

9. Comprehensive Education for Rehabilitation in Children with Cerebral Palsy

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The Cerebral palsy (CP) is the dysfunction of central nervous system in children whose major clinical symptom shows central dyskinesia and postural abnormality. The prevalence of CP in China has been reported unanimously to be 1.8-4%. Up till now, most of the medical institutes and rehabilitation centers have used merely physical therapy or medication. Because of the lack of learning guidance and 'life experience, a lot of children with cerebral palsy can not go to normal school and the join social activity when they reach the age for getting education.

With the rapid development of modern medical science, the; conductive aducation has been accepced and promoted gradually in china. The comprehensive education for rehabilitation in children with CP has attracted great attention among the rehabilitation medicine and education circles.

Under professor Li Shuchun's guidance we have promoted the conductive education in Charity Nurrserly, which is an institution of rehabilitation and education for all types of handicapped children with CP. Charity Nursery was set up in December, 1998 under the Ministry of Education, SuZhou City, Since then we have received 20 disabled children and have mostly used the Petö system of conductive education. In the group training the method of learning guidance has been introduced among disabled children. It contains physical function, language communication, basic cognitive function, daily life function, and social communication. We have also made the collective and individuac rehabilitation education program for the children.

In a word, we do our best to arouse the disabled children's potential in learning awareness.

Our practice has shown that the conductive education is the best and most usefull therapy for disabled children and it is economical for domestic conditions in china.

All the children with CP in Charity Nursery enjoy the right to receive education and respect, being happy and gay in their childhood as normal children. They have made up progress in DQ and IQ by 10-30. Comprehensive education facilitates the development of the children's healthy personality and their physical and mental wellbeing. We hope that the method of conductive education will blossom around china with the help from all walks of life.

10. Empowering Children's Careers: A small Scale Action Research Project to Involve Parents in Curriculum Development

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The content of this presentation is based on a small-scale action research project which took place at Ingfield Manor School for Parents last year and led to significant development in centralising the involvement of parents. School for Parents (SfP) is a service set up and managed by Scope, Britain's largest charity for people with physical disabilities. Ingfield Manor is one of two training centres for the national network of Schools for Parents in England and Wales of which there are 40 units at present. The Schools for Parents Network Quality Criteria states its aims as

'In partnership with parents, to enable and educate pre-school children with motor-learning difficulties and allied problems through the theory and practice of Conductive Education and national guidelines for the early years curriculum "Desirable Outcomes for Children's Learning".'

Ingfield Manor SfP sees between 50-60 families each week, with children's age ranging from 3 months to 5 years. Children attend once weekly accompanied by a parent/carer. Parents are involved and included very actively during the session. Groups run from two hours to a whole day session depending on the child's age and needs and on family requirements. Additionally, once a term the children in each group are offered the opportunity of attending SfP for a week.

The aim of a SfP session is to address all aspects of the child's learning and place it in a manageable context for the family, allowing them to take home and use what they have learnt. A game such as lifting the hips up to build a bridge when lying on the back might be taught to address a variety of differing needs. Whatever the reason for this task, it

can be applied in the home - for example when changing baby's nappy, or an older child may use this skill to pull up or take off a pair of pyjamas etc.

The curriculum within the philosophy of conductive education incorporates everything that happens in the child's life including home life. SfP integrates the national guidelines for pre-school education within this philosophy. All planning in SfP is child needs led and the curriculum is topic based to meet these needs. Each child attending SfP has an individual objective sheet, specific individual tasks are identified on the reverse and the way in which these tasks relate to the termly topic and how they can be applied in the home are also presented. Parents contribute to the planning of these aims and at the beginning of the term these are discussed with them individually. Throughout the term the objectives are reviewed and at the end of the term are evaluated by parents and staff.

Although it can be seen that parents have a key role to play when identifying children's objectives for the term, it was clear from analysing the curriculum that the parent, although involved, was not taking the dominant role. The professional in SfP directed the application of the curriculum into the home during the session.

The aim of this project was to explore ways of making the curriculum more accessible to parents and to include the parent more by:

- Analysing the parental role within the curriculum
- Increasing the participation of the parent in their child's development
- Making the curriculum more accessible to the parent

No two families are alike; there may be many similarities but there will be significantly more differences. Encouraging the parent to take a greater role in the development of the curriculum and its application into the home will initiate the beginnings of breakaway from this dependency framework.

During the project an *Ideas for Home* sheet was developed. This identified the daily teaching aim and ideas for home which were written by the conductor/professional with a section for parents to complete to describe what they actually did at home. Parents found the sheets helpful and it enabled them to focus constructively and appropriately and gave them control over the curriculum within the home. Having examples alongside the daily aim triggered ideas and one parent said it allowed her to take it 'one step further'. This is a clear example of the curriculum being opened up to parents and giving them not just access, but control as well.

The professional working in SfP was able to gain better insight into the transfer of learning into family life, thus enabling the SfP team to develop its own practice in this context and when making suggestions to parents the team can cite parental examples making the suggestions more realistic and applicable.

The project was effective in enabling the parent to play a greater role in the learning experiences of their child. Previously parents reported that they appreciated the ideas suggested by staff but often complained that they had neither the time nor the ability on their own to practise the ideas.

Parents have been predominantly directed by professionals and tend to listen carefully and carry out activities suggested exactly as they have been told rather than adapting the suggestion to their own circumstances. By giving parents the opportunity to be active participants in their child's development, their dependence on professionals can be reduced. The family then has the confidence and expectation of their child and themselves. The ideas for home sheet gave control and empowerment to the parents.

11. Rehabilitating Adults with Severe Disabilities, and the Structure of Conductive Education

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Ichito Asai, Chief Director and Conductor

Warashibe-En, Japan

We began Conductive Education in 1978. Most of the students were children of school age and under with cerebral palsy. (Our program was primarily residential but included some day students as well.)

