

My name is Colin Mock and I am the founder of the charity **"The Welsh Initiative for Conductive Education"** which was Wales's first and only charity dedicated to bring a new futuristic approach to the rehabilitation of children with motor disorder.

I would like to thank the education committee and in particular the chairman Mr. Peter Black for the opportunity to present my thoughts on SEN. in Wales. I consider it a privilege to be able to pass on my thoughts on this very complicated, expensive and emotive subject.

My first inclination is to draw your attention to The National Assembly's pledge which is also published on the Internet for the world to see.

I quote

"It is a core aim of the assembly Government that all young people in Wales should be given every chance to fulfil their potential."

There is no mention of cost, creed, or means to pay.

(Therefore I am assuming this aim includes the disabled child)

With this very profound statement in mind I tender this presentation on behalf of all children who are disadvantaged by having a motor disorder, damage to the Central Nervous System.

You are probably aware that I stand squarely over the fence having two children of my own with Special Education Needs.

I have always considered that my children were severely disadvantaged by our system in comparison to their peer.

One point I would like to clear from the start, the school management Board, governors and myself or my family as founders, receive no financial reward.

Neither does the organisation make a profit.

I have no vested interest nor am I or the organisation, influenced by any other organisation, we are totally independent with the following mission.

“To intervene in the life of young disabled children to enable them to have the ability to live a good quality of life and access the appropriate education system and to transform society’s understanding of and the commitment to the development of human potential through the practice of inspired teaching.

I would like to comment on the recent Audit commission report which highlighted some of the shortcomings of the current framework.

(Some of the Commission facts)

One in five school children in both England and Wales has a special need.

One in thirty children have a statement and in fact in the year 2000 this totalled 275,000 children in England and Wales had a statement of special education need.

The demand for statements is rising.

(There were significant concerns in the Commission report.)

1. The commission estimated the cost of statements at about £2500.00 per statement and during the year 2000 there were 36000 statements issued, the commission estimated that LEA’s are spending 90 million pounds on this process.

WICE (my comments on this regarding Wales)

Statements in Wales alone in the year 2002 were 2964 completed or ongoing which would cost 7.4 million pounds.

Tribunals in Wales in 2001/2 130 @£3000 would be another £390.000

This would equate to the cost of running eight special schools in the year 2002.

The commission did not mention the cost of educational tribunals which can be considerable.

According to the figures I was able to obtain for Wales there were 113 in 2000 with 130 tribunals in 2001 an increase of 15% with that figure likely to increase and at a cost of approximately £3000.00. each.

It is interesting that 40% of statements held in Wales are held within 50 miles radius of the assembly and the Capital City.

(Commission also felt.)

2. The statementing process is too long.
3. Statutory assessment seldom reveals significant new information about a child's needs.

WICE (my comments on this point)

(Assessments and re assessments are not necessary just a waste of resources)

4. Most parents find the process stressful and alienating.

WICE (my comments on this point)

(This alienation is one reason for most tribunals along with the lack of trust which comes from broken promises and delays in provision by the LEA)

(Commission Continued:)

5. There are frequently long delays in the assessment period.
6. There seems to be no accountability for the special needs funds provided to the schools by the LEA's.
7. The LEA have no real control over aspects of health and social services in many cases there is no co-operation.
8. Statements do not support early intervention and there is also a perverse financial incentive for schools to emphasise a child's difficulty in order to receive more support.

There were also conflicting problems such as ; LEA's are held responsible for arranging provision to meet the needs of children with statements but resources are increasingly controlled by the schools.

Children who require support from health services are faced with the situation that these agencies are only required to respond in so far as their resources and priorities allow.

WICE(my comment on this point)

In my past experience waiting times have in some cases been 24 months for Occupational Therapists, 18 months for Speech & Language and 12 months for a Physiotherapist.

(A commission recommendation was to promote early intervention.)**WICE (my comment on this point)**

The Question that arises is what is the definition of early intervention and when do you assume responsibility?

We have clearly stated our position on early intervention and with this in mind I have visited a number of fairly new centres, locally known as early development centres, my experience with this was to find places where there is no shortage of love and care with a varied expertise in provision and a good meeting place for parents, mostly supported by statutory authorities in one way or another.

This seems to confirm a Public need for type of provision?.

What I did not find was a place staffed by highly skilled and motivated professionals, with the ability to teach both physical and cognitive programs, with the aim of inclusion in main stream school for the pupil.

It is essential that this teaching is holistic and not fragmented and should be the responsibility of one professional and not a multitude of unconnected professionals.

For the appropriate response from the pupil, one needs love and trust before the teaching process can begin. (I.e. special relationship with the educator)

We do not walk with our feet, we do not write with our hands, we carry out these processes by use of the brain, therefore psychological teaching is critical for these children, they need to be re-trained as they do not go through the normal development stages, they have to be guided through these stages by highly skilled operatives.

Let us take a look around the World to see where we are or we have become isolated and perhaps we have lost the initiative?

