A Word about Portage

No study of CBR would be complete without a word about Portage. One CBR critic, Mike Miles, does not consider Portage to be CBR while others insist it is CBR. The controversy may stem from the fact that it can be home-based or institutionally based rather than community-based. Still, it has earned a place in the history of CBR as evidenced by international interest. It is now practiced in 90 countries and has been translated into 34 languages. As of this writing the most recent Portage conference - the 7th International Portage conference was held in Japan, November 1998. The theme was "Developing Together: Portage as Community Based Rehabilitation."

The Portage model postulates:

> Parent/primary caretaker involvement is critical to successful early intervention; the home or other least restrictive environments are natural and significant learning environments; intervention objectives and strategies must be individualized for each child and family based on their concerns, priorities and resources; data collection is important to reinforce positive change and to make ongoing intervention decisions. (Sampon, Wollenburg 1998)

The Portage Project was originally created 28 years ago in Portage, Wisconsin, in response to the need to provide services in a rural community to young children with disabilities. Portage is known for early intervention and development of intervention systems in the community. Its success relies heavily on parental involvement in enhancing the development of young children with disabilities. The parents must first understand that development of the child is sequential in nature. Secondly, they must believe that the child's development can be influenced by their efforts. A final assumption that needs to be

met if family involvement is to be implemented is parental acceptance of their role in actively facilitating their child's development. (Simeonsson , 1991).

The specific components of the original Portage Model included child assessment using formal standardized tools and informal curriculum assessment. Using this assessment information, the home teacher and parent target skills and behaviors to be taught. Typically three to five specific behaviors are selected during each weekly home visit.

This is how it works. A family that has a child, suspected of having a disability, is referred to a program that uses the Portage model. In Japan, for example, the family is referred to the Japan Portage Association (JPA). The parents bring the child to the JPA for assessment. If the JPA determines the child has an intellectual disability it will recommend the family use the Portage kit. The Portage kit is an Activity Card File that consists of 580 developmentally sequenced behaviors from birth to age six in five areas: Socialization, Self-Help, Language, Cognition, & Motor. The parents are taught how to use the cards to help their child develop. The parents keep a checklist to track the child's' progress. In case of the JPA, the rehabilitation worker never goes out to the home, the clients always come to the JPA. In this case Portage may be institution based - hence contributing to the controversy of Portage as a CBR tool. See *CBR NEWS* No. 10, January 1992. However, contrary to institutional rehabilitation, therapy takes place in the home while the child is functioning and adjusting in the community.

Three primary areas in which the Portage Model has made modifications are the perspective to include the full family and the community in which they live, a stronger and more active commitment to family guided intervention, and the inclusion of facilitation of parent child interaction as a focus of the intervention process. It is important to offer a broad-based intervention system, which is congruent with the family's life and recognizes the multiple influences, resources, and supports effecting the family.

Here are some examples of cards found in the Portage Guide to Early Education (1994) Revised Edition, Portage Project / CESA5, Portage, Wisconsin

cognitive 68

AGE 4-5

TITLE: Recalls 4 objects seen in a picture

WHAT TO DO:

1. Look at picture from book, catalog, or magazine. Cover picture and ask child to tell you what he saw.
2. If child has difficulty remembering, give clues, i.e. "It was an animal that says bow-wow."
3. Have child look at picture for 30 seconds. Turn picture over and ask child to tell you whether or not there was a house, car, cat, person, tree, etc. in the picture.
4. Initially use very simple pictures with only one or two items in them. Gradually use more complex pictures.
5. Show child a picture. Let him look at it. Then have him choose from a series of single pictures those items which were in the large picture.

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language 70

AGE 3-4

TITLE: Tells two events in order of occurrence

WHAT TO DO:

1. Have the child watch you as you perform two activities. For example tap your head and then clap your hands. Then ask the child to tell you the two things you did. Aid him with cues such as "first I . . . and then I . . ."
2. Instruct the child to do two things. After he does them have him tell you what he just did.
3. When child can tell you 2 events which just occurred have him tell about events that just happened progressively longer ago; for example telling about things he did today. Or read the child a familiar story and mix up the order of events. Let the child correct you.
4. Take turns doing things and have child tell you about them such as "You blew a bubble and I broke it."

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The Portage Program is a system of well structured learning procedures and an individualized curriculum developed to train family members in the home (and community) of a disabled child and adults with some modifications to the Portage curriculum). Portage learning activities stimulate the acquisition of developmental milestones that will lead to greater independence and continued parental involvement. As with most popular approaches, Portage has both strengths and weaknesses. Some of these are described below. (Brouillette, 1993, p33)

Strengths:

- Portage uses a highly structured yet modifiable teaching package.

- It is highly adaptable to daily living skills because it is home and community-based,

- It is inexpensive, available and easy to translate and adapt.

- It is more continuous and holistic than most other segmented service approaches.

- It helps the family to accept and bond with the child.

- It can be used for older children with a range of impairments if the curriculum is modified.

Weaknesses:

- Portage places an additional burden on already stressed out parents, especially mothers.

- The Portage child usually works in isolation,

- At present, Portage is limited in its range of ages and categories of disability served.

- Portage perhaps unfairly shifts responsibility from the community to the family.

- There is a need for additional research evidence on the effectiveness of an expanded and modified Portage approach.

Recommendations

Although the Portage model was developed in the US, its use in CBR programs in other countries has brought it fame. The Portage model is fairly easy to use and monitor. Since it was originally developed to meet the needs of rural communities, it should work very well in the rural southwest with some monitoring by a CBR program. It can be easily adapted to the customs and lifestyles of the Hispanics and Native Americans of the southwest. It is obvious here how a CBR program, using the Portage model, can eliminate the problems associated with institutional rehabilitation - transportation, expense, and time away from family and work. The Portage model could easily be incorporated in a primary health care program. Originally developed in the US, it has been rediscovered and is recommended as a tool to be used by CBR programs in the southwest US.

Reference:

Brouilette, Ron and Mariga, Lilian, 1993 Community-based Approaches for Individuals with Mental Handicap.   International League of Societies for Persons with Mental Handicap, Belgium

Sampon, Mary Anne and Wollenburg, Karen (1998) Portage Project / CESA5, Portage, Wisconsin. Web address http://www.portageproject.org/model.htm

Simeonsson, R. J, (1991, March) Early Prevention of Childhood Disability in Developing Countries, International Journal of Rehabilitation Research, vol 14, no. 1, pages 1-12 School of Education, University of North Carolina, Chapman and Hall Ltd