What interventions and support does a special school put in place for an eight-year-old child with Profound and Multiple Learning Difficulties (PMLD) who has English as an additional language (EAL)?

Introduction

This study aims to discover whether the interventions and resources School A use to enable Child A to access the curriculum are effective. School A is a special school in South Wales ran by the local authority with two hundred and thirty-eight pupils attending the school. There is a small number of pupils that come from ethnic minority backgrounds, with two percent of pupils with EAL. The pupils attending the school have a variety of needs such as Profound and Multiple Learning Difficulties (PMLD), Autistic Spectrum Disorder (ASD), Down Syndrome and Severe Learning Difficulties. Alongside these needs, a large number of pupils have a variety of medical needs such as Epilepsy requiring medication and gastrostomy feeding. There are two school nurses based in the school for pupils with complex medical care plans. School A is a rights respecting school, UNCRC (1989) state that all children have "the right if disabled, to special care, education and training to help enjoy a full decent life in conditions which ensure dignity, which promote resilience, and which maximise the opportunities for participation and integration into society" (Article 23). Child A (see appendix 1) is a happy, eight-year-old child that has recently emigrated to Wales. Child A attends School A and has been attending since July 2018, she is rarely off school and has very good attendance. She is in a key stage two class (Class A) with eight other pupils with a variety of needs. Seven support staff are in Class A to support the teacher and pupils. Child A requires one to one support at all times to ensure she accesses the curriculum and her personal needs are met. She accesses a sensory curriculum (see appendix 2) and enjoys attending sensory sessions such as Sensory Massage, Rebound Therapy and Touch Trust. Child A loves attending her weekly hydrotherapy sessions and loves playing in soft play. Child A's parents have very little English-speaking skills. Child A is non-verbal meaning it is a challenge to know if she understands what is being said to her in school. Child A has PMLD, she is in a wheelchair and also suffers from epilepsy meaning she has quite a complex care plan. Child A is nil by mouth and is fed and given her water through her gastrostomy tube twice a day. Child A uses communication aids such as switches to make choices. She is able to express her emotions by making different sounds and facial expressions. Class A use objects of reference to ensure Child A knows what is happening in

her school day. Rose and Tilstone (2003) suggest that for learners with EAL and learning difficulties, schools need to make the learning environment more meaningful, they state that by using objects of reference and symbols for learners as a shared means of communication may be beneficial for learners without home language support.

Methodology

This is a qualitative, ethnographic study and I was the primary investigator. Firstly, I supported and observed Child A in class for a session a day over a five-day period, this involved sessions in class taught by the class teacher and sensory sessions out of class. I observed Child A with her communication aids (switches) and how she responded to the objects of reference shown to her. This would allow me to gather a better understanding of the possible barriers Child A may face due to her having EAL and her complex needs. I was familiar with Child A's IEA (see appendix 3) and understood what targets she is working towards. I interviewed the class teacher (see appendix 4) to get a better understanding of Child A's parents and to find out how often they communicated with the school. I also wrote in Child A's home school book every day for five days in order to communicate with her parents to observe how often they communicate with the school and what type of communication works best for them. The Additional Learning Needs Code of Practice declares the importance of parents having a major role in helping their child reach their full potential meaning they need to be provided with the support and guidance on how they can support their child to reach their full potential (Welsh Government, 2018). An informal discussion was carried out with the support staff about their opinions and experience of Child A's understanding and access to the curriculum (see appendix 4).

Findings

My first session with Child A was during circle time, where the children take it in turns to discuss what they have done over the weekend. The verbal children are able to tell their peers about their weekend independently and the children that are unable to do this have their parents write in their home school book so that staff can tell the class about their weekend with the use of communication aids. During our good morning song, Child A was engaged, laughing and she pressed the "hello" switch when prompted. Child A's parents had not written in the home school book due to their language barrier. In order for Child A to be fully involved in discussing her news, I prepared some switches with Picture Exchange

Communication System pictures that she may had done on the weekend. Child A did not respond well to these switches, she would press whatever one I showed her first and took one from my hands laughing. This is perhaps because she did not understand what she was being asked due to English being relatively new to her or because she is still not used to the PECS system. However, Rose & Tilstone (2003) suggest learners with PMLD who have EAL demonstrate that they can respond to a new language when the need ascends despite their complex needs, they believe that the learners will consequently become bilingual at a basic level of their language development and are able to respond to different languages in school and at home.

My second session with Child A was in Touch Trust. This is a sensory session wholly for children with PMLD or complex sensory needs. When Child A was shown the object of reference for Touch Trust, I showed her the picture and said clearly "touch trust" and gave her time to look at the picture and process what I had said. Child A responded positively to the picture, showing me that she understood where she was going by smiling. Child A used her "hello" switch when prompted, played her musical instrument (tambourine) to the music. Child A remained fully engaged throughout the session.

