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Including children with special education need in mainstream schools has been a worldwide trend for the past two decades. Children with physical disability but no significant learning difficulties are known to be more readily accepted to the mainstream schools. However integrated/inclusive education is more than physical co-existence of the SEN students and the non-disabled peers. In an earlier pilot project at the Jockey Club Marion Fang Conductive Learning Centre of the Spastics Association of Hong Kong, 5 children with cerebral palsy graduated from the special childcare unit of the Centre and integrated in mainstream primary schools were followed up for their adaptation to their school life. Using standardized batteries of assessment, we kept track of their self-concept and physical ability each for three years. The results showed that the children demonstrated a declining self perceived physical capability which did not match with the objective assessment of their physical ability. There was also a concomitant decline of self concept of peer relationships.

The finding prompted the formulation of a holistic model of support based on the principles of CE and empowerment which took into consideration of the need and self-efficacy of the integrators, their non-disabled peers, the mainstream teachers and the parents in order to achieve inclusive education for the benefit of all parties concerned. The model was piloted and run for three years from September 2003 to August 2006 with a funding support of a charitable body. 34 children majority with cerebral palsy or spina bifida enrolled in this project. They were spread among 30 mainstream educational settings including kindergartens, primary and secondary schools.

CE emphasizes the development of an active problem-solving orientation in the children with motor impairment and focuses on their personality disposition which is the result of interaction between the children and their physical and social environments. Empowerment stresses the belief in one's own capabilities (self-efficacy) and being able to apply capabilities to affect what happens to him/her (perceived control). In this paper, the author will describe how these principles are applied to formulate the holistic model of support, the practical experience in administering it with case illustration and results. Positive feedback through questionnaires from teachers and parents were obtained, with particular indication in improved self-acceptance of their own impairment among the integrators, improved peer-acceptance of the integrators among the non-disabled peers, increased teachers' awareness of the needs of integrators with physical impairment and improved parent-teacher communication.



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