



Inclusive education and emerging issues

Modules 2 and 3

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Module 2: Human Rights and Pedagogy in Inclusive Education

Unit Descriptor: Unit 1 – Safeguarding Children

Unit 1: Safeguarding children

1.0 Introduction

2.0 Learning outcomes

3.0 Unit content

3.1 Defining safeguarding and identifying the range of abuse

3.2 Identifying the signs of abuse

3.3 Abuse of children with additional needs and responding to abuse

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1.0 Introduction

Child safeguarding is about protecting children who are participating in any activity from harm or abuse. Child safeguarding can involve prevention – in other words creating an environment in which children are free from abuse. Child safeguarding can also involve responding to a reported example of child abuse.

2.0 Learning outcomes

By the end of this unit, learners will be able to:

- Define safeguarding
- Define child abuse
- Identify the different types of child abuse
- Identify the signs that a child may be being abused or is at risk of being abused
- Explain why certain groups of children, including children with disabilities, are particularly at risk of being abused
- Identify strategies for preventing and responding to child abuse

3.0 Unit contents

3.1 Defining safeguarding and identifying the range of abuse

Child safeguarding is about protecting children who are participating in any activity from harm or abuse. Child safeguarding can involve prevention – in other words creating an environment in which children are free from abuse. Child safeguarding can also involve responding to a reported example of child abuse.

Child abuse happens when a child is harmed, usually as a result of the failure of a parent/carer or organisation/community to ensure a reasonable standard of care and protection.

There are five main types of child abuse:

- Physical abuse: when a child experiences physical harm as a result of the actions, or the failure to act, of an adult or a fellow child
- Sexual abuse: any involvement of a child in any sexual activity by an adult or another child
- Emotional abuse: acts which cause the child distress and therefore harm the child's social, emotional and physical development
- Neglect and negligent treatment: when someone in a position of responsibility (e.g. a parent, a carer or teacher) fails to act and therefore causes the child to experience suffering
- Sexual and commercial exploitation: when someone uses a child for sexual satisfaction, someone else's sexual satisfaction, and/or for personal gain
- Harmful traditional practices: cultural rituals, traditions or other practices that have a harmful and negative impact on the life, health, physical and psychological integrity and development of a child. Such traditions include Female Genital Mutilation (FGM) and forced early marriage.

3.2 Identifying the signs of abuse

There are various signs of the various types of abuse. For instance:

Neglect: a child is badly dressed, is always hungry/steals food, has untreated medical conditions, is malnourished and stunted, rarely attends school, has few friends.

Emotional abuse: a child is attention seeking, has low self-esteem, uses bad language, shouts a great deal, threatens others, self-harms (for instance, cuts himself/herself).

Physical abuse: the child has unexplained injuries or bruises, flinches when approached, is reluctant to go home, stays away from home a lot, wants to cover arms and legs even when it is very hot (in order to hide cuts and bruises), is withdrawn/depressed, has mood swings.

Sexual abuse: a child displays age inappropriate behaviour/knowledge, receives unexplained gifts, runs away from home, has stomach pains when sitting or walking, or the child self-harms.

Exploitation: a child is regularly absent from school, is seen in the market during school hours, falls asleep in class, takes drugs, drinks alcohol, has unexplained money.

Children may be subject to different kinds of abuse at the same time. For instance, children who are being sexually abused will be experiencing emotional and physical abuse and may also be being commercially exploited.

3.3 Abuse of children with additional needs and responding to abuse

Children with disabilities may be at greater risk of abuse because:

- i. They are perceived as 'different' from other children.
- ii. They may be less physically strong than other children, or perceived to be so, and therefore seen as 'easy prey'.
- iii. They may find it harder to inform responsible adults that they are being abused, especially if they have difficulties with communication or use alternative means of communication (such as sign language).
- iv. Negative social attitudes towards people with disabilities encourage abuse.
- v. They may be unable to identify the individual/s who has abused them (for instance, if they are visually impaired) and therefore be unable to report them to the relevant authorities.
- vi. Their dependency on others for help with daily living activities and intimate personal care (e.g. toileting, washing) may increase the risk of exposure to abusive behaviour.