The third session I attended with Child A was Sensory Massage. Child A understood where she was going when shown the objects of reference as she was smiling and laughing when she was shown the picture. When Child A was asked to make choices on what she wanted to be massaged with (the vibrating massager or the wooden roller) Child A would not engage and did not seem to be interested in the session. I used the wooden roller on her arm first and then showed her the "more" or "finished" switches to see if she wanted more. Although Child A seemed to like the wooden roller, she pushed the finished switch. When I used the vibrating massager Child A made obvious facial expressions that she did not like the sensation. When I showed her "more" or "finished" she pressed "more". I repeated once more and gave her the option of the switches to which she did press the "finished" switch. Child A does not seem to fully understand the difference between the "more" and "finished" switches and seems to be inconsistent with them.

My fourth session with Child A was in Hydrotherapy, Child A was elated when she was shown the object of reference as this is her favourite session. When in the water with another support worker, who held an umbrella up over Child A and I poured a watering can over the umbrella. Child A was engaged and laughing and when we stopped, she would wait in

anticipation for me to pour the water over the umbrella. I would count up to three and pour the water once I got to three. Child A was obviously engaged and understood what was happening as once I counted to two, she would start laughing and kept her eye contact on the watering can. There was another child in the pool with us and we took it in turns with Child A understanding that she had to wait for her turn which means that in this session she is close to meeting one of her targets (see appendix 4).

In session five, which involved painting to music in class, Child A understood when she was shown objects of reference. When the music played, Child A was encouraged to paint she did so and remained happy and engaged. However, there was something wrong with her gastrostomy feed meaning Child A had to miss this session to go to the nurse. Child A returned back from the nurse just before Friday afternoon assembly, so she was shown the finished card and then the object of reference, so she understood the session had finished and it was time for assembly.

I sent home pictures of what Child A had been doing that day and small sentences in simple translatable English written in capital letters to inform them of school news or if we required anything in class for her. They did not reply, however after discussing with the class teacher she states their English is very poor and they only write in the book if it is to do with Child A's medical or personal needs and if it is urgent a translator is contacted. The class teacher informed me that the staff in Class A stick in pictures of clothes, nappies or bibs in the home school book when needed, so the parents understand what they need to send in without the use of English. I was also informed that a translator attends Child A's reviews and any meetings to do with Child A, however, sometimes these meetings have been postponed due to the fact the local authority cannot get a translator for that day which is a barrier to Child A's educational and medical needs being met. She also stated that Child A has to go to the school nurse frequently, due to her epilepsy and gastrostomy problems, meaning she regularly misses out on sessions because of her health needs, which will obviously have an impact on her educational attainment and understanding and is a barrier to her be fully included. I also had an informal discussion with the support workers in Child A's class asking them their opinions on the use of communication aids and visual aids to enable her to access the curriculum. They all agreed that they believed that Child A understood simple English, she knew her name and would laugh when they said something funny to her, they also stated that she responded positively to key words, objects of reference, gestures and

body language during the school day. Vygotsky (1962) and Bruner (1983) both state that a child's communication skills are developed and formed through the involvement of other people as negotiators between a social-cultural environment and the child. However, they stated that it was challenging to engage Child A during class discussion times which is understandable due to her needs and lack of English and the use of switches during class time were not effective as Child A was inconsistent when making choices with the switches. Blackburn (2011) supports this stating communicating beyond the here and now can be a challenge with learners with PMLD who have EAL. He believes that although you can use gestures and body language to express yourself if there is a language barrier it is still incredibly challenging to talk about things the child has done outside of school.

Conclusion

I have come to the conclusion that supporting a non-verbal child with PMLD who has EAL is challenging due to the variety of needs that have to be met before the language barrier can be overcome. Child A responded positively to the objects of reference, she understood where she was going and what session she was attending from being shown the pictures. The use of objects of reference are always consistent in Class A. Consistency with the use of these resources are vital for Child A to access the curriculum. I found it challenging to figure out whether Child A understood the use of the switches as her reactions to them were inconsistent. Sometimes she would press the "finished" switch when she was engaged and enjoying the activity and I believe she didn't understand the PECS cards on the switches for "more" and "finished". Child A's support staff agreed stating although they were consistent with the use of switches, they believed Child A would respond inconsistently to the use of switches and they were not sure if it was a fluke when she pressed the appropriate switch. All staff in class believe Child A understands simple English, due to her reactions to what is being said however there is no solid evidence to prove this and the inconsistent reactions to the switches suggest that Child A may not understand as much English as the staff believe. Although sending pictures of Child A doing different activities home to her parents to engage them in what she had been doing in school, there would not be a reply or any acknowledgement that they had seen these pictures, this suggests that there is still a large language barrier that needs to be overcome for Child A's parents to be fully engaged in her education and that the parents do not have strong enough English skills to write in the book unless it is urgent for example Child A's medical or personal needs where a translator is