That first year, we learned about KP by sending several members of our staff, together with five children with cerebral palsy who were not yet of school age, to study at the Petö Institute for six months. That experience served as the springboard for our CE programs in Japan. Meanwhile, we also sent some staff people to universities with conductor development programs. Currently, three of our staff have obtained conductor qualifications.

Our CE program started with a group of children who have cerebral palsy. Since that time, however, we have also had CE programs for others, such as groups of people with hemiplegia and groups of adults with cerebral palsy. Our first group of children with cerebral palsy consisted of a total of over 100 students, both residential and day students. Most of these children achieved results of some degree after one to three years, then left the program and began attending regular school. With these children, we were able to achieve a measure of success by combining what we had learned at the Petö Institute with our own lesson plans and curricula. However, we did not get the same results with the people who later became the core of our student body: adults severely disabled by cerebral palsy.

Initially, our lesson plans and curricula for adults were based on the experience we had had with the children's groups, except that we offered occupational learning instead of classroom learning. However, we came to realize that there was a

fundamental difference between the children's groups and the adult groups.

We would experienced this difference when we kept running into dead ends with our adult students: We couldn't achieve lasting results. We initially attributed this to flaws in our lesson plans and curricula, or in our own implementation. Of course, we were not without deficiencies in these areas. But we realized that something more fundamental was at work. We were running into a wall with the adult groups that we had never encountered with the children's groups. All of our problems with the children's groups were fundamentally related either to lesson or curriculum programming, or to implementation.

The adult groups consisted mainly of people severely afflicted by cerebral palsy. Many of these students attacked their work with considerable enthusiasm, and did not fail to make commensurate gains. However, these results were only temporary to not solve dead ends we are facing. After a great deal of thought, we came up with the following explanation.

Our classes for children are tied into a broader social system, the educational system. Also, the children's everyday lives rest on the firm foundation of parents and a home, from which their group-oriented existence in turn derives. Because the children have homes to return to, their lives are securely defined by an organized structure, of which the classes they attend by day are an integral part. We believe that this social system provides the foundation for the success of our lesson plans, curricula, and implementation.

Contrast this situation with the situation of our adult students. The adults' lives, unlike those of the children, are not integrated into a greater social system, and their daily lives are not based on a support system in a way that the children have their families. We concluded that this difference was what was preventing us from achieving lasting results with our adult students.

Under such conditions, no matter how much we improve our lesson plans, our curricula, or our implementation, we will achieve only spotty results, and we won't see the lasting successes characteristic of Conductive Education.

Accordingly, we believe that the following three elements are indispensable components of CE programs. Furthermore, these elements need to be deployed together, and in an organic fashion.

The three elements are:

- (1) Providing a venue for people with severe disabilities to participate in society. Also, providing a venue for them to participate in community life.
- (2) Helping these people find an intrinsic motivation to participate actively in life.
- (3) Ensuring that conductors and staff provide educational support to students.

Our failure to achieve lasting results with our adult students can be attributed to our insufficient awareness of the importance of element (1) above. We are now in the process of rebuilding our CE program, with special attention to this area.

Slides will be used to illustrate activities and results in the presentation.

12. Relation Between Motivation and Attention

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1. Recommendation

The presentation intends to introduce the methodological experiences applicable both in mainstream and conductive education. Motivation is given highlight in conductive education as a basic principle and is a constant part of the educational and teaching process. According to Hilebrant (1962) learning is impossible without motivation and the success of learning depends on the motivatedness of the pupil. Attracting and maintaining attention is indispensable for learning, to develop a new kind of activity.

Based on practical work with kindergarten age dysfunctioning children experiences with successful motivation to attract and maintain attention will be shown.

2. Motivation and the dysfunctioning person

Beside various factors conductive education considers personality the most important in the achievement of independence. One of these factors is the conductor's attitude to motivate the child and increase his/her self-confidence.

The child's behaviour depends on his/her personality to a great extent. Inactive children prefer to be attended on when executing a task. Most children, however, feel proud about their achievements which the conductors use for encouraging their further development. The brighter a child is the more frustrated he/she feels at failures. Factors disregarded of may later cause depression. By interfering with the learning process, this depression may prevent the children from evolving their abilities. It is amazing what

dimension of development is seen with very involved children if they are motivated and encouraged appropriately.

Dysfunctioning children's learning is impeded by the shorter duration of their attention, they get more easily tired and require again and again the attraction of their attention and stimulation. Compared to normal children, they need more and more powerful and effective motivation to start and execute the necessary activity.

3. Interpretation of attention, its development in kindergarten age

Theoretically, attention can be attracted by any intense, unexpected and unusual stimulus. Similarly, internal motivation may also attract attention as it is normal to pay attention to something interesting without any intentional effort. This is called unintentional attention.

For the execution of work, a basic human activity a type of attention, i.e. intentional attention as it is called in psychology is essential. Intentional attention develops by ageing and improves with education. Intentional attention is required in lack of direct interest and intended attention is needed to execute tasks.

Despite major differences, intentional and unintentional attention cannot be separated or set against. The actual working process generally includes their unity and mutual transition. Making use of this, education is to develop intentional attention based upon unintentional attention and, on the other hand, shaping the child's interest and making the learning process interesting, intentional

attention is to be reconverted into unintentional attention.

4. Tales, music and play in motivation

Motivation is not only to attract attention. This means that when selecting literary motivation for the session the conductor has to be aware of the children's scope of interest, mood, difficulties (e.g. absence of the mother and siblings in residential groups) and has to select accordingly.

Singing and music are motivation tools that can be used anytime and anywhere, in any situation. Singing most often takes place in play situations, connecting movement and singing. Living a role, expressing emotions and thoughts through moving the body increase the child's pleasure.

Children respond well to motivation with constructive games as their major activity is play. The experiences show that those who miss playful activity in kindergarten age will become less creative in school age.

