



Erasmus+



Transition to Adulthood with Conductive Education

Results from an Erasmus+ strategic partnership
October 2017 – September 2018



Phoenix Schulen und Kitas GmbH
Inklusive Bildung und
Konduktive Förderung
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General introduction

In March 2017, KoMiT GmbH Vienna applied for a grant from the European Commission to establish an Erasmus+ strategic partnership for exchange of good practice; the application was successful, and in October 2017, we started our project. The core team of the project consists of nine people, three from each partner institution KoMiT Vienna (AT), Paces Sheffield (GB), Phönix Munich (DE). Most of them are conductors (Hungarian trained, UK trained, Austrian trained) and all of them have experience in working with adolescents and adults in CE settings.

See here a section of the summary of our application:

The primary aim of Conductive Education is to equip people with a disability (typically cerebral palsy) to lead as independent and self-determined a way of life as possible. Originally developed for children with cerebral palsy, Conductive Education prepared them in special kindergarten and school groups for integration into mainstream schools. As children with more severe disabilities are now being taught in schools following the principles of Conductive Education, the number of those who cannot be included in mainstream schools without problems has risen. Although following the concept of inclusion, such students – regardless of their impairment and assisted by additional staff - should attend classes in mainstream schools, many parents and pedagogues think that the needs of those students can be better met with personalised support in specialist groups. However, empowerment and establishing preconditions for inclusion are central concerns. During the past ten years, for persons leaving formal schooling, the need for follow-on settings has become apparent. So, structured day facilities based on the principles of Conductive Education have been established. There are also some places that offer sheltered living with Conductive Education. However, there is quite an uncertainty how Conductive Education can be adapted to meet the demands of adult participants. There has so far not been any exchange of opinion and good practice. Also, no relevant literature can be found. This fact alone suggests the assumption that this project might be one of the first approaches towards the topic.

With this in mind, the project members worked to: find a common understanding within this field of work, collect considerations and make recommendations to the interested public. Over a period of one year, we came together for four transnational project meetings supplemented with 'homework' tasks in addition to these meetings.

It is obvious, that the framework conditions of the participating institutions are very different – and so might be those the reader of this handbook. Also, an exchange of opinion and good practice will rather lead to questions and possible answers than to clear solutions. Nevertheless, we hope to be able to give some good suggestions with this.

Here is the result – our website and a “handbook”. The website will stay online for two years, and if there is adequate demand, it might be kept online for longer (possibly within the timeframe of a follow-up project).

Summary

The essence of CE cannot be defined by itemised programmes or techniques, and so it does not make sense to discuss which of them are more or less (or even not) relevant when working with adults in a CE setting. In the course of working in the project, we realised that the frame conditions of the respective institutions to a high degree determine how CE can be applied. Nevertheless, we want to emphasise that there are principles of CE (see page 3) that must shape the attitude and procedures of all staff members. Therefore, in transdisciplinary teams it is of great importance that everybody commits to CE. All members of staff have to be offered basic CE training (see page 25).

Our clients can learn to adapt CE as their own style of living – getting independent from conductors' help, being motivated to be active, independent and self – determined and get themselves support (in the conductive sense: as little as possible, as much as necessary).

Let our descriptions and recommendations be an inspiration for your own CE offers for adults!

Principles of Conductive Education

Conductive Education (CE) is a holistic integrated pedagogical/educational system, which enables people with damage to the central nervous system to learn to overcome the challenges they face. CE is a process of experiences, which leads the person to work with their motor disabilities, moving towards increased independence. It is a system, which is primarily suitable for people with neurological conditions such as cerebral palsy, Parkinson's disease, multiple sclerosis, stroke, acquired head injury and dyspraxia. Neurological conditions create a wide range of developmental challenges, which can involve areas of gross and fine movement, perception, cognition, social skills, emotional development, speech, language and communication. These, in turn, can significantly affect motivation, confidence and personality. Ultimately, it is the whole personality that is impacted by the condition.

Aims of Conductive Education

Much of the Conductive Education literature speaks of the goal of orthofunction. In simple terms, this means helping people achieve their potential by nurturing and developing an attitude to learning which is based on the simultaneous development of movement, function and personality. The desire to achieve, to be successful and to reach new goals is paramount in this process. The goal of orthofunction is ever-changing, as people extend the limits of achievement beyond that which they thought achievable. Conductive education enables people to view themselves in a positive way through meaningful activity. It assists them in problem-solving, and learning strategies and techniques to approach the various challenges faced. This is when an orthofunctioning personality exists.

- Aims to improve motor skills & functions
- A positive educational philosophy that leads to the development of the individual's personality
- Facilitates the motor disadvantages with the development of problem-solving skills
- Focuses on the individual needs within a group environment
- Motivates to achieve goals and progression at an individual pace
- Unlocks the full potential of children and adults and prepares them for the next stage in their lives
- Enables for more independent and socially included living

András Pető ... where it all began

Conductive Education was developed in Hungary by Dr. András Pető in the 1940s. As a physician, he was interested in the rehabilitation of children and adults with physical disabilities, and the connection between mind and body. Dr. Pető recognised that people with lifelong disabilities require a different learning model that integrates education, therapy and (for children) academic learning into a unified, holistic model. Pető viewed people with neurological conditions as a whole; focusing not only on the body but also the personality. He therefore chose methods of facilitation in such a way that they not only made movements / actions possible, but also developed the whole personality; the wish, desire and ability to be active. CE perceives people with neurological conditions as facing a challenge of learning rather than needing treatment for a medical condition. After a malfunction or an impairment of the central nervous system, there remains a residual capacity and an ability of the brain to establish new synaptic connections. This is known as neuroplasticity. However, neuroplasticity cannot be tapped spontaneously – it must be activated. Pető argued that in order to ensure learning people with neurological conditions should be 'taught' rather than 'treated'. Through a structured teaching environment, led by the conductor, the brain can use residual capacity and neuroplasticity therefore learning can be promoted. CE can be seen to utilise the neuroplastic properties of the brain in order to re/learn lost or impaired functionality.

