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**ASSOCIATION OF**

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**PAEDIATRIC**

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**CHARTERED PHYSIOTHERAPISTS**

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**NEWSLETTER**

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# ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

Newsletter No. 32

INTEGRATION

August 1984

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## EDITORIAL

“Integration” is probably one of the most used words in the English language at the present time. How many of those who use it are aware of its meaning?

To integrate is to complete by the addition of parts; synonyms for integration include “wholeness”, “completeness”, “nothing to add”, “balance”. In the context of handicap these definitions are remarkably apt; in the implementation of the ideal they are often sorely lacking or misinterpreted.

An individual is handicapped because his potential for or level of independence is impaired. Whether physically, functionally, mentally, intellectually or in the use of speech his performance compares unfavourably with that of his peers.

To achieve “balance” in an integrated society preparation and education of the receiving school or community is essential. Support for the individual whether in terms of appropriate furniture, aids or therapeutic treatment must be available. Today’s too hasty though well meaning decision may result in tomorrow’s unhappy disaster.

A further consideration is the element of choice, a luxury of independence, again curtailed for the handicapped. It cannot be appropriate to transplant an individual from one environment where he is happy and obviously thriving, to another simply because it seems the “right thing to do”.

Successful integration requires discussion, flexibility, pooling of resources but also practical advice and help and that above all is the role of the physiotherapist.

The handicapped have a great deal to offer, perhaps even teach, society, and there is no doubt that if true integration is achieved “society” whether in the community or school will be very complete - there will be little to add.

N. H.

### **THE EDUCATION ACT 1981 - PARTNERSHIP WITH PARENTS IN MEETING SPECIAL EDUCATIONAL NEEDS**

*Philippa Russell, Senior Officer, Voluntary Council for Handicapped Children.*

The **Education Act 1981**, perhaps for the first time in special education legislation, embodies a broad concept of civil rights and a firm recognition of the role of parents in education decision making. Parental involvement will inevitably have considerable implications not only for the professionals involved in assessment and education decision making but for voluntary organisations and individuals concerned about parents’ rights and the development of strategies to ensure that these are recognised. Like many other pieces of United Kingdom legislation, it has been greeted by diverse emotions ranging from enthusiasm for what could be seen as a ‘parent’s charter’ to Neil Kinnock’s much quoted addage that it was ‘like Brighton Pier, as good as far as it goes, but a poor way of getting to France’. Those who had perhaps anticipated that the Education Act 1981 would correspond to the USA Public

Law 94.112 failed to understand that legislation in this country is usually enabling rather than prescriptive. The 1981 Act comes at a time of economic crisis and retrenchment in government expenditure. However it embodies perhaps for the first time in special education a broad concept of civil rights and a firm recognition of the role of parents in education decision-making.

The 1981 Act represents one milestone in a succession of Acts to meet special needs. The 1944 Act was a precursor to the 1971 Act, which brought mentally handicapped children into the education system. Circular 2/75, whilst not a statutory instrument, had profound effects upon professional attitudes to assessment and review and parental involvement. The 1980 Act, with its appeals procedures and requirements on LEAs to provide relevant information for parents has direct links with the civil rights and consumer element running through the 1981 Act. Circular 1/83 in turn puts flesh upon the bones of the 1981 Act, stating the principle in Warnock terms of assessment as a continuous process and the emphasis in the new procedures on parental participation and professional perceptions of the child as a 'whole person'. The focus 'on the child himself rather than on his disability' is an important concept in special education and encouraging for parents who may have experienced negative feed-back on their child's potential and development in the past.

The 1981 Act does not incorporate all the 225 recommendations of Warnock, but it does introduce certain important Warnock concepts:

1. It abolishes the old categories.
2. It reinforces the concept of a special educational needs continuum.
3. It formally involves parents in the assessment process - a built in right to see all advice and reports relating to the statement of special educational needs as well as a right to contribute to it.
4. It introduces an appeals system which, while not legally binding on the LEA, also leaves parents with recourse to the Secretary of State under section 68 of the 1944 Act.
5. It recognises the right to integration, albeit specifying that it should represent an efficient use of resources; be desired by the parents and be in the best interests of the child and his or her classmates.

The 1981 Act also recognises certain other key issues:

1. It requires LEAs to assess children from 0 - 2 if requested by parents (or if requested by another agency but agreed to by parents). Such assessment could lead to special educational provision.
2. In its accompanying circular 1/83, (Assessment of Special Educational Needs), it recognises that SEP would not necessarily be in a school and could be in voluntary, social services or health services provision, a home teaching initiative or in ordinary nursery classes or playgroups.
3. It requires health authorities not only to notify parents but LEAs if they feel a child might have SEN.
4. It also requires health authorities to inform parents of any voluntary body likely to be of assistance.

5. In section 7 it introduces a very modest concept of the 'named person', requiring only a name and address but opening the door for a more positive approach to family support and counselling.
6. Its general interest is to see the child as a whole person.

### **A New Role for Parents**

The ethos of the 1981 Act is participation and partnership with parents. Parents have traditionally seen themselves as clients of the education and related services. For some the move to the role of agent may be frightening as well as challenging. Not all parents will initially find the new broad concepts of special educational needs comfortable, special education is still feared by those who only envisage it as institution-based provision with a narrow and sometimes stigmatising remit.

However, the new procedures encourage a more open approach to parents from health and social services as well as education. Section 10 of the Act gives education and health services the opportunity to offer access to information, counselling guidance and befriending before formal procedures have to begin. The voluntary sector in particular has a major challenge in moving towards a more professional and specific service not only in acting on behalf of parents - perhaps in the role of the much debated 'named person' - but also as advocate on parents' wider rights with regard to provision in a particular authority. Partnership implies information and informed consent. The provision of appropriate relevant and readable information material not only on the Act but on parent participation in terms of the statement and ultimately the appeals procedures will be vital.

Although there was some initial criticism of the 1981 Act inasmuch as it could be interpreted as offering a passive role to parents, there seems little doubt that the new procedures will certainly lead to a much broader concept of civil rights and due processes in special education. The USA experience through Public Law 94 : 142 clearly demonstrates how formal procedures for parental involvement in assessment and educational decision making lead to a major advocacy role for the voluntary sector, and a growth of self-advocacy amongst consumers of education services.

### **Advocacy and Parents' Rights**

#### **'The Named Person'**

In the context of parental involvement, a number of new roles in special education have emerged during the creation and implementation of the Education Act 1981. Firstly, the Warnock concept of the 'named person - essentially counsellor and adviser' - is incorporated in the Act but is undefined in function in the accompanying circular and regulations. The role of the 'named person' is broadly in line with the central Warnock philosophy of 'parents as partners'. Although the 'named person' could logically move from befriending and counselling to advocacy, the latter function is not a necessary function of the role.

The Voluntary Council, in a discussion paper on the concept of the named person, outlined a number of functions which would vary according to family need. These would include:

- a) Directing parents to information and help.
- b) Acting as a liaison person, offering contacts with other agencies.
- c) Providing an informal counselling role (referring to specific counselling services if more appropriate).
- d) Acting as 'enabler', resolving conflicts, interpreting information.
- e) Providing a direct link with the LEA (but not necessarily as someone working within the education service). The Warnock Committee envisaged the 'named person' being the most appropriate person for a particular family and including health service personnel. The task for the 'named person' would be to work with the designated officer of the LEA and with the family. The 'named person' might be a key worker, perhaps appointed by a District Handicap Team. But this would not be essential in what we envisaged as a primarily facilitating role.

A 'named person' may also be an advocate (the idea of the 'citizen advocate' being well established in the USA). But the primary function is that of enabler and the role of voluntary organisations will unquestionably change and modify to provide an advocacy service. It seems likely, therefore, that voluntary organisations will perform a fourfold role. Firstly they will provide information and support in the early days, when making the machine accessible may be a major problem. Secondly, they will provide a resource and training function for those already working in a professional or voluntary capacity with parents. Thirdly they will provide an advocacy service and - in view of the specific needs and procedures to be followed - probably provide background information and training for representatives of parents' interests. Fourthly, and by no means least, they will enhance parents' capacity to be self-advocates. Finally we may see the emergence of locally based 'parent coalitions' as in the USA, which are 'non-sectarian' in disability terms and which are literally watchdogs of the local education scene.

### **A special role for the physiotherapist**

The 1981 Act lays duties upon health as well as education services. The formal assessment procedures require medical, educational and psychological advice, with social services and nursing services being informed and having the option to contribute. Parents have a statutory right not only to contribute to the assessment but to see all advice relating to the Statement. They may also personally seek additional advice or evidence to contribute a wider perspective on their child. Since the 1981 Act is intended to move away from a deficit-based process of assessment, positive input from physiotherapists, speech therapists and a range of professionals can be sought when appropriate. Normally physiotherapists will contribute to the assessment process under the general heading of 'medical advice'. But parents may (and some are already) asking for specific contributions. Physiotherapists have a unique role in meeting special educational needs. They may:

- a) Be well known by a family and respected for offering practical help with a handicapped child.
- b) Have access to interdisciplinary services, perhaps through the District Handicap Team.



- c) Be a source of advice and support to teachers in mainstream schools, who may express considerable anxiety about handling a child with a physical disability.
- d) The 1981 Act is concerned with a wide variety of special educational needs, which may be met in a variety of contexts. The physiotherapist is accustomed to working on a peripatetic basis. She can relate easily to a range of professionals.

In conclusion, the 1981 Act offers opportunity to a wide range of professionals to work collaboratively with each other - and with parents. It extends involvement in assessment and provision to a wider range of professionals and - resources apart - offers a conceptual framework for special educational provision as a continuum. A whole child whole school policy poses many challenges. The physiotherapist, "an acceptable expert" for families, will have a vital role to play.

## **"PARENTS — HOW THE 1981 EDUCATION ACT AFFECTS THEM"**

*by Sheila Wolfendale, Child Study Unit, Dept. of Psychology, North East London Polytechnic.*

### **Introduction**

As readers will know, the 1981 Education Act came into force on 1st April 1983, and, one year on, it has become evident that the full expression of the spirit as well as of the letter of the law varies greatly from local authority to local authority. The enthusiasm with which the Act was greeted as an 'enabling' piece of legislation manifestly varies too: some LEAs have used the provisions of the Act as an endorsement for policies they were already committed to - for example integration, whilst other LEAs use these same provisions as a reason for delaying the implementation of integration. These recalcitrant LEAs invoke Section 2 (3) (a) (b) (c) which 'allows' for the maintenance of segregated education on various grounds.

For parents too, and the associations that represent parents' views, the Act is seen as a mixed blessing. It has been described as a 'parents' charter' in some quarters, in that the provisions of the Act can read as if they are a springboard for a partnership between parents and professionals; others see the Act as actually limiting and circumscribing, by virtue of the fact that parents obtaining what they want for their children is not guaranteed, despite their involvement in the decision-making processes. The route, as some parents are already discovering, can be fraught with obstacles and can end in the cul de sac of an unsuccessful appeal.

The issues with which professionals are dealing are complex and in a number of instances of children assessed under Section 5, for whom the 'protection of a statement' is sought, the case hinges on whether or not the LEA is or will be able to meet the assessed educational needs. If the LEA says it cannot (an example would be the case of a child in a junior school, who it is thought, needs to remain in the school but should be in receipt of speech therapy once



or twice a week, via the services of a visiting speech therapist - but the LEA and DHA cannot jointly give an undertaking to make that provision available) then technically it is in dereliction of its duty. Professionals are caught, in that whilst they are urged to provide an assessment of (possible) special educational needs that is uninfluenced by considerations what is available to meet those needs, nevertheless they cannot operate in a vacuum and are likely to be in a double-bind situation; on the one hand they may know what they would wish to recommend on behalf of a child - yet the constraints of reality may well determine the closeness of the match between recommendation and provision (cf. Circular 1/83, para. 35, p.7).

