PRACTICE ARTICLE

A Conductor's Standpoint: An Institutional Ethnography of a Conductive Education Centre in Birmingham, UK

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Abstract

Conductive Education (CE) is a means of 'bringing together' and involves a unified, integrated approach to educating children with disabilities to maximise the effects of teaching and learning. Conductive pedagogues ('conductors') are educators trained and socialised to work according to this holistic philosophy. First developed in Hungary by Andras Peto CE is now an internationally recognised pedagogical approach with 200 CE centres in 24 countries across the world. Despite the focus on education, the majority of published research on CE compares CE to health based rehabilitation or intervention approaches where learners are referred to as patients creating issues of identity for Conductors. By contrast this study is the first to explore the professional working practices in the children's services provision of a CE Centre in Birmingham, UK drawing on Institutional Ethnography (IE) as a novel way to think otherwise about methodology and research creatively across disciplines. In a small scale study using interviews, observations and document analysis, the findings highlight the 'relations of ruling' that shape local experiences. The empirical linkages in the everyday life,

organisation and translocal processes of administration and Governance within the centre have emerged and revealed the complex field of co-ordination and control arising from special educational needs and disabilities regulatory practice that influence Conductors' working lives. The findings of the study suggest that Conductors work creatively with other disciplines to foreground children's strengths and competencies, challenging orthodoxies of (dis)ability and deficit and position their own professional practice in education as complimentary and family-centred. The study adds a unique insight to the professional lives of Conductors.

Keywords: Conductive Education; Institutional Ethnography; Children with disabilities; Interprofessional working; Methodology

Introduction

Conductive education (CE), also described as Conductive Pedagogy or The Peto Method (Coleman, King, and Reddihough, 1995), can be defined as:

> … a holistic educational system that uses an active cognitive approach to teach
>
> individuals with motor disorders to become more functional participants in
>
> daily activities.

(Wright, Boschen, and Jutai, 2005: 291)

The majority of published research on CE compares the pedagogy to health based rehabilitation or intervention approaches, where learners are referred to as patients creating issues of identity for Conductors and reducing the potential for CE research to reach education audiences (Sutton, 2016). This study is the first to explore the professional working

practices in a CE Centre in Birmingham, UK drawing on Institutional Ethnography (IE). Before discussing the study itself, the distinctive pedagogical underpinning of Conductive Education will be outlined as well as the theoretical approach of Institutional Ethnography to enable the reader to contextualise the position of the study in the field of professional practice.

Conductive Education

Conductive Education is a pedagogical approach for teaching people with neurological impairments. The Professional Conductors Association describes Conductive Education (CE) as:

> 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. (Professional Conductors Association, 2009: 3)

Although originally conceived and developed under the Ministry of Health in Hungary by Andras Peto in 1945, the National Institute of Motor Therapy was moved to the education sector in the early 1960s. The majority of Conductors were trained in Hungary during this early period. In Hungary, CE begins in the form of parent–child groups during the first 12 months of a child's life or after diagnosis (Lind, 2003). From the age of three, some children live at the Peto Institute where the programme is incorporated into all activities (Coleman et

al., 1995). Children are reintegrated into mainstream education provision where it is appropriate (Lind, 2003).

Interest in CE grew in the UK from the 1960s as a result of professionals and parents visiting The Peto Institute in Budapest, Hungary (Bairstow, 1992) and intense media coverage following the BBC film 'Standing up for Joe' made cause célèbre of a neglected corner of special education (Sutton, 2016). Today there are 37 CE centres registered with the Conductive Education Foundation in the UK, and internationally some 200 CE centres in 24 countries (Tuersley-Dixon and Frederickson, 2010; Sutton, 2002). There are now conductor-training schools for conductors in England, Israel, and the United States (two) in addition to Hungary. Conductors work in some 400 settings around the world (Sutton, 2016). These centres mainly rely on voluntary funding and whilst some focus on children, others include adults in their provision. Since this study focuses on children's services within one CE centre, the article will reflect that in the discussion.

The CE pedagogical approach focuses on a range of developmental goals. Adults work to develop children's self-awareness and personality so that the child can control their own movements to maximise independent living. Contemporary CE programmes have four main components:

(1) task-oriented learning within highly structured programmes;

(2) facilitating and commenting on motor actions by rhythmic intending, for example, rhythmic speaking or singing;

(3) integration of manual activities into the context of activities of daily life (ADLs); and

(4) child-oriented group settings to facilitate psychosocial learning to increase the level of participation. (Blank et al., 2008, p. 251)

Conductors decide whether or not a child is suitable for CE. Reasons for not including children have included: conditions which would prevent participation, for example low general cognitive ability; conditions which would block improvement; progressive conditions and mild motor conditions. However, selection criteria in the UK seem to have changed as, recently, CE has been promoted as benefitting children with dyspraxia and also children with profound and multiple learning difficulties (Tuersley-Dixon and Frederickson, 2010).

