

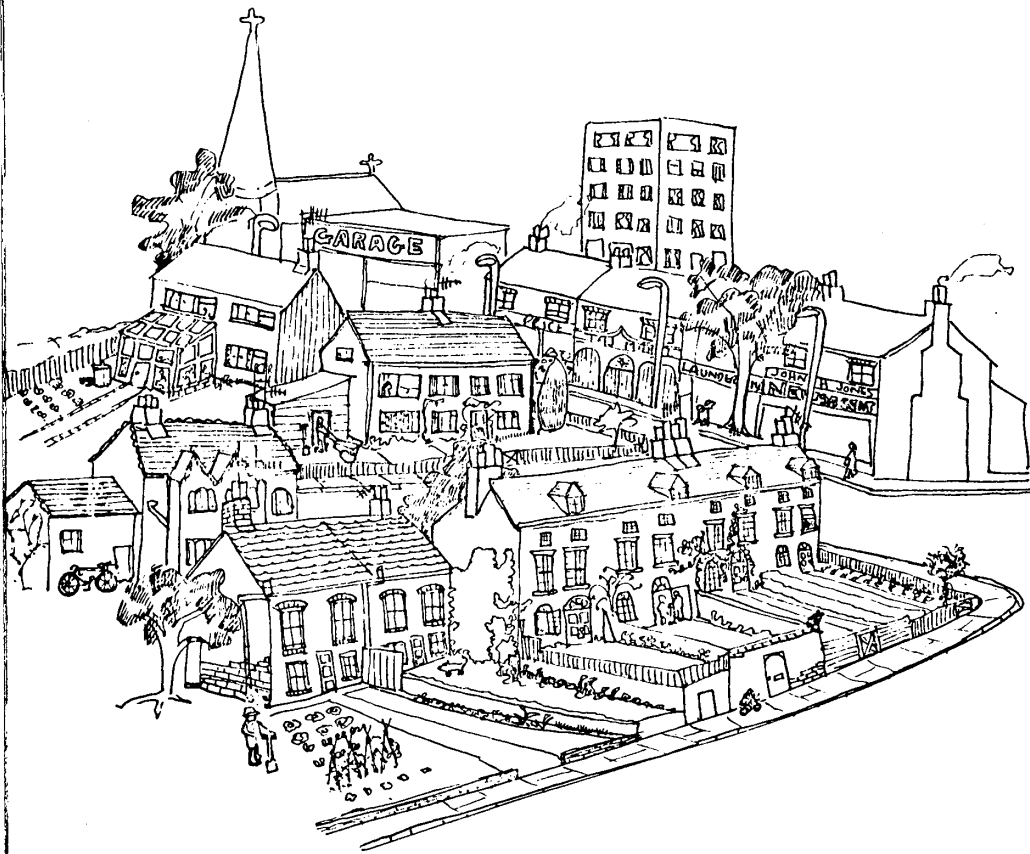


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THE PORTAGE MODEL OF HOME LEARNING SERVICES

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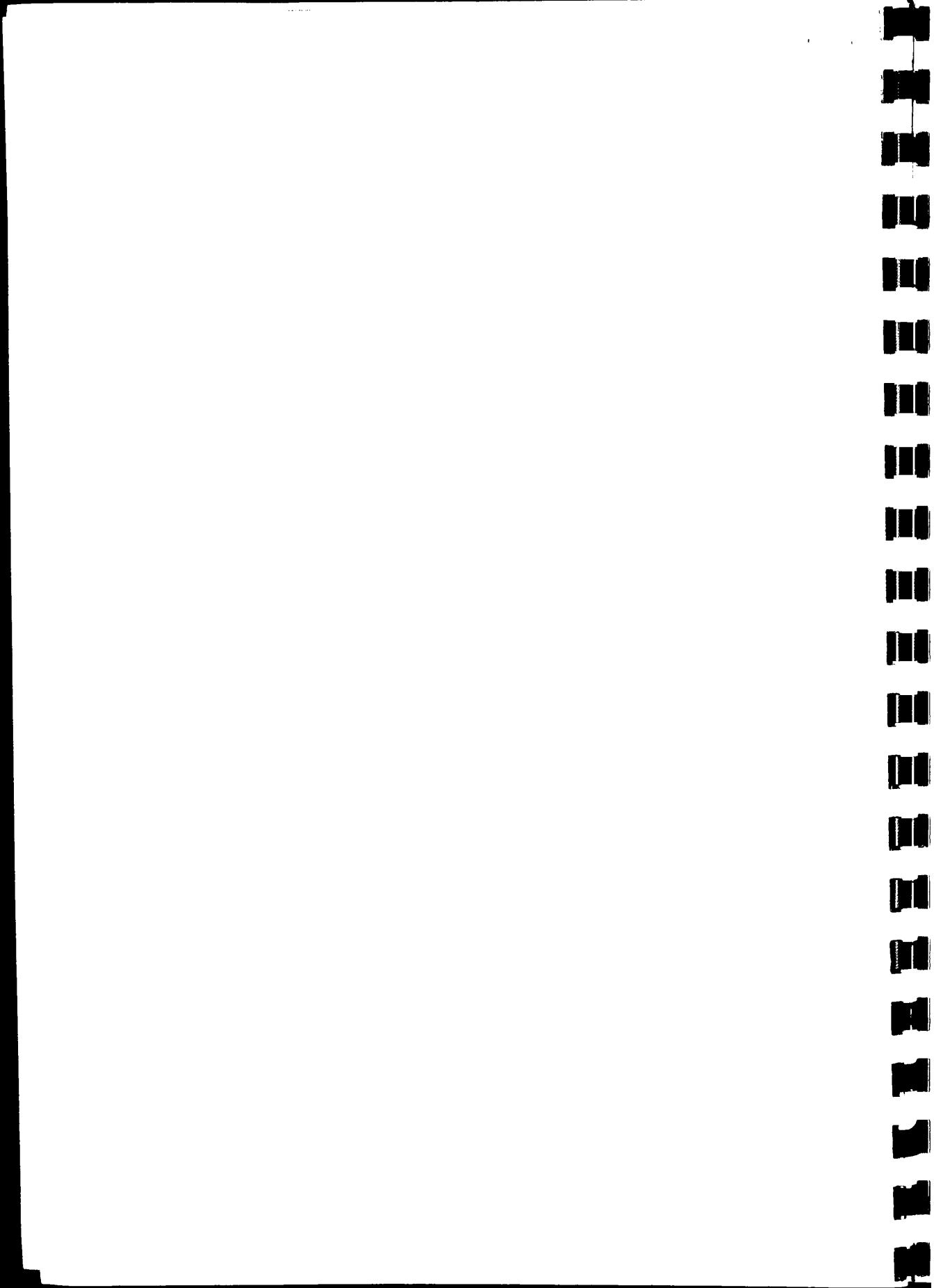
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THE PORTAGE MODEL OF HOME LEARNING SERVICES

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THE PORTAGE MODEL OF HOME LEARNING SERVICES

Introduction

There has been a growing interest in recent years in the Portage model of home learning services for pre-school mentally handicapped children. Following research in Wessex and Wales, many services have been set up based on the Portage model and there is a considerable demand for further information from those interested in establishing such a service.

In March and October 1981 the King's Fund organised two meetings of those already involved in running services based on the Portage model. The meetings provided a forum for discussion of the current state of Portage in the UK and of ways of meeting the needs of people who wished to establish similar services in their own area.

It was decided to produce these notes in an attempt to clear what are the essential components of the Portage model and to provide some guidance for those who wish to set up such a service.

A list of those who attended the King's Fund meetings is given in the appendix. We wish to express our thanks to the King's Fund for bringing us together and to Mrs Joan Rush for providing the necessary administrative support.

What is the Portage model?