Main characteristics of Conductive Education

- Conductive education is human, ability focused, and positive minded
- View of unity in different aspects (such as organism, personality, routine(s) of the individual, society, environment, physical movements, learning, etc.), accordingly a complex, gestalt approach
- Pedagogical fundaments
- Importance of both the client/learner's and the conductor/teacher's personality in the process of co-operation
- Importance of respective relationship between client and professional
- Collective approach with particular interest of the individual
- Importance of purposefulness, sense of security and self-confidence
- Use of Pygmalion effect and Socratic method
- Use of rhythmical interventions

Guiding Principles (tenets) of Conductive Education:

- Tenet of activity and deliberate/conscious acquiring (obtaining, learning)
- Intention – intendation (rhythmical intention) and their effectiveness
- Motor & movement learning is a cognitive issue nearby the neurological factors
- Procreation of activity
- Tenet of putting any learnt activities into daily living practice
- Effort to achieve self-motivation
- Use of entire (complex) activating system
- Tenet of relation to activity, function
- Principle of attention
- Tenet of setting of objectives
- Tenet of self-control
- Tenet of recode of self-control
- Collective education, individual approach
- Tenet of the coherence of Group – Aim – Tool
- Deliberate group creation
- Group leader
- Tending towards group homogeneity

- Tenet of expressivity and lucidity
- Tenet of loose handling
- Verbal appellation of object and action
- Tenet experience of adequate action
- Tenet of developing body schema, perceptions and spatial experiences
- Tenet of using synergism, coherences
- Alignment of curricular and extracurricular matters
- Tenet of self-control and self-monitoring
- Facilitation, Fading of facilitation
- Tenet of task – aim – tool alteration towards independency
- Use of physiology, mechanical effects and gravitation in context of motor development
- Importance of Direction
- Cognitive development, emotional impacts
- Tenets of regularity and consistency
- Regularity in observation
- Regularity in daily routine and in developing and forming (working up) task series
- The program
- Preparation, adjustment
- Evaluation of the programs
- Systematic and regular documentation



Examples of National Practices

Austria - Institution: KoMiT GmbH Vienna

Number and type of groups		2 groups day structuring facility 2 groups sheltered living
Funding	<p>All our facilities are funded by the public authorities. It is a concept of support for the individual, but in connection with attending a special facility. So the public authority pays a daily rate ("normal" respectively "raised" according to the degree of disability) to the institution running the facility. In the case of "normal" rate, there are 50 days per year "free" (for vacation, sick leave or whatever) without interrupting payment to the institution. In the case of "raised" rate, only days of presence (at least 4 hours) will be paid.</p> <p>Additionally, there is a rather small amount (like € 200 or less per month, depending on financial resources of the client) to be paid by the client. Donations cannot be relied upon as part of the regular budget; they are mainly used for "extras".</p>	

Day structuring facility		„Media & More“
Opening hours	Monday – Thursday 8:00 – 15:00 Friday 8:00 – 14:00 all year	
Number of participants	32 in 4 groups	
Age range	Currently 16 - 53	
Level of needs, diagnoses	moderate to profound multiple disabilities, mainly CP	
Staff (professions, ratio)	conductor, qualified nurse, specialized social worker, psychologist, educator, teacher / sport for the disabled, healthcare assistant, multimedia designer (about 1:3) plus persons doing community service, voluntary social year or voluntary integration year, internship	
Programmes	lying – standing – manipulation – perception – stretching - sports games – climb the stairs – walking - brain jogging – creative work – editorial work – media – projects – music - household activities - ADL	

Day structuring facility	„Konduktive Tagesstruktur“
Opening hours	Monday – Thursday 8:00 – 15:00 Friday 8:00 – 14:00 all year
Number of participants	22 in 3 groups
Age range	Currently 19 - 52
Level of needs, diagnoses	moderate to profound multiple disabilities, mainly CP
Staff (professions, ratio)	conductor; certified social worker; OT; art therapist; nutritionist; social therapist (about 1:3) plus persons doing community service, voluntary social year or voluntary integration year
Programmes	lying – standing – manipulation – perception – stretching – walking – creative work – cognitive (“TeCo Uni”) – music – sports games - household activities - ADL

Our day structuring facilities have originated from parents’ groups looking for adequate support for their adolescent children after compulsory education in school groups of “Therapieinstitut Keil” offering CE. KoMiT is a sister company under the umbrella of the “Helga Keil – Bastendorff Foundation” and provides “Tagesstruktur” – which in the Austrian social system is an established and government – financed work – placement for persons who cannot find gainful employment because of their disability or mental health problem.

Our groups are in general open to everybody coming within this target group. Only about half of our clients choose KoMiT because they have had prior experience with or knowledge about CE, but the principles of CE are essential for our work and it is certainly not possible to “deselect” CE. Experience has shown that most of the participants in our groups learn to appreciate the benefits of CE after a short time.

Principal concern is to promote activity, independence and empowerment. Satisfying occupation can be found by utilizing personal resources and individually adapting tasks. Optimally performing motor function and communication are important tools in this way.

Social skills are trained and maintained in contact with peers and staff on the one side but certainly also in an inclusive sense when going shopping, selling products of creative work at bazars or markets or going on excursions.

Our teams consist of conductors (Hungarian and Austrian trained) and members of several relevant professional groups. The latter get an introduction into the principles of CE when they start working with KoMiT; we put emphasis on the importance of a “conductive spirit” in the groups and a conductive attitude towards work of each team member. Conductors are responsible for providing training that is specific to each of the clients throughout the working day.

Basically, there are 4 (Media & More) respectively 3 (Konduktive Tagesstruktur) groups at the locations. In these groups, there will be a daily routine, which will include morning circle, toileting, meals, household activities etc. and "Bezugsbetreuung" (key worker; setting goals, documentation, communication with parents / living surroundings etc.). There is a variety of alternative programmes in which the clients can take part so that in terms of contents the structure of the day and the week can be designed very much to meet the needs and interests of the individuals. This system makes it possible to take account of both conductive guidelines: working in groups and supporting individually.



Sheltered Living	„Wohntraining“
Opening hours	Clients have to attend day structuring facilities, so opening hours are complementary to opening hours of the day structuring facilities. There is also the need to provide care for clients who are ill or who are taking time off their day facility.
Number of participants	9
Age range	Currently 27- 43
Level of needs, diagnoses	moderate multiple disabilities, CP
Staff (professions, ratio)	specialized social worker – some certified, some still in training, assistants for the handicapped, learning- and leisure coach persons doing community service, voluntary social year, European voluntary service Ratio depending on time of the day – 1:4 – 1:9 Responsible conductor - not working regularly at the facility
Programmes	The daily / weekly routine is determined by "everyday life" routines. There is a focus on activity, autonomy and learning to cope with (old and new) situations. Keeping up a good physical condition is a main goal for all our residents.