Institutional Ethnography

Institutional Ethnography (IE) is method that is used for inquiry and discovery about the way in which things are put together and how they work in order to establish the actualities of people's everyday lives (Smith, 1987, 1990a, 1990b, 1999, 2005, 2006). There is an epistemic assumption in IE that all knowledge is socially organized; knowledge is socially constructed and carries particular interests that are embedded in its construction. Knowledge is never neutral. The ontology at the core of IE study insists on empirical descriptions of a social world happening. Data collection and findings must consistently focus on the materiality of people's doings in locations that have substance and matter. In IE, references to any "reality" are descriptions of an empirical "world in common" (Smith, 1999: 127) that can be agreed upon. The focus on explication of ruling relations gives IE a potential for being a resource for activism and for transformation of the condition of people's lives (Campbell and Gregor, 2002: 61). Three key terms important to understand in IE are the standpoint, ruling relations and the problematic:

The "standpoint" is an ontological concern. For an IE researcher the standpoint is a stance that has an empirical location, where a group of people are positioned, within a complex regime of institutions and governance (the practices that construct the "regime" are the

ultimate focus of the research). In this study the standpoint is the Conductors position within the special educational needs and disabilities regulatory and legislative practices. Our standpoint was that the Conductors are implicated in a complex web of relations beyond their view and our role was to reveal how this web of relations works.

Social relations and ruling relations are terms that have specific meaning in IE. They refer to particular practices that "activate" a social world of things happening among people. They are empirical and can be ethnographically described. Ruling relations are social relations that organize work from afar. Ruling relations activate practices of knowledge that subsume how a problem is known about and experienced from the standpoint location (Rankin, 2017: 3).

The formulation of a research "problematic" expresses the researcher's discoveries and descriptions of when knowledge "shifts." It encapsulates the junctures (or disjunctures) when the researcher notes when knowledge generated from "being there" is abstracted into something else (Rankin, 2017: 3). In describing the problematic Campbell and Gregor (2002: 47) differentiate between the problematic and the 'problem' by emphasising the hidden nature of a problematic that reveals itself as puzzles:

> The problematic in institutional ethnography is not the problem that needs to be understood as an informant might tell it, or as a member of an activist group might explain it. It is not the formal research question either. Institutional ethnographers do not study problems as members of settings explain them.

In line with advice from Rankin (2017), we have taken a particular stance in that the topical literature has been read within IE's primary interest in the social organization of knowledge.

We developed a critical position and paid attention to how the literature rests on a scaffold of concepts and theories that have been "abstracted" from any concrete descriptions of people doing things. We paid attention to how the issue is known about within the ruling relations and discursive practices of knowledge production (Rankin, 2017: 5). We began with an interrogation of how the literature constructs the ruling relations that might show up in informants' ideas, explanations.

Research into Conductive Education

Few studies have reported on the professional lives of the Conductors themselves, although some do focus on the professional collaboration between CE settings and mainstream schools, health settings or local authorities (e.g. Wilson, 2013; Morgan and Hogan, 2005; Taylor and Emery, 1995). Many studies that relate to CE have reported on issues of efficacy of the approach for the rehabilitation of children and adults (e.g. Liberty, 2004; Odman and Oberg, 2006; Blank et al., 2008; Tuersley-Dixon and Frederickson, 2010; Schenker et. al., 2016; Emerson and Holroyd, 2019)

CE is described and evaluated in various ways in the empirical literature. At a simple level it is described as an educational approach to rehabilitation for adults and children with neurological motor disorders which primarily addresses issues of activity and limitation (Brown, 2006; Smith *et. al,* 2013) or Movement Education (Wilson, 2013). At a more complex level it is argued that CE incorporates the theoretical insights gained from neurology, psychology and pedagogy and uses them to promote learning in children with motor disabilities. This emphasises the psychology of brain damage and the concept that brain impairment may not only result in motor impairment, but will also affect the development of the child's personality. Together they contribute to dysfunction (Wilson,