Symbolic games like playing with puppets are often used for motivation. generally only one puppet is used, the conductor takes over the puppet's role and remains in his/her own one at the same time. In this case puppets are not fictions but live children's lives, make friends, look at the others if they sit with straight back etc. This makes the sessions interesting and stimulate activity.

5. Examination of the span of attention

Examination was carried out with 5 year old children, 10 attending mainstream kindergarten

and 10 motor disabled children. The same methods were used to attract their attention and the same conditions were created. Children's cognitive capacity was nearly the same (see inserts 1 to 6).

The first investigation proved that motor disabled children's attention span falls behind from that of their normal peers. For this reason the observation was done with much more motivation effects. This brought similar results as in the mainstream group.

More motivation effect means that the conductor not only reads a poem or tale but also involves the children. This led to the reanimation of children's attention and the span achieved that of their normal peers.

Summary

- 1) These investigations show that repeated and new motivation under adequate control can increase dysfunctioning children's span of attention.
- 2) This adequate control means motivation applied by the conductor at the correct time and extent.

13. Symptom Specific Drawing Development of Kindergarten Age and Lower Primary School Disabled Children. Characteristics of Drawing and Writing Skills

Éva Szabó Fekete

Júlia Horváth, Head of Department of Conductive Education

International Pető Institute, Budapest, Hungary

The graphomotor development of cerebral paretic children is a central issue in the methodology of conductive education (CE).

Motor disabled children's drawing development is hindered by some reasons.

Earlier research examined the special characteristics of drawing development in the case of hemiplegia and asymmetric double hemiplegia (Balogh, Horváth, 1996) points out current realities and suggests future possibilities for investigations in this field.

The same happened in the field of writing (Szebeny 1996, E. Szabó 1998).

Despite the various forms of their disabilities , children have to learn to write.

The study is dealing with the disintegration of sensory motor co-ordination which is caused by the organic damage of the cortex of the brain and is the primary reason of dysfunctioning.

This paper describes the symptom specific features of drawing in kindergarten age and suggests alternative strategies and methods used to develop writing skills.

It is noted that the activity of writing is not considered isolated, but part of complex movements and cognitive capacities in which the motor, perceptive and speech functions of the child can be developed in accordance with one another.

Case studies of children of 3 years of age in kindergarten groups were introduced.

Investigations of handedness, laterality and the quality of the drawing exist.

The objectives were: (1) to look for qualitative changes at these ages (2) to relate whatever changes were found to qualitative changes in other tasks during the same period and (3) to test whether a positive relationship exists between these qualitative changes in attention span, activity and the hold of the pencil. Fifty children's drawings were administered in kindergarten age. Over a period of one school year qualitative data (field notes, interviews, photos, drawings, writing samples and documents) were collected.

The authors assess the writing strategies and styles in a symptom specific way. The question is:

-Are there symptom specific strategies and styles in writing ,?

-How can CE help with its standards to develop writing skills?

With the help of specific cases the disturbance in writing is demonstrated caused by the damage of the brain and the improvements which are due to the methods used.

14. To The Pool!

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The use of Conductive Education principles in an integrated aquatics program for children with multiple impairment.

All learning areas are addressed in the planning, execution and evaluation of the program by a transdisciplinary team.

Program Location

Belmore School is one of 4 specialist settings in Melbourne, Australia for the education of children from 5 to 18 years whose primary disability is physical.

Of the 50 children attending Belmore School, most have multiple impairments, including intellectual and visual impairments. Some students also have daily medical needs

which are met by a registered nurse on site. 12 are integrated into mainstream educational, or work experience settings for part of the week.

The students attend a school in their geographic zone, and are transported in buses adapted for wheelchairs. This transport is funded by the Victorian State Government, through the Department of Education.

Belmore School is a State Government funded school which contracts the Yooralla Society of Victoria to provide a range of therapy services within the school.

The Students

The 6 students in this integrated aquatics program

The staff

The staff to student ratio for all water based programs at Belmore is 1:1 plus one extra staff member.

The staff for the group consists of a physiotherapist, an Occupational Therapist, a Speech Pathologist, Classroom teacher, Teacher assistant and 2 volunteers.

The volunteers are often parents or care givers who either join the program to be with their own child, or want to contribute to the school programs. Other volunteers come from the local community through advertising, service groups, and a variety of other sources.

The transdisciplinary team provides training and supervision for volunteers to ensure that every student is safe and gaining the maximum from each program. It also ensures that the volunteer's safety and well being is considered.

Each timetabled aquatics program has an assigned staff member designated to coordinate staff to student ratios, arrange equipment, and to establish who will be leading the group. The group coordinator may be of any discipline.

The session leader is free to assist with all students and lead the group through activities and songs. The leader also has a thorough knowledge of the goals for each student and will be able to direct the helpers to work with the students towards achieving those goals.

It is the aim for each group to have priority goals displayed boldly in the pool area.

The group leader is required to have a Halliwick or Austswim training qualification.

The Program

Planning: The program is planned in collaboration

with all therapists and teacher, with program elements based on the individual goals of each student.

A fully integrated approach is the aim, with as many aspects of the curriculum as possible being incorporated into the program.

*Structure: * Arrival in pool area.*

** Dressing program*

** Pool entry*

** In water program*

** Pool exit*

** Dressing*

Timing: 2.5 hours is available for the entire program.

Conductive Education applied to the Program

The principles and practice of Conductive Education are used successfully and extensively throughout programs at Belmore School. It was a natural progression, when the new pool was opened in mid 1998, to extend those practises to the aquatics programs. In the past, aquatics programs had been carried out off site with a very limited number of students and within a very limited session time.

The dressing program has been designed using group dynamics, rhythmic intention, functional but specific task series, repetition, simple equipment and songs to punctuate certain activities. The rhythmic intentions and songs are kept consistent throughout all programs where these children are performing the same tasks. eg. "I stretch my arms up above my head," for taking their T-shirt off or for a warm up in an upper limb program to prepare for an art session.

