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Clinical Psychology



Engaging a group of young people with moderate to severe learning disabilities in contributing to service development (*Gemma Watts, Andy James and Jennifer McElwee, The Sun Class Young People's Group*)

Stream 3 of the wider project: Gathering feedback and measuring outcomes and change with Children and Young People with Learning Disabilities (LD)
Good practice example from 'Hearing the Voice' of children and young people with moderate, severe or multiple and profound learning disabilities

We were interested in hearing about helpful ways to listen to the 'voice' of children and young people with moderate, severe or profound and multiple learning disabilities. When we say 'voice' we mean communication, in whichever form works best for the child or young person.

We asked people to write a summary of what they are doing and send it to us. Below we list summaries of what people did, what was helpful and what were the barriers. The summaries contain lots of ideas that can be applied to working with children and young people of different ages with a range of complex needs across the levels from own life, through service development, training and research and community and cultural change.

Find more information here:

<https://www.corc.uk.net/outcome-experience-measures/feedback-and-outcome-measures-for-children-and-young-people-with-learning-disabilities/>

Good practice example from 'Hearing the Voice'

Gathering feedback and measuring outcomes and change with Children and Young People with Learning Disabilities (LD)

PROJECT SUMMARY

A Participation group was set up in a specialist provision for young people with moderate to severe learning disabilities. The class teacher and teaching assistants were present and members of the health team facilitated the sessions.

We completed the sessions with the same class of young people (about 10) over the course of about a term. The project's ultimate goal was to support service development in regards to healthcare settings and enabling young people to have a voice about healthcare settings which they may visit for their own healthcare needs.

WHAT WE DID

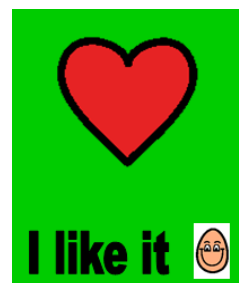
For about a term, we met the group weekly for a session which lasted between 45 minutes to an hour. Initial sessions involved getting to know the young people and also supporting the young people to create their own identity 'Sharing Suns'. This involved each member of the group drawing their own pictures and then the pictures were amalgamated on a sun with each member's photograph being on the sun too. They also decorated their own t-shirts too. We also started the session with a theme song called 'Here comes the sun'.



Name:

 I like it					
 I don't like it					

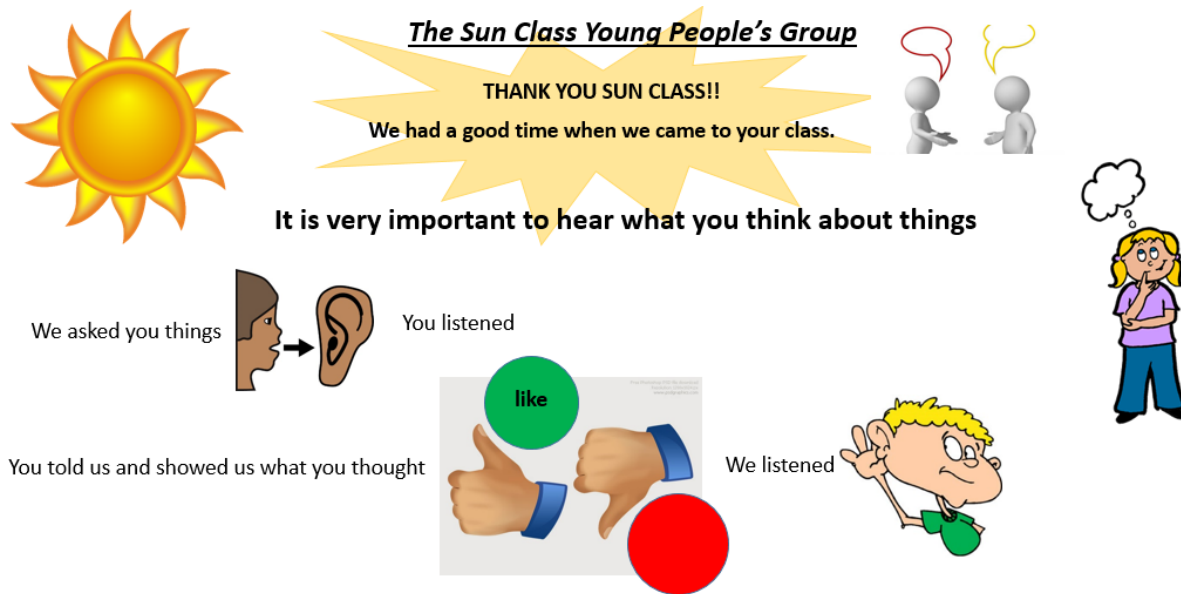
The sessions followed the same routine and structure. We introduced a sensory activity to encourage young people to tell us about whether they liked or did not like something (e.g. this included things such as a piece of fruit or some smelly aftershave). This activity was supported by visuals. It was also interactive and involved feedback to the whole group after each young person was able to express their choice. We also introduced a music activity which enabled the young people to tell us whether a piece of music made them feel happy or sad. Again, a fun interactive activity whilst gently encouraging young people to express how something made them feel.