Portage is the name of a town in Wisconsin, USA where the model was first developed by David and Martha Shearer and their colleagues. The Portage home learning model is a system which helps parents to identify skills which their pre-school handicapped child could usefully learn, clarify these skills and break them down into steps small enough to teach these skills to their child. The service has successfully been used to attain individual goals with a wide range of handicapped children, including those who are very severely handicapped.

The Portage system typically involves a trained worker who visits each family on a regular (usually weekly) basis. A home visitor identifies new skills which parents would like their handicapped child to acquire and agrees ways of teaching these skills. The teaching method is clearly written down on an activity chart and modelled by the home visitor. The parent carries out the agreed teaching trials during the week and records progress. The home visitor returns a week later and checks that the child is in fact able to carry out the new skill (to a previously agreed criterion of success).

The model also includes a "positive monitoring" system which allows a supervisor to receive a detailed account of each weekly teaching session. At weekly staff meetings the results of successful teaching are shared with the supervisor and other home teachers and any problems and their solution discussed. Many British schemes also include a management group, in which senior representatives from health, education and social services meet at two or three monthly intervals to monitor progress and the overall quality of the service.

Three job aids are available to those who deliver the service. These are:-

1. A behavioural checklist which is used to identify both the child's existing repertoire and to pinpoint future teaching targets in the following areas - self help, motor, socialisation, language and cognitive. There is, in addition, a section called "infant stimulation" which can be used either with very young children or with children who have acquired very few skills.
2. A set of curriculum cards to match each of the 580 behaviours on the checklist. Each card includes a behavioural description of the skill and suggests materials and curriculum ideas for teaching it.
3. The activity charts, written by the home visitors which contain clear directions to enable parents to teach their handicapped child new skills and to record progress.

Setting up a home learning service

WE HOPE THAT THE ABOVE MAKES IT CLEAR THAT 'PORTAGE' IS NOT SIMPLY A CHECKLIST, A BOX OF CARDS, OR EVEN ACTIVITY CHARTS. IT IS IN FACT A VERY CAREFULLY STRUCTURED TEACHING SYSTEM WHICH MAKES IT EASY FOR HANDICAPPED CHILDREN TO ACQUIRE NEW SKILLS.

If you wish to set up a successful service you may wish to consider what we think are some of the important prerequisites. The level of resources we suggest below would be appropriate for a service for about 25 families involving four part-time home visitors and one supervisor.

a) Administrative and back-up arrangements.

i) Administrative time (6 hours per week approximately).

The main administrative performances are as follows:

- receiving referrals to the service
- recording the progress of children on the project
- filing data
- organising the planning and long-term curricula
- organising the flow and timing of information to supporting professionals who may request this
- preparing the weekly staff meeting agenda
- preparing and organising data for management team minutes

These administrative tasks form an important link between the service and the "outside world".

ii) Secretarial time (up to 6 hours per week approximately).

Secretarial time is needed to type the staff meeting minutes, the agenda, management team reports and minutes, together with miscellaneous letters and other information requested. Some schemes manage to operate with a minimum of secretarial time.

b) Home visiting personnel

Home visitors are rarely employed on a full time basis and are more often seconded for part of a week. The time taken to provide a service for each family would be approximately 2½ hours since this includes travel time, visiting time, attending staff meetings, attending case conferences with other supporting professionals and occasionally having to visit children in other settings, (e.g. play groups) to collect data.

c) Monitoring

Most projects need a supervisor who is prepared to spend eight hours a week on the project. The chief performances of a supervisor are as follows:-

- chairing staff meeting
- helping staff to clarify and agree interventions to educational, family and agency problems
- writing up staff meeting minutes
- writing up and presenting management team minutes
- evaluating and, if necessary, agreeing improvements in service delivery
- providing in-service training.