These are some of the factors which are bound to affect the relationship between parents and professionals, parents and administrators and the LEA.

### **Parental involvement in special needs - background to the Act**

The provisions of the Act which extend parents' rights to be involved in assessment and decision-making (which will be summarised below under 'The Act and Parents') reflect recent and current developments in the area of parent-professional cooperation.

The chapter in the Warnock Report entitled "Children under Five" draws attention to examples of 'good practice' wherein professionals (health visitors, psychologists, physiotherapists, speech therapists, social workers) work with parents of young handicapped children on teaching-learning programmes, on behaviour management approaches, on group-sharing and support exercises.

Chapter Nine of the Warnock Report 'Parents as Partners' addresses itself to the best forms of a 'dialogue with parents'. The review of current practice by Gillian Pugh (Pugh, 1981) includes examples mentioned in Warnock, as well as a description of other innovative approaches. There are several books aimed at both parents and professionals which have a practical focus in terms of the spread of 'normal' development as well as areas of special need and which outline practical possibilities (Laishley, 1983; Newson and Hipgrave, 1982). Two recently published texts which attempt to bring together practical examples of cooperative working with theoretical frameworks for partnership policies are Mittler and McConachie, Eds (1983) and Wolfendale (1983, see chapters 7 and 8).

## **THE ACT AND PARENTS**

In general, parents can feel confident that the philosophy behind the Act is one which aims to promote active participation by parents in assessment and decision-making. Parents can invoke the commitment in principle to integration (Section 2) if integrated education is what they are seeking and they can be reassured that the special needs continuum exists in part as a guarantee that children are less likely to be slotted into the (ertswhile) official handicapping conditions and labelled accordingly (because the law now forbids this).

More specifically, the Act makes explicit parents' rights that already existed and creates new ones. Below is an enumeration of some of the most important rights:

1. Before a child is proposed for Section 5 assessment full discussion between the professional involved and parents must have taken place. Parents are then given full notice in writing (Section 5 (3)).
2. Parents then have the right to be given 'the name of the officer of the authority, from whom further information may be obtained' (Section 5 (3) (c)). The parent(s) then has the right 'to make representations and submit written evidence' (see below 'The Parents' Contribution').
3. The parents have the right 'to be present at examinations . . .' (Circular 1/83, para. 36).
4. The parents have the right to receive copies of the professional 'advice' (i.e. reports and recommendations) as outlined in circular 1/83, para. 37, as well as a copy of the draft, then final statement.
5. Parents will be involved in the discussions, meetings, case conference, etc. that take place to effect the best possible match between the assessed needs and the special education provision.
6. The progress of children who are the 'subject of statements' has to be reviewed annually. The reviews 'should include the views of the child's parent wherever possible' (Circular 1/83, para. 55).
7. Finally, parents have a right to appeal against any LEA recommendation with which they disagree; only this is a drastic step, and in the words of Circular 1/83, para. 54 'The Secretary of State for Education and Science hopes that appeals will seldom prove necessary and that they will be seen only as a last resort'.

## **THE PARENTS' CONTRIBUTION**

Parental involvement in the Act extends to the right to make a verbal and written contribution to the assessment and statementing procedures.

However this opportunity has only been taken up during the past 12 months by a minority of parents up and down the country and it is now being acknowledged by the Department of Education and Science (D.E.S.) that local authority officers and professionals as well as parents need assistance with producing a 'child at home' profile which can form part of the whole process and can complement and enhance the professional assessment such as the educational psychologists' reports.

So the D.E.S. via a small working party (of which this author is a member) has produced draft guidelines for local education authority personnel and for parents which will be tried out in various localities during the next few months. The guidance is intended to help parents describe their child under such headings as general health, physical skills, language, behaviour and play at home, activities outside the home, self-help and relationships with brothers, sisters, relatives, friends. The guidance suggests that parents are in the best

and most expert position to give detailed information on their child's favourite games, toys, hobbies, interests and on skills such as using household equipment and gadgets, the telephone, money, and so on. It will ask parents to say how their child's teachers have helped or not helped, in their view, and also what they think are the special needs of their child and how they think these can best be met.

More and more professionals are willing and able to work with parents of children with handicaps and special needs, with behaviour or learning problems, and an increasing number of parents are pleased and relieved to be able to play an active part in the development and education of their children and to work with professionals on behalf of their children. The 1981 Education Act provides a positive framework for such cooperation.

### References

1981 Education Act, obtainable from H. M. S. O.

Circular 1/83 (joint circular from DES and DHSS) 'Assessment and Statements of Special Educational Needs (obtainable from DES).

Laishley, J. (1983) "Working with young children", Edward Arnold.

Mittler, P. and McConachie, H. (Eds) (1983) "Parents, professionals and mentally handicapped people", Croom Helm.

Newson, E. and Hipgrave, T. (1982) "Getting through to your handicapped child", Cambridge University Press.

Pugh, G. (1978) "Parents as Partners", National Children's Bureau.

Warnock, M. (Chairperson) (1978) "Special Educational Needs", H. M. S. O.

Wolfendale, S. (1983) "Parental participation in Children's Development and Education", Gordon and Breach Science Publishers.

## 1981 EDUCATION ACT

Parents wishing to avail themselves of more information about the Act prior to their child's assessment may wish to read the following:—

1. P.P.A's Special Needs Newsletter 'More Opportunities', issue 11.
2. The Parents' A to Z by Penelope Leach pp. 646-9 (Allen Lane, £10.95).
3. 'Childright' magazine, November 1983, p. 11 (The Children's Legal Centre 20, Compton Terrace, London N1 2UN).

# THE 1981 EDUCATION ACT — IMPLICATIONS, INVOLVEMENT AND IMPLEMENTATION

*by Alex P. W. Gardner, Lecturer in Psychology, Queens College, Glasgow.*

## **A Perspective from the Tertiary Sector**

When I was asked to contribute to this issue in the journal, my first response was 'Why me? As a member of a service teaching department, my current contact with the problems of the handicapped are minimal. As an associate member, attending several annual conferences, listening to the grass-root opinion, participating in workshops and discussion, I have been able to form an opinion regarding the Act and the implications for us all. Perhaps the remoteness of the tertiary sector has advantages in allowing one to take a perspective, hopefully 'uncontaminated' by proximity to the urgency of the situation. The views expressed below, whilst coming from the tertiary sector, represent the personal opinion of a fellow traveller rather than the views of that sector.

## **Purpose and Function of the Act**

Anomalies did exist under previous legislation which effectively deprived many children of basic rights. This Act seeks to redress some of the inequalities and provide, as far as possible, parity for all. The holistic view in the Act somewhat reflects the WHO definition:

"Health is not just the absence of disease but  
a state of physical, mental and social well being."

We can see in the Act a philosophy which seeks to integrate physical, social and mental development. This is laudable, but is it realistic or practical? How does the situation affect the paramedicals?

The implications of the Act for the practising paediatric physiotherapist may be considered from three perspectives: Direct, Oblique and Tangential.

**Direct:** The importance of the paediatric physiotherapist's role.

The Act seeks to remedy personal, social and educational problems for most children by attempting to provide a uniform educational provision for all. There is in the Act a potential for the denial of the educational rights of handicapped children for suitable and indeed optimal education. Assumptions were made, but not explicitly. One assumption is the ability of the child to cope. It fails to allow for the total range of behaviour and set of expectancies of the handicapped child. It fails to provide resources which allow the full choice possible, in terms of specialist training and education. There is also a failure to recognise that certain children are unable to profit from any help other than the stimulative interaction given by a caring and competent physiotherapist.

One of the strengths of the Warnock Report, upon which the Act depends, is the disappearance of categories. Whilst this prevents labelling effects, one loses the advantages of seeing sectional interests clearly. If we take the response of the children in terms of their reaction to the environment, we can see three classes emerge:

- a. **Coping with gravity:** Sitting, standing erect, balancing etc.
- b. **Moving through the environment:** Rolling, walking, hopping, jumping etc.
- c. **Controlling the environment:** Grasping, catching, lifting, moving etc.

Now it is the level of competence inside these categories that is important, rather than the category itself. This suggests that there are groups of children who may fail to reach even the first level of coping with gravity. The Act fails to recognise that specialist skills are needed here to cope with the special problems these children present.

One implication for the physiotherapist is that there must be a continuation of "special education" in specialist clinics, but this is one that the Act does not embrace directly and assumes its continuance. This erodes the totality of its perspective. For the Act to truly cover all educational provision, the paramedical teams must ensure that the legislators are well informed.

Another implication for the physiotherapist is that some of the services currently provided under the NHS banner must be continued for the children who have been returned to "normal" education and who continue to require specialist help. This may mean more involvement in the community for the physiotherapist - in the home, in the school, in the day clinic.

This poses special problems of finance and resources.

In order that these areas of education continue to be resourced, this sector of the profession should seek to maintain and extend their representation to local and national government for recognition of their specialist skills.

The goal should be in the raising of consciousness of governing and policy making bodies.

**Oblique:** The necessity to maintain professional standards.

For many physiotherapists, the formal part of their education may have occurred some time ago. The usefulness of one day conferences and workshops is somewhat limited and may only serve to make one aware of what could be happening.

The implementation of the Act as it stands, and the need to develop further community resources, may mean the development of a self critical faculty in physiotherapists. That is, the needs of the professional should be re-examined. There is a need to assess the knowledge base, the special techniques, the practiced skills, in the light of how they may have to be developed to meet future demands. There is a need to re-examine existing theories in the light of clinical experience, to assess anew their relevance and importance.

In order that a full continuing professional competence can be achieved, there is a need to examine the models of continuing education employed in the physiotherapy field. It should seek to establish channels of communication, setting up information exchange as this newsletter manifestly has done. It may be in the development of working weekend courses, or day release. It may take the form of distance education, perhaps as part of post-registration courses. This area is, of course, currently under debate in many paramedical areas.

Hence the OBLIQUE implication is in the need to examine the needs and standards of the profession.

The goal is in the raising of consciousness of the practicing physiotherapist.  
**Tangential:** "Don't be silly . . . how can I affect the system?"

There are two implications of the Act which do not directly affect the profession, but which relate indirectly to it. Firstly, the implications for the tertiary education sector and its role in the training of paramedicals; secondly, the implication for the individual who happens to be working in the paramedical area.

### **The Tertiary Sector**

Firstly, we must be told what the real needs of the profession are; what skills and knowledge bases are required.

Secondly, we should be able to offer the specialist facilities of this sector, equipment and manpower, to assist in the promotion and enhancement of professional skills. For example, the development of interviewing skills, say when interviewing parents.

But, in order to do this, we must become more aware. We must become informed. We must have our consciousness raised.

The first TANGENTIAL implications for the physiotherapist must be to be prepared to inform, tell and advise other professionals as to what is required as a consequence of the professional examination of the physiotherapist's role.

### **The Individual**

The Act has implications for the physiotherapist outwith his/her professional role. Like all developments and advances, there has to be a sense of commitment. There has to be an awareness of personal need and the motivation to do something about it.

But, having the attitude that one should conduct such an examination is a first step.

As a consequence of this, to be prepared to accept a changing professional role in a new and fresh area is a daunting task. So, perhaps the second TANGENTIAL implication here is for a growing self-awareness and a raising of consciousness at a personal level.

Out of this enhanced consciousness comes the goal to share personal, social and educational experiences. To be willing to communicate, to share, to participate in personal development and to encourage others to follow suit, means that the individual can affect the system.

### **Summing Up**

The need to communicate.

The need to share experiences.

The need to develop the consciousness of self and others.

