

Education 1945

When we started our school and medical treatment unit, we were concerned with cerebral palsied children only. They were the reason for the existence of our parents' organisation, The Spastic Centre.

The job we undertook was so immense that we did not look further than providing medical care and education for our children. To do this, we had to establish a new untried theory: that we could meld into the classrooms our medical assessment and therapy staff, and the teachers of the Department of Education.

This required a new building, money to finance the project, the recruitment of medical and therapy staff, and the establishment of a transport service that could operate daily from every suburb to school and home again.

Most important of all was the role of the parents, leaving to professionals the medical therapy and teaching aspects of education. Mothers - allocated to the toileting and feeding of the children, and kitchen preparation of the midday meal, and the overall cleaning of The Centre. The fathers - to do the new buildings that were required.

The parents' role is to provide the money and the facilities our children need and to participate as effective members of the treatment team.

From our earliest days we assumed that the cerebral palsied child was bright and intelligent and, in spite of their neuromuscular deficits, they would amply repay the cost of education. Now, forty years later, they have abundantly vindicated that assumption.

Ours is a very simple story. We, at The Spastic Centre are like the old woman who lived in the shoe, the only difference is that we know what to do, or rather, what we want to do, but we certainly have too many children! We aim to provide free treatment and training for all cerebral palsied children in New South Wales who need it. We have not the money to build the specialised facilities that are needed, but we have our hands and we have our friends. If we cannot get money from the Government, we must build the schools ourselves.

We had no prospect of Government aid, with the exception of the salaries of the teachers, and a minimum of furniture and school requisites. There were no authorities that we could call on for assistance, and no publications or books were available worldwide, because it was assumed that cerebral palsied children were ineducable.

We had a similar problem in our medical therapy and, there too, much that was known about cerebral palsy was proved to be misleading and inaccurate. The CP who did make good in a normal school system, were shunned by their contemporaries and teachers alike, because of their appearance or 'funny' speech.

I never gave a thought to the possibility of failure. It seemed to me to be very simple – our perceived target was to go ahead as fast as we could irrespective of immediate difficulties and to surmount these as best we could. When we got a setback we disposed ourselves to get around it, in one way or another.

The Spastic Centre's fiscal state was always precarious in the extreme. In the early months my wife, as Honourary Superintendent, used to wait until I got home with my pay from the Public Service Board to raid it for the salaries of her office staff – I got it back, if at all, some days later.

My training as an accountant caused me to worry about spending money without a reserve of assets, and to gamble on getting income from public donations indefinitely. It took me quite a while to realise it was not my problem – it was the community's responsibility. My problem was confined to making the community aware of our children's plight. I could only do that through articles in the news media, and back them up by appealing photographs, with the message that these children were no different from the readers' own. My job was to spend all of the money that we considered necessary for the children's treatment and then to scratch around to get it the best way we could. Reserves were out of the question, when the applications for children seeking admission always exceeded cash donations. Capital expenditure for buildings and plant had to take its place after the children's day to day needs.

After forty years, we are still balanced on a fiscal knife-edge, and it is right that it should be so, because as an organisation we depend on drive, and our determined, courageous children are still the mainspring which prevents us becoming moribund.

In our early days, we did not know for certain that cerebral palsied children were educable. We did not know whether the added pressures of school and treatment would increase their physical problems or whether they could stand up to the pressures of daily transport in our dilapidated fleet of old motor cars. We knew nothing of speech training, less about their neglected dentistry and, apart from our Medical Director, Dr Claudia Burton-Bradley, we had established little confidence in the minds of the medical profession.

In 1945 with the support of the Minister for Education, Mr Heffron, we were fortunate in securing the services of Miss Naomi MacDonald, now Mrs Kerr. She remained our School Principal throughout our formative educational years until 1973. We had been given three old IBM electric typewriters which gave yeoman service for the next twenty years. They were particularly useful for the CP, because the keyboards were electrically operated. The manual operation of the conventional typewriter could not be handled successfully by the spastic child because of insufficient movement of the fingers to tap and release the keys. When the portable electric typewriter became available in 1958, we had had a battery of those typewriters for school use. It followed that the pre-school group learned to type from the keyboard before they were able to form the letters with a pencil.