2001). It is argued that the CE approach dismisses the usual medical model approach to rehabilitation which focuses on treatment of patients and locates a disability within the person and instead favours a social model of disability which focuses on the environment as a promoter or inhibitor of learning, or affirmation model where impairments are perceived as a core part of a person's being and of their experience (Cameron, 2008). The framework of rehabilitation has traditionally been based on the medical (individual) model of disability, in which disability is seen as a problem in an individual's features, and rehabilitation as modifying the individual by the cultural norms of normality (Oliver, 1996). In CE the learners need to acquire the skills that were previously or are normally automatic with a focus on how they learn, as well as what they need to learn and ensuring their psychological well being is enhanced simultaneously. Adaptations to the environment to suit the individual are part of this according to the social model of disability (Abberley, 1987; Oliver, 1996; Scotch & Schriner, 1997), in which disability is considered a condition caused by cultural prejudices, inadequate societal services, and physical environments which are notable to meet the different physical and mental human variations (e.g., impairments) which appear in any particular community. This leads to seeing the whole of society (and changing the circumstances) as the object of actions to be taken with the aim of full integration/inclusion into society (Oliver, 1996; World Health Organization, 2007).

Research concerning CE is commonly published in health journals and CE is described and compared to other health based rehabilitation or intervention approaches (Novak et. al., 2013). This is problematic as in health professional practice individuals with neurological motor disorders such as CP are described as patients which contrasts with the description in education of 'learner' (Brown, 2006).

Professional practice within Conductive Education

Conductors are expected to work to a framework which includes a set of professional values and personal commitments, professional skills and abilities and professional knowledge and understanding (for details see Conductive Education Professional Education Group, 2017). They are required to be family-centred. The term family-centred service (FCS) refers to an approach to service delivery characterized by practices that treat families with dignity and respect, provide information sharing, encourage family choice regarding involvement in and provision of services and promote parent–professional partnerships as the context for family programme relations (Shelton and Stepanek 1995; Rosenbaum et al. 1998; Dunst 2002; King and Chiarello 2014). Conductors are highly qualified in providing family-centred -service to families of children with CP (Schenker, et. al., 2016).

Establishing the problematic

This study focussed on the professional lives of Conductors within one CE centre in Birmingham, UK and took the standpoint of the Conductors. The overall research questions were:

- What is the social organisation of knowledge in a Conductive Education Centre in Birmingham, UK?

- What are the professional practices of Conductors in a CE Centre in Birmingham, UK?

In this study the problematic was established from an initial discussion with the Chief Executive and Director of Services of the CE Centre as 'the problematic must arise from the way that key informants describe their everyday lives' (Campbell and Gregor, 2008: 47). From this discussion, it emerged that Conductors feel under-valued in SEND practice; under recognised by health, education and social professionals (with who they work in multi-

disciplinary assessment teams to comply with SEND legislation and regulatory practices) and not visible in educational research. This led to the following problematic:

How do Conductors integrate SEND legislation and regulatory practices into their work with children and families and remain 'family-centred'?

Materials and methods

Methodologically, IE relies on interviews, observations and document review (or textual analysis) to produce data (Walby, 2013). In this study all three of these methods were employed. Analysis of all three methods are drawn together and integrated in the results and discussion sections.

The CE centre is funded from voluntary contributions and fundraising activities for early years provision and the Local Authority for primary education. The centre opened in 1986 with an aim of bringing the pedagogy of CE from Hungary to the UK. The centre is located in a converted / multi-purpose building on the site of a recreational park in South Birmingham, UK. The centre provides services for both adults and children, as well as training for new and practicing Conductors. However this study is located within the children's services provision which employs 10 Conductors in total. Specifically the study is located within services for children aged 5 and under whose education is guided by the Early Years Foundation Stage (DfE, 2017). Adults work with small groups of children, typically 6 – 8.

Included in the children's services are:

- The Milestone Club is for children aged 0 - 3 who are displaying a delay in meeting their milestones of child development. Children attend with their parents.

- Red Boots Nursery for children aged 3-5 years and offers an opportunity for them to work in a small group without their parents.

- Red Boots School is an independent primary school for children aged 5 – 11 years. The main focus of the school is to integrate therapy and education in one place and at one time.

There are various programmes within each session that Conductors might implement dependent upon children's individual and collective needs, including:

- Arrival, potty/toilet /training, changing clothes

- Lying programme

- Moving around and floor activities

- Sitting programme

- Speech and language programme

- Table programme

- Individual standing and walking programme

- Manipulation programme

- Self care activities.

