

**The Secretary,
Senate Employment, Workplace Relations
And Education References Committee
Suite S1.61, Parliament house
CANBERRA, ACT 2600**

Friday 26th April 2002

Dear Sir/Madam

Please find below our submission to the:

“Inquiry into the Education of Students with Disabilities”

While, the review has a number of terms of reference, this submission seeks to focus on:

(a) iv) the effectiveness and availability of early intervention programs

With regard to the above and the education of students with disabilities the two main issues I would like to advocate for are an improvement in the provision of ***early intervention*** and the unified introduction of ***Conductive Education*** as a program option for students with physical disabilities

1. Early Intervention

Children with disabilities early years are critically important to their future growth and development, and support and stimulation are essential for learning, motor, emotional and social skills. Children raised in caring responsive and stimulating environments thrive. The costs of reversing the effects of a poor start to life increases, as the child grows older, and the chances of success diminish. This would mean schools having the opportunity to enrol students at a younger age than their peers in ‘regular’ education, and better staffing ratios to meet their individual intensive needs.

There is conclusive evidence in the literature that the introduction of Early Intervention programs significantly increase a child’s level of achievement, regardless of their intellectual or physical disability. This may lead to them attending a more inclusive educational setting once they reach compulsory schooling age.

In Western Australia the success of a structured early intervention program has been proven in the education of students with hearing impairments. The intensive interventions they receive between ages 2 and 5 has resulted in many of those students being able to attend mainstream settings when reaching compulsory schooling age. If this option is available to the hearing impaired then it is discriminatory not to provide children with an intellectual or physical disability access to the same services and opportunities?

To allow an effective program to be planned and implemented the issue of staffing for students of early intervention age (aged 2 - 8 years) needs to be addressed. While the present system of school aged service delivery is consistent with regular education it

does not allow for the intensive individual needs of our younger students. Young students often require the most intensive one-to-one assistance with feeding, toilet training, mobility training, etc therefore school classes need to be smallest in the early intervention area. As the students become more independent the class sizes can be increased.

In this regard the new school starting age in Western Australia, aiming at enrolling children when they are better prepared for schooling, has proven to be detrimental to students with disabilities who do not 'mature' and progress without structured educational programs. To counter this, I make a plea for 'real' early intervention by offering children whose parents are seeking such support a place at two years of age or at least by the year they turn three. It is clear that in many areas, but especially education support, we either "pay now or pay more later". Proof of this need for real early intervention is the number of parents who have enrolled their child at Carson Street School (Education Support) where I am the Principal. The problem being that we are not staffed to run a suitable program for them and must use our own resources to assist in a somewhat piecemeal fashion. These are only the parents who have contacted the school seeking additional educational opportunities residing in our catchment and I am convinced that this would be typical of the need across the system and that there are many more who would make use of such an early intervention service should they it become readily available.

In summary, an Australian wide Early Intervention program would not only result in greater achievements in our students with disabilities and in some instances lead to them enrolling in more inclusive settings once they reach compulsory schooling age but would also lessen the long term burden on those services required by our students.

Conductive Education

In addition I would like to advocate for greater support for initiatives like conductive education so it can develop as an option for students with severe motor problems. Please note that while this program can make a major contribution to the ***paucity of physical therapy*** being received by students with physical disabilities it offers more and takes a holistic approach to their education promoting communication and covering the dictates of the 8 Learning Areas. The need for such a transdisciplinary program to be developed is articulated by a parent of a child with physical disability (see attachment one). Conductive education is often criticised because the program that due to its unique and intensive nature is carried out in a segregated environment. However, the aim is to return the child as quickly as possible into an inclusive setting when they are physically more able to participate in a meaningful way. (dynamic inclusion).

Andrew Sutton Conductive Education As Exemplar Of The Emerging Paradigm Of Dynamic Inclusion, With New Emphases For Educational Research, Paper Presented at the European Conference on Educational Research, Ljubljana, Slovenia 17 - 20 September 1998

.... "... and as a parent-driven movement, we subscribe to the principle that families have a right to make informed choices in their child's education, with different circumstances and possibilities emerging as their child progresses up through the developmental process".

For Conductive Education to be a viable and productive option with ongoing support for students with physical disabilities a systems approach is needed. Fortunately the benefits of this approach are well documented and recognised throughout Australia and the rest of the world. A comprehensive family centred system is working extremely well in New Zealand due to government vision and support.