I think that this was a real advance in pre-school and school education. It emphasised the advantages of our school and medical set-up, where the teachers and the therapists work together in the classrooms. In constant touch with the individual children, the Doctor and the School Principal together set the targets of therapy and for teaching problems. Through the whole of this early period, the Education Department provided staff, but their funds were limited to stationery and some furniture. We provided our school buildings at Mosman, and we provided all the ancillary equipment, including typewriters, until late in the nineteen seventies.

We were fortunate in obtaining, in those early years, the interest and the services of Miss Le Gay Brereton, now an unchallenged authority on the educational development of the cerebral palsied child. She was an educational psychologist, first attached to the Commonwealth Office of Education and later to The Spastic Centre.

She was doing a survey of our spastic children, which we had arranged with the Director of Commonwealth Education, and I had arranged a meeting with her over lunch at the Coq D'or, one of the better restaurants in Sydney. We had an enjoyable lunch, though the service was very slow. We made up for that with the empathy which she exhibited on the problems of education for the CP child. We both had to get back to our respective offices, and at the last moment I discovered that I had left my wallet at home! So Miss Brereton bought our lunch. She joined our staff later, so she evidently forgave me.

I will refer to the work of Miss Brereton in a later chapter. Her publications, 'Cerebral Palsy Basic Abilities: Interaction Games for Severely Handicapped Children Without Speech' and 'Sounds and Symbols' were ample evidence of her breadth of mind and of her technical resources to bring to the aid of CP children.

She retired in 1982, but continued her work in counselling our staff and updating her published books. More than that of anyone else, her work was vital to the future education of the cerebral palsied child.

This report dated 1953 by the Principal of the school, Miss MacDonald, gives some insight into her methods and achievements:

'The school assists the child to grow in intellectual power by understanding and interpreting what is going on around him.

The process of growth is inherent in the child, but it rests with the teacher and the school to provide the condition that will foster his growth.

This aim applies to our school at The Centre just as it does to other schools where the children are physically normal. It is every child's birthright to be given every possible opportunity to develop his mind and body to his full capacity.

In our school, at present, there are almost one hundred children enrolled in classes, in the charge of five Education Department teachers who are fully trained and experienced in handling children who are physically normal. Previous teaching experience is necessary to enable each teacher to have formed a standard of normal progress, and so be able to assess the individual child's progress and achievements here – to make comparisons and contrasts when measuring achievements.

During the past nine years, there have been many children through the schoolrooms. Some of the first enrolments from 1945 are still with us in the senior schoolroom – others have graduated to different schools – while a few, who were very severely handicapped, have retired to their homes. Finally, a small number have gone to work. So that in choosing a curriculum or programme of work, each group with its different possibilities for the future must be considered.

Primarily, we hope to help the child to become socially adjusted – to fit into the environment in which he finds himself. He must also learn the basic skills such as reading, oral and written expression, essential number facts.

At this school, before a pupil is enrolled, an attempt is made to assess his personality, maturity, and academic standard of learning potential. From this assessment, he is placed in a class group where it is hoped he will have the greatest or best opportunity of achieving the maximum development in all directions. The result of this is that in each class you will find overlapping of ages, abilities and standards of work.

Opportunity is given to each child for progress at his own individual rate in reading, number, spelling, particularly as the children get older and are required to attempt more difficult work. To make this possible, each class has intra-class groups, with material and text books supplied for graded standards of work. Among younger children there are more 'whole group' or class lessons given, but with the older groups the emphasis is on individual work in basis subjects and 'whole group' or class lessons for social studies and such subjects as music, art, geography, history, poetry, nature study. Their social studies periods supply the general information and general knowledge lacking through limited experience and limited environment.

Reading is one of the most important subjects taught in the schoolrooms. When a child learns to read and develop an interest in reading, he has opened vast fields of pleasure and information for himself.

Other activities include outings to choral and orchestral concerts, Museum, Art Gallery – inspection of well known buildings such as Cathedrals in the city – a visit to a public school as guests of the Headmaster, staff and pupils – monthly film afternoons at The Centre.