Each session must fulfil the learning and development, observation and assessment requirements of the Early Years Foundation Stage (EYFS) (DfE, 2017) and any individual Education, Health and Care Plan a child has under the SEN Code of Practice (Department for Education/Department of Health, 2015)

Interviews

The interviews were used to uncover the institutional and organisational processes in the CE centre. The focus was not upon the subjective experiences of individuals, but on the way in which organisational processes and structures, texts serve to organise the social relationships

within the organisation. As this was a small scale study there was not the scope to involve a high number of interview participants. Consequently consent was sought from the Chief Executive and Director of Services for two senior Conductors who had been employed at the centre for more than five years to be approached. The data were collected between January and July 2019.

The Conductors were both senior practitioners within the centre with nearly 40 years experience collectively although they worked with different age groups of children as shown in Table 1 above. They had both trained as a Conductor in Hungary, where CE originated. The interviews took place at the CE Centre on a date and time to suit the informants. The interviews lasted 34 minutes (Informant 1) and 29 minutes (Informant 2).

Table 1: Interviews with informants – informant details

Informant number/ Job title	Length of time in post	Length of discussion	Other details	Ages of children working with
1. Head Teacher / Leading Conductor in the Conductive School Group	Over 25 years	34 minutes	Qualified and first worked as a Conductor in Hungary before moving to Britain	Key Stage 2; ages five to eleven
2. Leading Conductor/	Over 12 years	29 minutes	Qualified and first worked as a	Pre-school children and

oversees pre-school services			Conductor in Hungary before moving to Britain as well as working in Canada, US and Denmark	children's services; ages birth to five

The informants (participants) views were not perceived as 'windows on their inner experience' but a revelation of the relations of ruling that shape local experiences within the CE centre (DeVault and McCoy, 2006: 15). Two researchers were involved in data collection (referred to as the researchers or we).

The interviews did not follow an interview guide or schedule. The narratives in both interviews therefore took different shapes (DeVault and McCoy, 2006). The researchers were careful to listen for texts mentioned by the informants in the process of describing their work to the researcher. This allowed the researchers to identify which (if any) texts could be useful to explore during textual analysis. This was dependent on aspects such as how the text was used by the informant in their daily practice, what the informant needs to know in order to use the text, what they do with it any why, how the texts interacts with other texts and textual processes and the conceptual framework that organises the texts and its competent reading.

Observation

In IE observations of everyday life where the researcher captures the language used by participants can be used to gain entry for analytic purposes into its social organisation. We were searching for traces of how the informants' actions and talk are conditioned (Campbell, 2006). The assumption made was that organisational knowledge is text mediated in contemporary SEND practice and that the work that we were observing and hearing about was organised through text-based practices that co-ordinated it to make it accountable to for example regulatory and inspection bodies such as the Office for Standards in Education (OFSTED). Therefore through gathering both interview and observational data we would find different versions of what was understood even of what was actually happening.

Observations of two children's initial consultation sessions were conducted. Children are accompanied by one or both of their parents for initial consultations and the purpose of them is to assess whether CE is a useful approach to early intervention for the child. This decision is made on a number of factors as noted by Tuersley-Dixon and Frederickson (2010):

> We do have some very young children who can be helped through repetition, where we can educate the parents on what to do and how to do certain things with those individuals, but their level of understanding has not necessarily reached that stage that they would be able to participate actively in our programmes. Basically, what we're checking is the [child's] basic understanding and the parents' motivation to carry on with the programme at home (Interview Informant 1).

Observations took the form of field notes. The researchers recorded what happened during the consultations and what was said. It was considered too intrusive to record the sessions digitally and given the background noise in the room, this method would have proved ineffective.

Textual analysis

Texts are a useful ethnographic data source and appear in IE because they are an integral aspect of informants' everyday lives and therefore an integral part of what people do and know. Texts can represent publicly available brochures or forms, in other cases computer programs even bus passes or institutional policies can help to crystallise social relations. The texts to be consulted in any study are determined by informants' accounts of their everyday lives. Whatever their format, in IE they are consulted to, and an antidote for, accepting ideological accounts from informants (Campbell and Gregor, 2008). In interviews the informants talked firstly and mostly about their work with children and the documentation/texts that guides this, hence the focus on the children's documentation folders:

So we provide education for young children, enabling them to access the curriculum as independently as possible. I think that is it, in a nutshell. We're giving them chances that they'll not necessarily receive at another setting, because I firmly believe that some learning can be done only through experimenting and experiences, and that's what we're trying to sort of provide for them. (Interview Informant 1)

So, what I do here, conductive education in the pre-school level means giving care to parents who are quite often…won't get as much help or won't get any help. So, we are the first who help them to what to do with their children, or child, who has physical disability. And then we get parents in with very young children, we teach parents what sort of activities they can do with their children and how to help their children to succeed in those activities. So, we prove to them the child can learn. (Interview Informant 1)

Specifically children's Education Health and Care Plans (Department for Education/Department of Health, 2015) and the EYFS (DfE, 2017) were referred to as guiding documents by informants.