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The final aspect of the session was for the young people to tell us whether they enjoyed the session or not this involved the young people having their own photo and going to the sharing suns board and putting it in the area which corresponded to how they felt about the session.



You told us if you liked something or not by holding up green cards for liking and red cards for not liking

The ultimate aim was to support the group to access an NHS health setting and for them to feedback to us what they thought about it. Unfortunately, due to restrictions this was not possible, however we were able to complete a session within class where young people were able to tell us by looking at photos what they thought of our clinic rooms and office spaces.

WHAT HELPED?

- **Routine and Structure:** The sessions always followed the same routine and structure. For consistency, the same members of health staff were present for the sessions.
- **Visuals:** Visuals also supported the session. A key element of the session was to support individuals to have a choice about whether they liked something or did not like something. Visual boards were created to support young people to show everyone whether they liked the item or whether they did not like the item. Visuals were also created to support the young people to understand our senses (touch, taste, hear, see and smell).
- **Consistent Messages:** It also helped by providing the young people with consistent messages throughout the sessions. "You talk, we listen" which was reaffirmed throughout the sessions by the young people telling us their choices, we listen and acknowledged these choices whilst expressing that there was no right or wrong answer.
- **Sharing Suns Leader:** Each session a young person was chosen to support health staff with a job. The young people really enjoyed being selected. They were given a lanyard with a sharing sun's leader

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star on. They were supported to facilitate and lead part of the session which included handing round the sensory items to the class.

- **Feedback:** The session always ended with us finding out from the young people whether they liked the session or they did not like the session. Again, a visual board with visuals of happy and sad were used to help us to find out whether they liked the session or whether they did not like the session.

WHAT WERE THE BARRIERS?

- **Accessibility for all children:** Within the class, there were a mixture of needs for all the children within the class. Some children were verbal whilst other children presented with limited to no verbal communication. Therefore, the varying levels of need within the class, needed us to think carefully about each child and consider how they can participate in the group. For example, one particular young person was 2:1 in class. We're passionate about inclusivity and we thought carefully alongside the teacher about how he can participate in the group whilst also managing risk and safety. Therefore, adapting the class layout slightly so that he could participate as much as he could. Furthermore, a young person who appeared withdrawn from sessions, additional support was given to him so that he could take part.
- **Being mindful of allergies and food restrictions:** We had to be mindful of allergies and food restrictions for our sensory activity with the young people. However, developing a relationship with the young people's class teacher was integral to our sessions.
- **Health and Safety:** The ultimate aim of the project was to hear the young person's voices about a health care setting which the service accesses. Despite both health staff and school staff being on board and necessary procedures in place, other restrictions meant this was not able to take place.
- **Not enough time:** As health staff, we would have loved to have had the opportunity for more time with the young people. In the short space of time that we were working with the young people, the young people were becoming confident at being able to express whether they liked or did not like something. They were also able to express to us how a certain song made them feel. With the two particular young people we described, it was a privilege to see the young person become a part of the class. Also, for the other young person, he was becoming more confident in sessions and this was noted outside of these sessions too.