Sheltered Living	Wohnverbund 18
Opening hours	Clients have to attend day structuring facilities, so opening hours are complementary to opening hours of the day structuring facilities. There is also the need to provide care for clients who are ill or who are taking time off their day facility.
Number of participants	19 on 3 floors
Age range	Currently 21- 62
Level of needs, diagnoses	2/3 CP moderate multiple disabilities, 1/3 other diagnosis (intellectual, mental issues)
Staff (professions, ratio)	qualified nurse, healthcare assistant, psychologist, specialized social worker – some certified, some academic, GerAnimation trainer; persons doing community service, voluntary social year or voluntary integration year, internship Ratio depending on time of the day – 1:4 – 1:7 External: visiting volunteer, PT, animal therapist, music therapist Responsible conductor - not working regularly at the facility
Programmes	The daily / weekly routine is determined by “everyday life” routines. There is a focus on activity, autonomy and learning to cope with (old and new) situations. Keeping up a good physical condition is a main goal for all our residents.

Central concern in our houses is to give the people living there a place that they can feel to be their home. They are encouraged to cope with everyday life situations as independently as possible and are offered support to develop their skills. Goals are being set, and for some residents the future perspective to be able to move to a living surrounding with less assistance is a strong motivation.

The group is an important factor - it is space for learning, sharing emotions, caring about each other and setting personal limits. The age differences on one hand provide space for social learning but on the other hand make very personalised programmes necessary.

The members of the transdisciplinary teams (one team per floor in “Wohnverbund 18) are rotating in work circles and have one team meeting per week to coordinate procedures and priorities. There are several external carers like physiotherapists, music therapists, nursing staff, assistants for leisure time activities etc.

The daily routine of course cannot be as strict as in a day structuring (“working”) place, as “being at home” should mean a big share of spontaneously deciding what to do or even not to do anything. Nevertheless, there are fixed routines like getting ready for work in the morning, dinner or getting ready for the night. There are structure plans for the week, where everybody is assigned to regular jobs like cleaning the room, do the washing, go shopping etc.

We use some typical “conductive furniture” to support independence in transfer situations, and the use of technical aids is considered very carefully.

Germany -Institution: Pfennigparade Munich

VSB (Verlags- und Sortimentsbuchbinderei)	
Number and type of groups	1 „workshop“
Opening hours	Monday to Friday 8:00 – 16:00 All year open
Number of participants	11
Age range	19 to 56
Level of needs, diagnoses	CP, craniocerebral injury mild to moderate
Staff (professions, ratio)	1, Conductor; there is a care team for all groups in the house (ratio 1 : 11)
Programmes	work, fine motor programme, standing up programme, cognitive sessions
Funding	Government funded, nothing has to be paid by the client. Pfennigparade VSB GmbH has contracts with the local authorities. The clients have working contracts and get a salary depending on the level of their productivity.

This is one of many workshop – groups; the focus of the activity is creative work with paper. It is the only constellation where motoric training is integrated in the daily routine. For this, one hour per day is scheduled, including a programme in group settings and walking in individual sessions.

During work, frequent changing of position is encouraged and attention is drawn to body posture, handling of tools etc.

In the working area, you can find typical conductive furniture like ladder chairs etc.

2018, the group has won an award in the field of personnel development / workplace health promotion (staff sport activities).



Phoenix Schulen und Kitas Munich Housing

Number and type of groups	1 group for young adults
Opening hours	4.00 pm – 8.00 am from Sunday evening to Friday Closed on weekends
Number of participants	6
Age range	16 to 20
Level of needs, diagnoses	CP, acquired brain injury, genetic disorders
Staff (professions, ratio)	2 conductors, educator, care givers, social pedagogue
Programmes	activities of daily living, cooking programme, social learning programme, independence in the environment, wheelchair training During the day time the young adults are at vocational schools/colleges
Funding	Government funded, nothing has to be paid by client, the Phoenix institution has contracts with the local authorities, up to 1.1.2020 a new law will regulate the funding of living programmes for adults which give more choice to the clients (Bundesteilhabegesetz)

The Conductive Education Centre Phoenix Schulen und Kitas GmbH, an institute of the holding company Stiftung Pfennigparade, was founded in 1995. More than 120 children in 11 groups are being prepared every day for a life that is as independent as possible (mother-child group, kindergarten groups, school and residential program). Intensive summer rehabilitation camps and individual conductive training is offered alongside the year. The Phoenix accepts children and adolescents from the age of 6 month to 20 years or adults with movement disorder such as cerebral palsy or other physical disability, which can be in combination with perception, or behavioral disorder.

In 2008, the concept was extended to also include non-disabled children so that they can now learn and play together in integrative and inclusive settings – there are about 190 children without disabilities in the institution.

Special conductive training camps for adults with MS, Parkinson, CP and other physical disability are offered twice a year.

A multi- and interdisciplinary team (conductors, special educators, occupational therapists, physiotherapists, speech therapists, nurses and volunteers) work closely with social workers, psychologists, neuro-pediatricians and orthopedists. Also, the very close cooperation with the parents plays an important role. Phoenix meanwhile has 130 employees.

At Phoenix Academy job-accompanying further training for professionals in Conductive Education or other pedagogical and therapeutic subjects have been offered since 2000. From 2000 to 2015, about 100 German trained conductors were trained over a 2-year period and are now working in different institutions, mostly in Bavaria.

In 2016, a BA study course for specialized pedagogues with main focus on Conductive Education started at the Nuremberg College (www.evhn.de) with the help of Phoenix. The students can be accompanied by professional senior conductors for their practical training at Phoenix.

UK – Institution: Paces Sheffield

Our group for young people with cerebral palsy, “Leaping the Void” has been specially designed to support their progression from childhood to adulthood, equipping them with skills for daily living whilst promoting confidence and self-esteem.

Our flexible approach allows each person to follow their chosen pathway through life by developing skills to aid movement, communication, self-care and social interaction.

Our programme offers benefits to people from the age of 18, they can join us straight from school or at a later date dependant on personal choice.

The Paces specially trained Conductors help people to identify the most relevant programme for them based upon their personal goals and aspirations, focussing on potential benefits and desired outcomes.

We aim to personalise our programmes as much as possible, enabling young people to recognise their capabilities, set themselves achievable milestones, and celebrate their personal successes.

We focus on good health, independence and inclusion in community life; young people are supported to maintain existing skills and to build new skills for the future.

We recognise that everyone has the potential to develop and learn new skills, and our Conductors are here to guide people along their chosen pathway of learning.

Programmes usually involve small groups of young people learning together, but working towards their own goals. Each group is supported by a Conductor to ensure that everyone is active and enable to participate in the programme. The group provides a positive environment for learning, shared experiences play an important role; group members provide motivation and peer support to one another. Family members can also learn new skills that will enable young people to transfer what they are learning in to daily life.



