

Senate Employment, Workplace Relations and Education References Committee

Inquiry into the Education of Students with Disabilities

Introduction

We are the parents of a thirteen-year-old girl with Cerebral Palsy, who is in her first year of High School. As such we will only address the needs of physically disabled students in the following submission.

Submission

Assessing the current education system for students with physical disabilities requires a more holistic approach. Both physical and academic abilities are essential for a child to reach their full potential. Current programs do not incorporate these two aspects sufficiently.

Physical fitness has been proven to be very important for all aspects of life – both health and learning. But when it comes to physical disabilities this is forgotten. Children are put into wheelchairs and a great deal of equipment is used in an effort to make them look “normal”. The fact that these children can learn to do things for themselves is forgotten.

Promoting physical development of disabled children is traditionally the role of therapists, while their academic progress is left to educationalists. Consequently, life for children with physical disabilities is very fragmented and not as productive as it could be. Different aspects of life become compartmentalised in their minds, school becomes a place for learning, and therapy becomes a place for exercises and speech. This means children must form multiple relationships with adult authority figures both in and out of school. In addition, 45 minutes of physiotherapy, occupational therapy and speech pathology once or twice a week is the best therapy regime available. This is hopelessly inadequate for moderate to severe physically disabled children to reach their potential. All things considered, the odds of achieving an acceptable quality of life are stacked against a physically disabled child.

Once a child begins school they are expected to sit still for hours on end. If they have not learnt to walk before starting school, their whole day will be spent in a wheelchair. There have even been instances reported in which wheelchair bound children are not toileted all day.

Up to the age of four our child’s progression had been slow. Even with rushing from one “expert” to another, moving house, and disrupting our family life, she was getting further and further behind in her development. Therapists were even recommending she practise with an electric wheelchair. It was at this time that we heard about Conductive Education. This caused us to re-evaluate our thinking about treatment for physical disabilities. Our daughter has only had limited exposure to Conductive Education. However, combining this with some intensive work at home, implementing principles of conductive education, has meant that she now walks alone and her speech is markedly improved.

Conductive Education is education as organised by conductors, who have a combined educational and therapeutic role. At this point therapists throw up their hands in horror saying, “How can teachers learn everything we know?” However, an examination of undergraduate therapy courses reveals that the study of motor disorders is a very minor curricular component.

Conductive Education requires:

- a) That the child is actively involved in his/her own learning.
- b) Motor disorders to be seen as an educational problem rather than a health one
- c) The programme to be internalised, practiced daily so that it becomes a way of life.

There are four main elements in the Conductive Education process:

The Conductor

The Conductor has an intensive four-year professional training. Universities in the UK and the USA, in addition to the Institute in Hungary where Conductive Education originated, are now offering undergraduate degree courses. The role of the conductor combines what education, physiotherapy, occupational therapy and speech pathology all have to offer to the education of physically disabled children. Just like a Conductor leads and controls an orchestra, so the conductor teaches and guides the group, constantly observing each child’s performance and modifying the programme accordingly. They have to hold the child’s attention and make sure he/she works to their full potential throughout the day.

The Group

The group is the basic unit of Conductive Education. The children are matched loosely according to age and ability if possible, but this is not always necessary. It is the group dynamic that motivates the child to work, more from wanting to keep up with his/her peers than to meet the expectations of adults.

Rhythmic Intention

In rhythmic intention, verbal speech and/or inner speech are used to express an intention, which is then followed by movements carried out rhythmically. For example, the conductor says, “I stand up.” As the children carry out the task, a steady 1 to 5 rhythm is counted, or an aspect of the statement of intent is repeated, e.g. “Up, up, up.” Rhythmic intention helps the child focus and reinforces what they are doing. Language therefore becomes an integral part of their life and learning is accomplished through counting and songs.

Task Series

The conductor sets appropriate goals for each child and then breaks up motor tasks into elements. Thus, every child works at his/her own level. The programme works on gross motor skills, fine motor skills, and speech. It includes life skills of daily living, including walking, dressing, eating, and personal hygiene. The building of self-awareness, self-confidence, and self-esteem are some of the most important outcomes. At this point you may say that school is not the place to learn these things. We agree, they should have been learnt before the child begins school. However, the sad fact remains that there are a lot of physically disabled children in schools who have not

even learnt these basics. Conductive Education begun as early as possible after diagnosis, so that the brain can compensate and make new pathways in its formative years, would not only help these children be ready for school, it would allow many of them to proceed through the traditional educational system.

Although Conductive Education is not a miracle cure, it does offer these children, the majority of who do not have a learning difficulty, the opportunity to reach their maximum potential, and the possibility of a very workable level of independence.

In current policy in Special Education, intellectual disability is the condition for entry. Children with physical disabilities are not catered for. If we had units attached to mainstream schools which catered to different needs (e.g. visually impaired unit, deaf unit, physically disabled unit etc.), as is being done in New Zealand, we are sure that children with different needs would benefit greatly. This would also enable them to integrate with other children.

This year our daughter has been able to attend a high school that was set up as a proto-type for this kind of special education. Unfortunately, it has remained the only one of its kind in the state. Children from a special school, with the help of teacher aids, are integrated into all mainstream classes. Yet they can also benefit from the special school facilities.

We desperately need to be more holistic in our approach to the development and learning of our children. We need to think laterally about the learning of children with physical disabilities, put aside professional jealousy and be willing to welcome new professions and even begin their training in our universities. Conductive Education is more cost effective than the present system and offers the promise of better results. If Conductive Education was implemented in early life, not only would immediate benefits be seen, the millions we now spend on adult care for physically disabled people would also be lessened. Most importantly, these people would experience what the rest of us take for granted, the opportunity to lead a productive and fulfilling life.

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