Time alone will tell if the philosophy behind its introduction was affection,  
good will and love . . . . .

or if it was affection . . . . .

a studied display of innovation for the sake of change.



## **SOME GUIDELINES ON THE NEW LAW AND HOW TO GET THE BEST FROM IT**

*by Barbara Newman, ASBAH Services Director*

The revision of special education law came into force on April 1, 1983 (see Link nos. 79 and 83). For the first twelve months following this date certain transitional arrangements operate, but some important aspects of the new arrangement are already in force.

Local Education Authorities (LEA's) have received new regulations from the Department of Education and Science, together with a circular (1/83) for their guidance. Many LEA's are still discussing these documents and a clear strategy for change may not have emerged in many areas. However, this should not deter parents from seeking appropriate information, assessment and placement for their children.

### **Children already receiving special educational treatment.**

These children will be taken as having special educational needs and a Statement will be made for them. LEA's have twelve months (until April 1, 1984) to prepare the Statement. A 'new style' assessment will not be undertaken, as assessment will be assumed to have taken place prior to the current placement.

Parents cannot appeal against these Statements unless the provision described is different from that made before 1 April, 1983. However, parents can request a formal assessment under Section 9 of the Act, and this is unlikely to be unreasonably refused.

### **Children aged 13½ - 14½ years.**

The new regulations include a mandatory re-assessment during a period of twelve months from the day the child reaches the age of 13 years and 6 months, unless an assessment has taken place in the previous year. This applies to children in respect of whom the LEA maintains a Statement.

If your child is in this age group and is receiving special educational treatment, you should write to the Head and LEA Education Advisor asking for a re-assessment, even if you haven't yet received a Statement. This assessment will play an important role in planning for post-16 provision and should include some reference to possible alternatives.

### **Formal Assessment (Section 5, Section 9 of the Act).**

The request for formal assessment may come from parents or LEA staff; in either case the decision to assess is made by the LEA. The Authority, however must comply with the parents wishes subject to certain criteria and unless they are of the opinion that assessment would be 'unreasonable' or 'inappropriate'.

Once the LEA has decided there should be an assessment, parents must be sent details of the procedure and the name of the officer of the LEA to whom they should go for further information, and notification of their rights to make representation about the proposal within 29 days.

It is therefore important that parents consider the type of information and comments they wish to send to the LEA, and whether there are any other



people they wish to contact, either for help in preparing their representations or to provide information to be sent in. ASBAH's fieldworkers and National Office staff are happy to help parents faced with this daunting task, and appreciate the need to respond quickly. There is no prescribed form on which parents should send in their views, a letter will do. However, parents might like to consider the following:—

Childs present physical state; general health; mobility; independence, including dressing, hair brushing etc; methods of management of physical needs, for example incontinence, and how successful these are; likely future changes in treatment and or therapy, general comments on how these affect your childs everyday life.

Relevant history: (both personal and medical) of your child, and of yourself too, if you wish.

Your childs skills and interests: favourite toys and books, etc. types of games played - do you start games or does your child suggest them?; hobbies, sports, how well the child talks, read, tells the time, etc. at home.

Family and social situation; ages of brothers and sisters, schools attended and how this influences your wishes regarding placement of the child with spina bifida and/or hydrocephalus; how your child gets on with other children, for example cousins neighbours' children, etc. anything else which paints a picture of the sort of social life your children lead.

Experiences; play groups or nurseries attended; holidays; whether your child has been away from home with other relatives or anyone else, other than to hospital.

General: your feelings about your childs needs, and your aims as a family for the next few years.

Supporting information: this might come from Health Visitors, Hospital Consultants Playgroup assistant, ASBAH etc.

It is entirely up to you how much or how little information you provide. The above headings are just suggestions. Any information you send in, will be circulated to all the professionals assessing your child. If you prefer to tell someone else what you want to say, and get them to write it down, you should contact the LEA's named officer who must agree a written summary with you.

Once the assessment has taken place, you will be sent a draft Statement by the LEA and you can make comments on it or ask for a meeting within 15 days. After considering parents views the Authority may then make a formal Statement, a copy of which must be sent to the parents together with notice of right of appeal and the name of a person to go to for advice and information.

Statements must be reviewed every twelve months.

Full details of the Assessment and Statement procedures and all aspects of the Act are laid out in the ACE Special Education Handbook by Peter Newell, available from ASBAH £1.50 plus p. & p.

### **Can I get independent advice/assessment regarding my child?**

An independent panel of special education experts is being set up on a voluntary basis. This aims to help parents of children who may have special educational needs and who are concerned about LEA's assessments or proposals for the education of their children under the Act.

Parents can be put in touch with qualified and experienced experts who are willing to provide second opinions, prepare written reports, and if necessary appear as witnesses for parents who appeal against special education decisions. You can contact the panel c/o 26 Compton Terrace, London N1 2UN for more information, or if you are interested in being on the panel's list of experts.

Children in the care of Local Authority Social Services Dept. Dept. of Education and Science.

The circular (1/83) includes in the definition of 'parent' a guardian and every person who actually has custody of the child or young person. When a child is in care the Director of Social Services should involve the child's natural parents according to the circumstances of the case.

Further advice and interpretation is needed, but it would seem reasonable to keep a child's natural parents fully involved in the processes, also foster parents, heads of residential homes etc. It is important that all those connected in any way with children in care ensure that Social Service Departments make adequate arrangements for the proper representation of children with special educational needs under the new law.

Other sources of advice and information.

Apart from ASBAH's National Staff and Fieldworkers, the following organisations offer help and advice.

The Childrens Legal Centre, 20 Compton Terrace, London N1 2UN. Tel. 01 - 359 - 9392. 2 p.m. - 5 p.m. Mon. to Fri.

Advisory Centre for Education (ACE), 18, Victoria Park Square, London E2 9PB. Tel. 01 - 980 - 4596 has publications and information about education services throughout the UK.

Centre for Studies on Integration in Education, c/o the Spastics Society, 12 Park Crescent, London WIN 4EQ; produces fact sheets and summaries of Dept. of Education and Science regulations and circulars and information on integration in practise.

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## **ONE CHILD'S EXPERIENCE OF HOME TEACHING, IN NORMAL AND IN SPECIAL SCHOOLS**

*Taken from Health Visitors Association Memorandum to Committee of Enquiry  
into Special Education.*

Dominic was born in 1963 with spina bifida - he has to spend most of the time in a wheelchair but can heave himself around and up stairs.

When he was four years old, he had a home teacher for 6 - 8 hours a week for a year. He made good progress and at the end of this period could read the early ladybird books, - this greatly pleasing his parents.

At the age of five he was offered a place in a residential school for children with physical handicaps - this was situated sixty miles from his home. The parents turned this placement down but accepted a place in a school for the physically handicapped two miles from his home. This was offered only after intervention by the Secretary of the Spina Bifida Association. At this school, his parents felt he lost the urge to learn - although being taught in a small group, he was not pushed, which his parents feel he needs.

When Dominic was nine, his parents moved to Tripoli where he attended the American owned Oil Company's School, an international school with 1,500 pupils. After initial assessment, Dominic was placed in a class with children one year younger than him - Dominic could have been even further behind at this stage as the parents felt American standards were lower than the English.

Although being the only severely handicapped child in the school, Dominic was well accepted - his mother dealt with his incontinence before and after the school day which began at 8 a.m. and finished at 2 p.m. He was never excluded from activities, spending time as linesman and ball boy, some games being adapted for his benefit. Most of the school was on one floor but whenever help was needed up and downstairs, it would be automatically forthcoming from his fellow pupils. After school Dominic would join his friends and other families for beach outings - he was able to swim daily.

In this school Dominic's work improved rapidly, homework was done eagerly and after a year, he was upgraded into a class of his own age group. Dominic's parents felt the school adapted well to his handicap, partly because there was a steady intake of new children from differing educational backgrounds.

On his return to England at the age of 10½ years, Dominic wanted to attend the local primary school. This request was turned down because the school could not provide the physiotherapy it was said he needed, also the local comprehensive schools did not have lifts, and therefore would not be able to accommodate him at a later date.

The choice was given between a residential school some distance away from home and the school he had previously attended. The latter was chosen but the parents do not feel happy about this. His progress is not good, as the school takes both physically and mentally handicapped children and Dominic is having to learn at a slower rate. When he asked for homework, it was never corrected, and when his parents asked if he could use the school swimming pool, they are still waiting for permission eighteen months later.

Dominic's parents feel strongly that a handicapped child should reach his full potential and should live in a world where the majority are not handicapped. They feel he would do much better in a low stream at the local comprehensive school, where he would make friends with the local children and social activities begin when school ends. Any aids or special help the mother has received were not forthcoming spontaneously but only because she asked.

Dominic looks nostalgically back to his days in Tripoli where he both profited from and enjoyed his education.

## **HEALTH VISITORS' ASSOCIATION**

*Excerpts from Comments on Education Act 1981 taken from a Draft Circular on Assessments and Statements of Special Educational Needs.*

### **GENERAL COMMENTS**

The Health Visitors' Association generally welcomes the new developments and looks forward to the improvements the Education Act will bring to those children whose needs have not been met in the past.

It is concerned about the hopes that the Act will be in force by early 1982/83 and disappointed that consultations between the DES and DHSS came at such a late stage.

There is also considerable concern in the implications of this Act for school nursing establishments and for the extra training and resources which will be needed by personnel. This service will also require extra administrative support.

At present there is no acknowledgement of the extra commitment required from the NHS and no indication of recognition of the need to increase staff - nor is there any reference for extra training.

The Association welcomes the recognition of the need to monitor the child's progress and special individual needs.

It also recognises the role teachers play in identifying and providing for the special needs of these children but feels extra training must be guaranteed - this in turn could be an ideal opportunity for further shared learning between professions involved.

The Association would prefer to see "assessment" as a continuous process, or possibly of yearly intervals instead of the present proposed stages.

### **THE STATEMENT**

The Association notes the need for all health staff to become more skilled in writing sensitive and informative reports and in keeping accurate records. It is important to ensure the statement will also be helpful for the parents.

## SPECIAL EDUCATIONAL NEEDS

1. Major changes in the way that health and education services are provided to handicapped children, that were recommended by the Warnock Committee (1) have been given legal force by the Education Act, 1981. A joint DHSS/DES circular (2) on the new arrangements was issued early in 1983 and is now beginning to influence local discussions.
2. One of the main changes is to do away with the concept of categories of handicap and to look at the child's abilities as well as disabilities and to assess the "special educational needs" of individual children. The new arrangements encourage parental involvement and also seek to promote the integration of handicapped children into normal schools. For most handicapped children these assessments will be undertaken within schools with appropriate professional support. For the small group of children who have severe or complex learning difficulties a formal "statement" of the child's needs will be prepared by the Local Education Authority and provided to the child's parents.
3. The diverse ways that different health authorities have set up assessment facilities for handicapped children will provide ideal ways to achieving the multi-disciplinary assessments so vital in the new process. Physiotherapists play a significant part in some of these assessments and will be asked by the LEA, through the designated medical officer, to provide a report on the child's disability to reflect their own particular professional concerns. This will enable the education authority to decide on the placement and the educational provision necessary to meet the child's needs.
4. There are two main aspects of the new arrangements that will affect the way that physiotherapy staff work. First, the need to provide a report which may form part of the 'statement' issued to parents. Second, the proposal to place handicapped children in normal schools, rather than in special schools, may identify problems in providing a continuing service that are difficult to resolve.

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(1) Report of the Committee of Enquiry into the Education of Handicapped Children and Young People, HMSO, May 1978 (Cmnd. 7212).

(2) Health Circular HC (83) 3; local authority circular LAC (83) 2; DES circular 1/83. Copies of this circular may be obtained from the Department of Education and Science, Honeypot Lane, Cannons Park, Stanmore, Middlesex.

