

SAHK

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Introduction: In HK (as in most developed countries/regions), there is a sharp divide among rehabilitation, education and welfare providers. A comprehensive and coherent approach in upbringing of people with developmental disabilities is lacking. Contemporary trend of person-centred, holistic and life-span approaches has brought about growing concern of service fragmentation as a result of the professional-driven, division-of-labour and snapshot mode of training and practice.

History: Enshrined by CE, SAHK's enduring appeal is built on a transdisciplinary model of delivery and a corporate culture and operation that are deeply ingrained in the DNA of the organisation. With our 'through-train' services from early childhood to late adulthood, SAHK has been sitting along the old fault lines that demarcate rehabilitation, education and welfare. In the past 30 years, we straddled the divide by marrying CE's know-how together with an affinity for contemporary trends in rehabilitation and education. CE provides us more dimensions to reinvent the conception of "development", not as something purely biological but something more psychosocial and contextual.

Description: By incorporating CE as a guiding philosophy shared by ALL staff disciplines and as a foundation for laying out an infrastructure for life-wide and life-long learning, the HK model of CE has demonstrated to be a promising alternative for promoting CE in places with established service provision by allied health professionals, special education teachers and social workers. "Conductor" is kind of new and it takes a long road to introduce a new profession within an established staff structure, particularly in government-run and subvented settings. So hopefully, in time, with more non-conductor practitioners coming to learn and implement CE in their own settings and their transdisciplinary delivery of CE is also doing well, regional practice of CE outside Hungary can be sustained.

Moreover, a sustainable practicing model in a region ought to have local scholars behind it. The alignment of CE with current knowledge and findings in translational neuroscience, developmental psychology and others will pave the road to articulate CE with other practitioners in the field. By establishing and promoting a universally adopted research agenda within the CE world, we are more able to stay connected with the mainstream.

Discussion: In fact, formally-trained conductors have a crucial role in our transdisciplinary model of CE delivery. What is apparent is that, here in HK, conductor is moving up the value chain in jobs that are considered the prerogative of post-graduate education. This is the real challenge. But it also leverages opportunities. The best response to it is a structural reform in CE training that should not be limited to the 3- or 4-years' formal training in Hungary or the UK. But instead, it can be re-organised into multi-level certificate courses in form of distance-learning or transformed into teaching modules that can be incorporated into undergraduate and postgraduate curricula of rehabilitation, education and social sciences of local academic institutes of the countries and regions.

Conclusion: CE should be made more accessible to other practitioners in rehabilitation, education and welfare sectors. It should be something that can be appreciated not only by conductors, but also by allied health, nursing, education and welfare professionals. By empowering and fostering minds through open-mind collaborations and by leveraging the expertise to provide unrivalled habilitation and upbringing, it will bring about a global impact to the lives of people with special needs and their families. It is important for thousands of CE followers to see that CE at its philosophical level has a much wider applications that need not be restricted to the motor disordered. At the end of the day, we are advocating high-value opportunity for conductors to further strengthen and sustain the reach of CE outside Hungary and the UK.



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