I have found that, as with normal children, once a teacher has established confidence between herself and the group, with a few exceptions, she has few problems of group control. This control is a very hard thing to define, depending mainly on the teacher's own personality, but the authority must be established before she is able to help the children to progress. Good high standards of behaviour are required at all times. No relaxation of manners is allowed because of physical difficulties. Children are encouraged to be independent, but considerate of others in the room and building. On the whole a child in any school likes to be the same as the group in which he finds himself - and on entering a class where there is an established atmosphere of calm and controlled industry, he will quickly fall into line with the others, unless there is some abnormality in behaviour or emotional instability present.

Each teacher establishes her own daily routine to include each day periods of reading, writing, number, music and literature. Other subjects such as geography, history, social studies, are given one or two periods a week. At present, an interesting experiment is being undertaken in the senior class – a discussion afternoon is held each week.

Whenever a child is able to write, whether good or bad writing, he is encouraged to record his own work. If grasp of pen or pencil has not been established, machines such as our Burroughs electric machines with alphabetical letters, electric typewriters, magnetic blocks on steel board, are used to record sums and english work. When a child is unable to use any of this special material, his work is recorded by a helper, teacher, voluntary or pupil from class among older girls or boys.

The Education Department supplies general stock, basic requirements, books, pencils, standard tables and chairs, a limited number of reading books, art material and special kindergarten equipment, but all special machines and equipment are supplied to school by The Spastic Centre organisation. In most cases these special machines are the expensive items needed for the use of the children.

Each classroom has its own library of selected graded books. Interests vary from travel, science, nature knowledge, physiology, to fairy stories and stories from literature and history. All children are encouraged to take books home.

Pupil reporting is another important part of our work, and I cannot stress too much the relation between various departments. I feel that it is important that any one teacher or therapist working with these children should remember that education, whether for the physically normal or physically handicapped child, is the development of the whole child physically, emotionally and socially, and it is necessary for every class teacher to view her children from this point of view.

In conclusion, I would like to say how much my staff and I enjoy our work with the children. There are many compensations to balance the losses in results and achievements.'

It is hard when at the age of three, you cannot walk, your hands do not work well enough to hold a pencil, and you have no speech. How then does your teacher or therapist establish a bridge of communication to get your mind working? A normal active child will have learned to explore its environment and, with endless questions to its mother, will have already learned to make use of language as a working tool of its developing and enquiring mind.

If you are a spastic, you do not learn about things around you by doing, only by looking and listening. You cannot get into the kitchen cupboard to pull out the saucepans for yourself, you cannot even learn the 'must not touch' routine, you just have to sit in one place and 'be good'. So you are dependent upon your teachers and your mother to bring the environment to you and to provide you with all of those experiences that a normal three-year-old obtains for himself – touch and feel, position and manipulate, look, bite and taste, examine and throw away, not as purposeless play, but as basic developmental learning which is a necessary prelude to education.

For the pre-school and school child, there is a normal childhood progression through a specialised school in which classrooms are equipped with specialised aids, and provisions must be made for daily sessions of physiotherapy, occupational therapy and speech therapy. There will be periodic interludes of surgery, and the fitting of braces, and the reduction of muscle spasms by administration of relevant drugs of varying types.

The major difficulty in this phase of development is the intrusion of physical training programmes into classroom time. All therapy procedures necessarily reduce the time available for education, and the work of the classrooms, in turn, is reduced by the reduced speed of communication, in speech, in writing and in hand movement.

Because manual typewriters were not suitable for the finger control of CP children, we tried to find an electric control that would do the work of a typewriter. We found that electric adding machines, converted to alpha letters on the keyboards, gave our CP children the ability to type, taking their time over the setting up of the key and its execution. Many of our children learnt to spell on those machines, before the advent of the portable electric typewriter.

This point brings to mind the experience of Stafford, an eight-year-old boy who had no speech and lacked hand movement. Once, he gave his father to understand that he had a new physiotherapist, but he was unable to give her name. After thirty minutes fruitless search, his father produced the telephone directory and started to go down it page by page, until three hours later he got to 'Miss Manfred'. Acting on that experience, his father taught Stafford the Morse Code – a longitudinal movement of his eyes was a dash, and a vertical movement was a dot. It worked like a charm; a bystander knew they were communicating, but did not know how. Unfortunately Stafford died young. Had he been born in later years, we could have done more for him.