Therefore, in this study, the following texts were consulted:

- Children's documentation folders – a sample of children's folders were included in this

- Policy documents guiding the work of Conductors

- Policy documents guiding the work of professionals who work with young children and children identified as having SEND (The SEN Code of Practice and the Early Years Foundation Stage).

Analysis

As stated earlier, analysis took the form of tracing and describing the everyday world of Conductors social practice within the centre. Following this, the researchers traced the social processes that connect the work and conductors with the work of other professionals in the SEND process and how this practice came to be. This included an analysis of policy documents that guide the Condcutors' work. Through a back and forth method of exploration, the researchers traced the connections between what the conductors do and the texts and other processes that govern their work (DeVault and McCoy, 2006). Analysis was directed to explication that built back into the analytic account what was discovered about the workings of translocal ruling practices (Campbell and Gregor, 2008: 90)

Ethical considerations

Ethical approval was provided by the Faculty of Health, Education and Life Sciences Academic Ethics Committee at Birmingham City University. The informants' right to informed consent, right to withdraw from the study and to anonymity and privacy were observed at all times, especially given that they were discussing in detail their working practices. The researches were careful to observe any signs of discomfort or distress during interviews and observations. During observations children and families involved in the observations were similarly provided the opportunity for informed consent and their signs and signals of distress and discomfort monitored. Children and families were not the topic of study and none of their individual data was captured during this aspect of the study. For the textual data children whose information was analysed, the information remained at the centre and was not removed at any stage.

Consent

Consent was sought from parents and the usual rights for informed consent, to anonymity and right to withdraw observed. The ethical guidelines of the British Education Research Association were closely observed (BERA, 2018). Parents were approached by Conductors and provided an information leaflet to allow them to make a fully informed decision. If they decided to participate they communicated this to the Conductors who contacted the researcher.

Consent with children

Consent is a key issue in research with children which raises hard, often unresolved, questions (Alderson, 2004). For example, there is no simple answer to the question of when children are old enough to give consent. Within the UK, the term 'child' means anyone below the age of 18 years. The 1948 United Nations *Convention on Human Rights* and the 1989 *Convention on the Rights of the Child* (United Nations, 1989) granted rights to children

between the ages of birth to eighteen to have their wishes known, listened to and respected. The dilemma for researchers is that the perceived ability of a child to give consent will depend not just on an individual child's chronological age, but also on their level of understanding. Requiring high levels of understanding for a valid consent, however, could operate to exclude research with children (particularly those who might be described as vulnerable) unless an adult has consented on their behalf (Mason, 2004). This poses an ethical dilemma for researchers.

Whilst on the one hand researchers need to develop ways of engaging children in a wide range of different circumstances, on the other hand in order to obtain high-quality information, they must also ensure that children's rights are safeguarded (Mason, 2004). Children of all ages are subject to the control of those who have parental responsibility for their welfare and safeguarding. Legally, researchers who wish to include young children who are not considered mature enough (chronologically or developmentally) to make their own decision about participation must obtain the agreement of a least one person who has parental responsibility for the child (Mason, 2004).

Consent was sought firstly from the Conductors and then parents and carers of children study for observation purposes and analysis of children's documentation. Simple explanations were provided to children that an adult wanted to observe their CE sessions because she was interested in how Conductors supported children and families in line with recommendations from Fine and Sandstrom (1988). In addition the notion of assent was considered appropriate in addition to the adult safeguarding described above.