In Israel Conductive Education is now integrated into the health and education systems.

In **New Zealand** Conductive Education is now accessible through the education system, within state schools, and in most cities.

In **Alberta Canada** Conductive Education is fundable, through the provincial children's service, at pre-school level.

In **Germany** it looks likely the health insurance system will now fund Conductive Education at the pre-school level, opening the way to massive expansion of Conductive Education in that country - where there are already some forty to fifty centres in operation.

In **Hong Kong** Conductive Education has served as the basis for developing an island -wide system for children with cerebral palsy and is now spreading across mainland China.

In **Norway**, having absorbed the findings of Neurologists, the Norwegians have faced the obvious, that current rehabilitation services for children aged 0 to 19 years, have been superseded by more advanced thinking. The Norwegian Board of Health has received a recommendation from an expert committee to establish a nation-wide service in Conductive Education.

This is some factual indication of the progress of this service around the world, but does not include many more examples that are known to exist and are making progress.

I would remind the committee that the first pilot scheme for Conductive Education in Wales was in 1991 the first project outside Hungary, the mother country, which was supported by the Prime Minister of Hungary, The Peto Institute, The Secretary of State for Wales, and many top officials from local LEA's

Our Special needs provision needs change, only a major reassessment of what the whole system is trying to achieve and a model shift, will bring change?

I have met many Educational Psychologists, who seem to have an obsession with IQ and labels like MLD, and SLD etc. This is not the answer, intelligence, is not fixed, something unchangeable, or rationed out before birth like sweets.

Intelligence is about being flexible in one's thinking, having a disposition to adapt and change with every new challenge. No child is born with a limited capacity to learn; but his or her opportunity for learning, may be severely restricted.

Education, and most specifically, the Learning Experience, is about creating the opportunities for change to take place. Once a child learns to change, his or her capacity for learning increases.

Education is not incidental to what children will be, but essential to determining what they may become. The teacher should be the inspiration who systematically shapes children's learning. There is no reason therefore to give up on any child and the word that comes to my mind is "**inspired teaching.**"

Children within our system should not be tested for what they know already, but for their potential to learn. Conventional tests, do not help children at all, at best, they show what children have learnt, not what they could learn. At worst, they condemn them to the label of failure that may become a self-inflicted prediction. In contrast, tests should be used to discover the blocks and gaps in thinking and the delay in learning so that they can be overcome. The tester does not stand passively by and let children do their best - or more often, their worst. On the contrary, the tester turns teacher and actively helps children to complete the test correctly, in order to gauge their capacity to learn. If they can respond to the guiding hand of the teacher, then they can learn. If they are capable of learning, then they can be taught and are therefore within the reach of education.

Many would argue that thinking cannot be taught, that there are limits beyond which one cannot go and that many individuals, disabled groups, should reconcile themselves to a certain restricted place in society. All that they can hope to do is 'fulfil their potential'. Many others argue that a shortage of resources, unsympathetic parents, low status for the teaching profession and other undoubtedly unhelpful factors besetting our schools. This sets a limit on what teachers can achieve with disabled children.

During a conventional assessment, the focus is on what a child can do unaided. In evaluating and defining potential, therefore, attention should not focus on whether children can solve problems unaided, on the basis of what they already know (**as we still do in Wales using school attainment tests and standardised intelligence tests**)

For education to be effective it must be oriented towards the tomorrow of a child's development and not at its yesterday.

This zone of next development has more direct significance for the dynamics of mental development and school achievement than does the present level of children's development.

What the child can do with co-operation today, he or she will be able to do alone tomorrow... The likely thought therefore presents itself that teaching and development at school age are related to each other in the same way, as are the zones of next development and the level of present development.

Above all, learning must be active: successful learning is not the passive reception of the endless flow of instructions. **The only real way in which one can tell what someone can learn, and how this is to be taught, is to start the teaching process and inspect closely the outcome.** The responsibility for success, then lies with the teacher. Credit for progress is the learner's, the failure to learn means the teacher has to find new a way to teach. It must follow that if there are many ways of learning, then there must be many ways to teach. There is always a better way...the teachers challenge is to find it.

An important distinction is whether a child who appears very backward or disordered in his development, is suffering a 'temporary delay', or whether he has damage to the central nervous system.

1. Temporary delay - Can be caused by a variety of factors: upbringing, general health, other problems such as impaired hearing or vision. Children with temporary delays have potential for normal development given the proper compensating educational intervention. (The majority of retarded children are potentially only temporarily delayed.)

2. Damage to the Central nervous system can be of such a degree and nature as to prevent learning and development to the same degree as as with a child with normal potential. Children in this category do have potential for progress, though this condition imposes limits that cannot be wholly overcome.

When a motor disorder is first evident, and whatever its physical prognosis, it will have in common effects, sometimes very significant indeed, across all areas of the psychological and social life of the person involved. Motor disorders therefore cannot be simply a matter of movement, or mobility etc., and any attempt to respond to them as such is doomed to failure, perhaps to the point that it is even damaging.