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### Vacancies

Three physiotherapists are required for September to work at the Thomas Delarue School, Tonbridge, Kent. They would be part of a team of five working under a Superintendent Team leader, to provide physiotherapy services throughout the school. The vacancies are for a Superintendent, a basic grade and a Senior II. Experience of working in an educational setting with cerebral palsied young people would be an advantage. Further information from the Headmaster Mr P. R. H. Tomlinson. Tel. 0732 354584.

# ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS - Working Party

## The Implications of the 1981 Education Act

The 1981 Education Act came into force on April 1st, 1983. Local Authorities are now required to identify children with special educational needs and make special provision to meet those needs.

Special needs are considered to exist if a child has:—

- "significantly greater difficulty in learning than the majority of children of his age"
- or "has a disability which either prevents or hinders his making use of educational facilities of a kind generally provided in schools, within the area of the local Authority concerned, for children of his age."

Under the Act there is a general duty on local Education Authorities to place as many children as possible in ordinary schools and support should be available for any child who experiences difficulties. Special resources should travel to the child, rather than the child to the resources.

The Act lays down procedures for formal statutory assessment of the child and his abilities. Advice must be sought from all parties concerned in order to obtain adequate information to explain fully the child's problems, identify needs and determine approaches and provision. The advice of educational, medical and psychological services must be sought together with parents' representations. Advice from specialised support services will also be requested, (e.g. physiotherapy, speech therapy).

The implementation of the Act has many implications for paediatric physiotherapists - not the least of which is adequate staffing to provide the necessary support/advisory service to children in mainstream education.

The APCP working party will be studying the various aspects of the 1981 Act and the implications for paediatric physiotherapists under the following headings:—

- 1 Legislation - background to and structure of the Act,
- 2 Systems and processes within the Act - how 'we' fit in.
- 3 Implications - report writing relevant for educational needs.
  - appropriate paediatric physiotherapy assessment and recording of children's problems and progress.
  - professional attitudes and awareness of the implications of the assessment we give.
  - needs of an adequate interprofessional communication system
  - our role as advisors/educators of fellow professionals and parents.

What we say and do, and how we can help could be critical.



The members of the working party are:—

Mrs P. Eckersley	Spokesman Post Reg. Ed. A. P. C. P.
Mrs M. Diffey	Vice Chairman A. P. C. P.
Mrs M. Clegg	Asst. Spokesman Post Reg. Ed. A. P. C. P.
Mrs P. White	A. P. C. P. Committee member

We would be grateful for any information and/or comments from A. P. C. P. members, and would be grateful if the questionnaire on page 46 could be filled in and returned as soon as possible to Mrs Mary Clegg, MCSP, Children's Unit, Wordsley Hospital, Stourbridge, West Midlands.

Thank you for your help, we will keep you informed.

Pamela M. Eckersley  
Spokesman Post Reg. Ed.

## COURSE DIARY

1984	Subject	Organiser/Venue
Sept. 2-5	Children with Special Needs	Castle Priory College, Wallingford, Oxford.
Sept. 5 - 7	The Portage Teaching Materials	Castle Priory College, Wallingford, Oxford.
Sept. 7 - 9	Margaret Morris Movement	Castle Priory College, Wallingford, Oxford.
Sept. 6 - 7	Horticulture and the Countryside for Handicapped people.	Miss Alice Gamlen, 126 Albert St. London.
Sept. 14 - 16	Developing a Toy Library	Play Matters, Seabrook House, Wyllyots Manor, Potters Bar, Herts.
Sept. 14	Using Micro-Electronic Aids with people with a mental Handicap.	B.I.M.H. Thingwall Hall, Broadgreen, Liverpool.
Sept. 14	Movement Play for Children and Young People with learning difficulties.	B.I.M.H. Christ Church College, North Holmes Rd., Canterbury.
Sept. 15 - 16	Downs Children Assoc. Annual Conference.	Downs Children Association, 4 Oxford St., London.
Sept. 25	Seating and Positioning	Mrs Gaye Hall, The Willows C.D.C. Pedders Lane, Ashton, Preston.
Sept. 28 - 30	Revised Makaton Vocabulary	Castle Priory College, Wallingford, Oxford.
Oct. 1 - 5	The Education of people with Profound Mental Handicaps - for staff working in Special Care Units.	B.I.M.H. Holly Royde College, Manchester.



Oct. 13	Music Therapy Workshop	Maria Assumpta Pastoral and Education Centre, 23 Kensington Square, London W8.
Oct. 19	Syposium on Portage Home Visiting Service - See programme.	Worthing Post Graduate Medical Centre.
Oct. 15 - 21	Bristol Festival for Children	Colston House, Colston St. Bristol BS1 5AQ.
Oct. 20	Integration of Disciplines in the Education of CP Children - See programme.	Mr Dennis Tivey, Frederick Holmes School, Inglemire Lane, Hull.
Oct. 20	Management of Arthritis in Children - See programme	Childrens Hospital, Western Bank, Sheffield 10.
Oct. 29 - 31	Baseline Management for Snr. and Supt. Physiotherapists.	Miss W. Rutherford, Dept. of Physical Medicine, Great Ormond. St. London WC1N 3JH.
Nov. 3	The Role of Music in the Therapeutic Relationship	Maria Assumpta Pastoral and Educational Centre, 23, Kensington Square, London W8.
Nov. 4 - 9	Technology with Disabled Children and Adolescents	Castle Priory College, Wallingford, Oxford.
Nov. 10	Music and Hearing Impaired Young People - Hertfordshire.	Miss Margaret Dowden, D.L.F., 346 Kensington High St. London.
Nov. 10	The Bobath approach to the treatment of children with cerebral palsy	Mrs J. Brock MCSP Child Development Centre, Good Hope Hosp. Sutton Coldfield, W. Midlands.
Nov. 9 - 11	Play and Leisure Aids for Disabled Children	Castle Priory College, Wallingford, Oxford.

## 1985

Jan. 2 - 6	Paget Gorman Sign System	Castle Priory College, Wallingford, Oxford
Jan. 7 - 10	The Young Visually Handicapped Child	Castle Priory College, Wallingford, Oxford.
Jan 14 - 16	Child Abuse and Neglect	Castle Priory College, Wallingford, Oxford.

## NOTE

The Course "Children with a limited Life Span" to be held on September 28th, which was mentioned in the May Newsletter, is at Queen Elizabeth Post Graduate Medical Centre, Metchley Park Road, Edgbaston, Birmingham, **NOT** the Birmingham Medical Institute.

## COURSE PROGRAMMES

### Management of Arthritis in Children

To be held at: The Children's Hospital, Western Bank, Sheffield 10.  
October 24th 1984. Fee - £12. APCP members £15 - non members.

Closing date for applications: September 10th 1984.

Application forms from the Physiotherapy Dept. Children's Hospital,  
Western Bank, Sheffield.

9.30—10.00 Registration

10.00—10.45 Patterns of Arthritis in  
Children

Dr. B. M. Ansell MD FRCP., Head  
of Division of Rheumatology,  
Northwick Park Hospital, Harrow,  
Cons. Phys. Canadian Red Cross  
Memorial Hospital, Taplow.

10.45—11.15 Coffee

11.15—12.00 General principals of  
Physiotherapy

Mrs R. Jarvis MCSP Supt. Physio.  
Canadian Red Cross Hospital Taplow

12.00—12.45 General principals of  
Occupational Therapy

Miss D. S. Lawton MAOT,  
Head O. T. Canadian Red Cross,  
Hospital, Taplow.

12.45—1.00 Discussion

1.00—2.00 LUNCH

2.00—2.45 Pattern Making of Splints.

2.45 — 3.30 Case Discussion

3.30—3.45 Tea

3.45—4.14 Prognosis

Miss D. S. Lawton MAOT.  
All speakers.

Dr. B. M. Ansell MD FRCP.

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### Seating and Positioning

To be held at The Willows Child Development Centre, Pedders Lane, Ashton,  
Preston.

September 25th 1984 9.15 a.m. — 4.30 p.m.

Organisers Mrs Gaye Hall, The Willows C. D. C. Pedders Lane, Ashton, Preston.

Fee: £5 for lectures, lunch not included.

Closing date for applications 31st August, 1984.

### Baseline Management Course for Senior and Superintendent Physiotherapists.

Dept. of Physical Medicine, Hospital for Sick Children, Great Ormand Street,  
London.

October 29th, 30th, 31st 1984 - 9 a.m. — 5.00 p.m.

Fee: £60 includes coffee/lunch/tea.

Closing date for applications 31st August, 1984.

Objectives of the course are to give a baseline on management for newly  
appointed therapists who have managerial responsibilities.

### **Symposium on Portage Home Visiting Service**

To be held at: Worthing Post Graduate Medical Centre.

Friday October 19th 1984 - 9.30 a.m. — 4 p.m.

ACPC Members £7.50 Non-members £9.

Applications to: Mrs C. Foster MCSP, Chailey Heritage Hospital, North Chailey, Lewes, E. Sussex.

- 9.30 a.m. Introduction.
- 9.40 a.m. Problems faced by families with a severely handicapped pre-school child.  
Dr. K. A. O'Keefe MB BCh. BAO FRCPsych, DPM. Cons. in Child and Adolescent Psychiatry.
- 10.15 a.m. Portage home visiting model of service delivery. Recent developments.  
Mr R. J. Cameron BSc. MSc ABPs Ed. Psychologist, Dept. of Psych. Univ. of Southampton.
- 11.00 a.m. COFFEE.
- 11.30 a.m. Follow-up questions and discussions on Portage model.  
Mr R. J. Cameron.
- 12.00 Portage in West Sussex.  
Mr John Cook BSc MPhil. ABPs Ed. Psych. West Sussex County Council.  
Mrs P. Carroll Dip.C.O.T., Occ. Ther. Child Assessment Unit, St. Richards Hospital Chichester.
- 12.45 p.m. LUNCH
- 1.30 p.m. A. G. M.
- 2.00 p.m. Introduction.
- 2.10 p.m. Co-operative ventures between home teachers and other professionals.  
Mrs M. White MA., Lecturer, King Alfred's College, Winchester.
- 3.55 p.m. Summing Up.  
Dr. I. M. S. Price.

### **Integration of Disciplines in the Education of Cerebral Palsied Children.**

To be held at: Frederick Holmes School, Inglemire Lane, Hull.

Saturday October 20th 1984.

Fee: £3 includes coffee/lunch/tea and biscuits. Please send S.A.E. for receipt and map if required.

Applications before October 1st 1984 to: Mr Dennis Tivey, Frederick Holmes School, Inglemire Lane, Hull.

This course is designed for all disciplines working with Cerebral Palsied and Multi-handicapped children. We would encourage teachers and teachers aides to attend in addition to medical staff.

9.00— 9.30 Registration and Coffee.

9.30—12.30 Mrs Esther Cotton, Advisory Physiotherapist to the Spastic Society

1. Attitudes to management to Cerebral Palsied and Multi-handicapped children.

2. The Basic Motor Pattern.
  3. The connection between movement and function.
  4. The connection between movement and language.
  5. Team work.
- 12.30— 1.30 LUNCH
- 1.30— 2.15 Mrs Esther Cotton,  
The Hand as a guide to learning.
- 2.15— 3.30 Miss Ann Harris - Occ. Therapist, Rutland House, School.  
The work of Rutland House School for multi-handicapped C. P. children and display of toys for handicapped children.
- 3.30— 3.45 Questions and Discussions.
- 3.45 Tea.

## ABSTRACTS

*Taken from: Archives of Disease in Children 1983*

### **Unemployment, Birthweight and Growth in the First Year**

*T. J. Cole, M. L. Donnet, J. P. Stanfield.*

In 1976 a longitudinal study was carried out by researchers in Glasgow to clarify the link between urban deprivation and growth deficit in children. The study was held on a group of infants born in a deprived area of Glasgow and another group from an area more representative of Glasgow as a whole.