In many educational contexts, girls experience greater levels of abuse than boys, especially sexually abuse. Girls with disabilities are therefore particularly vulnerable to abuse. It is important to stress that abuse is not only carried out by adults but by other children. Other groups of children particularly vulnerable to abuse are:

- Children from particularly disadvantaged socio-economic backgrounds
- Children from minority ethnic/linguistic groups
- Refugees
- Street children

Schools need to respond to abuse by:

- developing school child safeguarding policies
- drawing up codes of conduct that all staff must sign, identifying the types of behaviour expected of all staff
- establishing school safeguarding systems that allow children to report concerns that they are being abused or at risk of being abused
- employing designated child safeguarding leads in the school (at least one of whom will be female) to take responsibility for child safeguarding issues
- developing links with the community and social services
- ensuring that a) all staff are aware that corporal punishment is forbidden and b) students are aware that they should report staff that use corporal punishment
- providing training in child safeguarding for staff, students, and members of school management committees

- discussing safeguarding issues in the community and meetings of the parent teacher association
- organising school assemblies on child safeguarding
- producing posters and other IEC materials on child safeguarding and putting them up in the school
- making sure that teachers are on duty during playtimes and lunchtimes and at the beginning and end of school days (to prevent bullying)
- making sure that teachers are present in classrooms during lesson times
- ensuring good quality guidance and counselling is available to all students and that guidance and counselling for girl students is provided by women teachers
- establishing a buddy system in which selected students look out for and help other students
- ensuring a) child safeguarding issues are regularly discussed at meetings of the school management committee and b) the annual report of the school management committee addresses child safeguarding issues
- ensuring toilets are sex separate, private and secure
- establishing girls' clubs at the school (supervised by a female member of staff) in which girls can express their concerns

4.0 Summary and conclusion

Safeguarding is the most important duty of schools. All schools need effective safeguarding policies and systems and all teachers should understand their safeguarding responsibilities. Any child may be abused but some groups of children are at particular risk, including girls and children with disabilities. Children need to be confident that if report abuse a) they will be listened to and b) the school will take action to support them and stop and prevent the abuse from happening again.

5.0 Reading

Sightsavers, 2018. Child Safeguarding Package for Education. Sightsavers, Haywards Heath.

Unit 1: Safeguarding Children

1.1 Defining Safeguarding and Identifying the Range of Abuse

Indicators of achievement

By the end of this session, students will be able to:

1. Define safeguarding
2. Define child abuse
3. Identify the different types of child abuse.

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 10 minutes |
| Activity 1 | 70 minutes |
| Wrap up | 10 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Handout 1 (see pages 11-12)

Session preparation

Photocopy **Handout 1** (on pages 11-12) for your students. Copy the definition of child safeguarding (see below) on the board or flipchart paper so all your students can see it. Copy the table (see page 9) on the board or flipchart paper, so all students can see it.

Introduction 🕒 10 minutes

In plenary, begin by telling your students that they will be discussing child safeguarding in this unit. Define safeguarding for your students (referring to the definition that you have already written on the board/flipchart paper):

Child safeguarding is about protecting children who are participating in any activity from harm or abuse. Child safeguarding can involve prevention – in other words creating an environment in which children are free from abuse. Child safeguarding can also involve responding to a reported example of child abuse.

Ask your students if they have questions about this definition. Tell them that in a later session, they will be discussing ways of carrying out child safeguarding.

Activity 1: Different types of child abuse 🕒 70 minutes

Distribute **Handout 1** to your students. Read it through with your students, checking for understanding.

You should emphasise the various types of abuse are inter-related. For instance, physical abuse is also emotional abuse as it causes great emotional damage.

In plenary, ask your students to identify examples of the different types of abuse which can occur in schools, homes and communities. Emphasise that these should include examples of abuse carried out by children on other children as well as examples of abuse inflicted on children by adults. Ask your students to write these examples of abuse on the table under the appropriate headings. (Alternatively, they can write these examples on post-it notes and stick them on the table under the appropriate headings.) For instance, “Teacher hits child” should be put under the heading ‘Physical abuse’. (See chart below.)

