PORTUGAL

Participation and co-operation for development programmes

Special Education: Pilot Centre for Multihandicapped Children

by Mary Ann Newcomb

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SPECIAL EDUCATION:
PILOT CENTRE FOR MULTIHANDICAPPED CHILDREN

by Mary Ann Newcomb

Report prepared for the Government of the Portuguese Republic by the United Nations Educational, Scientific and Cultural Organization (Unesco)

UNESCO
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I. INTRODUCTION

1. The mission described in the present report was carried out from 20 November to 12 December 1983 at the request of the Government of Portugal and was funded by Unesco under its Participation Programme for 1981-1983.

2. The purpose of the mission was to conduct a two-week consultancy in planning the first national Pilot Centre in Portugal for the preparation of transdisciplinarian professionals in the field of multi-handicapped children and young people, birth through 21 years of age, and to assist in developing professional competence, programme content, specific intervention strategies, materials, bibliography and equipment for the Centre.

3. The terms of reference for the mission were as follows:
   - to assist in the planning and creation of a Pilot Centre for early intervention for at-risk children and severely handicapped persons;
   - to advise on the training for personnel, materials and equipment, as well as on-programme design.

4. The mission was a follow-up to a previous visit carried out by the same consultant in Portugal from 31 May to 1 July 1982.

Planning of mission

5. All pre-planning was carried out through correspondence with the Director of the Special Education Department of the Ministry of Education and Science of Portugal.

6. The Pilot Centre, as recommended during the consultant's previous mission, had been started in September 1983 in Oporto, under the Division of Welfare. Thus, the Ministry of Education requested that this consultancy include the planning and development of this centre.

7. Accordingly, the mission took place in Oporto, Coimbra and Lisbon. Meetings were arranged with the developmental clinic in Coimbra, the Gulbenkian Foundation and the Division of Welfare and Rehabilitation.

8. On arrival in Lisbon, the consultant met for one day with the staff of the Special Education Division of the Ministry of Education and Science to further plan the mission.

9. It was decided that two full weeks were needed in Oporto with the staff of the Pilot Centre, plus ten additional persons from the Special Education Division of the Ministry. The priorities established were:
   (i) evaluation of initial planning and operation of the Oporto Pilot Centre;
   (ii) assistance regarding further planning;
   (iii) training of the consultancy participants.

10. The ten professionals from the Special Education Division of the Ministry were selected according to the following criteria:

(a) they were already working with biologically-at-risk and handicapped infants and/or with multi-handicapped children and young people;

(b) they had already participated in other missions carried out by the consultant on the multi-handicapped and early intervention;

(c) they resided and worked in one of the six different regions of Portugal;

(d) they had expressed a keen desire to specialize in the field of the multi-handicapped;

(e) they were interested in follow-up and the creation of a network of services and resources in the field of the multi-handicapped.

11. All material on the subject of infancy and multi-handicapped would be made available to all participants by the Department of Special Education of Portugal and by the Unesco consultant.

12. Even though there would be a holiday, it was decided to meet; the hours would be from 9:00 a.m. until 4:30 or 5:00 p.m. daily. The following general format was adapted for the two-weeks' consultancy:

<table>
<thead>
<tr>
<th>Time</th>
<th>Block</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 - 10:30</td>
<td>I Block</td>
<td>Theme, Instruction, Discussion</td>
</tr>
<tr>
<td>11:00 - 12:30</td>
<td>II Block</td>
<td>Demonstration, Instruction, Discussion</td>
</tr>
<tr>
<td>02:00 - 03:30</td>
<td>III Block</td>
<td>Work in Planning, small groups, Reporting, Discussion</td>
</tr>
<tr>
<td>04:00 - 04:30 (or 05:00)</td>
<td>IV Block</td>
<td>Theme, Instruction, Discussion</td>
</tr>
</tbody>
</table>

with heavy emphasis on group discussion and participation and demonstration with children and with parents.

13. All meals and lodging would be provided free-of-charge, for the ten participants of the Department of Special Education of Portugal.

14. Video material would be available for the two-week period.

15. Children and parents already enrolled at the Pilot Centre would be available for demonstration.

16. Translators would be provided throughout the two-week period.
Background information

17. As a result of the Unesco-Portugal consultancy in May–June, 1982, a training project proposal in the field of multi-handicapped for Portugal was developed.