In the study concerning birthweight, two social factors were found to be significant - the father's employment status and the number of rooms in the house. Babies born to an unemployed father were an average 150 grams lighter, and tended to be of reduced length.

Other social factors associated with growth deficit appeared to be the size of house and the number of children under five in the family. The link may be casual in that the lower standard of living and marital stress may result from the unemployment of the father. It was felt that care had to be taken in interpreting the results of the study in that unemployment and poor growth being found in the same family may well be caused by some other common factor.

The authors emphasise the importance of a study of trends in birthweight over the past five years as unemployment has trebled.

*Taken from: the Lancet 1983 11 (8340): 41*

### **Failure of Vitamin/Mineral Supplementation in Down's Syndrome**

*G. L. Smith et al*

Fifty six children with Down's Syndrome aged seven to fifteen years, living at home and attending school were divided into match pairs and given either a megavitamin/mineral supplement or a placebo. Over the study period of eight months there took place a small but significant decrease in IQ scores, and a small, but significant increase in language and motor development in both groups.

The patterns of development were virtually identical for either group therefore it was concluded that megavitamin/mineral supplements do not improve the intelligence of these children.

## BOOKS AND LEAFLETS

**The Handwriting of Spina Bifida Children** by Joan Cambridge and Elizabeth Anderson. Price £1.25. This advisory booklet is specifically about the handwriting of children with spina bifida with emphasis on those with hydrocephalus as well. It is intended principally to help teachers and educationalists but is of interest to other professionals and parents. Many of the suggestions included could be useful for children with other handicaps.

**Sex for Young People with Spina Bifida or Cerebral Palsy** (Young ASBAH series). Price £1.25. This book, written in an 'easy-to-read' and uncomplicated style, gives an outline of sex and sexual relationships. It has already been proved useful and could be of great help to parents as well as the young people for whom it has been written.

**The Nursery Years** by Simon Haskell and Margaret Paull. Price 35p. This booklet is a guide to some of the ways parents can help their young child with spina bifida or hydrocephalus to get a good start in life by suggested appropriate stimulation and giving ideas to help the child benefit from normal experiences.

**Children with Spina Bifida at School** Price 50p. This booklet is written by ASBAH's Education, Training and Employment Committee and looks at the effects of suffering from spina bifida on children's health, personality and behaviour and school progress. It gives suggestions to teachers on how to help these children improve their school work.

### All these booklets are obtainable from ASBAH

**Under - 5's with Special Needs** Published by ACE. Price £2.50 incl. p. & p. This publication is a guide for parents and advisers about the 1981 Education Act and its implications for pre-school children. Obtainable from: ACE 18 Victoria Park Square, London E2 9PB. Tel. 01 - 980 - 4596.

**Children at Tree Tops** Author - Pamela Pick. Price £4.50. An example of creative residential care. A book which combines the direct personal experience of practitioners with a knowledge and awareness of some of the wider theoretical issues.

**The Mossford Assessment Chart for the Physically Handicapped** Jane Whitehouse, Published by NFER - Nelson 1983, Price £4.95 for manual, £3.59 for record forms, £4.95 for transparencies of chart, VAT not included. This is a checklist of daily living activities relevant to physically handicapped children including those who are severely handicapped. The chart covers twelve activities providing a visual record of the child's abilities and can provide a way of comparing progress over a period of time. It could be useful for both parents and others involved with these children as a result of the introduction of the 1981 Education Act.

## BOOK REVIEW

**Jonathan, too, goes to Day Nursery.** Anne Stiernquist. Reprinted for RADAR by W. & G. Baird Ltd., Greystone Press, Northern Ireland. Price £2.50 p. & p. This little book is recommended by the publishers to everyone working with, or having a handicapped child in the family. It is written by Anne Stiernquist, a children's nurse with teacher's qualification, at the time working as an

auxiliary at a Children's Nursery outside Stockholm. Mrs Stiernquist, writes an honest day to day documentation of the joys and difficulties experienced by Nursing Staff and children during the two years Jonathan attended the Nursery. As the very title suggests, Jonathan is exceptional: he has cerebral palsy, he is unable to walk or talk; to sit only with carefully adapted furniture, and has limited use of his hands.

The need for consistent staffing levels, a "named person" for the handicapped for careful and constant replanning of nursery activities both indoors and outdoors; availability of speech, occupational and physiotherapy advice to provide input on communication, furniture and hand function and physical management become priorities in the programming of the "normal" nursery. Mrs. Stiernquist also documents the children's reaction; "Why can't he walk?" "do all Jonathans say gaa and nnn?" and the rules devised for Jonathan's safety - "no lifting" "respect his No" "nothing to his face or mouth".

Mrs Stiernquist has the courage to ask "what for the future?" She suggests that for Jonathan it must depend on the attitudes of the "normal" population to handicapped people. The difficulties of transporting, feeding, handling, sitting will remain; and yet Jonathan is entitled to his place in society.

Despite the warmth of her words and the delightful black and white photographs, Mrs Stiernquist's message is clear and not unheeded by those of us struggling with "integration" in this country. As an objective appraisal of the situation this book should be read by all those concerned with young handicapped children and their place in society. 'Originally reviewed for "Therapy" weekly'. Miss Noreen Hare MCSP, Superintendent Physiotherapist Paediatrics, Nottingham, University Hospital, Queen's Medical Centre, Nottingham.

## EQUIPMENT

### **The Bin Chair**

An attractive, comfortable and functional seat for children. It offers all round upholstered support which makes it particularly suitable for handicapped children. The cushion covers are removable and washable, supplied with a pot let into the seat under the upholstered cushion, enabling a child to sit on the pot unaided. The Play Tray is optional and provides facilities for eating and playing. Available only from Trylon Limited, Wollaston, Northants, NN9 7QJ. Tel. 0933 664275. Write or phone for details.

### **Triple Buggy**

Available from McLarens, Station Works, Long Buckley, Northants, for pushing three children at once.

### **Wooden Toys**

Two examples of the quality toys available from Kingsway - The telephone kiosk - in both rigid and folding models - is said by many users to be one of the finest educational toys available.

The adaptable Wendy House is also a great favourite and an absolute must for the playgroup of today.

For details of full range of robust quality wooden toys please contact: Kingsway Educational Supplies, 38 Coronation Square, Reading, Berks. Tel. Reading (0734) 580181.

### **Multi Colour Storage Boxes**

'Stackerjacks' - available in red, yellow, orange, green and blue: they come in two size ranges.

Each range includes extra deep JUMBO JACKS which are supplied in blue (large) or red (standard) and ideal for storing larger toys, handicraft materials etc.

Light and colourful, made from tough corrugated plastic. Store and stack toys, sewing materials, handicrafts, tools, etc.

Available from: Kingsway Educational Supplies, 38 Coronation Square, Reading, Berks. Tel. Reading (0734) 580181.

### **Medical Alert connects to Telephone**

Vitacall is a 24 hour medical alert system, providing a failsafe cover in any emergency. It offers protection to the steadily rising number of elderly and disabled people living alone who are vulnerable to sudden illness or accident.

A lightweight transmitter which can be carried, worn round the neck or clipped to a wheelchair, functions up to 80 meters (260 feet) away from the phone enabling the alarm to be raised from anywhere within the house and even the garden.

When activated the transmitter sends a signal to the Vitalcall unit which is connected to the British Telecom line by a small jack plug.

### **Swim Aids for the Handicapped**

Many 'A' level projects in schools have little or no practical use, but Brian Litherland, President of The Swimming Teachers' Association, believes he has come across one currently in operation in Nottingham. It concerns a swimming aid for use by the handicapped.

The design offered, primarily, support stability and safety for the user, the design being a flexible ring filled with polystyrene beads to provide buoyancy at all times with the added facility of it being inflated a small amount to increase buoyancy slightly as the activities demanded. The person using the aid was to be supported at all times by the integral support whilst their arms and legs were free to move in the water.

Details from: Mr Brian Woodward, Head of Craft, Design and Technology, Carlton-le-Willows School, Nottingham.



## **Chair Life**

This Lift was first spotted last February by one of our Committee, Mrs Cynthia Peace, while we were enjoying a conducted tour of the Rifton Workshops (makers of equipment for the handicapped) at Robertsbridge. Cynthia stopped suddenly beside a small fork lift, being used for stacking heavy blocks of timber, etc., "Isn't that exactly what we need" she exclaimed, 7/8th "for lifting some of our dead weight children on to ponies?" Closer inspection showed that the lift was operated by a simple and entirely safe chain and ratchet system.

A few weeks later we took delivery of a lift truck model MMP 42 from Ezi-Lift Ltd., of Slough (price £270.25 inc. VAT and carriage). Cynthia's husband, Peter Peace, made a few ingenious but simple modifications and since then we have used the lift regularly for four of our riders for whom mounting in the normal way is impossible.

Originally we had ideas of training our ponies to stand absolutely flush alongside the lift so that the rider could, with help, scramble straight into the saddle. This proved impractical because it left no room for helpers to place themselves strategically. Nevertheless, we find the lift invaluable because it eliminates the back-breaking strain in bending and lifting a heavy child from ground or wheelchair on to a pony.

Recently we visited the Hope-in-the-Valley Group to see if our new toy was unstable on an indoor school surface. It proved equally workable and we were glad to find that no ponies spooked in horror at the sight of it. Several Group helpers seemed quite impressed, even though it would be unnecessary for any of their current riders.

The final point to be made, so far as we are concerned, is that the lift is intended only for those riders who cannot attempt mounting from the ground or block; for any Groups catering for "dead-weight" riders such as ours we do fully recommend it. We would welcome any visitors (by appointment) to inspect it; or would travel (within reasonable distance) to demonstrate. It fits into the boot (back seat up-ended) of a Renault 4 TL. Betty Topping, Pony Therapy Group, 84 St. Peter's Crescent, Bexhill-on-Sea, Sussex. Tel. (0424) 215809.

## **Holiday Idea**

The Clwyd Special Riding Centre, near Wrexham in North Wales, has since its inception eighteen months ago trebled its number of weekly riders to one hundred and forty. The Centre is keen for its facilities to be used for riding holidays for disabled people and, with this aim in mind, a pilot scheme holiday with invited, experienced R.D.A. holidaymakers was held in September, 1983 to assess the Centre's suitability for this activity and to help with forward planning: the facilities are now available to all Member Groups.

The holidays, which are self-catering, are from Thursday afternoons to Tuesday mornings and start on 3rd May next. There is accommodation for twelve residents in two units, one of which has been specially designed for chairborne riders.

Riding takes place over the lovely Welsh hills, mainly on lanes and tracks, or in the Centre's indoor school or adjacent fields, and will be arranged to suit the needs of the individual. Riders must bring their own helpers (domestic and/or equestrian) and every effort will be made to accommodate family bookings.

Further details and application forms are available from the Manager, The Clwyd Special Riding Centre, Llanfynydd, Wrexham, Clwyd, LL11 5HN (Please send S.A.E.).

### **Wall Characters**

Gray-Campling Limited can supply a wide range of Walt Disney and other comic characters for wall mounting. Included in the range are Friendly Forest characters which are suited to children's bedrooms, nurseries and play rooms. A special self-stick backing peels off for application to smooth surfaces. From: Gray-Campling Limited, Magnalux House, 91a Southcote Road, Bournemouth, BH1 3SW.

### **Inflatable Pedalo**

The Seabuggy from TIL Leisure has been designed to help those with physical disabilities to exercise in water.