Ideally the supervisor should be someone who fits into the existing health, social services or education hierarchy. However the following people have in the past acted as supervisors - class teachers, clinical psychologists, social workers, etc. It is important that the supervisor has a thorough knowledge of child development and has experience of the use of behavioural teaching methods. Many people consider it important for the supervisor to have a small "Portage" caseload.

d) Management

Although there are examples of successful schemes set up without a management team, for long term survival we think that such a team is important. This creates a forum for close liaison between the agencies involved. A management team is usually made up from approximately ten individuals representing some of the following - health, social services, education, a parent representative, local support professionals (eg senior educational or clinical psychologists, paediatricians, GPs). The performances required of the management team are to attend a management team meeting once every two (or three) months, to receive and discuss the report presented by the supervisor and to clarify and agree interventions to overcome or alleviate problems which have not been successfully dealt with at a staff meeting level. In addition, the management team makes long-term plans for the home learning service. An appropriate management group might be based on the local District Handicap Team, whose coordinating function serves admirably to monitor the scheme. Indeed there could be major disadvantages in integrating the management of Portage services with other locally based mental handicap services.

e) Training

- i) A training workshop is essential for project personnel - the home visitors and supervisors. A number of existing services throughout Britain now run training workshops from time to time and a list of local contacts is included

in this document. Essential components of the training workshop include completing the behaviour checklist, writing goals in behavioural terms, task analysis, writing activity charts, and the use of basic behaviour modification techniques. The length of the workshop will depend upon the starting skills of those attending and the amount of "on the job" training given subsequently.

- ii) An introductory talk on the service is useful for management team members. The project can be described and performances of the management team clarified and agreed. It may also be useful to give a talk on the service to other interested local personnel.
- iii) In-service training continues throughout the service via the monitoring system. Thus staff receive support and guidance and are helped to meet novel situations.

The Portage model, although primarily designed as a home visiting service, can also be adapted and carried out within a school, hospital or childrens home setting. In this case many of the personnel will actually be in situ and it may be possible for some roles to be duplicated (eg administrator and supervisor). Even in these other settings the basic requirements of the Portage model remain. It will still be important to involve parents, wherever possible, in negotiating the skills to be learned, developing individual teaching strategies and agreeing strategies for maintaining and generalising taught skills.

Making sure your efforts are successful

Some of the existing projects have used the following techniques successfully:-

1. Providing introductory material for not only management team members, but also for supporting professionals such as administrators in health, social services and education who may have to decide whether they will fund such a venture or not.
2. It is almost always more effective to begin with a small number of staff and clients and increase the size of the project rather than beginning big and having to reduce.
3. Scarce local authority and health cash is often more readily available for experimental pilot projects. In almost all cases where pilot projects were set up, evaluated and data presented to health, social services and education administrators and policy makers, joint funding for a Portage service was provided.

Further details

Further information on the practical steps necessary to set up and run a service based on the Portage model can be found in A Manual for Implementing a Portage Home Training Service for Developmentally Handicapped Pre-school Children by Susan Revill and Roger Blunden. Windsor, Berkshire : NFER-Nelson Publishing Company, 1980.

USEFUL REFERENCES

Below are listed some references which were available at the time of writing. This is not intended to be a comprehensive list and new titles are regularly appearing.

Bluma S M, Shearer M S, Frohman A H, and Hilliard J M, (1976) Portage Guide to Early Education. Co-operative Educational Service Agency 12, Portage, Wisconsin.

Cameron R J, (1979) A Lot can happen at home too, Journal of Remedial Education Vol 14 No 4 pp 175-178.

Cameron RJ, (ed) (1982) Working together: Portage in the UK. NFER-Nelson Publishing Company.

Clements J C, et al (1980), A home advisory service for pre-school children with developmental delays. Child: Care, Health and Development No 6 pp 25-33.

Daly B, (1981) Evaluation of Portage Home Teaching Project. Available from Barking School Psychological Service, Seabrook House, Shipton Close, Dagenham RN8 3QR.

Hoyt J H, (1976), Something special in Portage, American Education (Nov) p19-23.

Jones C, (1980) The 'Portage' System in Gwent. Health Visitor. Vol 53 Feb 1980.