At the pool edge Halliwick principles are combined

with the integrated Conductive Education approach.

Consistent with all programs, the goal for all children is to achieve maximum independence. This is achieved by first gaining water familiarisation and confidence. learning about how the properties of water affects their body and their movement, then learning to balance their body in the water, and finally, learning a form of independent progression in the water, if appropriate.

In the water program the use of Conductive Education principles continues, where consistent structure, rhythmic intention, group work and skill learning being broken down into tasks is the basis of each session. The water medium is used to advantage for physical based therapy as well as for activities for cognitive and communication development.

The aim is to teach the students to generalise their skills and maximise the benefit of each program through the use of consistent rhythmic intentions and songs in aquatic and land based programs. .

Method

Video, slides and handouts will illustrate the practical aspects of this program by profiling one group of children. The program operates throughout the school, with the specific content and level of independent involvement varying from group to group. There will be a detailed discussion around the philosophy and goals of planning, delivering and evaluating the program, as well as setting and evaluating individual goals of the students.

15. The Conductive School in the Stiftung Pfennigparade Foundation in Munich, Germany

Beate Höss-Zenker, Department Manager, Conductive Education

Kinga Richter, Conducive Educator

Stiftung Pfennigparade, Munich, Germany

Gerhard Schmidt, University Graduated Psychologist

Ludwing-Maximilia, Universität, Germany

Brief introduction to the Stiftung

Pfennigparade foundation in Munich

Rehabilitation Center for the Physically Handicapped

Since 1952 Stiftung Pfennigparade in Munich is devoted to the task of supporting and taking care of physically disabled people. Idea and name came from the United States; there, after World War II the "March of Dimes" had started their struggle against poliomyelitis. At first even the Pfennigparade took up the cause of people with a Polio handicap. 1969 the first house in the Barlachstraße was completed. Now, even other severe physically disabled persons found a home and got the opportunity, to visit one of Pfennigparade's schools or to pursue a job. Donations and the support of the authorities made it possible to construct more buildings during the years 1971 to 1966. Today, in various districts of Munich, in Augsburg, Stuttgart and Frankfurt over 900 disabled people are being taken care, in various institutions of Pfennigparade. Part of the occupants have a job in one of the workshops, others have a profession outside the Pfennigparade. A nursing service is always available. Various leisure activities round off the offers.

History of the Conductive Education

Department

The Stiftung Pfennigparade foundation made the decision to include conductive education as an additional program in its education program for physically handicapped children in 1995. A variety of specialists worked together in preparing the program and decided jointly to found a separate

department for 30 children at the onset. They decided to have conductive educators, educators and therapists working together on the basis of the Petoe principles while also taking the quality of educational aspects into account. The program was started in September of 1996 with the support of a Hungarian conductive educator doing supervision. Twelve openings for mother and child were added in 1997. The program has grown continuously since that time. There are currently 35 specialists and 60 children ages one to 16 years in the program.

Brief introduction to the school system in Bavaria, Germany

Comparison and effects of a normal class schedule and a conductive class schedule

Text - see table

Conductive Education as a school trial in Bavaria

A brief overview of the results of the school trial will be presented.

Practical options for implementation and film (10 minutes)

After three years of conductive education and the favorable experience gained from it we can look back and say that we have actually succeeded in integrating conductive education in our school system (primary school and extended primary school). There are currently three different groups:

- 1st Grade
- 2nd/3rd/4th Grades
- 6th/7th Grades

Intensive preparation and interdisciplinary joint work among teachers, conductive educators and therapists form a basic prerequisite for achieving a high level of quality in conductive education for children and maintaining it on a continuing basis. Intensive team work is applied in making up the annual, monthly and weekly schedules. A well-structured daily routine takes account of the individual child's disability, age and the burden it can handle. This approach helps impart sureness and coordinated learning to the child.

Contents that are suited for children and stimulating materials create a positive atmosphere in the group where the children are motivated and interested. They are given many opportunities for active participation. Becoming active themselves helps them experience success and has a favorable effect on the development of their personality.

Lessons and programs are not arranged next to another as disconnected entities, but rather merge with one another, thereby creating a holistic system. The contents and goals of conductive education are integrated in the lessons and the teacher is supported by the conductive educators and therapists. Principles like learning by self-initiative and independent action and comprehending with all one's senses (multi-sensory learning) are integrated in the overall daily routine so that the child can be addressed and supported in a holistic fashion.

The use of diverse materials enabling differentiation is essential if one wants to take account of each child's individual potential for achieving and learning. Accordingly, the children work with diverse

materials in German and Math that help them learn and internalize the motions of writing.

The goals and contents of conductive education can be integrated very effectively within the scope of innovative forms of teaching. Here, independent work and self-initiative on the part of the children help open the classroom. A race from one station to another or free work are two examples of this kind of open classroom.

The **stations race** where the children have to perform different tasks at the individual stations and move from one station to the other is particularly well suited for practicing walking and running or other coarse motor or fine motor tasks. During **free work**, the children are also able to be active on their own and to work independently. These free work periods can be used to teach different grade levels with diverse learning abilities within one and the same class.

Conductive Education - Two years of scientific evaluation

Conductive Education became part of regular education and therapy in the Ernst-Barlach-School for motor disabled children in Munich in 1996. Since that time the department for developmental psychology has been interested in this new program.

The following study tried to examine the children's individual development. Therefore we assessed their progress in relevant cognitive and motor skills and tried to establish criteria for optimal support of the children. Furthermore we observed team co-operation and social interaction between the team

16. "Exploring Conductive Education in India: The Indian-Israeli Experience"

Poonam Natarajan, Director

The Spastics Society of India

Rony Schenker, Professional Director

Tsad Kadima, The Association for the Advancement of Conductive Education, in Israel

The Spastics Society of India, Chennai is a 14 year old organization working with children and now recently adults with cerebral palsy and other neurological impairments. In these years the center, has started many programs based on the concepts of Family based rehabilitation, Community based rehabilitation and a Day center with 140 children (over all programs about 100 children get services in any one year). The main aim has been to try and create an empowering system that is open to change, proactive, self accountable, supportive and flexible to meet individual needs.