Safe and sturdy, the Seabuggy is an inflatable pedalo suitable for use both in outdoor and indoor pools. The main body is made of heavy duty p.v.c., with the drive made of moulded plastic pedals on a stainless steel tube mounted on nylon bearings. The flotation chamber consists of three independent air chambers, each with a non-return valve, so the seabuggy provides a safe means of gentle, supportive exercise in water.

The Seabuggy is available in two sizes and is finished bright yellow. A heavy duty version, in black, is also available. From TIL Leisure, 40 Broadfield Road, Sheffield, S8 0XJ.

### **Baby Calmer**

The 'Sleepy' is a battery-powered device which emulates the sounds heard by a baby in the uterus. This has a soothing, calming effect on a baby or young child and induces sleep.

Operation is simple - one switch controls on/off/volume and reset functions and the unit switches itself off automatically after 20 mins. The Sleepy is designed to be complete safe and hygienic. From: Diagnostics Ltd., 6A High Street, Crawley, Sussex, RH10 1BJ.

### **Childs Pant**

The launch of a new ventilated pant, specially designed for children, has just been announced by Robinsons of Chesterfield, manufacturers of the Inco Care range.

Made from ventilated stretch, Lycra to allow the skin to breathe freely, the children's pant is completely washable, and has the appearance and texture of normal underwear. The sizing is suitable for 16 to 26 in. hips, catering for the 5

to 14 years age group. Robinsons of Chesterfield estimate that this group represents 15% of the total number of patients suffering from incontinence in the UK today.

These ventilated pants from Inco Care are designed to be worn in conjunction with Robinson's highly absorbent Insert Pads, which have their own waterproof backing to prevent leakage, and yet do not allow polythene to touch the skin. By using these two products together, the patient is able to have the convenience of a safe system, which is easily changed and avoids perspiration. From: Robinsons of Chesterfield, Wheatbridge, Chesterfield.

### **Urinary Incontinence**

New Inco-Care insert Pads are highly absorbent yet still discreet enough to fit securely and comfortably into the Inco-Care Ventilating Pants. The new quilted lining disperses urine to reduce soreness, irritation and odour. The fluffier filling absorbs the average bladder release with capacity to spare. The waterproof backing, with no plastic-to-skin contact helps prevent leakage without causing discomfort.

Teamed with Inco-Care washable stretch Ventilating Pants they create an incontinence system that looks and feels like normal underwear, restoring patient dignity and providing more comfort, confidence and convenience. Inco-Care Ventilating Pants stretch to fit men and women up to 42" hips with neat, discreet comfort. From: Robinson of Chesterfield, Wheat Bridge, Chesterfield. Tel. Chesterfield (0246) 31101.

### **Incontinence Alarm**

Headingley Scientific Services have produced a new 'pants' alarm to aid incontinent - particularly children. Based on the company's Model MK1/S alarm, the new model gives a more discreet, intermittent warning to the wearer, meaning that the alarm can be stopped after sounding once, briefly.

The alarm consists of a small plastic box - to be worn on a child's back or carried on an older person's pocket - and connected to a printed circuit stuck to the pants. This reacts to dampness. From: Headingley Scientific Services, 45 Westcombe Avenue, Leeds, LS8 2BS.

### **Childrens' Aids**

Everest and Jennings are marketing the Swedish Brio Rehab range of products for disabled children.

The range includes brightly coloured wheelchairs, a walker complete with toy sack, a play wagon, a day chair and a tricycle with special footplates and back. From: Everest and Jennings Limited, Princewood Road, Corby, Northants.

### **Folded Diaper**

An alternative to the conventional insert pad, the IPS Folded Diaper performs the task of interliner and protective garment all-in-one. A highly absorbent medium of fluff pulp, a polyester Stay-Dry cover, and embossed polythene backing combine to produce a highly effective product for the management of single or double incontinence.

Suitable for male or female patients, both in hospital and community situations, the Diaper has proved in trials to be extremely effective in the management of varying degrees of incontinence in physically and mentally handicapped people. From: IPS Hospital Services, Victoria Mill, Lower Vickers Street, Manchester, M10 7LY.

### **Feeding - Low Sugar Rusk**

Farley Health Products have developed a new rusk, which has a sucrose content of 15% - less than half the content of the company's original rusk, and the lowest sugar level of any available rusk.

Farley's Low Sugar Rusks, with added vitamins and iron, retain the versatility of ordinary rusks in that they can be eaten wet when the baby is being weaned, or dry when the baby is ready to feed unaided. This versatility extends to the ability to mix the new rusks with other foods. From: Farley Health Products, Torr Lane, Plymouth, Devon.

### **Feeding - Training Cup**

The body of the new Cannon training cup is made of the tough, new material SAN and is the first training cup to be produced in a clear material so that both parents and the child can easily monitor the progress being made. The relatively heavy base is augmented by a highly effective design feature: the twin handles extend down to the base for extra stability. The spout from which the baby drinks is very easy to clean, and because only SAN and polypropylene are used, the cup can be sterilised either by boiling or the usual cold water methods. From: Cannon Rubber Ltd., Ashley Road, Tottenham, London, N17 9LH.

### **Digital Baby Scale**

For weighing infants and young children up to the age of 3½ years. For use in hospitals, in gynaecology and paediatric departments, child specialist centres, health authorities and ante-natal clinics, etc.

- Large digital numerals give a quick clear read out.
- Zero setting at the touch of a button (tare compensation).
- Electronic damper ensures clear, unflickering display.
- Integral and completely untippable baby tray.
- Flexibility of operation using accumulator batteries.
- Fully enclosed construction makes for ease of cleaning.
- Tray surface made from high quality plastic.
- Space-saving and light to move - ideal for nursing units.
- Triple safeguard against over-loading.
- Lbs/kg selector switch.

### **The Easy Air Nebuliser**

The easy air nebuliser from Keeler offers great relief for asthma and chronic bronchitis sufferers - wherever they are. Extremely portable; requiring no electricity it can be used easily and safely around the hospital, from an ambulance or in the home.

Its light but robust construction makes it very durable requiring minimum maintenance. It is reassuring to know that the low spring pressure also enables the nebuliser to be used by patients, avoiding the risk of exercise induced asthma.

All air entering the nebuliser passes through a filter which takes out particulate matter down to one micron. As much as 80% volume of the liquid is nebulised down to 3-5 microns enabling the deep penetration into the lungs.

For more information on the Keeler Easy-Air Nebuliser contact the Sales Department on Windsor (07535) 57177. Keeler Limited, Clewer Hill Road, Windsor, Berkshire SL4 4AA.

### **'Sleep for the Incontinent can be a Nightmare'**

No one wants to lie on a soggy, crumpled Bed Pad - now by using Hygi Everdri Sheet they don't have to.

The Hygi Everdri Sheet provides a warm dry comfortable barrier between the incontinence sufferer and a wet disposable Pad. It is large enough to be placed over the Pad and to be tucked in at the sides of the bed.

Urine passes through the sheet without spreading to be absorbed by the pad underneath, reducing the risk of soreness and rashes.

Made from a special 100% brushed polyester fabric Hygi Everdri Sheet is easily washed and is quick drying making it ideal for Community and Hospital use. From: Undercover Products Int. Ltd., Davy Way, Llay Industrial Estate, Llay, Nr. Wrexham. Tel. 097 883 6161.

### **New Urilarm**

Bedwetting needn't be a problem with the New Urilarm (Electronique). Complete alarm with contact mats and case £22.95 (including battery), spare contact mats £4.88 pair. Contact mat case £4.88 each.

Contact mats and case can be used with other makes of Enuresis Alarms.

From: G. Gulliver (Devices) Limited, Unit 7, Cuckoo Oak, Halesfield, Telford, TF7 4QT. Tel. 0952 582617.

### **Jaundice Meter**

Non-Invasive Jaundice Meter - This battery operated unit gives an instant Jaundice Check. No setting up is required - instantly usable by nursing staff. From: V. A. Howe & Co. Ltd., 12-14 St. Ann's Crescent, London, SW18 2LS. Tel. 01 - 874 - 0422.

### **Potty Chair**

Rifton Equipment for the Handicapped have available two new Potty Chairs designed to meet the special needs involved with the toilet training of physically handicapped children.

The unique tilt feature of the back allows control of hip flexion and helps increase abdominal pressure. Available from Rifton Equipment for the Handicapped, Robertsbridge, East Sussex, TN32 5DR.

### **Nomad Mat - Pro Plus**

The Nomad Mat which was in the May Newsletter is available from 3M United Kingdom PLC, 3M House, 28 Great Jackson Street, Manchester, M15 4PA.

### **Baby Chair**

Magrini have introduced a new range of baby high chairs designed to meet hospital requirements for a chair which is durable and easily cleaned. Constructed of high impact-resistant moulded plastic, with triple chrome-plated finish on heavy duty tubular steel legs, the chair has an adjustable tray. Other features are: a safety strap, padded back rest and a back bar, all made of on-absorbant, on-allergenic materials - like the rest of the chair. The chair is available in gold, white and chocolate brown. From: Magrini Limited, Walsall Road, Walsall, West Midlands, WS9 9AL.

### **Recliner**

The Reclining chair from Andrews Maclaren is a new product designed to reduce spinal loading and assist in over-coming the problems of users who lack head control.

The chair frame is fully foldable, can accommodate persons of up to 140 lb., has several reclining positions and a detachable solid footrest with three-position height adjustment. The chair can be used with an added body support shell, designed and developed by Innovention Products Ltd. From: Andrews Maclaren Ltd., Long Buckby, Northampton, NN6 7PF.

### **Orthopaedic Wellies**

For use in snow and wet weather.

If any parents are interested in having their child's ordinary wellingtons adapted like Gary's they should apply through their local hospital physiotherapy department. The adaptations under the N.H.S., are done by John Florence, Orthotist at Chailey Heritage Hospital in Sussex.



### **Child's Chair**

Contact versions of their attractive Prince mini-rocker and Princess Child's chair PK 1109 and PK 1108 have been introduced by Parker Knoll who believe they will have an application to the contract market for children's rooms in hospitals and social services departments. While identical in design to the domestic models, the new chairs have strong beech frames in a natural finish and seats upholstered in Baltic, an expanded vinyl in a shade of Sahara Tan. The chairs are constructed to the highest standards and are intended to withstand hard usage. From: Parker Knoll Furniture, PO Box 22, Frogmoor, High Wycombe, Bucks.



## TOYS

### **Educational Aids**

Galt has produced a range of educational toys, including many dolls representing various ethnic groups. There are also miniature dolls in three nationalities with flexible bodies, and a series of four puppet 'families' which can be hand-held or used free-standing. Each family has six members and comes with teacher's notes.

'Wedgie play people' are eight new sets of hardwood figures, printed both sides with the images of various people.

'Our school photo points' is a series of ten coloured photographs depicting children from various ethnic backgrounds shown in the classroom, at work and play.

The 'Asian Girl' rag doll, one of a series of four designed to help integrate the children from various ethnic backgrounds into the school community.

From: James Galt & Co. Ltd., Brookfield Road, Cheadle, Cheshire, SK8 2PN.

### **Adaptation to Basic Joncare Flexistand Minor**

Whilst usually finding the flexistand stable enough for severely handicapped children, one particular child when put in the flexistand, used his arms to push against the work table in front of him and rock the frame dangerously backwards. The metalwork instructor of a nearby sheltered workshop designed a stabiliser bar which can be fitted into the frame to replace the existing heel guard. This has worked very successfully but of course does not prevent a child pulling the frame forward. Mrs J. Forrest MCSP, SRP. c/o Ravensbourne School, Neave School, Harold Hill, Romford, Essex.