After this exercise has been completed and there are lots of examples under the different headings, you should go through the various examples with your students. Point out that some ideas can belong under different headings. For instance, hitting a child is physical abuse, but it is also a form of emotional abuse as it upsets the child and is cruel.

| Table: Different types of child abuse | | | | |
|--|--|--|---|--|
| Physical | Sexual | Emotional | Neglect and negligent treatment | Sexual and commercial exploitation |
| <ul style="list-style-type: none"> Teacher hits child | <ul style="list-style-type: none"> Parent inappropriately touches child | <ul style="list-style-type: none"> Children tease classmate | <ul style="list-style-type: none"> Child is underfed | <ul style="list-style-type: none"> Child is working and not at school |

Now divide into your students into pairs. Ask them, in pairs, to identify the most common forms of child abuse in schools and communities in Sierra Leone. Ask them to identify the reason why these particular types of abuse are so common. If there is time, ask each pair of students to report back to another pair, and vice-versa.

Wrap up 🕒 10 minutes

It is now the end of the session and your students should be able to:

- Define safeguarding
- Define abuse
- Identify the different types of abuse.

Extension activities: ideas for collaborative learning/self-study

1. Students can prepare their own version of the table on page 9.
2. Students can carry out their own investigation of child abuse in Sierra Leone, write up their findings in a report and/or make an oral presentation to the rest of the class.
3. You can ask a representative of a child rights organisation to come into your class and make a presentation on the child rights situation in Sierra Leone.

Handout 1: Child safeguarding

Defining child safeguarding

Child safeguarding is about protecting children who are participating in any activity from harm or abuse.

Child safeguarding can involve prevention – in other words creating an environment in which children are free from abuse.

Child safeguarding can also involve responding to a reported example of child abuse.

What is child abuse?

Child abuse happens when a child is harmed, usually as a result of the failure of a parent/carer or organisation/community to ensure a reasonable standard of care and protection.

There are several types of child abuse, including:

Physical abuse

Physical abuse is deliberately hurting a child in ways that can cause injuries such as bruises, broken bones, burns or cuts. Physical abuse is not accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Corporal punishment is a form of physical abuse and never acceptable. Physical abuse is closely related to other types of abuse (see below).

Emotional/mental abuse

Emotional abuse involves persistent or severe emotional ill-treatment or rejection, such as degrading punishment, threats, bullying, and not providing children with the necessary care and affection. Emotional abuse adversely affects the behaviour and emotional development of children. Other harmful experiences such as exposing children to violence in the home are also classified as mental abuse.

Neglect

Neglect is understood as the failure by a parent or caregiver to provide a child with the conditions necessary for their physical and emotional development and wellbeing. Neglect of children with disabilities is more common than neglect of children without disabilities and is often under-reported.

Sexual abuse

Sexual abuse is any kind of sexual activity involving a child, whether or not the child is aware of or consents to what is happening. Sexual abuse can be carried out by an adult and it can also involve a child abusing another child. Girls and young women suffer particularly high levels of sexual abuse, but boys and young men are abused as well. Girls with disabilities are especially vulnerable to abuse.

Exploitation

Exploitation of a child refers to the use of a child for work or other activity for economic gain which may be hazardous or harmful to the child's health or development or interfere with the child's education. This includes, but is not limited to, child labour and child prostitution. Sexual exploitation occurs when a child is used by someone else for sexual purposes (see definition of sexual abuse above).

Harmful traditional practices

These refer to cultural rituals, traditions or other practices that have a harmful and negative impact on the life, health, physical and psychological integrity and development of a child. Such traditions include Female Genital Mutilation (FGM) and forced early marriage. They may also include various rituals or ceremonies involving children, particularly those associated with witchcraft. In some countries, children with albinism are particularly vulnerable to these types of practices.

Children may be subject to different kinds of abuse at the same time. For instance, children who are being sexually abused will be experiencing emotional and physical abuse and may also be being commercially exploited.

Gender responsive approaches to child safeguarding

Are girl pupils (or boy pupils) particularly vulnerable to abuse? If so, why and how can schools prevent such abuse happening? What specific strategies will help girls in particular (and/or boys in particular)?