Leaping the Void

Number of groups	Currently 1
Types of group	Full time 5 days. Participants can attend 1 or more days, preferably minimum of two days.
Funding	Individuals are usually funded through either self-funding, social care budgets or personal health budgets from the NHS.
Number of participants	Maximum 6 on one day
Age range	18 +. Currently oldest is 37
Level of needs, diagnoses	Cerebral Palsy / Dystonia / quadriplegic / mixed tone / epilepsy / learning disabilities Complex, majority 1-1 or 2-1 support for some tasks. High level of need
Staff (professions, ratio)	3 or 4 staff in group of four or more. 1 conductor leads and plans sessions. The other staff are conductor assistants or support workers trained by the conductor.
Programmes	Lying programme, speech, fine motor programme. Life skills sessions such as cooking / baking, home management i.e. understanding hygiene and need for cleaning, money management, online shopping ETC micro enterprise (craft) project.
Aim	To provide an active and positive learning environment after leaving school and beyond. Applying principles of Conductive Education to help individuals to retain their current level of physical ability and help to prevent deterioration as much as possible. We apply learning / experience to practical situations and to age appropriate activity aimed at helping develop individual's independence. For each individual the meaning and extent of independence can be very different. For example some individuals may live in supported accommodation where they are 'independent from parents' but require support from carers and others live at home with parents.

Differences between adults and children

Potential SOCIAL AND EMOTIONAL difficulties experienced by young people with disabilities and the differences between adults and children

Adult	Child
<ul style="list-style-type: none"> • Greater potential for mental health issues. 	<ul style="list-style-type: none"> • Less potential for mental health issues in early childhood.
<ul style="list-style-type: none"> • Personal circumstances may change during early adulthood with regards to living arrangements. Support needs to be given when moving out of the family home etc. 	<ul style="list-style-type: none"> • Children are more likely to have a stable family environment and supportive family unit.
<ul style="list-style-type: none"> • Due to the nature of disability, young adults can experience prolonged post adolescent stage. Appropriate support may be required during this time. 	<ul style="list-style-type: none"> • Children tend not to experience changes in hormones until late childhood.
<ul style="list-style-type: none"> • Tend to be socially and emotionally delayed and may have a lack of confidence and self-esteem. 	<ul style="list-style-type: none"> • Children may also be socially and emotionally delayed however, school and family support should be equipped to deal with any issues that may arise.
<ul style="list-style-type: none"> • Individual living circumstances and lack of support, can lead to social isolation. 	
<ul style="list-style-type: none"> • Understanding age appropriate behaviours can lead to problems in managing relationships. 	<ul style="list-style-type: none"> • Children are more likely to behave more age appropriately or the behaviours they display will be more socially acceptable.
<ul style="list-style-type: none"> • A developing awareness of sexuality and gender related behaviours can again lead to difficulties 	<ul style="list-style-type: none"> • Issues relating to sexuality and gender will not really be a problem until adolescence.
<ul style="list-style-type: none"> • Society and the expectations placed upon adults can be challenging for young people with disabilities. 	
<ul style="list-style-type: none"> • New relationships, i.e. partnerships, marriage, parenthood can lead to new challenges 	<ul style="list-style-type: none"> • Relationships tend to be more stable with the family unit being the predominant figures in a child's life.

Potential COGNITIVE difficulties experienced by young people with disabilities and the differences between adults and children.

Adult	Child
<ul style="list-style-type: none"> Possible memory or recall problems. 	<ul style="list-style-type: none"> Children are still developing their understanding of the world, they need to gain experiences, learn to play, learn movements, daily living skills, social basics etc. They need to be taught 'Why and how'.
<ul style="list-style-type: none"> Communication strategies usually well established in adulthood. 	<ul style="list-style-type: none"> There is still a flexible approach to communication in place.
<ul style="list-style-type: none"> Young adults can sometimes have a lack of understanding or acceptance of their own ability leading to self-esteem issues. 	<ul style="list-style-type: none"> Young children, if in the right school environment, are supported to focus on what they can do, rather than what they can't do. They are therefore more likely to be unaware of the potential limits of their disability.
<ul style="list-style-type: none"> The effects of any associated problems are usually more prominent. 	
<ul style="list-style-type: none"> Careful consideration needs to be given to motivators and the difference between motivators and 'blackmail'. 	<ul style="list-style-type: none"> Extrinsic motivators are more effective when working with children.
<ul style="list-style-type: none"> Activities and plans need to be more goal-orientated. Need to have meaning and be useful. 	<ul style="list-style-type: none"> Children are motivated through the curriculum and there tends to be more motivators available
<ul style="list-style-type: none"> Young adults need the opportunity to express their individuality. 	
<ul style="list-style-type: none"> Age related expectations of society can be very different to the actual ability of the young adult 	
<ul style="list-style-type: none"> Adults have an increased responsibility for their own development. Support from their carers' and family is still important but they need to have ultimate responsibility for looking to the future. 	<ul style="list-style-type: none"> Children have more support to develop their cognitive needs and access to a broader balanced curriculum. Positive input from parents is needed to ensure that children are able to transfer their conductive skills into the home environment.
<ul style="list-style-type: none"> The relationships between adults and professionals is different and based upon respect rather than authority. This relationship needs careful nurturing. 	<ul style="list-style-type: none"> Professionals are a more powerful authority. Children are more likely to accept this authority.

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| <ul style="list-style-type: none"> • They are able to make their own choices. Sometimes support is needed to encourage them to make the best choices. | <ul style="list-style-type: none"> • Children need guidance in making choices and need to be taught the skills to make consistent choices. |
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Potential MOTOR difficulties experienced by young people with disabilities and the differences between adults and children.

Adult	Child
<ul style="list-style-type: none"> • An adults' motoric condition tends to be static and more stable and will sometimes involve contractures. 	<ul style="list-style-type: none"> • Children's physiology is still changing as they are still growing and therefore associated problems may be yet unknown as children are still developing.
<ul style="list-style-type: none"> • Associated problems known and possible strategies put in place to address these problems. 	
<ul style="list-style-type: none"> • Emphasis is usually on maintaining physical skills. Any physical skills are likely to be done in very small steps. 	<ul style="list-style-type: none"> • Children tend to have more potential to gain new skills. Aspirational goals can be set in terms of motor development.
<ul style="list-style-type: none"> • Adults will have more aids and equipment. 	<ul style="list-style-type: none"> • Children will have fewer aids and less equipment. The emphasis is still on trying to gain new skills with minimal aids and equipment.
<ul style="list-style-type: none"> • Associated difficulties with the natural aging process have be taken into consideration as well as difficulties linked to their disability. 	
<ul style="list-style-type: none"> • Adults living in an assisted living environment may not have the support from trained staff to support them to be physically independent in the home environment. 	<ul style="list-style-type: none"> • Children usually have the parental support to continue their physical development in the home environment. This support is imperative to ensure that the child is transferring their conductive skills into the home environment.
<ul style="list-style-type: none"> • Potentially dealing with the side effects of surgical interventions. 	<ul style="list-style-type: none"> • Children may also have to deal with the side effects of surgical interventions.
<ul style="list-style-type: none"> • Chronic pain and fatigue can affect their involvement and level of engagement in activities. 	