Mansell C, (1980) Portage - not just another course. Health Visitor. Vol 53 p 426 -427.

Revill S & Blunden R (1977) A manual for implementing the Portage home training service for developmentally handicapped pre-school children. Available from: NFER Publishing Co Ltd, Darville House, 2 Oxford Road East, Windsor, Berks S14 1DF.

**Revill S & Blunden R (1977) Home Training for Pre-school Children with Developmental Delay: Report of the Development and Evaluation of the Portage Service in South Glamorgan.

** Revill S & Blunden R (1978) Home Training for Pre-school Children with Developmental Delay: Report of the Development and Evaluation of the Replication of the Portage Service in Ceredigion Health District, Dyfed.

Revill S & Blunden R, (1979) A Home Training Service for Pre-school Developmentally Handicapped Children. Behaviour Research and Therapy 17, 207-214.

Ross T, Programmed for Success, Nursing Mirror, 27 May 1981.

Schortinghuis and Frohman (1974) A comparison of paraprofessional and professional success with pre-school children. Journal of Learning Disabilities. April Vol 7(4) p245-247.

Shearer MS, (1974), A home based Parent Training Model, Training Parents to Teach: Four Models (Grim, J ed). Technical Assistance Development Systems, Chapel Hill, North Carolina.

**These reports may be obtained from: Mental Handicap in Wales - Applied Research Unit, The White Houses, Cowbridge Road East, Cardiff CF1 9DU.

Shearer D E & Shearer M S (1974) The Portage Project. Invited paper presented at the Conference on Early Intervention for High Risk Infants and Young Children, held at Chapel Hill, North Carolina.

Shearer D E & Shearer M S (1972) The Portage Project: A model for early childhood education. Exceptional Children, 36, P 217.

Smith J, Kushlick A & Glossop C (1977). The Wessex Portage Project: A home teaching service for families with pre-school mentally handicapped child. Part I the report. Part 2 Appendices. Obtainable from Health Care Evaluation Research Team, Dawn House, Sleepers Hill, Winchester, Hants.

Weber S, Jesien G S, Shearer D E, Bluma S M, Hilliard J M, Shearer M S, Schortinghuis N E, Boyd R D, (1975) The Portage Guide to Home teaching, Cooperative Education Service Agency 12, Portage, Wisconsin.

White K (1979), One area where home visits are to be encouraged. Medical News (Dec 13th) p 14-15.

White M & East K (1981) Selecting Language Objectives, Journal of Remedial Education Vol 16 No 4.

Wishart, Bidder & Gray (1980) Parental responses to their developmentally delayed children and the South Glamorgan home advisory service. Child: Care, Health & Development Vol 6 p 361-376.

The Portage materials may be obtainable from:

The Portage Project,
Cooperative Educational Service Agency 12,
PO Box 564,
Portage,
Wisconsin,
USA

NFER Nelson Publishing Company,
Darville House,
Oxford Road East,
Windsor, Berts
Telephone: Windsor 69345

Evaluation of Services

Burden R L (1979) Intervention programmes with families with handicapped children. BPS Bulletin, 32, 137-141.

Kushlick, A et al (1977) Summary of current research in mental handicap work. Research Report No 126. Available from Health Care Evaluation Research Team.

Additional Material

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Carr, J. (1980) Helping Handicapped Children. (Penguin)

Jeffrey, D and McConkey, R. (1978) Teaching Your Handicapped Child. (Human Horizons Series).

Madsen, C K & Madsen, C H (1975) Parents and Children, Love and Discipline. (AHMI Publishing Corporation).

Peine, A P & Howarth, R. (1975) Children and Parents: Everyday Problems of Behaviour. (Pelican).

Pugh, G. (1981) Parents as Partners. (National Childrens Bureau).

Westmacott, E V S & Cameron, R J (1981) Behaviour Can Change. Macmillan (Globe Education).

In addition, the Human Horizons Series, produced by Souvenir Press contains a number of useful publications.