1.2 Identifying the Signs of Abuse

Indicators of achievement

By the end of this session, students will be able to:

1. Identify the signs that a child is being abused

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 80 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Before the lesson, copy the table (see page 14) onto the board or flipchart paper, so all students can see it. Photocopy **Handout 1** (see page 16).

Introduction ⌚ 5 minutes

.....

In plenary, tell your students that today they will be discussing the various signs that a child may be being abused. Say that abuse can sometimes be hard to identify but that there are signs of abuse that teachers can look out for.

Activity 1 ⌚ 80 minutes

.....

Put your students into groups of four to six. Ask them to think about when they were at school. Ask them to discuss:

- a) If they remember any children who were subjected to abuse
- b) The signs that these children were being abused

Circulate among the groups as they discuss. If certain groups have identified some good examples of signs that a child was being abused, ask them to share these examples with the rest of the class.

Now show them the table you prepared earlier:

| Table: Different types of child abuse | | | | |
|---------------------------------------|--------|-----------|---------------------------------|------------------------------------|
| Physical | Sexual | Emotional | Neglect and negligent treatment | Sexual and commercial exploitation |
| | | | | |

Ask your students, still working in their groups, to identify signs that children might be experiencing each of the five types of abuse. Ask each group to try to identify three signs for each type of abuse.

Again, circulate around the groups as they are working to provide them with necessary support.

In plenary, ask each group to report back to the other groups. One group can report back on physical abuse, one group can report back on sexual abuse, etc, etc. Make sure they explain their reasoning. After each group has reported back, the other groups can identify additional ideas which have not yet been provided. As the students report back, write their own ideas on the chart. Make it clear that a particular behaviour may be a sign of several alternative types of behaviour or even multiple types of abuse.

Answers might include:

Neglect: a child is badly dressed, is always hungry/steals food, has untreated medical conditions, is malnourished and stunted, rarely attends school, has few friends.

Emotional abuse: a child is attention seeking, has low self-esteem, uses bad language, shouts a great deal, threatens others, self-harms (for instance, cuts himself/herself).

Physical abuse: the child has unexplained injuries or bruises, flinches when approached, is reluctant to go home, stays away from home a lot, wants to cover arms and legs even when it is very hot (in order to hide cuts and bruises), is withdrawn/depressed, has mood swings.

Sexual abuse: a child displays age-inappropriate behaviour/knowledge, receives unexplained gifts, runs away from home, has stomach pains when sitting or walking, or the child self-harms.

Exploitation: a child is regularly absent from school, is seen in the market during school hours, falls asleep in class, takes drugs, drinks alcohol, has unexplained money.

Add any important suggestions that the students may have missed to the table on the flipchart/board.

Distribute **Handout 1** to your students.

Wrap up 🕒 5 minutes

In plenary, tell your students that it is essential that teachers identify if a child is being abused. Tell them that it is also essential that schools:

- a) Take the right steps to prevent, or at least minimize, abuse
- b) Respond appropriately if children are abused or at risk of abuse

Tell your students that they will be discussing this subject in the next session.

Extension activities: ideas for collaborative learning/self-study

The students can produce their own tables showing the signs that a child is being abused, using the ideas generated in this session.

Handout 1: Signs that a child may be experiencing abuse

The following signs may indicate that a child is experiencing different types of abuse.

1. **Neglect:** a child is badly dressed, is always hungry/steals food, has untreated medical conditions, is malnourished and stunted, rarely attends school, has few friends.
2. **Emotional abuse:** a child is attention seeking, has low self-esteem, uses bad language, shouts a great deal, threatens others, self-harms (for instance, cuts himself/herself).
3. **Physical abuse:** the child has unexplained injuries or bruises, flinches when approached, is reluctant to go home, stays away from home a lot, wants to cover arms and legs even when it is very hot (in order to hide cuts and bruises), is withdrawn/depressed, has mood swings.
4. **Sexual abuse:** a child displays age-inappropriate behaviour/knowledge, receives unexplained gifts, runs away from home, has stomach pains when sitting or walking, or the child self-harms.
5. **Exploitation:** a child is regularly absent from school, is seen in the market during school hours, falls asleep in class, takes drugs, drinks alcohol, has unexplained money.