Potential issues associated with Self-Care activities and Assisted Daily Living (ADL) experienced by young people with disabilities and the differences between adults and children.

Adult	Child
<ul style="list-style-type: none"> The expectations placed upon adults with regards to self-care must be age appropriate and relevant. 	<ul style="list-style-type: none"> Self-care activities are built into the daily routine. They can also play a part in the curriculum in role-play type scenarios.
<ul style="list-style-type: none"> Motivators need to be considered when facilitating adults to engage in self-care related activities. 	<ul style="list-style-type: none"> There could be times where children are not encouraged in their home environment to engage in self-care activities/tasks, due to parents over-helping their children. Professionals need to promote and encourage families to provide children with the tools to engage as actively as possible in self-care activities.
<ul style="list-style-type: none"> Age appropriate activities/tasks are essential; the following should all be addressed: <ol style="list-style-type: none"> 1. Money management and home management including banking, paying bills etc. 2. Information given relating to knowing a person's rights/guidelines and benefits. 3. Appropriate household tasks including cleaning, washing, cooking etc. 4. Health management including medication and their side effects. 5. Consideration must be given to gender issues and awareness. Staff will need to support young adults effectively with these issues. 	<ul style="list-style-type: none"> All tasks linked to home management will usually be carried out by people from the children's family unit.
<ul style="list-style-type: none"> Young adults need to be taught to consider and understand the rules of society and citizenship. 	<ul style="list-style-type: none"> Citizenship will form part of the PSE curriculum in schools.

Habilitation services	Sessional Training	Conductive day service/workshop	Supported Living	Life coaching service
What is essential for Conductive Education ?	Learn & cope with session routine	Adopt routine at place of work	Adopt daily routine of the house	Adopt daily routine in personal life
		Gain work experiences	Gain living experiences	Gain living experiences
	Learn movements, skills, social basics, required ADL functions: learning goals are "short term" & specific	Learn movements, skills, social skills, basic ADL functions	Learn movements, skills, social skills, functions of everyday life	Learn movements, skills, social skills, functions of everyday life
	Constant work with family members		Work with family members	Work with family members
	Follow up with orthopedic aids & equipment		Follow up with orthopedic aids & equipment	Follow up with orthopedic aids, equipment & medical issues
				Deal with & help clients' everyday issues
	Deal with Psycho-social issues	Deal with Psycho-social issues	Deliberate psycho-social needs	Deliberate psycho-social needs

Rehabilitation services	Sessional Training	Conductive day service/workshop	Supported Living	Life coaching service
What is essential for Conductive Education ?	Learn & cope with session routine	Adopt routine at place of work	Adopt daily routine of the house	Adopt daily routine in personal life
		Re-gain work experiences, cope with altered skills & abilities at place of work	Re-gain living experiences, cope with altered skills & abilities at the house	Re-gain living experiences, cope with altered skills & abilities in personal life
	Learn movements, skills, social basics, required ADL functions: learning goals are "short term" & specific	Re-learn movements, skills, social skills, basic ADL functions: learning aims are specific	Re-learn movements, skills, social skills, functions of everyday life learning goals: could be short and long term & specific	Re-learn movements, skills, social skills, functions of everyday life, Learning goals short and long term, specific to the person
	Constant work with family members	Constant work with family members	Work with family members	Work with family members
	Following medical issues & drug treatments	Following medical issues & drug treatments	Following medical issues & drug treatments	
			Follow up with orthopedic aids & equipment	Follow up with orthopedic aids, equipment & medical issues
	Deal with Psycho-social issues	Deliberate psycho-social needs	Deal with & help clients' everyday issues	Deal with & help clients' everyday issues

Habilitation services	Sessional Training	Conductive day service/workshop Only adults:	Supported Living	Life coaching service Only adults:
Main differences in adult and children Conductive Education	<p>Child: Need to gain experiences, learn to play, learn movements, skills, daily living skills, social basics, functions “why and how”.</p> <p>Must be guided in making choices. Lots of parents work.</p>	Adopt routine at place of work	Conductive lifestyle, living together with people having similar distress and having continuous support from CE professional(s)	Specifically tailored independent (conductive) lifestyle with continuous support from CE professional(s)
	<p>Adult: A wide range of previous experience, loss of skills, re-learn lost skills, orthopedic issues, responsibility for own development, look the future, increasing/increased responsibility for own development, they are able to make choices.</p> <p>More individual social work. Working with family members or carers.</p>		Adopt daily routine of the house	Adopt daily routine in personal life
		Gain work experiences	Gain living experiences	Gain living experiences
		Learn movements, skills, social skills, basic ADL functions	Learn movements, skills, social skills, functions of everyday life, learning goals: could be short and long term & specific	Learn movements, skills, social skills, functions of everyday life
			Work with family members Follow up with orthopedic aids and drug treatments	Work with family members Follow up with orthopedic aids & medical issues Deal with & help clients’ everyday issues
		More & deliberate psycho-social issues	Deliberate psycho-social needs	Deliberate psycho-social needs

Rehabilitation services	Sessional Training	Conductive day service/workshop	Supported Living	Life coaching service
Main differences in adult and children Conductive Education	<p>Child: Need to gain experiences according to the altered life situation, learn to play, re-learn and learn movements, skills, daily living skills, social basics, functions "why and how". Must be guided in making choices. Lots of parents work.</p> <p>Adult: A wide range of previous experience, loss of skills, re-learn lost skills, orthopedic issues, responsibility for own development, look the future, increasing/increased responsibility for own development, they are able to make choices. More individual social work. Working with family members or carers.</p>		Conductive lifestyle, living together with people having similar distress and having continuous support from CE professional(s)	Specifically tailored independent (conductive) lifestyle with continuous support from CE professional(s)
		Adopt routine at place of work	Adopt daily routine of the house	Adopt daily routine in personal life
		Re-gain work experiences Re-learn movements, skills, social skills, basic ADL functions: Learning aims are specific	Re-gain living experiences Re-learn movements, skills, social skills, functions of everyday life	Gain living experiences Re-learn movements, skills, social skills, functions of everyday life, Learning goals short and long term, specific to the person
		Constant work with family members	Work with family members	Work with family members
		Following medical issues & drug treatments	Follow up with orthopedic aids Following medical issues & drug treatments	Follow up with orthopedic aids & medical issues
		Deliberate psycho-social needs	Deliberate psycho-social needs	Deliberate psycho-social needs

Recommendations

Staffing

The staff team should consist of at least one trained conductor who leads and oversees the CE element of services. The Conductor should be open minded and willing to share their knowledge with others. With this in mind, they should be responsible for training staff whom they work directly with. Ideally, Conductors should be members of relevant professional bodies and keep up to date with changes and best practices within Conductive Education.