18. The training project proposal was subsequently the subject of study and planning by the Portuguese Government, through the Division of Rehabilitation and the Ministry of Education, Special Education division, Lisbon, Portugal, and by the Gulbenkian Foundation of Portugal.

19. It was officially decided by these governmental agencies to sponsor the training project in the field of multi-handicapped. The Gulbenkian Foundation expressed a keen interest in the project.

20. The Department of Welfare of Portugal shares in the responsibility of the education of the handicapped. In 1983, the Oporto Department of Welfare notified the Division of Rehabilitation and the Ministry of Education, Special Education Division, that one of their residential facilities for the blind which was scheduled to be closed due to lack of enrollment, might be available for the training project.

21. The Oporto Department of Welfare was ready to offer the existing buildings, staff, current funding, and support services. However, the conversion had three stipulations:
   1. Children must be admitted immediately;
   2. The existing staff pattern must be maintained; and
   3. The "Oporto Training Centre for Multi-handicapped" must start immediately.

22. This offer, if accepted, made it impossible to follow the timeline of the Unesco training project in the selection of a co-ordinating council and a planning phase of several months. However, the Division of Rehabilitation and the Minister of Education, Special Education Division, felt they could not refuse this generous offer.

23. Subsequent activities by the Oporto Welfare Department resulted in the hiring of a director and additional staff for the "Oporto Pilot Centre for Multi-handicapped", the drawing up of their own Oporto Pilot Centre Proposal, and the admittance of eight children (ages 8-16) and their parents to the Oporto Pilot Centre.

24. At the time of the Unesco-Portugal 1983 consultancy, the Oporto Pilot Centre had been in operation for approximately one month.

Terminology and definitions

25. There are terms which must be clarified in order to understand the Unesco disseminated training project and the current technical report.

Definition of "Transdisciplinarian professional"

26. Any professional who is capable of basic functioning in several disciplines, not necessarily or exclusively in the discipline in which he was educated or trained. A transdisciplinarian can assume various responsibilities and is comfortable in a variety of roles or disciplines and in a variety of settings.

27. A transdisciplinarian is a professional who gives away all of his knowledge to other professionals and receives their knowledge and expertise as well.
28. A transdisciplinarian can often function as an evaluator, programme planner, intervenor, adult trainer, parent expert, and therapist or teacher and can work alone as though he has internalized all his team members' expertise.

Definition of "Multi-handicapped"

29. The person (or child) having two or more handicapping conditions of such severity that specific educational and therapeutic techniques will need to be applied for him to develop basic academic skills.

Definition of "Severely handicapped"

30. The person (or child) having two or more handicapping conditions, plus profound developmental delay, who cannot profit from an academically oriented environment, even with the application of special educational and therapeutic technology.

Definition of "Parenting"

31. The skills needed by a professional in adult education in order to teach parents how to be the primary facilitators for their handicapped child (or person) both in intervention therapy and in daily planning.

The Working design

32. Based on the above data, the goals of this consultancy were defined as follows:

- to assist in planning for the training project;
- to train and develop skills, programme content, materials, techniques of intervention and bibliography;
- to schedule one session a day on planning and group participation, and another session daily on staff development and training;
- to place emphasis on small group work and discussion, demonstration, observation, and documentation with children, parents and participants;
- to conduct a needs survey so as to determine priorities and resources needed in both planning and training;
- to evaluate the initial activities of the Oporto Pilot Centre;
- to establish a linkage system for future meetings and the dissemination of materials and information on the multi-handicapped;
- to form a consortium from all those participants and their programmes throughout Portugal as well as other interested parties in the field of the multi-handicapped;
- to review the Unesco disseminated training project with a view to incorporating changes suggested by participants, the consultant and members of the Department of Rehabilitation and the Department of Special Education, Lisbon;
- to collect recommendations, made to the consultant at the end of the two-week period by the Oporto Pilot Centre staff and other participants.
33. The Ministero dos Assuntos Sociais, Centro de Educacao Especial do Porto appointed Vera Santos as director of the Pilot Centre and as hostess to the Unesco consultancy in Oporto. However, at all times, there was a representative from the Minister of Education - Special Education and the representative from Gulbenkian Foundation in attendance. It was agreed that these representatives would submit their reports to their respective administrators.

34. The consultant would organize the material on hand, and the new material bought for the present consultancy, in order of priority of translation and dissemination to the Pilot Centre and the "visiting" ten participants, and others interested.