1.3 The Abuse of Children with Additional Needs and Responding to Abuse – 1

Indicators of achievement

By the end of this session, students will be able to identify:

1. Why certain groups of pupils, including children with disabilities, are particularly vulnerable to abuse
2. Strategies for preventing abuse in schools

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 25 minutes |
| Activity 2 | 50 minutes |
| Wrap up | 10 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Before the lesson, photocopy **Handout 1** (pages 21-24), **Handout 2** (pages 25-26), and **Handout 3** (page 27).

Introduction ⌚ 5 minutes

In plenary, tell your students that today they will be considering why children with disabilities are particularly vulnerable to abuse and discussing appropriate strategies for responding to abuse.

Activity 1 ⌚ 30 minutes

In plenary, ask your students why children with disabilities are particularly vulnerable to various types of abuse. Write their ideas on flipchart paper. If they leave out some important reasons, write these on the flipchart paper as well.

Below are some possible reasons:

- Children with disabilities may be especially likely to be teased or bullied because they are perceived as 'different' from other children.

- Children with disabilities may be less physically strong than other children, or perceived to be so, and therefore seen as ‘easy prey’.
- Children with disabilities – for instance, deaf children and children with communication difficulties – may find it harder to inform responsible adults that they are being abused.
- Negative social attitudes towards people with disabilities encourage abuse.
- Children with visual impairments may be unable to identify the individual/s who has abused them and therefore be unable to report them to the relevant authorities.
- Their dependency on others for help with daily living activities and intimate personal care (e.g. toileting, washing) may increase the risk of exposure to abusive behaviour.

Ask your students to identify other groups of pupils who are particularly likely to be teased and bullied or experience other types of abuse. Answers should include:

- i. Girls
- ii. Children from particularly disadvantaged socio-economic backgrounds
- iii. Children from minority ethnic/linguistic groups
- iv. Refugees
- v. Street children

Ask your students to explain why these children are particularly likely to be abused.

Activity 2: Preventing abuse 🕒 50 minutes

Divide your students in groups of four to six. Explain that it is essential to prevent abuse in schools, i.e. to stop it happening in the first place. Tell them that each group represents a school management committee in Sierra Leone. One member of the group can be the head teacher, another the deputy head teacher, another the chair of the school management committee, etc. Tell them they need to come up with a strategy for making sure that their school is a place where staff and students treat each other with respect and kindness – in other words, a school that is free from all types of abuse. Tell each group that they have fifteen minutes to prepare a short five-minute presentation that they will deliver to the other students. In this presentation, they will identify the strategies they will employ in their school to prevent abuse happening.

While the students are preparing their presentations, circulate among the groups providing support where necessary.

After fifteen minutes, ask selected groups to deliver their presentations. When the groups make valuable recommendations, write these on the flipchart paper or on the board so a) you have a record of their suggestions and b) students can see what other students have recommended.

You will only have enough time in this session for two or three groups to make their presentations. If you want to give all groups the opportunity to make their presentations, you could provide them this opportunity in the next session – if there is time for this.

Possible strategies could include:

- developing school child safeguarding policies (see specimen School Child Safeguarding Policy in **Handout 1**)
- drawing up codes of conduct that all staff must sign, identifying the types of behaviour expected of all staff (see specimen Code of Conduct in **Handout 2**)
- establishing school safeguarding systems that allow children to report concerns that they are being abused or at risk of being abused
- employing designated child safeguarding leads in the school (at least one of whom will be female) to take responsibility for child safeguarding issues
- developing links with the community and social services
- ensuring that a) all staff are aware that corporal punishment is forbidden and b) students are aware that they should report staff that use corporal punishment
- providing training in child safeguarding for staff, students, and members of school management committees
- discussing safeguarding issues in the community and meetings of the parent teacher association
- organising school assemblies on child safeguarding
- producing posters and other IEC materials on child safeguarding and putting them up in the school
- making sure that teachers are on duty during playtimes and lunchtimes and at the beginning and end of school days (to prevent bullying)
- making sure that teachers are present in classrooms during lesson times
- ensuring good quality guidance and counselling is available to all students and that guidance and counselling for girl students is provided by women teachers
- establishing a buddy system in which selected students look out for and help other students
- ensuring a) child safeguarding issues are regularly discussed at meetings of the school management committee and b) the annual report of the school management committee addresses child safeguarding issues
- ensuring toilets are sex separate, private and secure
- establishing girls' clubs at the school (supervised by a female member of staff) in which girls can express their concerns