The holistic approach is the best way forward using an educator who builds a relationship and guides all aspects of development with continuous assessment and fine tuning to the programme.

The results of assessment should not be used to prove a child's apparent limitations, but to establish the most effective educational method to adopt, which will compensate for the disability and should not be resource led as this will prove uneconomical in the long term.

Pupils should be educated in a way which ensures that all children discover new ways of learning, so that any blocks or flaws in their development can be by-passed and overcome. Children are constantly challenged and their limits tested in the search for their latent strengths and talents. When these are identified, they are stretched and developed by precisely designed teaching techniques. No limit should ever be precisely set on children's capacity to improve; they are like Olympians whose personal best is always yet to come.

Conductive Education is presently applied mainly for the benefit of children and adults with motor disorders. The system was developed from work with wider application and it is now being adapted to a broad range of co-ordination and movement problems, such as dyspraxia. However, Conductive Education shows up the importance of Psycho-teaching principles, with universal relevance to all teaching and learning. The art of teaching and the particular art of any real teaching is not merely the delivery of content, but to be bound up with its outcome, learning.

The philosophy of Conductive teaching takes for granted that children can learn. **"The law of our land states that every child should receive an education: one could be forgiven for feeling at times that there is no corresponding universal assumption that every child can learn."**

Then why the title 'Conductive'? This is because the learners are led or guided into wanting to learn for themselves, situations have to be created in which learners find that they can indeed master their environments (including most basically their own bodies) and experience the satisfaction, the joy, of learning to solve their own problems - in fact learn how to learn, naturally and for themselves.

The responsibility to establish new learning, new potentials, new goals and new motivation, lies with the teacher. At the same time, what is being taught is occurring naturally or without planning i.e.; self-activation, self-generated goals and personal motivation. Some might consider this opposite to where the teacher is, answerable for acts or decisions for the learners' success, whilst having to declare that, success arises out of the learner's own active involvement in the process.

In the medium to long term this method of teaching/rehabilitation would be cost effective given the benefit of size of economy. If you set it against current costs of therapies, support teachers, equipment, endless assessments and duplications by psychologists and therapists. It would compare well, but the outcomes would be far superior in the quality of life and independence of the pupil and I would suggest a saving to the state in the long term as was found in the home country of Hungary.

Conductive Education is a long-term strategy for setting up an alternative communications system, between mind and body in a child with a motor disorder. If the brain cannot transmit the right signals to the right muscles (those, for example, that control speech or walking), then a child is trained to send those signals by an alternative route. The role of the educator in this process is vital. The only good teaching is that which stays ahead of development, and draws it up behind.

Whatever the future for Devolution in Wales is, I assure you that Conductive Education, the future-oriented approach to the lives of children and adults with motor disorders, and those who care for them, does itself have a very important place of its own. **Old understandings of special education, and rehabilitation have had their day, and whatever happens, a new system is ready and waiting with a very important part to play.**

The need for Conductive Education has now spread across other countries, largely as small family movements, sometimes despite the often unwelcoming response of the already existing medical and educational establishments.

In other countries, the state is beginning to take a hand, but in many including Wales, Conductive Education still struggles to put down roots with the most tenuous financial resources. Money apart, the major issue is a lack of support from the establishment and a lack of highly trained staff, professionals who really understand the implications of teaching children with motor disorders.

There a strong evidence for temporary separation in a dedicated environment for a period of professional intervention with the goal of preparing for mainstream inclusion.

At nursery level we prepare our children for primary education.

At primary level we prepare our children for secondary education.

Why is it then not considered essential for special needs children to be prepared for the commencement of education from the age of one year old and to go through their early development stages in preparation for Nursery School.

With a child born disabled from birth the biological link with the mother does not function properly and the development stages are delayed or do not take place, waiting for development brings nothing. What is needed is skilled intervention.

The problem of Motor Disorders are not decreasing, in fact, USA research proves the opposite. Here in the UK one in five children in main stream school have a special need of some sort. When are we going to grab the nettle here in Wales? We have a live birth rate in excess of 32,000 with an incidence of 1-350 born with some form of cerebral palsy alone.

I would like to thank the committee for its patience in listening to my presentation and to let you know we are always ready to help our children. We could build on our knowledge and expand our service using our contacts in Hungary along with the respect we have earned around the world. This would obviously need support or maybe partnership, or we could continue providing a limited service, as we have done for the last twelve years. We have now secured funding for a new school for 2004/5 from England, subject to a lease on our current site, so there is a way forward?

At the public launch of The Audit Commission report last week the chairman James Strachen stated (Disabled children continue to receive Cinderella services.) (when I was a child Cinderella was very, very, very poor!!)

12

I leave you with these very old but wise thoughts on teaching, which are fitting for this presentation, they were by the Great Greek Philosopher **Socrates** who died in 400bc

(Before you can be taught to absorb facts, you must be taught how to think)