The team may also consist of appropriately trained conductor assistants, carers and other professionals. All members of the team should also be open minded, positive and understand the ethos of Conductive Education particularly with regards to facilitating individuals to be as independent and as possible. With this in mind, carers within a supported / sheltered living environment should help individuals apply the skills they have developed through Conductive Education in their home environment.

The staff team should be a consistent group of people to enable them to get to know the individuals they are working with well and to build a good working relationship with them. Training for all should be regular and relevant.

All staff should have a willingness to work with other professionals where needed and where it will be beneficial for the individual. Also, there should be an exchange of knowledge with other organisations delivering CE services.

There are differences between countries, which will affect the staffing team you can have. One of the major differences is funding. Both the amount of funding available and how services are funded vary greatly from country to country. Conductive Education as a profession isn't recognised in all countries and so conductors have to work in different guises to enable them to deliver CE sessions.

Day Structure

As adolescents are reaching an age when they need to identify what provision they will transition into, it is essential that we are able to offer continued CE provision. One of the ways in which this can be achieved is through a structured service using the principles of CE. It is vital that these young adults are given the opportunity to maintain and further develop their physical health and skills. We recognise that through the application of skills learnt through CE there are many possibilities to adapt and use these skills in a work type environment. This allows adults to participate in a meaningful way continually building greater self-esteem.

The group

Ideally any adults attending a day structure would be grouped according to their needs and abilities. The number of people in a group is dictated by the space available, the number of staff and the level of support each client would need. The many benefits that children experience from working in a cohesive group are still applicable in adulthood. However, the interests and desires of adults have to be taken into consideration to deliver a person centred approach.

Transdisciplinary team

It is essential that all team members work within the Conductive Education Framework using and applying the principles of CE. In a school environment, the group is very much led by the Conductor who is responsible for planning and delivering the daily routine. In an adult setting, other professionals with specific expertise can add value to the service delivered, providing that other professionals and conductors work in collaboration with one another. It is the responsibility of the conductor to disseminate their knowledge with regards to applying the principles of CE into all programmes.

Conductors must liaise with health professionals to ensure that the health and wellbeing needs of the clients are met at all times. As clients age their health needs can become greater and it is important that this is recognised and people work in collaboration. Sharing of information is vital to ensure that this process occurs successfully and the recognition that the needs of clients will change over time must be taken into consideration.

The type of support needed by a client will alter as family and personal circumstances change. We as professionals must recognise this and work with clients to facilitate them through their adult life. We must also plan with our clients for their future anticipating any significant changes to manage the impact of these.

Daily/weekly structure

We should offer a structured daily routine that still allows adults to engage in activities that enable them to maintain and develop their skills. The daily structure has to include CE motoric programmes e.g. plinth programme, sitting programme, hand programme etc. as well as opportunities to develop ADL skills and skills for work related activities adapted to the needs of each client. Encouragement and opportunities to transfer skills throughout the daily routine are essential to maximise the effectiveness of the programme. Opportunities for age-appropriate sports, leisure and social activities are also a vital part of a balanced structure.

Multifunctional aids

The conductor has to manage the use of multifunctional aids, communicating the needs of individual clients to all staff members. It is important that the use of equipment is consistent at all times irrespective of who is working with the client. Equipment should be used to facilitate clients to be as independent as possible. The use of equipment should be built into the daily routine, which must be adhered to at all times. It should be noted that as our clients change over time the need for additional pieces of equipment may be necessary. This should be monitored at all times.

Consultation:

Staff working in a day structure must liaise with any other professionals/family members involved with the client. If clients are living in a 'Supported Housing' provision communication between staff in both settings is essential. Any key information must also be shared with any relevant family members. In contrast with children, adults should be encouraged and guided to make their own informed choices. Family is no longer necessarily the most significant factor in a persons' life. Sometimes support is needed to encourage family members to allow clients to be more independent in their decision-making and act as a support rather the driving force.

Supported Living

Housing for people with disabilities in a Conductive Education setting is becoming more important as the first generations of young people progress through schooling into adulthood. Some young adults have had experience of Conductive Education settings but many have not. What is without doubt is that there is a clear and defined need for living space based on Conductive Education principles – particularly in the supported living context.

Giving general recommendations is of course difficult as every individual presents with different circumstances. This is further complicated when you consider particular national characteristics relating to funding and legal necessities.

Best practice is now clearly focused on delivering a home for people with disability based, where able, on holistic principles where as much autonomy, self-development and self-expression can be achieved. The hope is to deliver a supported housing environment where individuals can together create spaces where their learning can continue to progress and discover solutions for living with others in a community space. Facilitating the ability for participants to further develop everyday life skills adapted to individual goals, movement and staying active are essential for this environment to be successful. Empowering and giving clients tools for living and leading a happy and fulfilling life is the paramount aim.

The group

It is essential for learning from each other, relating with clients and staff and the motivation of their peers. Forming a group is dependent on many factors such as abilities, disabilities, age and personality. It is the professionals' task to choose a group according to their needs, picking them up where they need support and facilitation, working out individual and general goals and providing space for growth and learning.

Transdisciplinary team

A motivated team willing to learn new things is essential for a good basis for Conductive Education incorporating housing.

People of different professions such as conductors, carers, psychologists, therapists, social pedagogues and medical professionals - nurses, orthopaedics, doctors - and volunteers are in the required team. Some of these professionals are of course present in everyday life, others are not.

Another task of team members is to co-operate with advocates and legal services. This is particularly important where a client does not have the support of family members, but requires the intervention of healthcare, social and legal professionals.

The role of the Conductor is more than just planning motor-developing exercises - the focus of Conductive Education in this regard is often also relating to the application of finding practical solutions for everyday challenges in independent living.

Daily/ Weekly structure

A structured every-day life routine helps organising activities and remembering key tasks. A repetitive daily routine - such as morning, afternoon and night time - helps the core structuring of any day.

Individualised programmes carried out in group or single settings form part of everyday activities. Planning tasks, fine and gross motor skills are integrated - especially in self-care and planning of leisure time activities. Housing tasks are part of everyday life, supporting the goal of providing independent living according to a person's abilities and needs.