I am inclined to think that though we would have welcomed money from whatever source it originated, we had the best of both worlds in education. We were independent, so if any article or appliance was needed for the schoolroom we went ahead and supplied it from Centre funds. We needed the Department of Education teachers for their professional standing and inspectorial functions, but the school was built by our voluntary labour and invited the teachers to use it. When we wanted to include therapists in the classroom, we did so and there was no Departmental problem.

Had the Department yielded to our pleas and built the school, it would have weakened our position immeasurably. I must say that the School Principal and our Medical Director had no trouble because they, and their respective teachers and therapists, were all working to a common end – the individual progress of the child.

There was another thing that came into the picture – that was the public regard for The Spastic Centre. The fact that we had no difficulty in getting volunteer labour and public donations and the pressure of the spastic buses on the roads in every suburb, meant that in the public eye we were doing things – we were active. If the Government had built the schools, we would have sacrificed our reputation as successful battlers and would have been responsible to bureaucracy for our continued existence.

Dr Elwyn Morey, Department of Psychology, University of Melbourne, Victoria, has said:

'Another point is the problem of communication in the education of cerebral palsied children. I feel strongly that too many of these children have problems in communicating on a reasonable level and this is of prime importance. Like deaf children, they cannot get things over, for they cannot make themselves understood. Their failure to communicate increases their frustration and their stresses. I think that perhaps realistic education, or rather realistic planning, might mean getting into the communication field, right at the word "go"! Then there would be no need to stress communication, communication, and communication. If we cannot teach children to speak intelligibly, then we could give them an alternative system of communication, which might be a mixture of speech and something else.

We could write out a code to give to their mother and their father, and we could tell them that they should spread this code to all their relatives and friends and their neighbours. Then you anticipate some of the problems of the child in communicating and you anticipate and prevent some of the frustration he must feel when he cannot get things over to his playmates. If we did this, then we might quite well in many cases postpone reading and spelling and number and so on until we had at least a good beginning in communication methods.

I feel that for each child there are four things which we need to take into account in Realistic Planning.

Firstly, for every single child, we need a flexible approach. Secondly, in a general way with cerebral palsied children, we must be planning vocationally from the time they are very small. I do not mean we decide this child cannot go to work, or this one can, but we are planning vocationally in a very broad sense and including the child's leisure too. We are planning what he is going to do, what will be his greatest assets in terms of skills. If we cannot find any easily, the task is still for us to find some. We have to exercise our own skill in searching behind the most obvious things to find just what the child can do.

Then a third thing we have to remember for each individual child, is that the most important single element is the conservation of his personality. Personality is far more important, I think, not only with cerebral palsied children, but with normal children as well, than intelligence and academic attainments. We have to realise that we must not give these children too many experiences which might block the satisfaction or the development of a full personality. We have to try to give the child, too, satisfying hobbies for his leisure time. I do agree, that so often parents have been preoccupied with the physical and medical problems of these children, and the areas of their lives like art, literature and music and so on have just accidentally been more or less left out.

The fourth point, and one which is so important, is that cerebral palsied children, particularly as they approach adolescence, and their parents from the time the child is born, do need individual counselling. I include this in Realistic Educational Planning because I think that the cerebral palsied children are perhaps the most in need of psychological support and assistance at all stages. As a child approaches adolescence, he has to face problems such as you and I have never really considered. If he belongs to a group of CP of fairly good intelligence, then these are very real problems for him and all of the other members of the group.'

For far too long, the general attitude of society has been to regard a cerebral palsied person as somebody who is quite different from themselves, apart altogether from the visible disability. The person with athetoid facial grimaces is assumed to have a mental defect, no matter how intelligent he may be. A shambling walk, or a lack of speech, calls for automatic rejection. Based partly on embarrassment, it still contains a measure of primeval prejudice against the unknown.

The solution lies not only in the training of the handicapped themselves, but equally in the education of the community in general. There should be a planned educational programme in primary and secondary school levels, outlining the problems that physically handicapped people have to face. The slogan – 'Your attitude is my handicap' – should not be used in an enlightened community.

The most restrictive handicap suffered by cerebral palsied persons does not lie in the inability to function physically, nor in his appearance. It resides almost wholly in the automatic loss of self-esteem. Their loss is compounded by inability to communicate with people outside the family circle, and sometimes inside that circle.

