrooms to tell staff about 'good practice' and expect them to do what I was suggesting. Knowing that experts who go into organisations armed with new ideas rarely change what is happening in practice, I rejected that model instantly. However, that does not mean that I rejected the idea of 'good practice' nor the wish to influence what was happening for the children with PMLD.

Of course I did not want to change everything. There were many examples of good practice and what I thought needed to happen was for me to bring my 35 years of experience and knowledge and somehow offer it to the staff and children so they could put it together with their experience and knowledge. I felt I needed a partnership model of working if I was going to achieve lasting change. I wanted to work together collaboratively with my new colleagues so we could all move on together.

Working in partnership is actually quite time consuming at the start because it involves investing time in building relationships. It is very difficult to begin to work together until some trust is built up. One thing I needed to do quite quickly was to gain respect by working successfully with the children with PMLD. It would be hard for me to be accepted as having valid ideas if I could not show I could roll up my sleeves and get on the floor with the children.

I feel very fortunate that I was able to work effectively with several children, showing how they could be engaged in ways which I had been advocating. This is my account of working with an 8-year-old blind boy with cerebral palsy:

I spent the afternoon playing with Joe outside in the garden. We rolled about on the decking together. I followed his lead and we sang songs, made sounds together, copied each other's sounds, rocked backwards and forwards together. He was totally engaged and not once did he swear or scream. He went to pinch me but stopped and let go. He also went to bite but again let go and relaxed. Neither of those attempts hurt me.

I was an almost total stranger to him and he accepted me very quickly, joining in the games and leading what we did confidently.

My hunch was that if Joe was given individual attention at a level he could understand, he would not have to resort to pinching, screaming and swearing. This afternoon seems to suggest that my hunch was correct. I would definitely recommend allocating one member of staff to Joe, at least in the short term. That person should follow Joe's lead as much as possible, introducing new things only when he seems established in a routine of gentle interactions and obvious enjoyment of them. Base all new activities on whatever motivates him most.

Incidentally, my notes are available for staff to read and become the basis of lots of conversations. And at the time of this session, classroom staff were observing what I was doing. They asked questions and commented on the way Joe was engaged. Later we had a more formal meeting and talked about what might be possible in terms of staffing for Joe. As you can see from my notes, I was advocating providing someone to play intensively with him, engaging him with activities that he can understand.

It has taken a while and lots of discussions about staffing and classroom organisation but this is what I observed yesterday (six months later) as I passed through the hall:

The class were all in the hall, one child was bouncing on the trampette and others were rolling balls and playing with other equipment. Joe was standing at the piano (supported in this position by Anne, a member of the support staff) and he was totally engaged through taking turns to 'play' the piano with Anne. Joe banged and Anne copied his pattern and they continued in this way for several minutes. She then said it was her turn to play and Joe should copy. He did try to do this but soon started making his own patterns again. Anne

followed what he was doing and later changed the game to singing favourite songs which Joe loved. I did not see one instance of inappropriate behaviour from Joe. He smiled and laughed, obviously thoroughly enjoying the interaction. It was a lovely example of what we had talked about. Joe was calm and learning to take turns with a partner. It was perfect!

The staff are enthusiastic about the approach and can see the difference in Joe when they have the time to engage him in this way. They are still concerned about how to achieve the personal timetable I would like to see for Joe. There are several other children in the class who need just as much individual attention and there are just not enough of them to go round all the time.

Joint Problem Solving

The model of partnership I find most useful is one I call 'joint problem solving'. I do not have all the answers but I have had lots of experience and also the luxury of observing and working in many classrooms around the country. The classroom staff have lots of experience of working with the particular children in their care and between us we bring our different perspectives to bear on the situation.

It has been said that 'the whole is more than the sum of the parts' and joint problem solving shows how this can be so true. Here is an example of how several people with different perspectives came together to begin the process of meeting the needs of Mohammed, a new child with cerebral palsy:

Mohammed was lying on his back on the floor. All four limbs are affected by his cerebral palsy and he is unable to sit or move much unassisted. He has recently come to this country and at the age of 7 he has never been to school or had a physiotherapy service. His limbs are very stiff and while he is lying on his back, he can do very little. The classroom staff have not had any help yet in thinking about suitable positions for Mohammed nor possible stretching exercises to help reduce his stiffness.