The Spastics Society of India, Chennai was started by a mother of a child with cerebral palsy with its main aim to develop models of services, which are more appropriate in Indian conditions. Work with parents and families has been a major focus. This has helped not only for services to grow in the center, but inspire parents to pioneer services in other parts of Tamil Nadu. A major achievement has been the ability of the team at the center to work with outstation parents. To enable and empower them to work with their own children and develop their potential.

This has lead to many projects and experiences for our children, with the support of parents especially in the area of drama, creative movement, and arts and crafts. The Conductive Education experience has also been due to one parent, constantly pursuing the objective of bringing Conductive Education to India.

The principles and practice of Conductive Education has always fascinated most of us working in the areas of motor dysfunction. But as is well

known, it is difficult to learn enough about this system, since very little literature is available in English, and even a brief observation is difficult to arrange. After we got committed to the fact that we needed to have Conductive Education in our country, we began to explore all the institutions, all over the world. A positive answer was received from Tsad Kadima, the Association for Advancing, Conductive Education in Israel, got on our way to this exploratory Workshop, which was held in Chennai, India in December 1988.

"Tsad Kadima" is an association of parents of children with motor dysfunctions and professionals, established in 1987, with the goal of bringing the Petö method (conductive education) from Hungary to Israel.

After learning from the experiences of other people all over the world, a unique approach to the transmission of conductive education was adopted in Israel, using the adaptations and alterations required by conditions there. The basic assumption was that there were significant advantages to the various approaches to the handicapped child, and the best way would be the one that combines these approaches.

The Israeli "Tsad Kadima" system is not a replica of the Hungarian original, but retains its overall systemic character, while incorporating adaptations and integrating other professional approaches and methods used in Israel.

"Tsad Kadima" has supported the process of multi-stage adoption of the conductive education system in Israel from the very start, and continues to develop the system constantly, with the aim of

providing a response to the developing and changing needs of its clients.

The exploratory workshop in Chennai started with a lot of mutual consultation between the two institutions, about the plan and choice of children. Since the Chennai center works with a large spectrum of children from mild to profound motor and cognitive disabilities, we were keen to involve a range of ages and disabilities. However, in the end, we decided, to work with one age group 5-11 years, with 10 children in the group.

At the center were 80 professionals in a multi disciplinary team as therapists and special educators. We were keen that as many people as possible would be able to experience Conductive Education. "Tsad Kadima" agreed to have both practical and theoretical sessions.

In the practical session it was decided to have a core team of four people who would work with the staff of "Tsad Kadima" constantly and on each day add two new people to the core team who would do the hands on work. Besides this, other staff were divided as full time window observers and observers for particular sessions. All staff attended the theoretical sessions, In this way, this exploratory workshop exposed 80 professionals to Conductive Education. The workshop started and ended by staff filling up an expectation form and a feedback form. The results are presented in the main paper.

Each day was planned with a meeting of both the Spastics Society of India and "Tsad Kadima" teams. Presentation of the workshop with a short film to be

done at the conference.

Since the workshop, there have been several outcomes at the Spastics Society of India, Chennai :

- 1) It is keenly felt the relationship with "Tsad Kadima" must become long and a sustained one.
- 2) To start a unit of Conductive Education sometime in the future at the Chennai Center.
- 3) To send special educators to be trained as conductors on a course run by "Tsad Kadima" and the Petö Institute.

These are long term goals. However, on the short term the center has adapted many good practices of Conductive Education.

First hour in school is Group Therapy, where the children are divided according to their physical abilities. E.g. Pre walkers, Supported walkers and Walkers Group therapy now includes many activities learnt at the workshop. (Short film to be shown and details given in the main paper).

"ACTIVE" has become the buzzword at the center. So children are encouraged to do more for themselves by themselves.

We have always been struggling to find appropriate furniture for the children we work with in.

17. The Place/Role of the Teacher/Conductor in Schools in the U.K.

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THE PLACE/ROLE OF THE TEACHER/CONDUCTOR IN SCHOOLS IN THE UK

1.0 Context: This paper examines ways in which the Teacher/Conductor can contribute to the implementation of the Government's Excellence In Schools Policy and in particular, the way the Teacher/Conductor can contribute to the Special Education Needs ; Programme of Action in the UK. Some of the central features of this programme of action are;

- 1.1. Setting high expectations for children with special educational needs.
- 1.2. Supporting parents.
- 1.3. Increasing the numbers of children with special educational needs in mainstream schools whenever possible (Inclusion).
- 1.4. Giving greater emphasis to SEN within training and development.
- 1.5. Identifying and disseminating good practice by special schools and developing practical links with mainstream schools and promoting special schools contribution to an increasingly inclusive education system.

2.0 A Brief Description of Conductive Education with Particular Reference to Items 1.1-1.5:

- 2.1. Conductive Education is a complex, integrated, holistic education system that fully acknowledges the importance of item 1.0.
- 2.2. Conductive Education teaches children to be highly active, self-motivated and autonomous problem solvers. These are essential characteristics of effective participation in schools, either mainstream or special schools.
- 2.3. The primary aim, of Conductive Education is

inclusion first in the home and daily life and then in a school.

- 2.4. The key professional in Conductive Education is the Conductor who is highly trained, multi-skilled and an excellent teacher. Conductors, are trained to function in a variety of contexts, the home, the special or mainstream school or in the health service.
- 2.5. The skills of the Conductor are based upon good practice in all areas of learning and they are competent in matters of the Early Years and National Curriculum. Their skills include observation, differentiation, high expectations, assessment and partnership with parents.