II. PLANNING

Description of the Oporto Pilot Centre

35. Site - environment. This former Residential School for the Blind was the home of a former minister in the Portuguese Government. It is a four-storey, spacious building, looking more like an institution than a home. The large downstairs area could only be utilized for multi-handicapped children, since there are no ramps or elevators to the upper floors. There is a tar covered surface, an outdoor play area, some trees and grass. There are ramps leading to the facility, and bus entrances to the facility at the rear. This building was converted to house at least 50 blind children in residence so there are many bathrooms, bedrooms, huge kitchen and dining facilities, and many small rooms suitable for offices or for overnight guests or respite. The building is isolated in that it is located in the most exclusive residential area in Oporto; however, there is an excellent bus service to the facility. Multi-handicapped students could be easily housed in this large, beautifully-kept facility.

36. Staffing pattern. Since it was imperative to retain the existing staff, there were, at the time of the consultancy, two cooks, yardman, cleaning ladies, as well as four auxiliary persons who work with the children. In addition, there is a director of the Pilot Centre and a newly appointed staff consisting of a social worker, a psychologist, a speech therapist, a motor therapist, teachers of "normal" pre-school. The director worked previously in an integrated programme for blind children. All of these newly added staff came from the Special Education Division of the Oporto Department of Welfare. There were plans to hire additional staff, including a physical therapist and a co-director, specializing in facilitation of group and staff cohesion and communication.

Furniture, equipment and space

37. There was, as one would anticipate since the Pilot Centre is new, a lack of the proper equipment for the children now being served, and none as yet for the 0-3 component or the 3-8 years old component. For these children now in the centre, age range 8-16 years, (for the III component 8-21 years) there were:

(a) wheelchairs (all inadequate for postural problems of the children);
(b) mirrors;
(c) mats
(d) pre-school toys;
(e) standing table
(f) desks;
(g) a few pre-academic materials.

The toilet and dining facilities were excellent. The meals were beautifully prepared, balanced and nutritious.

38. There is adequate space for the respite programme component and the resource centre component, although little available material as yet for either.

39. A list of needed equipment was compiled for each component, and the director and her staff felt they could find, within the Oporto Welfare Special Education, much of the equipment and material needed.

Children

40. Without having the time for the planning phase in order to develop the training project components, and with no clear criteria of admission, eight children were referred and admitted by the diagnostic centre of Oporto as multi-handicapped. Since one of the contingencies for starting the Pilot Centre was the immediate acceptance of these children, there was nothing to be done. The parents were also desperate as these children had either been denied admission to other existing programmes or been discharged from the Oporto Cerebral Palsy Centre as unable to profit further from the centre. It was implied that these children were severely developmentally delayed, as well as being cerebral palsy with severe motor problems.

41. Of the eight children ranging in age from 8 to 16 years, the consultant diagnosed six as being severely involved cerebral palsy children with communication disorders, but with potential for both communication and academic learning, given the proper programming.

42. Of the remaining two, both fit the criteria of admission to the 8-21 year old severely developmentally delayed, multi-handicapped component of the training project. (Component III)

43. It should be noted that the director of the Oporto Pilot Central has already requested a formal re-evaluation and clarification of the status of the severely involved cerebral palsy children enrolled at this establishment.

Parents

44. The parents do not participate in the programme at the Pilot Centre, which can be expected because of the older age of their children; however, they appear passively involved, highly grateful for the programme and the staff, and too filled with fear of losing the programme to be objective or demanding of better equipment, materials, and more sophisticated expertise. It was clearly important to them that the staff was loving, concerned, and kind to their children; this is after all, the foundation of all learning; yet the parents all felt their children had potential that was not being developed or had not been realized by the professionals in the past. The parents were good informers; many expressed anger of the past handling of their child. The director had promised these parents a continuation of their children's attendance.
Resources

45. There appears to be no one on the "inherited" staff or on the newly-appointed staff with any experience in working with the cerebral palsy children they now have enrolled. It also appears impossible to receive input or in-service training from the Oporto Cerebral Palsy Centre. The physical and language therapists apparently have not developed expertise in working with older severely cerebral palsy children with communication disorders, such as using the Bliss method of total communication. Thus, it would appear that local resources are practically non-existent. The staff must be trained not only in working with the severely multi-handicapped, but with the cerebral palsy children enrolled.