The physiotherapist offered to take Mohammed into the physiotherapy room to do an assessment and make some preliminary suggestions for suitable positions and exercises. I was able to get her agreement for one of the classroom staff and me to accompany her so we could put together all our knowledge. It was an extremely useful session. The physio gave initial training to the staff member and I was able to facilitate this by asking pertinent questions and offering teaching and learning ideas. This was a deliberate ploy on my part, because although I knew most of the answers, the support staff member did not. It certainly helped to know what questions to ask.

After this session, the physio wrote notes for the classroom staff and talked to the teacher, showing her what do as well. It would be good to be able to say that this sort of joint assessment (between therapy and education) happens routinely at this special school but I am afraid that it does not. I am hoping to be able to build on this example and encourage joint work on other children with cerebral palsy.

Coaching

Alongside joint problem solving, I use another process that I call coaching. This does have more of an expert/novice flavour but it does not work well unless there is basic 'joint-ness' underpinning what is happening. I undoubtedly have skills and knowledge about working with children with PMLD that are beyond many of the classroom staff and I can pass some of these on. However, I need to build on the skills and knowledge that staff have already. Some, for example, are very skilled instinctively and I need to acknowledge this by observing them at work, asking questions and helping them to ask questions themselves.

Not only do I ask questions but I make suggestions for things to try. I do this with an air of 'let's see what will happen'. I usually observe the child working with a member of staff. I then ask some questions and make some suggestions for things to try. Sometimes I might try something myself. I then spend a little time talking with the staff member and we decide together what we think are possibilities to try. I then go away and write up what I saw and the

ideas we had. I call them 'initial suggestions'. Here is an example from a session I had with 10-year-old Tom and a staff member.

- *Try enabling him to explore using his feet as much as possible to see if he would find that helpful – keep using his face and head – try not to use hand-over-hand or force him to use his hands – encourage him to tolerate touch on his hands but always allow him to pull away (i.e. follow his hands around & touch them with the object)*
- *Make a list of all the activities that actually make Tom giggle – or at least smile (hoping to find at least 6) – use these activities every day*
- *Use an on-off or burst-pause of activity to allow Tom time to register the difference between something happening and nothing happening. Our aim is eventually for him to be able to smile to indicate that he wants an activity to continue. At the moment he is quite a way from that so we need to establish the difference between 'activity I like' and 'no activity'. We are looking for smiling when he is experiencing the activity he likes and no smiling when it stops*
- *Use on-body cues to help him learn to anticipate what's going to happen to him*
 - *lift his arm before lifting him out of his chair or off the floor*
 - *press on his shoulder before moving his wheelchair*
 - *each staff member has a different signifier which they use to introduce themselves (possibly by touching it on his face?)*

Giving suggestions for new ideas is at the centre of both joint problem solving and coaching. I would not be much use to the staff and children if I did not have new ideas for ways forward. However, I am most successful when I can elicit these ideas from the staff themselves or if it is something completely new then it must be very close to what is currently happening or it will be too difficult for implementation. Completely new ideas can take a very long time to be adopted, especially if current practice (and understanding) is a long way away from them. It may take a long time and lots of discussion before the new ideas are even tried.

Final Reflections

Although I feel that I have been making a difference to the education of children with PMLD in the special school in which I work, I know there is still a long way to go. I think my approach is mostly successful but I know I can improve. Sometimes I get a little impatient when progress is so slow but I tell myself to remember the vision of the 'hero-innovator' who, armed with shiny new ideas, tries to take his organisation by storm but gets eaten for breakfast by the dragon that resists change! Change has to be tackled slowly and anyone who takes up the challenge to be a change agent must be prepared for failures mixed in with the successes.

I will finish with a little success:

The classroom staff and I were trying to assess 6-year-old Karl on a published assessment called 'Routes for Learning'. We were trying to see if he understood 'object permanence'. Did he realise that the marshmallow still existed when we put it in a tin? Would he put his hand in and find it? We tried several times with no success. He was not interested. Then one of the staff realised that Karl's nappy needed changing and when he returned to the task, he put his hand straight into the tin and picked up the marshmallow and put it in his mouth. We all spontaneously cheered. It was a good feeling when we were all working together.

When I next work with those staff we will remember the success and it will no doubt influence the way in which we can start planning together how to best move forward with Karl's education.

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