3.0 What Can Conductors and Conductive Education Contribute in the UK?

- 3.1. Work in Conductive Education Centres, Special & Mainstream Schools, Health Centres: There already exist in many examples of the Conductors working in a diversity of settings effectively. The only reason why their contribution has been restricted has been the supply of Conductors in the UK. (See copy of my paper Recruitment & Employment of Conductors in the UK). There are an increasing number of LEA special schools wishing to employ Keele trained Teacher/Conductors.

Other Teacher/Conductors have played significant roles in the Schools for Parents Network either as Team Leaders in Schools or as key trainers at the Schools for Parents Training Centres. This pre-school work can be expanded into KSI & 2 as Teacher/Conductors become available. Schools for Parents are often located in Health settings.

- 3.2. **Working in Multi-Disciplinary Teams:** In the UK the provision of education for pupils

with SEN. A key feature of the UK Government's policy is 'joined up' thinking and when appropriate joint funding of projects. During the last 20+ years Conductive Education in the UK has been delivered in schools mainly by physiotherapists, teachers and other allied workers who have not experienced conductor training (the Scope and National Institute Conductors trained in Budapest are, exceptions to this statement). The Keele University. Scope and Budapest Partnership is designed to meet the need. However, the main purpose of these comments are to indicate the Teacher/Conductor is eminently placed to work in multi-disciplinary settings bringing the ethos and understanding of Conductive Education to bear on the holistic development of children with cerebral palsy and allied disabilities.

3.3. Working in Mainstream Schools to

Integrate Children: It has been estimated that it would cost 40 million to provide one day's training for all teachers working in mainstream schools in UK. Clearly, this would hardly be sufficient to cover the territory and there will need to be alternative approaches. The Conductor working on the staff of a mainstream school would be ideally placed to advise on access both physically and to the curriculum. He/she would have the knowledge and training to understand the pupil's needs and the requirements of the broad and balanced statutory needs:

3.4. The Conductor as a Resource and Training

Base: The knowledge and experience of the Conductor makes her ideally placed to offer training on the following aspects of need:

3.4.1. Individual needs in terms of access and

curriculum.

3.4.2. Providing support and training for teachers and other allied professionals in the management of pupils with physical disabilities joining their classes.

3.4.3. Giving training to learning support assistants.

3.4.4 Providing guidance for parents and families.

3.5. Conductors Working in Special Schools

Developing Good Practice & Working

Towards Inclusion Policies: In the context of

the UK Government's policy for SEN Special Schools are required to play a major role in the development of good practice of inclusion. This calls for a complete re-orientation of special school priorities and the development of new skills. The holistic approach central to Conductive Education can make a significant contribution to this process. The Conductor's knowledge and skill can be pivotal in the development of:

3.5.1. Staff understanding of pupil's needs in mainstream schools.

3.5.2. The preparation of appropriate and individualised schemes for pupils.

3.5.3. The development of staff training packages.

3.5.4. The writing of procedures for transfer to mainstream schools.

3.5.5. The delivery of outreach/support visits to monitor inclusion.

3.6. The Conductor Can Work Towards a Range of Specialisms That are Modifiable

In a Variety of Settings: In a context of significant change in special education in the UK the knowledge and skills of the Conductor can be utilised as:

3.6.1. An SEN Specialist (the holistic perspective pick out the Conductor from other specialisms eg therapist)

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- 3.6.2. Specialist in the development of communication (verbal and augmentative).
 - 3.6.3. Specialist in the development of self-care and independence vital to a successful inclusive policy.
 - 3.6.4. Specialist in the development of mobility and the setting of appropriate goals.
 - 3.6.5. Specialist as a trainer of staff, parents and pupils.

4.0 **General Comment:** This brief paper embodies my first thoughts about the potential contribution of the Conductor in special and mainstream schools in the UK. If I was invited to make a presentation at the Methodology Workshop I would examine in more detail the strands of SEN policy and illustrate with some case studies at pre-school and primary levels (ie KS 1 & 2).

There is evidence that the core of the UK Government's SEN Policies are not exclusive to the UK. On the contrary, inclusion, support for parents, early intervention and better training for all the partners involved in providing for the holistic needs and education of all pupils with physical disabilities are world wide.

18. Conductive Education in Japan

Mária Herczeg, Assistant Professor
International Pető Institute, Budapest, Hungary

The co-operation of several decades was formed between the International Pető Institute (former András Pető Institute for the Motor-disordered) and the Warashibe Institute and Professor Maria Hari and Professor Dr. Masanao Murai. Dr. Mária Hári and several of her colleagues visited the Japanese Institute in the autumn of 1990. I received an invitation in the spring of 1991 to spend three months in the Warashibe Institute operating in Otaki on the island of Hokkaido.

The number of residential adults in the rehabilitation institute at the time amounted to 50 people with CP, hemiplegia, ataxia, paraplegia and profound multiple learning disabilities (PMLD) between the ages of 16 and 60. The Institute employed 18 therapists, one fully trained conductor and other auxiliary staff such as 2 nurses, 3 kitchen staff, and one financial expert. Medical care was provided by the director, Dr. Masanao Murai and hospital consultants.

The majority of ICP patients were admitted to the institute at an adult age. Beside motor problems PMLD made their condition difficult. The motor-disabled due to brain damage at a later age were taken to the institute at the chronic stage. 70% of the residential adults used wheelchairs and they had formed contractures by the time they got into the institute. Mobilisation was made difficult for people with the disabilities due to trauma because of behaviour problems, attention and memory disorders.

There were a few PMLD patients who worked with therapists in a special programme.

Mária Hári's, Júlia Horváth's and my visit resulted

in demonstrating conductive education in practice, a more rational grouping and making the requirements more concrete, which seemed to be helpful. The second qualified Japanese conductor joining the institute's work in 1990 proved to be useful, too.

The next stage of the contact between the two Institutes in 1991 was my invitation for three months. While there, I worked out the most advantageous learning and educational situations, which fitted organically in the daily activities throughout the day.