Wrap up 🕒 10 minutes

Highlight important strategies that have been raised by the groups. If certain important strategies have not been raised, outline these strategies to your students. Distribute **Handouts 1, 2 and 3** to your students.

Extension activities: ideas for collaborative learning/self-study

1. Invited head teachers to speak to your students about the ways they are promoting child safeguarding in their schools. After the head teachers have made presentations, students can ask them questions.
2. Ask your students to identify ways in which safeguarding can be promoted in the teacher training college. They can present their findings to the principal and senior staff of the college.
3. Ask your students to produce an information leaflet for schools, identifying ways in which they can promote child safeguarding.

Handout 1: Specimen school child safeguarding policy

We (*insert name of school here*) are committed to the welfare of all our pupils, including children with disabilities.

What is child safeguarding?

A child safeguarding approach is one designed to identify and minimise the risks of harm or abuse to children from any planned activity. It is part of the more comprehensive child protection approach, which entails a wide potential range of policies, procedures and activities seeking to address child safety as their primary concern.

Age definition

For the purposes of this policy, a child is a person under the age of 18 years.

Children with disabilities

We recognise we have a particular duty of care to pupils with disabilities due to the vulnerability and exceptionality of these children. We recognize that girls with disabilities are particularly vulnerable to abuse, as are children with certain types of impairment – for instance, children with visual impairments, deaf children and children with intellectual disability.

We recognise that children can not only be abused by adults but abused by other children.

Child abuse

Child abuse occurs when adults or other children hurt a child, either physically or mentally. In the majority of cases the abuser is someone the child knows well, such as a parent, another caregiver, or a relative or friend. There are several forms of child abuse including:

Physical abuse

Physical abuse is deliberately hurting a child in ways that can cause injuries such as bruises, broken bones, burns or cuts. Physical abuse is not accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Corporal punishment is a form of physical abuse and never acceptable. Physical abuse is closely related to other types of abuse (see below).

Emotional/mental abuse

Emotional abuse involves persistent or severe emotional ill-treatment or rejection, such as degrading punishment, threats, bullying, and not providing children with the necessary care and affection. Emotional abuse adversely affects the behaviour and emotional development of children. Other harmful experiences such as exposing children to violence in the home are also classified as mental abuse.

Neglect

Neglect is understood as the failure by a parent or caregiver to provide a child with the conditions culturally necessary for their physical and emotional development and wellbeing.

Neglect of children with disabilities is more common than neglect of children without disabilities and is often under- reported.

Sexual abuse

Sexual abuse is any kind of sexual activity involving a child, whether or not the child is aware of or consents to what is happening. Sexual abuse involves the use of a child for sexual gratification by an adult, significantly older child or an adolescent, violating the child's integrity and exploiting their position of dependency. Sexually abusive behaviour includes rape, incest, fondling genitals, masturbation, voyeurism, exhibitionism and exposing or involving the child in pornography or any other sexual activity, real or simulated, including on the internet or in any other medium.

Exploitation

Child exploitation is the act of using a minor child for profit, labour, sexual gratification, or some other personal or financial advantage.

Harmful traditional practices

These refer to cultural rituals, traditions or other practices that have a harmful and negative impact on the life, health, physical and psychological integrity and development of a child. Such traditions include Female Genital Mutilation (FGM) and forced early marriage. They may also include various rituals or ceremonies involving children, particularly those associated with witchcraft. In some countries, children with albinism are particularly vulnerable to these types of practices.