required. “The duty to involve and support young people, also applies in the same way to the parents of the children” (The Welsh Government, 2018, p.35). The use of a translator is beneficial; however, they are only used in reviews or in urgent situations as school staff and parents can communicate effectively. Further support for the parents is recommended to enable Child A’s parents to be engaged in her education, this would benefit both Child A and the staff working with her as they would have more understanding on what Child A’s home life and what Child A understands in order to fully meet her needs. Rose & Tilstone (2003) agree with this recommendation stating that it is utterly important to link the world of home and school when working with learners with EAL and learning difficulties. When school staff have an awareness of the home life of the learner this will result in having the understanding of subtle differences that could then be recognised and used in classroom practices. CSIE (2000) also agree, stating by learning about the child’s home environment you will gain more understanding on what motivates and interests’ pupils therefore promoting a more effective learning and teaching environment. It would be beneficial for the school to have a member of staff employed in the school who could speak Child A’s home language, however due to Child A coming from an ethnic minority background there are not many people in South Wales who are able to communicate in her first language. Ferguson & Duffield (2001) suggest that appointing a bilingual member of staff to support EAL learners with PMLD is beneficial as it promotes equity, equality and accessibility for a learner that already has many barriers that need to be overcome. It would also link to Article 30 of the UNCRC: “the right of a member of a minority community or indigenous people to enjoy his/her culture, to practise his/her religion and use his/her language” (UNESCO, Article 30). Although Child A does miss some sessions to go to the school nurse, there is not much that can be done to stop Child A missing these sessions because of her medical issues. EAL and communication is not Child A’s only need, meaning sometimes Child A is at risk of not being fully able to access the curriculum at all times. Never the less Child A has a variety of sensory sessions she attends where she is animated and engaged, she works towards her targets mainly in the sensory sessions and I believe that these are the most successful interventions for Child A to access the curriculum and for her needs to be met alongside the consistent use of visual aids which are obviously effective for Child A to understand what is going to happen during her school day.

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Appendix 1

[redacted] One Page Profile

What's important to me?

- My Mama and family are really important to me!
- I love plates, bowls and cutlery.
- Consistency and routine are important to me.
- I love being with my friends in class.
- I enjoy songs and music! I love the songs we sing in class during the day!
- I love Soft play! I like to crawl around on my knees and rock on the soft play equipment.
- A sensory curriculum.
- I love hydro! I am really good at kicking my legs and splashing.

What people like and admire about me.

I have a contagious laugh and beautiful smile. I am strong willed and if I have something you are not getting it back!

How best to support me?

- I need lots of help from staff physically - please follow my manual handling plan.
- I am nil by mouth so please follow my feeding plan. I may cry at the sight of food as I have previously been able to eat. Please comfort/distract/ change me during snack times.
- I am fed and given water through my gastrostomy twice a day.
- I need one to one to access the curriculum.
- I have epilepsy so my buccal needs to go everywhere with me- see plan.
- Use objects of reference so I know what is happening.
- I am extremely strong! Whatever I have I will not give back to you!

Communication

I am able to make a variety of sounds to show my emotions or if I want something. I am able to use a switch to communicate with you and make choices. When I am happy , I will laugh, smile and wave my arms. If I am sad, I will be very quiet, make sad sounds and lean over in my chair.

Appendix 2

[redacted]

Name	[redacted]
Year	3 [redacted]

Individual Educational Aims 2018-19

Literacy

Speaking & Listening
Can discriminate between 2 familiar sounds (A8)

Can identify animal noises (A12)

Reading
Can give visual attention in response to 'look at'..... (D2)

Can match pairs of familiar objects with help (D4)

Writing
Can hold pencil (E1)

Numeracy

Using & Applying
Can repeat a demonstrated action more than once (A8)

Number & Algebra
Indicates 'again' for certain activities (B1)

Sequences movement according to verbal instruction (B3)

Shape, Space & Measure
Can match an identical everyday object from a choice of 2 by copying an adult (C4)

Routes For Learning

RFL 7
Supported 1:1 turn taking with adult

RFL 14
Anticipates repetitively presented stimulus

RFL 19
Random activities cause effect

RFL 22
Communicates 'more'

Digital Competence

Citizenship
1.1 Identify, image and reputation
A Steps - Identify an image of themselves, e.g. touch an image of their face on-screen.