Review of training project and Pilot Centre

46. On the basis of observations, discussions with the director, Vera Santos, and her staff, and written material of the project submitted to the consultant for review, there are certain basic differences between the training project and the Oporto Pilot Centre; one of these revolves around the problem of establishing a service centre as opposed to a laboratory for future training of personnel to work with multi-handicapped. In establishing the training project components, children and families should be selected by the director and staff, based on criteria of admission and staff needs, presenting a variety of handicapping conditions and syndromes for professional training and for staff experience. Secondly, the Pilot Centre includes auxiliary personnel, which in the initial preparation of transdisciplinary personnel destroys the concept of the professional who does everything except cooking, washing clothes and cleaning the building. Later, auxiliary personnel can be trained in the transdisciplinary mode but are not a part of the initial formation of transdisciplinarians. Third, inherent in the training project is the infrastructure, which demands the involvement of several national divisions or agencies in the formation of the co-ordinating council and its in-kind contributions in the way of personnel, equipment, and the materials, as well as the building-site. Further, the co-ordinating council, as envisioned in the training project, is responsible for the planning and preparation of the implementation of the project, choosing the director, and participates in the selection of staff. Fourth, the training project specifies which disciplines shall participate in the formation of the first transdisciplinarians, and in future training of professionals in the field of the multi-handicapped. Fifth, for purposes of continuity of preparation and training, the three "Centre" components, including ages 0-21 as proposed in the training project should be included. The Oporto Pilot Centre has proposed to eliminate the 3-8 age component. Sixth, although requesting outside expertise to assist in the formation of the initial transdisciplinarians to work and to teach in the field of multi-handicapped. It would appear, also, that the director has been given the authority to hire additional disciplines without first have a co-ordinating council or a criteria of selection, or job descriptions designed by the co-ordinating council and the director.

47. After further discussion during the two-week period of the consultancy, it became clear that in addition to the three centre components, 0-21 years, a strong home visiting and integration model for 0-8 years must be included, as it would be exceedingly erroneous and dangerous to present a "centre service" as the "model" or only alternative for serving the young multi-handicapped and his family. Secondly, since a true transdisciplinary is fully capable of basic screening, diagnosis, evaluation and the formation of an I.E.P. (Individual Educational Plan), and is often required to function as though he or she were a "team", the professional must first have experience in working with a team in the transdisciplinary mode in a "diagnostic clinic" setting. However, once he or she has become a transdisciplinary, the "diagnostic clinic" is phased out as being redundant, and the transdisciplinary
either performs these functions alone or on an informal basis with staff and parent participation.

**Needs assessment in planning**

48. During small group work and discussion with all participants, the following needs of the Pilot Centre were identified.

(i) Unifying philosophy of Pilot Centre;
(ii) Criteria of selection of multi-handicapped, 0-21 years of age;
(iii) Criteria of selection of staff;
(iv) Job description for staff;
(v) Basic theories in working within the three components, 0-21 years of age, multi-handicapped;
(vi) Methodology of training the initial staff to become transdisciplinarians;
(vii) Daily programme scheduling and programme content;
(viii) Creation of appropriate environments for three components;
(ix) Screening, evaluation, and formation of I.E.P's (Individual Education Plan);
(x) Programme effectiveness evaluation;
(xi) Formation of Resource Centre and dissemination model;
(xii) Techniques of parenting, home visitation, and integration;
(xiii) Research components;
(xiv) Selection of appropriate equipment and material for the multi-handicapped, 0-21 years of age.

Elaboration of phases of development of the Pilot Centre, for example:

(a) Planning phase;
(b) Creation of "model centre" and alternative services phase;
(c) Preparation of initial transdisciplinarians phase;
(d) Training of future transdisciplinarians.

**Methodology in meeting the planning needs**

49. The consultant divided the Pilot Centre staff into small groups with visiting participants joining these small groups. Each group was asked to work on one area of identified needs independently, and report on their work. The consultant worked with each group, furnishing them with resource material, giving lectures in various need areas, and encouraging the maximum of "in-process" development. At the end of two weeks, the Oporto Pilot Centre staff had developed a philosophy, not only for the multi-handicapped centre
components, but for the training component as well. In addition, the appropriate theories were reviewed and chosen and each group had experience in making time-lines, creating goals and objectives, and forming sequential phases for their Pilot Centre. There was much discussion of the transdisciplinary mode, and how to create a transdisciplinary climate. The groups began to understand the concept of in-process development whereby a group of professionals learn and "change" by experimenting, "doing" and documenting the process. This method raised additional questions and presented a variety of problem-oriented discussions.