Local Contacts

The following people have had experience setting up and running services based on the Portage Model. (W against the name indicates that the person also runs training workshops).

NB This is not a comprehensive list but contains just some of the people known to working group members. Other people who wish to be added to the list are invited to send details to the King's Fund.

<u>East Anglia</u>	David Hawthorne, Senior Educational Psychologist, Suffolk County Council, Bond Street, Ipswich IP4 2JR	(W)
	Tony Dessent, Senior Educational Psychologist, School Psychological Service, Toothill Close, City Road, Peterborough.	(W)
<u>North London</u>	Brian Daly, Acting Principal Educational Psychologist, School Psychological Service, Seabrook House, 22 Shipton Close, Dagenham, Essex.	(W)
<u>South London</u>	Sheila Damon, Senior Psychologist, CATT, (Adult Mental Handicap), St Thomas' Hospital, London SE1.	
<u>South</u>	Sean Cameron, Department of Psychology, The University, Southampton, SA9 5NH	
	John Smith, Research Officer, Health Care Evaluation Research Team, Dawn House, Sleepers Hill, Winchester, Hants.	(W)
	Molly White, Teacher, 4 Clifton Road, Winchester	(W)
	Patricia Brigden, Senior Psychologist, Park Clinic, Hackwood Road Hospital, Basingstoke, Hants RG21 3AB	
<u>West</u>	Richard Fox, Educational Psychologist, School Psychological Service, c/o Wells Teachers' Centre, Portway, Wells.	(W)
<u>South Wales</u>	Reeta Bidder, Principal Clinical Psychologist, Child Psychology Unit, Department of Child Health, University Hospital of Wales, Heath Park, Cardiff CF4 4XN	(W)
	Clare Jones, Principal Psychologist, St Cadoc's Hospital, Caerleon, Gwent NP6 1XQ	(W)
<u>West Wales</u>	Elvett Crowe, Senior Psychologist, St David's Hospital, Carmarthen, SA31 3HB	
<u>North Wales</u>	Peter Woods, Principal Clinical Psychologist, Psychology Department, Bryn-y-Neuadd Hospital, Llanfairfechan, Gwynedd.	(W)

North West

Chris Gathercole, Area Psychologist (Mental Handicap), Montague Health Centre, Oakenhurst Road, Blackburn, Lancs BB2 1PP.

Northern
Ireland

Roger Goodliffe, Educational Psychologist, School Psychological Service, County Hall, Galgorm, Ballymena, Co Antrim