Producing
3.1 Planning, sourcing and searching
RFL 36 - Selects from two or more items, e.g. reach or look towards preferred item when two or more items are present (mobile device, music player, microphone etc)

Essentials

Follow OT, Physio and SALT programmes

Lily is peg fed. NIL BY MOUTH!

Please carry my Buccal around with me and follow my care plan.

My family speak limited English. Please use photos to request items. Contact a translator if needed.

Appendix 3

Subject: Literacy, Numeracy, PSE **P Level:**P2(ii)

Module: Rebound Therapy

Learning Outcomes:

INSTEP Numeracy: Can repeat a demonstrated action more than once (A8)

INSTEP Numeracy: Indicates 'again' for certain activities (B1)

LNF Numeracy: Does 2 different actions in sequence to get reward (RFL 35)

RFL: Communicates 'more' (RFL 22)

Calm/ focussed 1	Shows interest 2	Gleam in the eye 3	Maintain Engagement 4
Intentional communication 5	Gesture 6	Back and forth interaction 7	Take turns 8

Pupil response to look for:

Eye contact, body language, happy noises, clapping, staying in the interaction

Subject: Literacy, Numeracy, Science, PSE **P Level:**P2(ii)

Module: Multi-sensory Massage

Learning Outcomes:

INSTEP Numeracy: Sequences movement according to verbal instruction (B3)

LNF Numeracy: Shared attention (RFL 40)

INSTEP Literacy: Can give visual attention in response to 'look at'..... (D2)

LNF Literacy: Communicates "more/no more" through 2 different actions (RFL 28)

RFL: Communicates 'more' (RFL 22)

Calm/ focussed 1	Shows interest 2	Gleam in the eye 3	Maintain Engagement 4
Intentional communication 5	Gesture 6	Back and forth interaction 7	Take turns 8

Pupil response to look for:

Eye contact, body language, happy noises, clapping, staying in the interaction

Module: Touch Trust

Learning Outcomes:

INSTEP: Can repeat a demonstrated action more than once (A8)

LNF Numeracy: Does 2 different actions in sequence to get reward (RFL 35)

INSTEP Literacy: Can discriminate between 2 familiar sounds (A8)

LNF English: Contingency awareness (RFL 26)

RFL: Communicates 'more' RFL 22

Calm/ focussed 1	Shows interest 2	Gleam in the eye 3	Maintain Engagement 4
Intentional communication 5	Gesture 6	Back and forth interaction 7	Take turns 8

Pupil response to look for:

Eye contact, body language, happy noises, clapping, staying in the interaction

Touch Trust

Touch Trust is a programme that promotes the art of movement and relaxation through sound music and touch for learners with PMLD and severe Autism. "Its programme increases happiness through developing communication and social skills and relaxation techniques as well as improving health and well-being" (Touch Trust, 2018, para 1). It provides a holistic and sensory approach with the use of music, colour, touch and scent being used in the programme.

Appendix 4

Question for class teacher:

1. How often do Child A's parents communicate with the school?
2. How do you communicate with them?
3. How do they communicate with staff in reviews?

22.02.19

1. How often do they communicate with the school?
Their English skills are poor.
They communicate through sending ~~mar~~ visuals home in the home school book.
They don't communicate often unless urgent.

2. How Often do you communicate with them?

They send home visual aids when they need certain things to be sent in with child A.
Try to send home pictures of what she has done that day in class everyday. (Time can sometimes prevent sending pictures home everyday.

3. How do they communicate during meetings e.g. reviews?

Translator is needed – not often available meaning they often have to postpone meetings.

Additional notes:

She misses sessions a lot due to gastrostomy problem and sometimes because of her epilepsy.
- Not much can be done to stop this as her medical needs are important. Nurses will come to class if appropriate but quite often it is not.

Informal Discussion with Support Staff

Support staff discussion notes:

- She understands when she is called. (Knows her name)
- Reacts to what staff say as if she understands them (Simple words, short sentences).
- Understands objects of reference.
- Needs consistency
- Unsure on whether she is grasping the use of her communication aids.
- She is ~~always~~ happy and laughing most of the time.
- Loves her sensory sessions outside of class.
- She reacts appropriately to laughing, smiling, eye contact, body language, gestures, touch, joking etc.
- Still not used to the use of PECS (difficult because she is non verbal and some pictures such as more and finished not clear.
- Loves hydro → anticipates activities, ~~tolaits~~ waits for her turn.
- Happy, laughing, giggling, smiling ~~most~~ pretty much all of the time. Likes coming to school.