“The Queensland Education Department recognises that programs based on conductive education principles are a valid option within the array of services that may be used by schools to meet the educational needs of students with physical impairment”(Curriculum and Studies CS-20: Establishing Educational Service Models Based on Conductive Education Principles).

In their funding submission to the Disability Services Commission of WA in 1998 the Cerebral Palsy Association of WA stated:

“Demand for Conductive Education programme run by qualified conductors in Western Australia has been constant over the past twenty years. Parents in Western Australia do not have this choice of Conductive Education within funded programmes for children with disabilities. This demand has not been met. In the 1990s many parents have expressed the desire to participate in such a programme. Parents concerned about the overall well being of their offspring look beyond the formative years to what is going to happen to their children when they can no longer take the responsibility for their care. The cost effectiveness of employing any intervention that leads to greater independence for people with disabilities is clearly evident.”

Further information on this innovative and outcomes based program can be obtained from the present writer or from any state branch of NACE Australia, the parent body assisting with program implementation.

There is therefore a serious gap in services available to children with physical disabilities and their families that is out of place in a modern, caring society. At present due to significant under funding and a lack of real choice of service delivery we are stuck in a cycle of insufficient services and depressed expectations.

I'm sure there are many issues I can comment on but this submission aims to focus on what I see as the two most crucial problems for young student with disabilities gaining an appropriate education in the West Australian state education system.

Yours sincerely

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ENCORE

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ANDREW – WHAT NEXT?

Some thoughts on a future.

Andrew is a delightful, happy little fellow with one of the most engaging smiles you could wish to experience. See his face and you would think he is absolutely normal. Problem is, he is not. Born prematurely, he had a stroke when he was just three weeks old, one of those inexplicable things that haunt you for the rest of your life. As a result, Andrew has Cerebral Palsy and is classified as falling into the moderately severe category. He can't talk but he does communicate and knows an awful lot about what is going on. He understands very well. He can sort of walk (he loves to try) with considerable help from an adult but has little or no sense of balance. Fortunately he can use his left hand quite well though that is not the advantage it may seem: we live in a predominantly right-sided society. Turning pages of a book is therefore more difficult for little Andrew. But you can't do much about that, or can you? Can you do something about his future?

The difficulty is that Andrew is now five. He is coming to the end of his first year of schooling, and he has had a great time in his four half days a week pre-school class. He has been fortunate in having great teachers and a wonderful teacher's aide who is understanding and sympathetic. The therapists from the Brand Centre have also done their very important bit in making his class and its teachers aware of how to best deal with Andrew and to give him some sort of meaningful existence within the class. So it has been a happy time. Where does it all lead?

And that is the problem. Traditional responses to Andrew and those like him involve integrating him into the normal class. Just great for teaching normal kids that not everyone is the same and to have respect and tolerance for those who are disabled. But I wonder what it does for Andrew? As I explained he can't talk, and he isn't any good at putting up his hand and shouting the answer or running off with the others at break. So he really is just an object in the class, an educational experience for the other children. And let's face it, a real pain for the teacher. She has a difficult enough job dealing with 30 sparkling normal children, even if there is a part time teacher's aide (employed because someone like Andrew is there) but not only to help an Andrew.

When Andrew was just turning three we stumbled across and chose to pursue an interesting approach to helping Andrew deal with his life. It's called Conductive Education. It is what could be called a lifestyle approach to dealing with the problems Cerebral Palsy imposes on children. It recognises that, as in a stroke, a malfunction occurs between the initiation of a message in the brain and the delivery of that message to one or more parts of the body. Consequently Conductive Education seeks, through repetitive and carefully structured daily exercises, to teach the body how to

do some of those things we all take for granted. We believe that having Conductive Education for two three hour sessions a week has made a profound difference to what Andrew can now do. We only wish we could have given him Conductive Education for two sessions a day, five days a week. The Conductive Education system was pioneered in Hungary and has slowly filtered into other parts of the world as people begin to understand what it offers young children with Cerebral Palsy. And the great thing is that Conductive Education properly implemented as a partnership between schools and disability services can show the way, can create hope for children like Andrew, can bring real meaning to their lives, can provide a lifestyle education for someone who starts so far behind the eight ball.