Assent

Young children can be quite demonstrative in expressing their views, even if they do not verbally reject a researcher's presence or questions. They can, for example, move away from a person they do not wish to be near (Aubrey *et al.,* 2000), refuse to answer questions, change the topic of conversation or in extreme cases be physically aggressive if they feel particularly unhappy about situations. The decision to adopt an ongoing process of assent whereby the child's acceptance of the researcher within the CE spaces was taken as assent to participate in the research was considered appropriate. Conductors and parents were considered competent, as caregivers, to make ongoing judgements regarding any unwillingness on the part of children to participate or distress exhibited by children in relation to the researcher's presence, and to allow withdrawal from observations when deemed necessary. This indirect approach for assent/dissent has been successfully used within other studies involving children with developmental delays/disorders (Blackburn, 2014; Brooks, 2010; Beresford, 1997; Konaka, 2007). As sensitive professionals, the researchers were mindful of their duty to be respectful of children's rights, views and well-being in the planning and conduct of this study.

Reflexivity

The point of reflection in IE is not to learn about the researcher *per se*, but to learn about the researcher's location in the 'relations of ruling' (Smith 2005), that is, the researcher's standpoint. There are particular tensions for institutional ethnographers in seeking to avoid objectification of informants/participants through both 'institutional capture' and 'privileged irresponsibility', specifically; the imposition of researcher subjectivities in listening for, asking about and producing texts. A significant concern, for example, in this research context is the researcher's place and privilege in the education hierarchy (Reid, 2017). As someone who has been involved in the education of young children, including working in special education, I am partial insider to the culture of these

pedagogical and professional practices. However, I am not a Conductor and have not worked alongside the Conductors in their professional lives.

Findings and discussion

The three data sources have been merged and integrated as is usual with IE. Analysis of data allowed the following to emerge.

Fragmentation and segmentation within the UK SEND system

From analysis of UK SEND policies it was evident that the work of the Conductors is regulated and ruled by legislation pertaining to both Conductive Education and Special Educational Needs and Disabilities (SEND). Hence the ruling relations arise from principles and regulatory practices imposed by national Government requirements, Local Authority requirements and professional guidelines. Recent changes within the UK SEND system means that the system is characterised by the legal requirement for and professional efforts towards working together across education, health and care for joint outcomes for children and young people. This includes joint commissioning of services between clinical commission groups (CCGs) and Local Authorities (LAs). Nevertheless there are separate guides that accompany the Special Educational Needs and Disability Code of Practice 0 – 25 years (Department for Education/Department of Health, 2015) for health professionals, schools and alternative education providers, further education providers, social care professionals, early years settings and parents and carers. Hence although the CE professionals work in an educational setting, the system that provides the legal and practical framework for their work is multi-disciplinary and arguably considerably segmented.

In order to qualify for SEND support in England (for children with mild to moderate and usually transient SEND) or an Individual Education, Health and Care Plan (for children with long-term persistent and severe SEND) children are routinely and periodically assessed and reviewed against predetermined and mutually agreed targets as well as national and international benchmarks of development and attainment. Ultimately decisions regarding whether or not children can be assessed for a ECH plan lie with the Local Authority (LA) placing them in a position of considerable power (although parents have the right to challenge decisions made by the LA).

Within the system the child must be categorised according to the primary area of 'need'. The categories that professionals can select from are:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

A child might therefore be drawn into a number of different agencies/professions subjecting him or her to different procedures, descriptions, ways of recording strengths and difficulties and intervene in different aspects of their development.

The CE Centre is one agency, one small cog in this very large system of integrated professional working. The CoP is not the only guiding legislation since there are also curriculum guidance documents such as the English Early Years Foundation Stage (EYFS) (DfE, 2017) as well as safeguarding and equality legislation. These higher order regulatory

texts serve to standardise texts within the local setting and co-ordinate institutional activity carried out by Conductors in their work with children and families (Smith, 2006). Hence the work of the Conductors becomes socially organised by means of regulation that is distant from their practice and professional lives.

As Wilson and Pence (2006) found in their research about battered women institutional specialisations divide the broad reality of a person's life, in this case children, into distinct institutionally defined problems. Different professional agencies and administrative processes are in place to assess a child's ability each reporting from a different understanding. To the system the child may be a 'learner' a 'patient' 'a 'referral'. There could be 20 or more professionals assessing the child in order to fulfil the requirements of the legislative system and receive appropriate funding for SEND support. Hence, parents could receive 20 assessment reports each using its own institutional language and terminology many using deficit based approaches to 'prove' that the child needs support and funding. As stated by Wilson and Pence (2006: 208), this alone is a maze not easily navigated. Compounding this is the fact that the process of assessment is co-ordinated not by a person but a file – a collection of texts that 'acts almost as an active person in the process' (Wilson and Pence, 2006: 208). This was borne out by the Conductors descriptions of their work, the textual analysis and observations. In terms of enabling the centre to be 'family-centred' (Shelton and Stepanek 1995; Rosenbaum et al. 1998; Dunst 2002; King and Chiarello 2014), this focus on multiple ways of seeing and documenting the child makes the probability of this unlikely. This was evident when we observed the 'initial consultation'. Although Conductors appeared to be deeply interested in the child's interests and family concerns about daily functional activities, nevertheless they were required to complete an 'Initial Consultation Form' during the meeting that served to collect information about the child's difficulties and

deficits by codes and categories in order to justify his or her admission to the centre. Nevertheless the Conductors remain faithful to the concept of being family-centred as is evident from excerpts from interviews throughout this paper.