## BACKWARDS EXTENTION STABILISER BAR FOR SMALL JONCARE FLEXISTAND

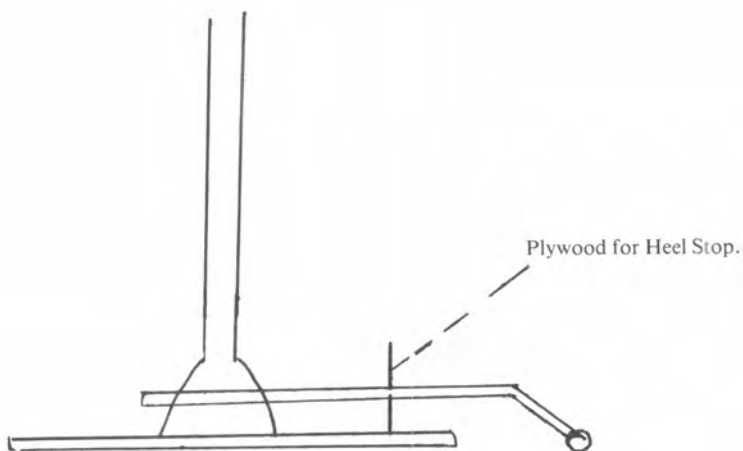
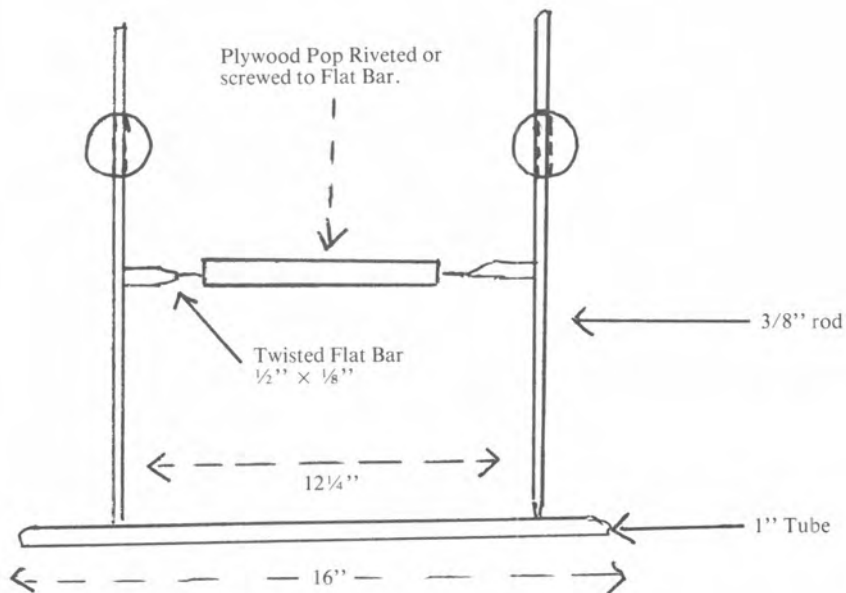
Materials were salvaged from walking aids and bath aids —

1" round tube

1" round bar

$\frac{1}{2}$ "  $\times$   $\frac{1}{8}$ " flat bar

Plywood  $8$ "  $\times$   $1\frac{1}{2}$ "  $\times$   $\frac{1}{4}$ "



## EQUIPMENT TO MAKE

### **Making Wooden Toys**

Have you heard about HEARU? Hearu is the Handicapped and Educational Aids Research Unit attached to the City of London Polytechnic. The unit is based at Bigland Street, London, E1 and is currently holding courses on Wednesday, Thursday and Fridays between 10 a.m. and 4 p.m. on the designing and making of Educational Aids. These wooden toys/aids will be simple, durable and easy to make by the participants. No previous woodworking experience or education qualification are required. The participant will be taught the required skills and learn how to adapt the aid to accommodate a particular individual's abilities.

For further information please write to: Kennett and Jean Westmacott, c/o Toynbee Hall, 28 Commercial Street, London, E1 6LS. Telephone any Tuesday between 10 - 3 to 01 247 0775.

### **Yukky Toys**

Creepy-crawlies, with or without legs, always seem to appeal to young children, even if we're not so keen! Here are some ideas for ones you and the children can make together. The names we leave to you!

Filling will be necessary for some of the toys. For economy, collect old nylon tights or stockings, wash and dry them, and snip them into small pieces. Otherwise buy foam chips or washable filling, so the toys can be laundered.

### **Caterpillar**

You'll need an old knitted or woven scarf or piece of material about the same size (green would be ideal, but any colour will do); small piece of cotton fabric for face; embroidery thread or fabric paints; needle and thread to match; filling.

Fold the scarf right sides together along its length and sew the long sides. Run a gathering thread round one end, pull tight and secure. Turn right side out and stuff lightly.

Cut a circle of fabric and embroider or paint on a 'face'. Insert at the open end and slip stitch firmly in place. Run thread at intervals round the caterpillar's body and draw up lightly to form its 'segments'.

### **Octo-pussy**

Materials required are a piece of fur fabric or old fluffy hat or cap; thick knitting wool, 2 large buttons; needle and thread, filling.

Cut a circle of fabric, any size. Run a strong double gathering thread round the turned-under edge and partially draw up to form a bag, leaving needle and thread loose (or draw up edges of cap or hat in similar way). Stuff firmly with filling. Pull thread tight and finish off. Plait eight legs from several strands of thick wool and attach round octo-pussy (the gathered part should go underneath). Sew on buttons for eyes.

## **Snake**

Collect cotton reels - 12 or so. If they are plain paint them with spots, stripes or zig-zags (non-toxic paint, of course). There's no need for all the reels to be the same colour. Cut a piece of thin cotton fabric 2'' wide and about 8'' longer than the reels when laid end-to-end. Cut one end of the fabric to a point, tie a knot so the reels won't slip off, then push the fabric through the reels, making sure they are not pushed too firmly together. Fold the front piece of fabric under and cut a snake's head shape. Turn under the slip stitch almost round the head shape, poke in a bit of filling and close completely. Embroider or sew on buttons for eyes and a scrap of felt for a forked tongue. Sew on a pull string under the head.

## **Incey-wincy spider**

You'll need synthetic knitting yarn; cardboard (old cereal packets), blunt ended needle; needle and sewing thread; pipe cleaners or covered wire (optional); piece of elastic.

Make one large and one small pom-pom, sew firmly together. For very young children, attach 8 woolly legs to the body; for older children you can use pipe cleaners or covered wire. Attach elastic so spider can 'dangle'.

To make pom-pom, cut two cardboard circles the same size and cut a piece about the size of a 2p. piece out of the middle of each. Place the circles together and wind wool round and round them through the hole in the middle, using a blunt needle. When thickly covered, cut the wool between the two circles and tie round very firmly with thread or wool. Pull off the cardboard circles to use again. Fluff out the pom-pom and snip off any bits that stick out.

# **SNIPPETS**

## **Beech Tree goes independent**

Beech Tree, the pioneering unit for children with severe behavioural problems, will no longer be tied to the apron strings of Meldreth Manor, the Society's school in Hertfordshire. It is to be independent.

The Executive Council ratified the plan at its meeting on 27th March.

Malcolm Jones, founder of the Beech Tree concept, and head of the unit since it opened in 1977, will remain in overall control, dividing his time between Beech Tree and the new unit in Lancashire, due to open next January.

"I'm extremely happy the way things have gone", he says. "It looks as if we are going to have Beech Tree in the north exactly as we wanted it - purpose built for 2 groups of 7 children, extremely well staffed and equipped, serving older children as well. And in the South although we've had to reduce the number of children from 9 to 7 to meet DES regulations, we have The Society's undertaking that it will look for an alternative and, hopefully, bigger building".

The Executive Council was persuaded to change its mind by John Cox. Having visited a subnormality hospital, and watched Silent Minority, he saw at Beech Tree the results that can be obtained from behavioural methods, democratic staff management and close relationships with parents all Beech Tree hallmarks.

“To have achieved success with 24 out of 27 children speaks for itself” he said.

Malcolm Jones plans to run the two units in tandem with joint staff training and monthly visits by staff between the units. He does not see them continuing indefinitely.

“I would like to see the Beech Trees in perhaps ten years’ time changing their function, because local authorities should be setting up services to cater for this sort of child, at a young age in his home locality.” So far one local authority has expressed interest.

“We are developing a model of how these children can be helped, and the important thing is to spread the information we have to other organisations.”

### **Toy Selection**

Kiddicraft toys have been selected for the various play areas in the Portland Hospital for Women and Children, London. Materials and concepts of the toys allow the necessary amount of sense stimulation as well as pleasing the children. They therefore provide many opportunities for learning and development through play. Tel. 01 - 668 4181.

### **Nappy Choice**

A newly published fact sheet from the Disposable Baby Napkin Manufacturers Association shows that disposables now account for one in five of all nappy changes in the U.K., with the majority of these being the all-in-one type. In 1980 only one in ten of changes were disposables, most of which were the “two piece” or ‘insert’ type.

Additionally, the DBNMA have published a full-colour poster and consumer leaflet entitled Choosing and Using Disposable Nappies to help mothers choose from the brands and types available on the market. The poster and leaflet illustrate and describe the different types of nappy, give approximate ‘running’ costs, and offer mothers the opportunity to send for free samples.

For free copies of the 1983 sheet and Choosing and Using Disposable Nappies leaflet, contact: DBNMA, 28 Newman Street, London, W1P 3HA.

### **Assessment**

This is a quarterly review published by the Downs Children’s Association. It concentrates on reviewing schooling under the 1981 Education Act, citing case histories of handicapped children being placed in ordinary or special schools, how parents are coping with the new procedures and how the professionals involved are responding. Information available from Alan Macdonald on 01 - 764 - 2008 or 01 - 580 - 0511.

Readers may be interested to note the DHSS policy on the supply of waterproof covers for wheelchairs. They feel that they cannot be considered as wheelchair accessories but simply replacements for normal waterproof coats and hoods, which parents could reasonably be expected to provide.

The view is held that the whole question is of a borderline nature between mobility which is provided, and weather protection, which is not.

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COMET - (Concerned Micros in Education and Training) a new scheme to help young disabled people to buy micro-technological aids for learning and communication. To be administered by the National Bureau of Handicapped students. Details from Sylvia Simmons NBHS, 40, Brunswick Square, London WC1N 1AZ.

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The United Nations has designated 1985 as International Youth Year. The themes are to be Participation, Development and Peace. The Spastic Society's Information and Publicity Dept. would welcome any ideas from young people for projects and activities along the lines of any of these themes. They should be sent to Gill Parker, Information Officer, The Spastic Society, 12 Park Crescent, London W1N 2EQ.

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"Hummingbird" is a small specialist charitable housing Assoc. in Inner London which believes that people with mental handicap should be able to live in a normal way in the Community. It works closely with Southwark Housing Dept. and the Housing Corporation and has a number of properties in Southwark. Win Fleming a research worker with Hummingbird is undertaking the Brook Drive Project to identify the needs of local people with a mental handicap, which will mean compiling a list of children or adults to identify those with residential needs which could be met within the scheme. Details from: 24, Holborn Viaduct, London EC1. Tel. 01 - 236 - 2630.

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Fisher-Price toys have established the Award for Play projects for the second year. Winners of the first prize will receive £1,000 towards implementing their project, 2nd and 3rd prize winners will receive £500 and £250 respectively. Closing date for the award is November 2nd. Entry forms obtained from: Denise Doran, Fisher-Price Play Advisory Service, 50, Upper Brook Street, London W1Y 1PG.

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Copies of Circular 1/83 (Dept. of Education and Science) and DES Circular 8/81 relating to Special Educational Needs, and the Education Act 1981 may be obtained from the Dept. of Education and Science, Honeypot Lane, Canons Park, Stanmore, Middlesex.

The new publications list from the Disabled Living Foundation contains some interesting titles of books providing much information. Available from DLF (Sales) Ltd., 346, Kensington High Street, London W14 8NS. The new information lists from DLF are available from: Information Service DLF address as above.