III. DEVELOPMENT

Professional competencies

Needs assessment

50. The following is a partial list of needs as stated by the participants in order to become competent as transdisciplinarians in the field of multi-handicapped.

Sensory integration: theory and techniques of intervention.

Motor therapy: Bobath, prevention of contractures, range of motion, positioning, reflexive evaluation, motor developmental level.

Cognition - evaluation of level of development, Piaget - based evaluation (Hunt-Uzguris) and curriculum.

Language - evaluation of level of development, intervention with Bliss method, total communication, conversation board.

Parenting - evaluation of level of functioning, intervention system between child and his family, level of attachment functioning and appropriate techniques of working with parents.


Specific techniques of intervention with the multi-handicapped with and without sensory deprivation, such as the deaf or the blind or both.

Theories of learning, e.g. "operant conditioning", preprogrammed abilities", "interactional learning".

Appropriate environments and equipment for three components - 0-21 years old.

Evaluation of child, parents, staff, and programme effectiveness.

Self-help skills.

Daily living skills and activities for Respite component.

Use of acupressure.

Daily planning and routine of three components 0-21 years.

Inter-agency co-operation and the utilization of community resources.
Methodology in meeting development needs

51. The consultant invited the participants or any person having knowledge or experience in any of the above areas to participate; there was an outstanding slide presentation by a Portuguese professor of the multi-handicapped on the environment and equipment he had designed and made for older severely multi-handicapped children. Another visiting special education participant brought parents and a four-year old multi-handicapped, visually impaired child for demonstration and formation of an I.E.P. A special education teacher from the Coimbras area shared their "Handbook for Parents of Handicapped Infants and Activity Booklet". The parents and children of the Oporto Pilot Centre participated for three days in demonstrations in the areas of motor, language, parenting, feeding and play, as well as evaluation and the formation of I.E.P.'s. The following lectures and demonstrations were given to all participants by the consultant in the course of two weeks:

Evaluation

Techniques of intervention with the multi-handicapped

Programme content, scheduling and daily programme for 0-3 pre-school - 3-8 and 8-21 years.

Parenting

Environments

Self-help

I.E.P.'s and "case files"

Research in conjunction with Pilot Centre

The transdisciplinary model

52. The auxiliary staff and the current professional staff of the Oporto Pilot Centre assisted in all demonstrations and evaluations and I.E.P.'s; they also provided the consultant with all background material and case files.

Programme content, specific intervention strategies, materials, bibliography, equipment for the six components

53. The consultant brought slides and pictures of environments and equipment, of programmes for the multi-handicapped, as well as books, xeroxed material, bibliography and tests appropriate for evaluating the multi-handicapped of ages ranging from birth to 21 years of age. This material, as well as material from the Department of Special Education under the Minister of Education, and resources available at various Portuguese Centres of higher learning and from Unesco, can form the basis for the Resource Centre. The consultant demonstrated intervention techniques, as well as lectures in the area of working directly with the multi-handicapped child in cognition, language, motor, self-help, play and love.

Specific points for consideration

54. The visiting participants in special education who were staying at the Residential School for the Blind, now the site of the Pilot Centre, worked at night to form a list of recommendations for the future in multi-handicapped. Among their recommendations was the formation of a consortium and a system of linkage with regular meetings and dissemination. Also, they
asked that the training project be given national support since the need is
so great and there are many professionals throughout Portugal interested in
the multi-handicapped, and in becoming transdisciplinarians to be able to
work alone in rural areas, serving the rural, unserved multi-handicapped.

55. The representative of the Gulbenkian Foundation attended every day in
Oporto; it was felt that if certain criteria were met, the Foundation
would assist in the funding of the training project as designed by the con-
sultant and disseminated by Unesco.

56. In order to enroll multi-handicapped infants and their parents in the
0-3 age component it became apparent that one alternative model will have
to be developed to work with premature and high risk infants, both in the
hospital and once they are discharged to their parents; and another model
to work with long-term hospitalized children or children already placed in
an institution or residential setting.