Multifunctional aids

Aids include material, manual facilitation and a Conductive environment, which supports structure and clarity for living. Material includes Petö furniture like walker, walking ladder, wall bar, plinth or footrest as well as other material like specialised table and cutlery, adapted bathroom equipment and lifts. Assisted Communication systems also play a very important part of working successfully with adults in a housing environment.

Consultation with parents

Communication and consultation with parents form a very important part of the supported living role for the Conductor. Trust of parents and relatives in the team is essential for a good co-operation in order to get the best outcomes for the client. Especially for young adults, another key person and connection with the team is important. Planning family visits, holidays, important events or supporting medical interventions requires considerable interface between the Conductor and family. Clearly, if there is a positive and constructive co-operation between all key individuals, the best possible outcomes will be achieved for the client.

Life Coaching

Life Coaching services by CE professionals (conductors, CE teachers) are different from consulting, mentoring, advice, therapy, or counselling. However, in respect of CE principals it is an amalgamation all of those above.

The coaching process addresses the individual's specific personal life and facilitates his emotional, social and physical conditions in need. It conducts the person with (often complex) disabilities to overcome everyday life difficulties by examining what is going on right now, discovering what obstacles or challenges might be, and choosing a course of action to make everyday life easier.

Life Coaching is a deep relationship between conductor coach and the individual where the coaching relationship continually gives adequate support for the client. The client is the only expert in his life who truly knows who he is and what he needs. He is the only expert who can recognize what will work for him; however, the CE coach simply has expertise to facilitate the process. The coach helps discover what the "best" might be. These choices may range from profound to trivial and each one has an effect that makes our lives more fulfilling or less fulfilling, more balanced or less balanced, that make our process of living more effective or less effective. Life coaching helps to learn how to make choices that create an effective, balanced and fulfilling life. Conductors are highly trained on many aspects of life with disabilities. The life coach addresses the following areas:

- Life confidence
- Be legally visible
- Physical existence
- Self & identity – surviving with having disability
- Self-worth & self esteem
- Self-determination: to be listened to, to make decisions
- Self-care
- How to get other help
- Community life & relationships
- Money

- Career, searching for workplaces that work, employment
- Juggling a life
- Living purposefully
- Managing negative emotions; anger, frustration, stress, managing grief, loss, sadness and change
- Parenting
- Housekeeping, environmental activism and permaculture
- Artists - creativity & art
- Food, nutrition, & optimal health

Sport and Leisure time activities

Sport and leisure time activities are suitable to exercise the body in an exciting and inclusive way.

For sport and leisure activities to be done in a conductive way, the presence of a conductor or a person trained to apply CE is necessary. Sequences of movement are prepared theoretically and practically and the body is warmed up (stretching). During the implementation of the activity, the movements are watched and corrected if necessary. It is the aim that the athlete learns to realise these steps as independently as possible.

There are many examples of sport disciplines that can be accessed with or without adaption when working with CE, for example bi/tricycle, swimming, archery, horseback riding, race running, Boccia, boxing, Ski-bob and other winter sports.

Other leisure time activities like art, needlework, handcraft, computer and other games etc. can be more effective and therefore more satisfying if CE is applied.

To achieve full benefits during these type of activities it is important that the skills learnt throughout the CE programmes be applied. The conductor should encourage the application of skills, for example standing from a wheelchair in a museum to get a better view, or to sit out of their wheelchair at the cinema to enjoy the film more. It is also important that the client is aware of this application of skills and is able to advise any members of staff working with them. This will ensure that when a conductor is not present the level of participation and therefore enjoyment remains the same. The ultimate goal is that the client be able to apply these skills independently.

Thanks to (in alphabetical order)

Thorsten Gegenwarth

Helga Keil – Bastendorff

Norbert Kilian

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Jenö Lökkös

Dr Spencer Pitfield

Bettina Tautscher-Fak

Christine Weixler

and all the teams and clients working in the places we had the opportunity to visit in Sheffield, Munich and Vienna

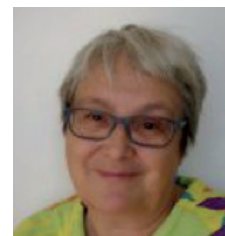
About the team



Elisabeth Rümmele
Vienna (AUT)

I finished my education in Social Pedagogics in 2010. Afterwards, I worked with people with psychological disabilities in Austria and Spain. I started working at KoMiT GmbH where I learned about the benefits of a conductive lifestyle for people with disabilities and started working as a staff member in March 2016. I appreciate CE especially for focusing on abilities and finding creative solutions to the challenges of living with disability and at the same time provide an active lifestyle. In 2018, I started the certificate course for Conductive Education at the University of Vienna.

Originally trained as a music teacher and professional musician, I changed to working with CE in 1994. From 2000 – 2002 I had the opportunity to finish a training in CE at the Vienna University ("Akademische/r Mehrfachtherapie – Konduktor/in). I am working in a Conductive school group at Therapieinstitut Keil and hold a department for conductive quality management (KoMiT GmbH Vienna). I see a strong parallelism between CE and teaching/learning musical instruments: both are integrating motoric, cognitive and emotional aspects in a process of very individualised learning, nevertheless with a concern about group settings.



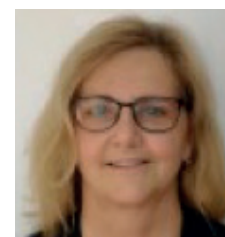
Ule Ossberger
Vienna (AUT)



Clemens Schläger
Vienna (AUT)

I started my experience with CE in 2000 at "Therapieinstitut Keil" in Vienna and stayed there for thirteen years. In 2007, I finished my Austrian conductors' degree (Universitätslehrgang zum Mehrfachtherapie – Pädagogen) at the University of Vienna. In 2013, I started working for KoMiT GmbH in a day structure named Media and More as a group leader. In the ITA GmbH, my job is to deliver CE sessions once a week. In our facility, I have the task to induct new staff members in the principles of CE.