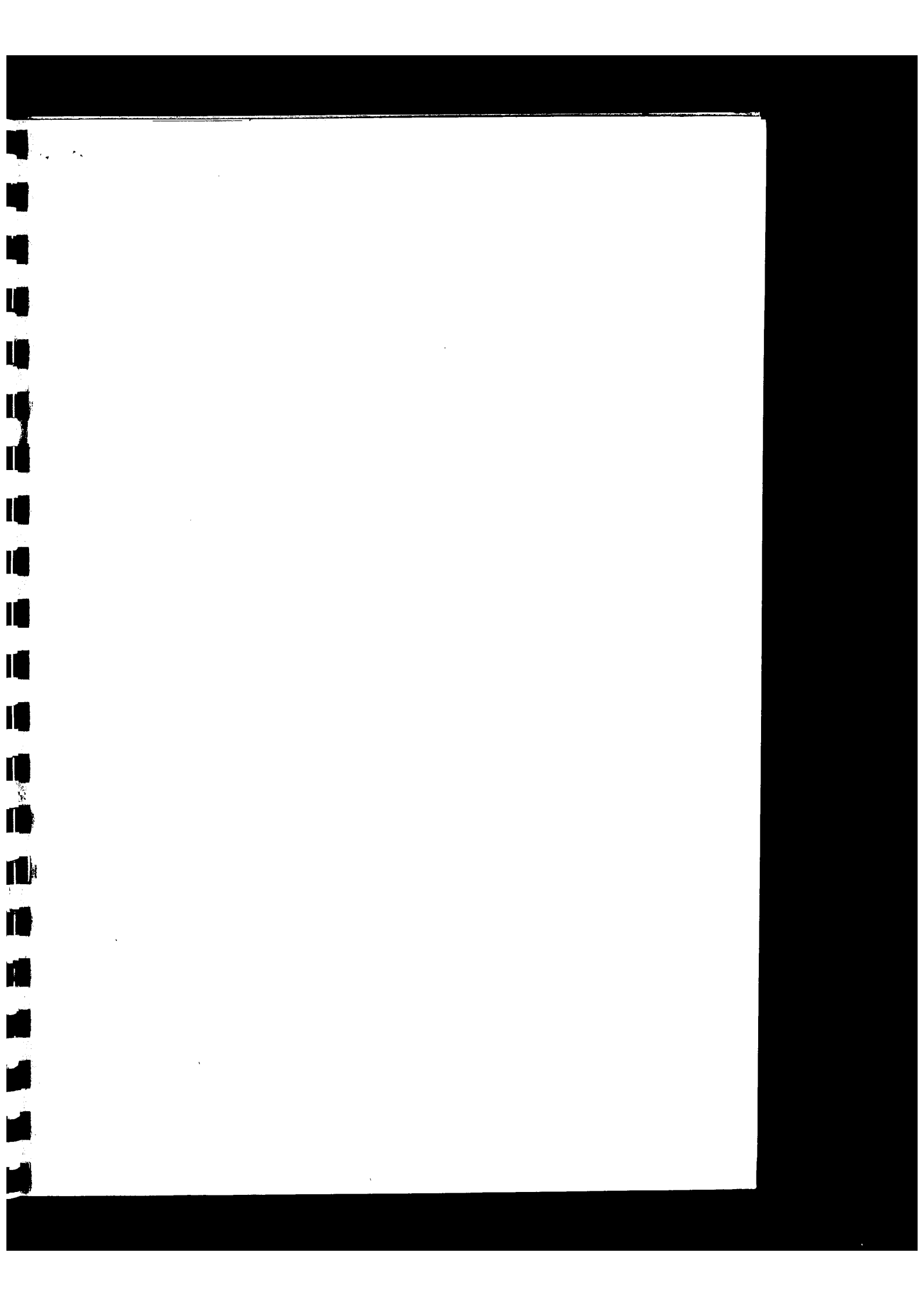
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APPENDIX

List of those who attended one or both meetings at the King's Fund

Helen Beinart	Gloucester House, Southmead General Hospital, Westbury-on-Trym, Bristol
Patricia Brigden	Park Clinic, Hackwood Road, Basingstoke, Hampshire
Sean Cameron	Winchester and Central Hants Portage Scheme, University of Southampton, Hampshire
E A Crowe	Dyfed Comprehensive Child Assessment Unit, Llys Myddfai, Glangwili, Carmarthen
Sheila Damon	Chase Village Mental Handicap Unit, Chase Farm Hospital, The Ridgeway, Enfield, Middx
Margaret Edwards	Thorpe Coombe Childrens Centre, Forest Road, Walthamstow, London E17
Elsie Elliott	All Saint's Hospital, Chatham, Kent
Georgina Hockaday	KIDS Centre, 13 Pond Street, London, NW3
Helen James	KIDS Centre, 13 Pond Street, London, NW3
Clare Jones	St. Cadoc's Hospital, Caerleon, Gwent
David Sines	'Normansfield', Kingston Road, Teddington, Middx
John Smith	Health Care Evaluation Research Team, Dawn House, Sleepers Hill, Winchester
Sandra Stevens	St. Clement's Hospital, Foxhall Road, Ipswich
Peter Wilcock	Friarsgate Medical Centre, Winchester, Hampshire
Peter Woods	Bryn-y-Neuadd Hospital, Llanfairechan, Gwynedd

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