And what, you may ask, has that to do with Andrew's future, and his education? Well, it's like this.

We have come to realise the importance of Andrew doing physical things. His problem is primarily one of physical malfunction and it affects his ability to speak, which makes it very much worse (If only he could talk and say what he feels and wants instead of our having to constantly guess). And looking at what schools offer his future seems to be one of being confined to sitting through school, not really participating, just observing and being, from time to time, observed. There will be precious little movement, and virtually no exercise. He will have a teacher and a teacher's aide who will, despite all protestations to the contrary and the best will in the world, do most things for him because it is just easier that way, and besides there are too many children to cope with anyway.

And as he gets older it will simply get worse. His education will hardly be one at all, but society will pat itself on its collective back and say we did our bit, we sent him to school. But I'll bet no-one will ask to purpose, or what the end result for him will be.

So I can see him sitting day in day out receiving neither an education or anything like a decent opportunity to allow him to achieve his best potential, which is partly what an education is about (from the Latin educare – to lead).

And our society will feel able to wash its hands, say it is providing him with schooling and think it can have a clear conscience. But please don't ask us what kind of schooling, whether it is any good, whether he will learn anything useful from it or whether it allows him to act more independently!

But I can also see Andrew in an educational environment where Conductive Education informs everything that he does, and that offers a very different future for Andrew. I can see him as part of a school but in a classroom within a team teaching situation where the combined efforts of a teacher and a conductor (a person who is trained to deal with the physical difficulties caused by Cerebral Palsy) can provide a more meaningful approach to school and his future. I can see him spending part of the day trying to cope with the normal school activities we expect most children to experience: the 3 R's, social studies, music, art, play etc. But equally, perhaps even more importantly I see him spending part of each day undertaking a physical regime designed to help his mind and body to learn to work in a much more effective way. And I can see him growing in confidence as he builds on the work he has begun with the Conductive Education classes he has been so fortunate to have up to now, and I suspect that he will have a much stronger chance of developing to his full potential than will be the case if he follows the traditionally prescribed path. I seriously can't

see that happening in a normal integrated situation. There the focus is not on Andrew and those kids like him: Andrew is there as part of an experiment to teach the rest of society how to recognise and tolerate the disabled body. The education is not for Andrew: it is for everyone else. It is all back to front. That approach does nothing to face and implement what Andrew really needs. And we know that even the special Ed teachers, an amazingly dedicated bunch of people are beginning to question the validity of current practice, as more and more Cerebral Palsy children go through a primary school educational farce and then hit high only to find they can't begin to cope. Is that to be Andrew's future?

What Andrew needs, and what I am afraid he will not get, is a school regime that focuses on his physical needs for part of each and every day. The last thing he needs is to sit chair bound all day. We don't recommend it for office workers or for other school children, so why do we implement it for Andrew and those like him. He needs to get out, to get off his backside, to learn what it is to control his muscles, to do things for himself and he needs someone to help him do it, because it is only by doing it that his body will have any chance learning the skills his stroke denied him. We know stroke victims can often be quite successful in regaining some or all of their physical functions, but at least they know what it is to talk, to walk, and to be independent. They have something to latch onto. Does Andrew? That is why it is an abdication of responsibility and a dereliction of duty to not give Andrew the opportunity he deserves, not to implement an approach, which does offer possibilities, especially when those in authority know it.

So you have to ask yourself what next? I really do fear for Andrew's development. I suspect that the experience that other parents have of Cerebral Palsy children regressing once an active Conductive Education programme has ceased could also be ours and that history will repeat itself. Will he simply exist through school as best as he can and with whatever help we can give, and finally join the queue of "useless ones" receiving fortnightly pension, paid for by our "caring" society, becoming yet another statistic and a burden on our collective purse? Will it be yet another case of an opportunity lost? And if you want to be really cynical, there aren't many votes in it, so who cares anyway?

Well I do, and I can see a different future for Andrew, only I can't make that future for him by myself. He and others like him need an education which recognises the need for a physical regime in tandem with an academic one, and which will develop what can be termed a lifestyle approach to education, one which will give these children the opportunity they deserve.

Can you share my vision, their future? What we are offered just isn't good enough, and if we don't say so, and fight for these kids, who will? Please join with us to provide something better for our kids.