One of the Founding Board Members of European Conductive Association (ECA) 2004, President of ECA since 2013. Board Member Federal Association of CE Petö e. V. Germany, Member of the German Conductor Association, Executive Director / CEO of Pfennigparade Phoenix Schulen und Kitas GmbH (first conductive centre in Germany with conductive school) and Ernst Barlach Schulen GmbH, since. Manager and lecturer of the Phoenix Conductor Training 2000-2015, Munich. Occupational therapist, pedagogue, German-trained conductor, Yoga teacher and Ayres instructor



Beate Höß-Zenker
Munich (GER)



Laszlo E. Szogeczki
HUN/GER

Education specialist & rehabilitator, BA (Hons), MA & a research degree, MPhil. I am well experienced in child and adult inclusion, education, and rehabilitation internationally (Hungary, USA, UK, Kuwait, and Germany) with particular reference to Conductive Education – dealing with an individual, group and community needs. At present, I am in a team-leading position at Pfennigparade Phoenix Schulen und Kitas GmbH, Inklusive Bildung und Konduktive Förderung, Munich, Germany. My duties are organizing and managing a multi-national inclusive education team in order to run an inclusive Conductive Education class. Furthermore, I am one of the board members of the European Conductors Association, and I am an active member of the German Conductor's professional body, too.

In 1989, I finished my Diploma as a Conductor at the Pető Institute Budapest. After that, I worked as a conductor at ÖVSE (Österreichischer Verein für Spastikereingliederung/ Austrian association for the integration of persons with CP) in Vienna. I have been active as a conductor in Germany/ Stiftung Pfennigparade, mainly with adolescents and adults as a group leader in school and boarding home since 1996. In 2012, the "Conductive Workshop" at Pfennigparade was founded where I have since worked as the group leader for more than 10 years. Prior to this, I worked in a variety of settings with adults.



Ferenc Stelczer
HUN/GER



Emma Parker
Sheffield (GBR)

In 2002, I started training at the National Institute for Conductive Education in Birmingham. I qualified as a Conductor in 2005. Soon after, in June 2005, I started working at Paces Sheffield running the young adults group, Leaping the Void. This involves delivering conductive programmes and developing independent living skills. I have now worked with the group for 13 years. As a conductor, I truly believe that supporting young people to grow and live as 'orthofunctional' adults, whatever that means for them is vital. As with all adults, people change over time and CE has an important role to play in this process.

After leaving College in 1998, I went to study at Keele University in Staffordshire achieving a first class honors degrees in Conductive Education and Psychology with Qualified Teacher Status (QTS). In 2002, I began my first job at Horton Lodge Special Community School in Staffordshire, a Conductive Education school for children from the age of 2-11 years. After taking a career break to spend time with my young family, I returned to work at Paces in Sheffield in January 2016. I joined the adult services department running Conductive Education sessions for both people who have had a Stroke and people with Parkinson's Disease. In September 2017, I began my current role as Assistant Head teacher at Paces School, a Conductive Education school for children from the age of 2-18 years of age. I have the responsibility for planning and teaching in a Primary school group as well as working with the Headteacher and the Senior Leadership Team to develop and manage our school.



Ruth Liu
Sheffield (GBR)



Gabor Fellner
Sheffield (GBR)

Born in Hungary currently working in Sheffield as the Headteacher of Paces School since 2002. I'm a graduate of the world-renowned Petö Institute (1976). I'm a qualified Conductor and my qualifications and accreditations are as follows: Teacher of Biology 1979 – Hungary Special Needs Qualification 1985 – Hungary Postgraduate Degree in Education 2002 – New Zealand Qualified Teacher Status 2004 – UK Anatomy and Physiology Diploma 2009 – UK. I practised as a conductor in many different settings, serving as Principal at both Residential Schools for children with motor disorders and organizations for young people with learning difficulties. I'm responsible for the day-to-day management of Paces school, including overseeing training of newly employed conductors. I'm also responsible for the continued professional development of all school staff and cooperation with external organizations, including such centres of excellence as the Birmingham National Institute of Conductive Education (NICE).



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Suggestions for further research

Adult CE is in need of further investigation both in respects of group settings and CE areas, and CE suggests that considerably more work would need to be done.

We would like to inspire people planning to do research (e. g. when writing a thesis in the context of a training / degree course) with some topics. Have a look at our website (<https://trace-eu.com>) where we intend to upgrade this list, possibly with the help of the visitors to our site.

- A complete panorama of motivation factors of Adult CE
- The ability focus model in rehabilitation approach in general, and particularly whilst Adult CE
- Particular patterns on possible conductors' negative emotional reactions and patient resistance
- The impact of intensive use of positive language and body language, gesticulations and mimics in the rehabilitation process whilst group setting (CE)
- The process of altering physically disabled patients' self-respect
- Change of patients (positive or negative), renewing goals of life whilst Adult CE
- Teaching and learning methods being used within adult CE
- Lived experienced challenges of the clients within adult CE

The Sheffield Symposium (Norman Perrin)

The Sheffield Symposium took place at the same time as the first session of the Erasmus+ Project “TrACE”. Over three days in the late autumn of 2018, practitioners and others from diverse international conductive education centres came together with colleagues from the three TrACE partners.

Although the two projects had quite separate origins, the common interest in adult and continuing conductive education led to a realisation early in 2017 of the mutual benefit to be gained by working together. The joint Sheffield event was the first result.

We came together to “have a conversation and to begin a conversation”. Our question was quite simply stated: as motor disorder is a lifelong condition, what has conductive education to offer young people and adults, especially those who have experienced conductive education as children and young people?

As this is an area very little reported in conductive education literature, our aim was to bring together practitioners and adults themselves, to share experience and expertise in a one-off event: to seek to address the contribution of continuing conductive education to health, wellbeing and citizenship in adulthood.

The opening Symposium session was dedicated to the ‘wider landscape’ with contributions from Dr Simon Duffy of the Centre for Welfare Reform, Sheffield, talking about citizenship and learning disability in adulthood, and Vibeke Alfred of the Aberdeen Camphill Centre introducing the perspective of social pedagogy. Also making valuable initial contributions were George McDowell from Northern Ireland and Harry Withers, a student at Sheffield Hallam University; two adults who have long experience of conductive education throughout childhood.

Thanks are also due to Andrew Sutton who coordinated the Symposium sessions.

Core funding for the Symposium was a grant from the UK Big Lottery, with other grants making possible individual participation from the Conductive Education Center of Orlando, Florida and the New Zealand Foundation for Conductive Education.

Participants reported the value of the Symposium and the opportunity to meet with TrACE colleagues and all looked forward to the outcomes of the one year – long project and to continuing the conversation about adult and continuing conductive education.

Symposium participants:

Lisa Gombinsky Roach, Counterpunch Parkinson’s, New Zealand

George McDowell, Northern Ireland

Gill Maguire, Conductive Education Press, England

Susie Mallett, Germany

Norman Perrin, England

Joe Raymond, Conductive Education Centre of Orlando, USA

Rony Schenker. Tsad Kadima, Israel

Ivan Su. SAHK, Hong Kong

Andrew Sutton, Conductive Education Press, England

Krisztina Weiszaupt. Conductive Education Centre of Orlando, USA

Harry Withers, England