Excessive coding, surveillance and documentation of children's lives

The Early Years Foundation Stage EYFS (DfE, 2017) mentioned above requires Conductors to record children's behaviour across seven areas of learning:

- communication and language

- physical development

- personal, social and emotional development

- literacy

- mathematics

- understanding of the world

- expressive arts and design

Parents must receive written reports on their child's learning and developmental progress measured against these learning domains when the child is two years old and at the end of their reception year. However, if a child is identified as having SEND, then written reports will be issued much more frequently and in some cases as frequently as every six weeks. Children with SEND are further categorised according to their performance in the following areas of difficulty/developmental delay:

- communication and interaction

- cognition and learning

- social, emotional and mental health

- sensory and/or physical needs

However, it is acknowledged in the SEN Code of Practice (Department for Education/Department of Health, 2015) children's needs often cross categories and overlap. Nevertheless professionals must demonstrate the 'problems' experienced by children in these categories.

Children are further categorised within professional disciplinary areas. One example of this from analysis of children's documentation folders is that a typical documentation for one child contains reports from no less than 20 different professionals with tabulated folder headings for each, making children's lives highly regulated and documented.

The excessive documentation was commented on by both informants with Informant 1 stressing the degree to which this controlled her working day:

> It's an enormous amount of documentation. I feel that it would be much more useful for me to be left with my level of expertise than out here doing the tick, tick, [the child] can do this and can't do that. Because I feel like I've got so much to give in practice, and this bureaucracy is taking me away from practice (Interview Informant 1).

The informants described a high number of assessment tools used to record children's progress, which took considerable time to complete and distracted them from their ability to prioritise support for children:

> And then, yes, the paperwork is ongoing, it's lots of time, but, you know, we are here early in the morning and late at the evening to finish it so it's not taking the time away from the child. If it is taking away from the child then it's wrong because the document is not as simple as the hands on work which is around physical disabilities because the document won't help them to improve, but if I did them and show them how to do things obviously it means much more (Interview Informant 2).

This level of coding and assessment presents a number of barriers to parents' lived experiences emerging from discussions. The use of regulatory and assessment language is so overpowering that parents' narratives are constrained by assessment tools and proformas. This 'communication without dialogue' (Wilson and Pence, 2006: 215) potentially restricts the way in which Conductors relate to parents and children by imposing formulaic procedures and protocols upon them. This could also suggest that parents' full accounts of their child's prior experiences, strengths and needs are not fully recorded unless they are required to fulfil the aims of a form or procedure. The forms and protocols therefore form a boundary around what can be known about a child. It was also evident that the requirements imposed by regulatory and inspection bodies such as OFSTED were not always clear:

> We do spend a lot time wondering what OFSTED want it would be better if they decided what they want and tell us; then we can spend more time with the children (Interview Informant 1).

SEND practices through the use of regulatory assessments and protocols to standardise the collection of information about children records matters of institutional concern into clearly delineated categorise to organise how Conductors perceive, discuss and support children. This simplifies and facilitates institutional reporting to Local Authorities and Departments for Education. However, the descriptive and rich accounts of children's lives are subdued and potentially ignored.

It was clear that the SEND legislative system enforced top down bureaucratic oversight on the Centre. The categorisation of schools themselves into discrete centres of either 'teaching' or 'movement specialists' enforced further regulatory and documentary pressure onto the professional lives of the Conductors. This can be seen from the following comments in relation to documentation and the role of the Conductors:

> But, you know, however heart-breaking it is, this is what we're being sort of cornered into, to show that our existence here is justified, especially being so different from any other specialist schools. They say, what do you do differently? Just a specialist school? No, we are very different to specialist schools, but we need to show results. We're using movement as a vehicle to the national curriculum, because some people say, oh, you do the movement, we do the teaching, and I need to say no, we do the teaching as well, in our way (Interview Informant 1)

Even though the paperwork/documentation is significant, Informant 2 demonstrated the creative ways in which they use the documentation and regulation in their own way to benefit the children and families:

We work with has the little girl and she can move around with a light walking aid. The school wanted to buy a big hoist to hoist her up on the big table to then change her nappy and then back to the floor to be able to move on with her friends. But it's completely unnecessary. A small toilet is enough for the child. She can take part in getting changed. She can sign if she needs the toilet, so she doesn't need a nappy. And the school doesn't need to spend a huge amount of money on a hoist and table. And we identified this issue from the paperwork (Interview Informant 2).