IV. VISIT TO COIMBRA PEDIATRIC HOSPITAL AND CHILD
DEVELOPMENT CLINIC

Background information

57. A pediatric neurologist is the chief of the Coimbra Child Development
Clinic, and he co-ordinates the "outreach" programme in the northern
part of Portugal, which is jointly sponsored by the Department of Special
Education of Portugal. Children come from rural areas for diagnosis by the
teams at the Coimbra Child Development Clinic. The teams not only do diagnosis,
but work with the "outreach" staff of special education teachers and teams,
as well as the health clinics in the northern section of Portugal. The Child
Development Clinic serves all ages and all types of handicapped conditions.
The Child Development Clinic is funded through the Pediatric Hospital. These
teams consisting of a psychologist, social worker, special education teachers,
nurse, medical doctors and speech therapists. The teams are also charged with
the responsibility of preparing intervention strategies to be used by parents
under the director of the "outreach" staff, or by the teacher in the rural
area who has integrated the handicapped child into his or her programme for
normal children.

Impressions

58. The consultant spent the morning in the clinic observing clinic staff
performance with children and parents. The area is very small where
each team works, but the feeling was one of informality and with parent
participation in the evaluations. The problem of numbers to be served each
day at the clinic caused the teams great distress because they feel they are
not able to give the time the parents so desperately need. The level of
expertise appeared to be very high, and several team members seemed already
to be functioning in a transdisciplinarian mode. The rapport between the
teams and the director was excellent, and the neurologist functions in a true
transdisciplinarian manner; he is both informal and caring with all the teams
and parents, and is exceedingly knowledgeable in areas of psychology, speech,
physical therapy, and special education. The spirit of respect and co-operation
between the teams and the health clinics and "outreach" staff demonstrates that
inter-agency co-operation can be a reality. The pediatric hospital is out-
standing also. The mothers stay with their hospitalized child, and there are
sleeping facilities and cooking facilities available to them. The hospital
also has a house where families can stay when they come to be with their
hospitalized child. The hospital director has worked with Klauss and Kennel
and is, therefore, very sensitive to normalization of the hospital environment.
The director of the hospital, and the director of the Child Development Clinic
and the teams, expressed a sincere interest in learning more about the training
project for the multi-handicapped, and the training of teams to become trans-disciplinarians. One of the "outreach" staff had been in attendance for two weeks in Oporto, and had already shared with the teams the material and her notes. The consultant spent the afternoon with the teams lecturing, sharing material, and answering questions.

V. SUMMARY OF LISBON MEETINGS WITH DIVISIONS OF REHABILITATION, DEPARTMENT OF SPECIAL EDUCATION AND THE GULBENKIAN FOUNDATION.

59. These meetings had three objectives:

(i) To inform those in attendance at the two-week consultancy in Oporto;

(ii) To encourage exchange between those in attendance by discussion of the Unesco training project;

(iii) To assist in an advisory capacity in regard to the necessary steps to be taken in planning the implementation of the training project.

60. The results of these meetings were as follows:

A list of persons to be considered for the co-ordinating council was established;

A list of priorities for the first phase of planning, once the co-ordinating council is formed, was drawn up;

The Oporto Pilot Centre under the Oporto Welfare Department, will be requested to become a part of the co-ordinating council, following the general guidelines set forth by the co-ordinating council and the Unesco training project;

The Gulbenkian Foundation will assist in the training project, as adopted by the co-ordinating council.

VI. CONCLUSIONS AND RECOMMENDATIONS

61. There is a real sense of commitment to this training project by every national department involved. This is, apparently, the first example of an intergovernmental, co-operative project where in-kind services and personnel will be provided as well as adequate funding to initiate and maintain a project of this magnitude. The greatest lack is in experienced leadership in the field of multi-handicapped and in the training and preparation of transdisciplinarians. This must come from international resources to guide, to model, and to assist in the implementation of the training project over a longer period of time.

62. Due to problems caused by the urgency for immediate action in the Oporto Pilot Centre, the complexity of advising and assisting this sincere, dedicated group of professionals was compounded. They literally had had no previous time for planning before they were inundated with problems of infrastructure, philosophy, and personnel. A training project of this magnitude should have a period of planning before beginning to accept children and families. The period of planning must be done in conjunction with the co-ordinating council. The present discrepancies must be resolved between the Oporto Pilot Centre and the co-ordinating council.
63. As far as time would permit, the objectives of the Oporto working design were met. The consortium was formed at the end of the two-week consultancy, and a linkage system was created between all in attendance at the consultancy. The resources, bibliography, material, necessary equipment, programme content, were listed and discussed as well as material distribution.