## ARTICLES OF INTEREST

Copies of the following articles can be ordered from: Mr Martin Saunders, Assistant Librarian, National Demonstration Centre, Pinderfields General Hospital, Wakefield, West Yorkshire, WF1 4DG.

Please quote the **Bulletin Date**, the **number of the article** and **full details** of the citation. You will be invoiced at 9p per sheet. Do **not** send money with order.

### May 1984

#### Articles on the Rehabilitation of Physical Handicap

- (4) Newacheck P W et al.  
Trends in childhood disability.  
Am J. Public Health 1984 March; 74 (3) : 232 - 6.
- (6) Kangesu E et al  
Management of epilepsy in Schools.  
Arch Dis Child 1984 January; 59 (1) : 45 - 7.
- (15) Krebs D E Fishman S  
Characteristics of the child amputee population.  
J Pediatr Orthop 1984 January; 4 (1) : 89 - 95.
- (19) Rose S et al  
Measuring creativity through computer graphics of hearing-impaired children.  
Percept Mot Skills 1983 December; 57 (3 Pt 1) : 943 - 50.

### June 1984

- (11) Eiben Cf et al  
Functional outcome of closed head injury in children and young adults  
Arch Phys Med Rehabil 1984 April; 65 (4) : 168 - 70.
- (16) Okamoto GA et al  
Toileting skills in children with myelomeningocele: rates of learning.  
Arch Phys Med Rehabil 1984 April; 65 (4) : 182 - 5.
- (24) Burton MH  
The hearing impaired child in the hearing society.  
Br J Audio 1983 November; 17 (4) : 271 - 3.
- (25) O'Hagan FJ et al  
Educational provision, parental expectation and physical disability.  
Child Care Health Dev 1984 January-February; 10 (1) : 31 - 8.

- (31) Morgan SR  
Deinstitutionalization of severely handicapped children: locus of control and incentive orientations as important indicators.  
Except Child (Queensland 1984 March; 31 (1) : 74 - 9.
- (33) Ladd GW et al  
Social integration of deaf adolescents in secondary level mainstreamed programs.  
Except Child (Washington) 1984 February; 50 (5) : 420 - 8.
- (56) Leventhal JM  
Psychological assessment of children with chronic physical disease.  
Paediatr Clin North Am 1984 February; 31 (1) : 71 - 86.
- (58) Hinrichson LC et al  
Device to assist training in balancing on the rear wheels of a wheelchair: suggestions from the field.  
Phys Ther 1984 May 64 (5) : 672 - 3.
- (69) Robinson B  
Adolescent ideopathic scoliosis.  
Remed Gymnast Recreational Ther 1984 May; 112 : 5 - 10.

### New Publications

- (2) Brock M  
Christopher: a silent life. (deaf-blind child)  
London: Bedford Square Press/NCVO for SENSE.  
(Available from: Macdonald & Evans Distributors Service Limited, Estover Road, Plymouth PL6 7PZ. + 50p p. & p.).
- (3) Darnbrough A Kinrade D  
Motoring and mobility for disabled people. 2nd ed.  
London: RADAR.  
(25 Mortimer Street, London W1N 8AB).
- (6) Leicester A J  
Integrating disabled children in play.  
Sheffield: Sheffield Children's Integration Play Assoc.  
(124 Devonshire Street, Sheffield S3 7SF).  
£1.35.
- (9) McCarthy G T (Ed.)  
The physically handicapped child: an interdisciplinary approach to management.  
London: Faber & Faber.  
1984 £6.95.
- (10) National Trust  
Facilities for the disabled and visually handicapped at National Trust properties.  
London: The National Trust  
(36 Queen Anne's Gate, London SW1H 9AS) (send 8.5'' × 4.5'' sae).  
1984 Free.



## June 1984

- (1) After 16 - what next?  
York: The Family Fund.  
Available from the National Bureau of Handicapped Students.  
40, Brunswick Square, London WC1N 1AZ.  
1984 £1.75.
- (3) Nappies for handicapped children.  
Available from: Dr. K. Poulton, Nurse Advisor Res and Plan,  
Grosvenor Wing, St. Georges Hospital, Blackshaw Road, London SW17
- (23) Millard DM  
Daily Living with a handicapped child.  
London: Croom Helm.  
£8.95.
- (28) Russell P.  
The Wheelchair Child. (New ed).  
London: Souvenir Pr.  
1984 £6.95.

## FILM

### **Past, Present and Future**

Available from Barnado's Film Library, Tanner's Lane, Barkingside IG6 1QG.

On video or 16 mm colour/sound film

This is the fourth film on foster care produced by Barnardos. It shows useful approaches and techniques employed in making life story books.

## REGIONAL REPORTS

### **South West Reg. Rep. Mrs J. E. Perks, West Lodge Cottage, London Road, Holybourne, Alton, Hants.**

The Regional Committee is meeting at the end of July to formulate plans for next years programme. It is hoped to hold a day course on Haemophilia this Autumn, and another Day Course on Muscular Dystrophy in Spring 1985.

Details will be published in 'Physiotherapy' and this newsletter.

### **Midlands and Trent**

### **Reg. Rep. Mrs M. Tarry, The Mullions, Peatling Parva, Lutterworth, Leics.**

The steering committee of the Trent Region sub-branch had its first meeting in May which it is hoped will make communication easier between members in the region and the National Committee, the Chairman is Margaret Hogarth of Lincoln, Secretary Daphne Cooper, Nottingham Treasurer, Gwyneth Pinchbeck, Sheffield.

In May there was an excellent study day in Dudley on 'The Matrix Chair' whilst the physiotherapists at Whitestone Centre in Nuneaton organised a lunchtime exhibition in June, of Willenhall Products. Also in June the Ashfield Seminar was held in Leicester - 'Music to Help Handicapped Children' the speaker was John Bean, Music Therapist from the Leicester School of Music.

A study day on 'Juvenile Rheumatoid Arthritis' is to be held in Sheffield on October 20th 1984. See Course programme.

**North West** **Reg. Rep. Mrs Kathleen Jones, 66, Mellor Brow, Mellor, Blackburn, Lancs.**

The region held a Study Day on the Neurological Approach to Serial Splinting for Spasticity, at Dorin Park School, Chester in May. The course was well attended and will be followed by practical workshops at the venues of course participants, when it is hoped that interested Occupational Therapists will also attend.

A Study Day on Seating and Positioning, is to be held on Tuesday 25th September at the Willows Child Development Centre, Preston when the lecturers will be both Physiotherapists and Occupational Therapists.

A three week course was held in June/July on An Introduction to Paediatric Neurology, at Salford College of Technology.

**North East** **Reg. Rep. Mrs Frances Russell, 9 High Ash Ave., Leeds 178RS.**

An evening lecture was held at the ASBAH Assessment Centre, 'Five Oaks' in Ilkley which was well attended and preceded by a tour of the building. The subject of the lecture was Fashion Services for the Disabled. Everyone was most impressed by the enthusiasm of the speaker, Mrs Thornton and the service set up to enable handicapped people to obtain made to measure, individually designed, fashionable garments. The address of the firm was mentioned in the May Newsletter.

A day course on 'Orthopaedic Procedures with special reference to Cerebral Palsy' is being planned for October in Bradford, when it is hoped to have individual speakers on - the Dislocated Hip, Foot Surgery and Correction of Spinal Deformities.

**London** **Reg. Rep. Miss Fiona Graham, 57, Winchendon Road, London SW6.**

The London region ran a very successful day course on Neonatal Intensive Care at St. Georges' Hospital, Tooting on May 19th. We were thrilled to see so many non APCP members. Many of the participants were physiotherapists from General hospitals who cover S. C. B. when 'on call' and were keen to further their knowledge and skills in this area of physiotherapy. Our course programme included 'Developing Anatomy and Physiology, Interpretation of Neo-natal X-ray, Physiotherapy

in Special Care Baby Units and Newsbreaking and Early Counselling. The latter subject was obviously a topic in which many of the Course participants would like more guidance, and the London region hope to arrange a course or Seminar in the future.

Our next study day will take place on October 27th at the Wolfson School of Nursing, Vincent Square, organised by Christine Young, Superintendent at Westminster Childrens Hospital. The title will probably be The Dying Child, but the programme has not yet been finalised.

**East Anglia** **Reg. Rep. Mrs P. A. White, 24, Maltings Drive, Wheathampstead, Herts.**

There will be a talk at Lonsdale School, Stevenage, on October 18th at 7.30 p.m. by Mr John Fixen, Consultant Orthopaedic Surgeon, his subject will be "Surgery for Internal Rotation of C. P. Hips". The fee is £1.25 for members, £1.75 for non-members.

**South East** **Reg. Rep. Miss Shirley Raymond, 58, Gates Green Road, West Wickham, Kent BR4 9DG.**

A course is to be held at Worthing Post Graduate Centre, on Friday October 19th, the subject is to be 'Symposium on Portage Home Visiting Service'. For further details see 'Course Diary and Courses'.

**Wales** **Reg. Rep. Mrs Helen Tyler, 6, Brynteg, Rhiwbina, Cardiff.**

The 11th Annual Congress, held in Cardiff this year was a great success. Cyncoed College was the venue, providing good facilities for our meeting. The title of the Congress was 'The Acutely Ill Child' which attracted a wide variety of delegates. Members of APCP attended along with interested Chartered Physiotherapists. Other allied professions were also represented with Occupational Therapists, Speech Therapists, Nurses and Doctors.

The week-end commenced with a sherry reception on the Friday evening to welcome delegates, an event sponsored by Fisons. Evening dinner was served at the College following this.

Registration the following morning saw about 160 delegates from far and wide. The response to the Conference was overwhelming and regrettably we had to turn many applications away. We had a waiting list of 25 for cancellations.

The Saturday morning session was devoted to Cystic Fibrosis, when Dr. J. Dodge, Mrs D. Rogers MCSP and Dr. C. Wise spoke on their specialities. Coffee was served in the Trade Exhibition Hall where 16 Trade stands were displaying their 'wares'. This proved to be a success for the Exhibitors and the delegates. A further display area in the entrance foyer provided

space for some firms, local specific interest group displays and the new APCP display stand. Here also was the APCP book-stall from Cardiff University bookshop, which did extremely well.

After lunch the topics discussed were Paediatric Intensive Care, by Dr. P. L. Jones and Miss J. James MCSP. This was followed by Miss C. Young's talk on Trauma of Airway Suction. The afternoon was concluded by a talk on Paediatric Head Injuries by Mr T. Varma.

The evening entertainment and Congress Dinner took the form of a Medieval Banquet at Cardiff Castle. In the surroundings of the historic Banqueting Hall the delegates enjoyed traditional Welsh dishes served by the ladies of Morganwg who, with the Lord of the Manor and his wife, also provided the entertainment. This consisted of many Airs and Ballads from Wales, and the music of Wales traditional instrument, the harp. Dr. I. McKinley was a very able Baron, supported by his Baroness Miss Ann Grimley our Association Chairman. Wine and traditional mead flowed all evening enabling our voices to join in some of the singing!!

The early morning service on the Sunday was conducted in the College by the Free Church College Chaplain, this was attended by about 25 people. Others went to the nearby local Roman Catholic Church.

The session of lectures was opened by Prof. A. W. Asscher when he talked about Paediatric Renal Cases. This was followed by Dr. E. Thompson's talk on Cancer in Children, and a talk on Bone Marrow Transplants by Miss C. Young. The APCP A. G. M. was held at the Congress when a collection for the CSP Benevolent Fund was made. The Congress was closed by Miss Ann Grimley. Some delegates stayed in the College for lunch before returning home to various parts of the country.

The last date for material for inclusion in the November Newsletter will be October 6th, 1984.