I organised new groups taking the diagnosis and abilities of the motor-disordered into account. This was a key issue, since it is only by setting up suitable groups the distrust of some patients can be overcome, because adults, especially in the later period following the clinical event, do not always require rehabilitation although they seem to do their best to participate. In many cases the chronic condition enables the patient to withdraw from the difficulties of everyday life.

A group operates well provided all the members carry out the elements of the daily routine with enthusiasm and trust. This, however, cannot be achieved by mere motivation and encouragement. The demonstration of goals and a daily routine promising the required achievements are the determining factors.

The aim of planned work and the conductor's motivation is to make the dysfunctional person work with the highest level of activity and the conductor using the appropriate facilitation promotes the success of problem solution.

I think that we managed to increase the Institute's patients' activity and solutions learnt via the tasks, which were tried out and reinforced during the day.

I have already referred to the fact that 70% of the patients used wheelchairs all day long. During my work there, the use of wheelchairs at certain times of the day was stopped, for example, at meal times. Everyone learnt to stand up from the wheelchair sit over on a chair securely.

Adults in the spastic group achieved a relatively high degree of muscle relaxation, their contractures improved due to the daily sage bath, muscle movements and lying task series. They learnt the basic changes of place and position, everyone learnt to stand and walk for shorter or longer distances with help.

Manipulation and self care activities improved and their co-operation in tidying their surroundings became more successful.

Dysfunctional people made up the other group of patients with brain damage who had problems with co-ordination and balance beside other disorders. Lying, sitting and walking tasks were included in their daily programme. Those who were confined to wheelchairs in 1990, can walk independently today and move about in the street. Fine manipulation can also be regarded successful.

Beside motor disorders nearly all the patients had attention, memory and behaviour problems. A special programme was included to combat these problems. It required a strategy of approaching the whole personality. The sessions were planned with the view of how each person can be approached,

what their attention can be focused at, maintained and increased.

The programme expanded perspectively from a simple action to complicated action series, to conscious recall, from small group to broader social contacts. Functions (like name days, sports days, excursions, productive work) in and outside the Institute provided opportunities for their active participation.

A hemiplegic group can perform the daily task provided the members' medical condition is satisfactory. The contractures received a sage bath and were moved before the tasks. Our goal was to make both hands be used and to achieve a more appropriate walking pattern. For those with aphasia the use of acquired speech was also important. The process of organising independence had to be conducted and integrate in the whole day activity.

Varied opportunities were found in the Institute's life, they only had to be exploited.

Residential patients whose general condition and abilities made it possible did productive work with the educators' active participation. They made up the 'working group'. There were a hen farm and a horticultural unit in the area of the Institute. Strawberries, tomatoes, melon and cucumber grew in green houses, and they produced sage, potato, corn and various seeds on the fields. The produce was used in the Institute and the surplus was sold.

The educators tried to create the atmosphere of a conductive group among PMLD patients. They were very kind and loving in their treatment. These patients ate and dressed independently under

19. The Practice of The Principles of Conductive Education in Hong Kong

Clare Cheng Yuk Kwan

The Spastics Association of Hong Kong, HKSAR

For the past 20 years, the humanistic approach in Conductive Education has brought local rehabilitation and special education personnel a new perspective on their work. The presentation will outline the historical development of the application of the principles of Conductive Education in Hong Kong and the Hong Kong model of application, adapted to the local socio-cultural background.

Conductive Education took root in the existing system of special education for children with physical or multiple disabilities, the subject of this paper. It then went on to influence the vocational and rehabilitation services for adults, which will be the subject of another paper at this conference:

In the late 70's and early 80's, a few pioneers began applying the principles of C.E in their work in Pre-school Centres and Primary Schools. Visits to centres in Britain by administrators of services brought about two inspiring courses on the principles and practices of Conductive Education, given in Hong Kong by Mrs. Ester Cotton in 1984 and 1986.

A Conductive Education Working Group was set up in 1986 under the chairmanship of Dr Marion Fang, the then Chairman of the Special School Council, and Dr Erik Kvan, the Chairman of the Spastics Association of Hong Kong.

The Working Group provided a platform for uniting the efforts of personnel from the already established professions of physiotherapists, occupational therapists, speech therapists, psychologists, nurses, special teachers, special early childhood educators and administrators from

various special educational and rehabilitation settings. The work of the Conductive Education Project Team led by Mrs. Anita Tatlow between 1989 and 1992 gave added impetus to the development of the adaptation of Conductive Education in greater depth, exploring ways and means for its adaptation to the socio-cultural background of Hong Kong. The work resulted in the publication of The Hong Kong Conductive Education Source Book in 1994.

The early contacts led to a series of visits by administrators and frontline workers to the Petö Institute in Hungary, where the visitors were deeply motivated to make changes by the immense motivation and liveliness shown by the children and staff there. From 1987 every year a number of rehabilitation personnel and special educators from Hong Kong attend the international courses at the Institute. Upon their return home, they compile reports for discussion in the Working Group of frontline workers from many agencies. Amongst these The Spastics Association of Hong Kong, a major service provider for children and adults with motor disorders and multiple handicaps, has played a significant role.

Because the development took place within the already developed system of education with its institutions and financial structures, it gave advantage to both the administrators and frontline workers to explore the crucial elements in consolidating the practice. The deployment of Conductors foreign to the local language and culture was found difficult to incorporate into the existing system. Instead a transdisciplinary team model operating under the Principles of Conductive Education was chosen to replace the conventional

multidisciplinary team model. Paramount in this model is the understanding that the multiple needs of the person with disabilities are interrelated. Visits of conductors for several months at a time has enhanced the local working practices.