64. In addition to the general recommendations made in the consultant's previous report (Serial No. FMR/ED/SCM/82/173) the recommendations, specific to the training project, are as follows:

(a) There should be involvement at university level in all planning of the training project; therefore it is recommended that a professor or head of a department involved in special education be appointed to the co-ordinating council;

(b) The director or other staff of the training project should receive a scholarship to visit programmes for multi-handicapped, and work for a period of time within a transdisciplinary mode, outside of Portugal;

(c) Transdisciplinary teachers and/or other team transdisciplinarians who work with multi-handicapped should participate in the training project's first year of preparation;

(d) The infrastructure must be formalized in order to foster maximum communication and co-operation between the co-ordinating council members and between their selected director and the staff of the training project;

(e) The expertise of the Coimbra Child Development Clinic and the outreach should be utilized in the training project;

(f) It is recommended that all of the material translated into Portuguese for the multi-handicapped and the material developed by Portuguese professionals in the area of multi-handicapped infants and their families be forwarded by the Department of Special Education, Lisbon, to Unesco, Paris, for possible use in other Portuguese-speaking countries.

65. It is recommended that at least two families of multi-handicapped children be appointed to serve on the co-ordinating council.

VII. CLOSING REMARKS

66. The consultant has found the Unesco-Portuguese mission challenging and inspiring. Although the mission was difficult, due to the magnitude of the training project and the number of agencies and professionals involved, plus the mission involving three different locations, the consultant believes that there were very positive results. The enthusiasm and the high level of involvement from the directors to the participants, parents, and children are testimony to the importance the training project holds. The consultant wishes to thank the Director of Special Education for her dedication and unfailing energy for the multi-handicapped children and their families, and to the Director of the Oporto Pilot Centre for her hospitality and true caring for her staff and the children and parents. Finally, the support and interest of all intergovernmental agencies involved with the handicapped and the continuous encouragement of the Gulbenkian Foundation must be gratefully acknowledged.
### Schedule of Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 November 1983</td>
<td>Arrival in Lisbon.</td>
</tr>
<tr>
<td>19 November 1983</td>
<td>Meeting with the Portuguese Director of Special Education.</td>
</tr>
<tr>
<td>20 November 1983</td>
<td>Arrival in Oporto, site of the consultancy.</td>
</tr>
<tr>
<td>21 November 1983</td>
<td>Tour of the former residential school for the blind.</td>
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<tr>
<td></td>
<td>Meeting with the Department of Welfare and Special Education, Oporto.</td>
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<tr>
<td></td>
<td>Input commenced with group from Oporto and &quot;outside&quot; group of ten. Consultancy planned with these participants.</td>
</tr>
<tr>
<td>21 November to 2 December 1983</td>
<td>Daily work with participants.</td>
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<tr>
<td></td>
<td>Special meeting with the Oporto Welfare Department, staff and personnel of the Pilot Centre.</td>
</tr>
<tr>
<td></td>
<td>Night meetings.</td>
</tr>
<tr>
<td>5 December 1983</td>
<td>Meeting with the Division of Rehabilitation staff and representatives from the Department of Special Education, Health and Welfare.</td>
</tr>
<tr>
<td></td>
<td>Meeting with the representatives of the Gulbenkian Foundation.</td>
</tr>
<tr>
<td>6 December 1983</td>
<td>Visit to the Department of Special Education to compile books, articles and materials for the Pilot Centre.</td>
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<tr>
<td></td>
<td>Meeting with architect from the Gulbenkian Foundation.</td>
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<tr>
<td></td>
<td>Meeting with Rehabilitation staff.</td>
</tr>
<tr>
<td>7 December 1983</td>
<td>Visit to Coimbra to the Hospital Pediatrico de Celas. Discussions with director and staff of the diagnostic clinic.</td>
</tr>
<tr>
<td>8 December 1983</td>
<td>Public holiday.</td>
</tr>
<tr>
<td>9 December 1983</td>
<td>Sintra: home visit with a member of the Rehabilitation staff to a multi-handicapped child.</td>
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<tr>
<td></td>
<td>Discussion with parents of this child.</td>
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<tr>
<td></td>
<td>Staff meeting in Special Education.</td>
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<tr>
<td>Date</td>
<td>Event</td>
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<td>-------------------</td>
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<tr>
<td>9 December 1983</td>
<td>Dinner with the Director of National Rehabilitation and the Director of Special Education and staff members.</td>
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<tr>
<td>12 December 1983</td>
<td></td>
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</tbody>
</table>