Interestingly, within each child's folder there was an abundance of photographic evidence produced by Conductors depicting images of children enjoying their pre-school education, socialising with adults and peers and achieving a great deal. Such creative approaches to documenting children's lives and this is an area for further exploration.

A vision of support and hope – contradictions and disjunctures within the professional lives of Conductors

In terms of describing their professional role, Informant 1 was clear that they provide education for children and 'give them access to the curriculum and chances they will not necessarily receive at other settings'. This is best done through experiment and experiences according to her which the centre was trying to provide. Informant 1 also talked about teaching through active participation and the continuity of conductive principles across settings, from CE to home. She stressed the need to develop activities that fit with family routines so that improvements in development can continue to take place in both settings. Further to this, she discussed the gap filled between the end of Health Visiting (HV) service

in terms of children's development and the beginning of primary school, for example toilet training usually happens later for children with SEND, but after the end of HV visits. CE fills that gap and extends the health aspect of education support.

By contrast Informant 2 described the work of the centre in terms of giving help, support and hope to parents by means by teaching them how to scaffold their child's learning and development. Conductive education in the pre-school level means giving care to parents, helping parents and teaching them how to scaffold their child's learning and development. This brings what she described as 'hope' for the family which comes from parents being able to 'believe' in their child as shown in the extract below:

> CE means giving care to parents who won't get as much help or won't get any help. So, we are the first who help them to what to do with their children, or child, who has a physical disability. And then we get parents in with very young children, we teach parents what sort of activities they can do with their children and how to…facilitate how to help their children to succeed in those activities. So, we prove to them basically the child can learn and how they can support this learning. This enables them to believe in their child and gives them hope, if we work hard, if they get the right input, the right direction, the right support, then the child will improve, and they do (Interview Informant 2)

Implications for policy and practice

The social organisation of knowledge and the professional practice of Conductors have been highlighted in the findings and discussion section above.

Although it is not usual to generate implications beyond the situated context of the research site for IE studies, we would like to point, nevertheless, to a few implications for wider policy and practice beyond the research site.

The excessive documentation required to support children with SEND noted by Conductors in this study has been reported elsewhere. For example, in a national survey, Curran et. al., (2018: 6) nearly three-quarters (74%) of Special Educational Needs Co-ordinators (SENCOs) do not have enough time to ensure that pupils on Special Educational Needs (SEN) Support are able to access the provision that they need. In terms of the day to day operation of the SEN policy, the majority of SENCOs (71%) reported that administrative tasks, including data analysis, completing referrals and annual review paperwork, accounted for the majority of SENCO time in the average week. Reducing the paperwork associated with supporting children with SEND would increase the time that professionals have available to spend directly with children. Relations of ruling have been revealed as excessive regulatory and legislative requirements which have the potential to overwhelm the social relations within a centre that is required to be family-centred Shelton and Stepanek 1995; Rosenbaum et al. 1998; Dunst 2002; King and Chiarello 2014). It has been noted by Informants the extent to which they attempt to remain family-centred affirming Schenker et al.'s (2016) suggestion that Conductors are highly qualified in providing family-centred -service to families of children with Cerebral Palsy.

Greater appreciation of Conductive Education and the role of Conductors in an integrated education, health and social care system from other professionals would help to ensure that Conductors feel valued and respected.

Further research into the professional lives of Conductors could include international comparisons of the role of CE in different education systems and country comparisons of CE

and other special education. This might serve to raise awareness of CE amongst education professionals.

It was noted earlier that photographic evidence of children's progress was prolific within children's documentary folders. Further research into the use of photographs within the setting to record children's progress, strengths and capabilities might serve to reduce the focus on documentary assessment that focuses on deficits.

Limitations:

The findings of this small scale study cannot be generalised and this was not an aim. However, the findings may be of interest to other similar organisations, educators, researchers and policy-makers.

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