Conductive Education interprets the difficulties encountered by people with disabilities as a learning problem. This concept has inspired local rehabilitation and special education personnel to a revolutionary review of the conventional medical model of treating disabilities. It has been realized that each discipline of the transdisciplinary team so formed requires a new mindset to orient itself to a new model. Educational and psychological means interacting with therapeutic techniques are emphasized in the teaching strategies to stimulate active learning on the part of the person with disabilities.

Conductive Education rests on the philosophical belief of "unity of mind and body", which leads the transdisciplinary team to develop an integrated curriculum encompassing cognitive, motor, personal-care, psychological, social and communicative learning in real life and age-appropriate contexts.

The emphasis of a well-structured learning environment, supporting but not compromising the disabilities in the Petö concept alerts local practitioners at both frontline and management levels to carefully plan the whole day schedule which allows active participation of the learners,

Involving parents in the children's group learning, the principle mode of practice in Conductive Education shifts the relationship between the staff

and the parents from an expert-novice relationship in the conventional one-to-one therapy session to a collaborative partnership. The parents' knowledge and skills in facilitating their children grow as the group develops. They increasingly recognize their own significant role in the development of their children.

Seeing the benefits of Conductive Education and this model of application, funds were given to the Association to establish the Jockey Club Conductive Learning Centre in 1994, for the purpose of sharing the principles of Conductive Education and the local model of implementation with other organization serving similar clientele. The Centre consists of a teaching unit, a children unit and a library, combining to provide training on both the theoretical and practical side. For the past five years, over 100 training programmes in the form of workshops, seminars and clinical attachments have been delivered to over 2000 participants of different professional backgrounds in special education and rehabilitation. The effect is far reaching: the concept and practice of the Principles of Conductive Education has been so impressive at the governmental level that a chapter has been devoted to it in the Curriculum Guide for special schools for the physically and multiply handicapped.

20. "The Centrality and Role of the Family in Conductive Education - the 'Tsad Kadima' Model"

Gadi Lion, Director

Tsad Kadima Nursery, Jerusalem, Israel

INTRODUCTION

This lecture will address the centrality and the role of the family within the educational and rehabilitative process of a child with cerebral palsy, from the perspective of Conductive Education. I will show how these principles provide the basis for the establishing and opening of the Tsad Kadima Nursery in Jerusalem in the year 1998.

In the class are seven children between the ages of 3 and 5. In reality, seven families from every sector of the Jerusalem — Jews and Arab, religious and secular — are involved.

The working model of the new nursery lies upon the base of the importance of the family as an integral component of the interrelationship between the child, the parents and the conductor

THE PRINCIPLES

The goal of Conductive Education is to bring the child to be integrated and adapted into his, natural environment. What is this environment?

At the center of the environment is the child himself his relationship to his parents, his immediate family, and further along to those in the 'outside' world with which he relates.

The role of the conductor, as guide and intermediary, is to delve into the inner most circle — the child himself — and assist him to develop and progress into the outer circles.

It should be emphasized that the parents and immediate family fill the circle closest to the child.

Therefore, the first break-out from the innermost circle (the child) is first of all towards his immediate family in general and his parents in particular.

The role of the family is to open up their child to the community. The parents nurture their child's ability and proficiency with the goal of preparing their child to mature and (successfully) cope with his (outside) environment.

It's been said that, "To give birth to a disabled child is to give birth to a disabled family." Within the principles of Conductive Education: the development of a dysfunction child creates a family constrained to cope with dysfunctionality, which in turn creates a dysfunctional family.

The dysfunction makes it difficult for 'normal' development in every aspect. It is difficult for the child to change his body position, to extend his arms, to maintain eye contact, to adapt himself to **the environment**.

The parents find it difficult to adjust to the new reality as well - the birth of this child. Thus, the basic child-parent relationship, a two-way framework turns itself into a dysfunctional relationship.

It thus, becomes our responsibility to understand this situation, to facilitate the child and family's breaching of the "inner circle" (the closed and frustrating) and bringing them to the outside.

Moreover, the parents are the "experts" in their child's development, "experts" in the deepest and most intimate sense of the word. They are

intimately aware of the difficulties within themselves and the child, their successes and those of the child. The connection between the two 'circles' gives them the mutual ability to cope with environment and its demands.

This concept of the centrality of parents as the experts is a recent perception. In recent years, not only has Conductive Education developed around this point, but it has also created a new expression in the principles within the early childhood development as part of the "Family Centered Approach" of early intervention services.

The basic concept is that within every parent is the hidden natural capacity to individually develop the orthofunction within themselves and their child together. Through the shaping of the environment which include, the family, child and conductor, to break through the dysfunctional circle and change it into self-discovery and orthofunction.

This educational process encompassed in Conductive Education, is the continuous design and flowing between the first circle, of the child, through the outer circles, where the parents are, to the outer circle --- the environment.

APPLICATION

During the winter of 1998 there was a proposal by Jerusalem parents to establish an early childhood center in Jerusalem operated according to the principles of Conductive Education.

These parents triggered a process in which an early childhood center was to be established in Jerusalem. Contacts and approvals were then established with

the various and necessary local and national agencies involved with rehabilitative education in Jerusalem.

At this point, I was appointed to direct the nursery and was responsible for developing and establishing it within the criteria developed by "Tsad Kadima" I was assigned to create the actual program in which the parents and family served as the central and integral instrument of the process.

The development of the connection was first established through an initial home visit, the family's home environment, to reinforce the idea that the family's role is central. This visit allowed for an evaluation of the family and the child, its difficulties and facilities to determine if the nursery would contribute to the process of independence for the child and family.

Only after that first visit was the family invited for a formal evaluation where the level of relationship between the parents and child, the current and potential abilities to withstand the challenges of participating in the program were determined. The motivational level of the parent and child to confront and establish connections with 'outsiders' — people who had up to now not been part of the inner circle of the family.

The aim of the evaluation was mainly to determine if the system could assist this family to breakdown the boundaries of the circles and permit movement between them.

From a group of parents with initiative we created a group of children and their family. A group that was required to create its own life, daily routine, and