Normalcy, accepted as a principle, should require that the cerebral palsied child be educated with his peers in normal classes. This ideal situation has not been achieved in Australia or in overseas countries. It predicates educating each cerebral palsied pupil according to his specialised needs and with full knowledge and experience in meeting his needs. It calls for teachers specially trained and for equipment tailored to the special needs of each child.

In making the best of two worlds, we can best serve severely handicapped cerebral palsied children by providing specialised teaching and equipment, and providing a carefully managed transfer of the less handicapped into normal classes as they prove capable of working in the more demanding environment of the classroom. There is danger in making this transfer before the child is ready. It should be recognised that, without careful supervision in the early stages of adjustment, the child may lose in the playground more than it has gained in the more structured environment of the classroom.

'Integration' in the schools is at the moment a fashionable slogan, meaning different things to different people. Used to describe an attainable and desirable objective, it cannot be challenged. Too frequently, it may be used to justify an approach to teaching systems which attempt to isolate the learning problems of the pupil from its physical or neurological problems. Diagnostic labels are often misleading. It is essential that an educational classification leads to an understanding of the hidden strengths and weaknesses of the individual pupil.

In too many cases, the multi-handicapped child gravitates quickly to the back row of the classroom, and his progress slows or ceases. Able bodied children do not thrive in blackboard jungles, but handicapped children do not survive, unless their special learning problems are understood. For the cerebral palsied pupil, an achieved success in a special school is the normal prerequisite to success in a normal class, and in a normal playground too.

Miss Beatrice Le Gay Brereton, Research Psychologist at The Spastic Centre, had this to say:

'This is in the nature of a debate so perhaps one should start by saying whether one is for or against integration. The way I see it, this would be a foolish thing to do – one may be for including handicapped children in normal schools, and against bringing together different sorts of handicapped children under one roof. One may be for integrating children with one type of handicap, but against integrating those with another. One may be in favour of integration at infants school and against it at high school level, and vice versa.

Let me say something about the concept of integration in the sense of placing children in 'normal classes'. This is in itself a doubtful term because in many instances we may be thinking of special classes for slow learning children attached to normal schools.

At worst, the placement of handicapped children in normal schools takes us back to square one. That is where they were before special education started. At best, it should be a highly selective process in which we have to judge very carefully what the child will gain and what he will lose by such a move – rarely is it all gain or all loss.

Socially – will it help him to mix with other children, or will it destroy his faith in himself? Academically – will he be spurred on by competition, or destroyed by the pace of the school machine?

Paramedically – will the need to walk and run improve his walking and running, or will the lack of surveillance bring a recurrence of bad postures and movement patterns?

If I may draw again on my longitudinal study of partially deaf children, the points I should make are these:

Socially – to place a partially deaf child in a normal class will put him in an odds-on situation to be socially unaccepted. The number of children belonging to the most popular third of the class is 7 per cent, and the bottom third 49 per cent. That is, the normal child has one chance in three of being in the upper third, whereas the partially deaf child has less than one chance in ten.

Academically – he is more likely to have unpredictable holes in his information than the corresponding child at a school for the deaf.

Paramedically – he is particularly well placed and he is likely to speak more naturally and understand better.

Turning to cerebral palsied children, a recent publication by Elizabeth Anderson shows that, socially, cerebral palsied children are in very much the same situation as my partially deaf children and that the odds are weighted very heavily against them academically. The possibility of paramedical gains in their case is remote. I know of several who have had to abandon their typewriters, for example, in order to cope after a fashion.

I think we have the task of selecting, out of ten children who might be physically able to get round a normal school, the one or two who will become popular or successful or happier.

Principles of selection should be studied and varied with the sort of handicap and the qualities of the particular child.

There are, of course, other arguments in relation to partial integration – linking cerebral palsied children to normal classes for particular purposes only, or placement in classes attached to normal schools. The point I wish to make is that it is quite wrong to issue a directive such as was done in England stating that: “No handicapped child should be sent to a special school who can be satisfactorily educated in an ordinary school”.

As well as educating these children, it is imperative to minimise the handicap which will, after all, be a feature not just of his time in school, but of his whole life.



'We have no space'