Measures to implement the policy

Recognising our duty of care to our pupils, the schools will establish and follow these safeguarding arrangements:

1. We will appoint a Designated Child Safeguarding Lead (DCSL) who will be responsible for child safeguarding arrangements at our school. The DCSL will be a senior member of staff (either male or female).
2. If the DCSL is male, we will also appoint a female Deputy DCSL recognising that girl pupils may be reluctant to approach a male DCSL with their concerns.
3. If any pupils including those with disabilities believe they have experienced any type of abuse they will be able to take these concerns to the DCSL/Deputy DCSL, or, if they prefer, another member of staff of their choosing (for instance, their class teacher).
4. We will visibly promote the name and contact details of the DCSL and Deputy DCSL around the school in ways that are accessible to all.
5. We will ensure the Designated Child Safeguarding Lead (DCSL) attends a minimum of a one-day training in child safeguarding provided by specialist trainers using a recognised training module/training pack.
6. We will ensure all pupils including those with disabilities are made aware of the various types of abuse, and that they should not be subjected under any circumstances to any type of abuse.
7. We will also ensure all pupils including those with disabilities are aware of the complaints procedure they should follow if they believe they have been subject to any type of abuse.
8. In order to help ensure all children, including children with disabilities, are aware of their rights, we will ensure these children receive relevant training in this subject. We

will also encourage non-disabled children at our school to attend this training. This training will be provided by the DCSL.

9. We will ensure boys' and girls' latrines at the school are private, sex-segregated, clean and secure, and also accessible for children with disabilities
10. If pupils raise concerns about staff, the DCSL will immediately inform the head teacher and develop a response plan which will include informing the parents and parents of the child that these concerns have been raised if it is deemed in the best interest of the child to do so.
11. Staff who are concerned that a child or children with disabilities are being abused will also raise their concerns to the DCSL or the head teacher.
12. Parents will also be informed that they should take any concerns about the welfare of their child to the DCSL.
13. The DCSL and head teacher will immediately investigate any concerns raised and take immediate steps to rectify the situation and stop a similar situation recurring.
14. If there is evidence that any criminal act may have been committed, we will immediately contact the police, the local education authority and any other relevant bodies.
15. All complaints made by children will be fully documented by the DCSL, even if unproven. Records of complaints will be kept in a Child Safeguarding Folder which will be stored in the school office in a safe, secure place for a minimum of seven years.
16. We will obtain references and contact previous employers when recruiting new staff in order to minimise the risk of employing new staff who have engaged in child abuse.
17. All teachers and other staff at the school will be trained in child safeguarding, using a recognised module/training pack. This training will be provided by the DCSL.
18. New staff members will receive safeguarding training within the first month of their employment.
19. Members of the School Board of Management will receive training in child safeguarding
20. All members of staff will sign a Code of Conduct expressing their commitment to child safeguarding.
21. We will use the child safeguarding checklist to identify ways in which our school can be made a safer place for all pupils, including children with disabilities.
22. DCSL/head teacher will present an annual report to the School Board of Management on Child Safeguarding issues.

Additional safeguarding measures for children with disabilities

In order to further protect children with disabilities at our school, we will also ensure:

1. If there are children with disabilities in our schools who communicate through alternative languages (e.g. sign language), the DCSL or another member of staff is fluent in these languages.
Class teachers and parents of children with disabilities will meet at least once every term to review the child's progress and if necessary discuss/raise safeguarding issues.
2. Pupils with disabilities do not study in unsafe structures and are not required to make risky journeys around the school or to and from school.
3. All pupils with disabilities access the necessary assistive technology.

4. All pupils at the school are made aware of the need to treat children with disabilities with respect and consideration.
5. Any incidents of teasing and bullying of pupils by other pupils (including bullying of children with disabilities) are immediately and effectively addressed.
6. Children with disabilities at the school access school feeding programmes (if needed) and, where these do not exist, receive a meal at lunchtime.
7. Children with disabilities at the school receive annual health check-ups from qualified health professionals.
8. Children with disabilities are supervised by staff at play-times and lunch-times.

We carry out all other necessary measures to ensure children with disabilities are not subject to any type of abuse and are therefore happy and successful in school.

This policy has been reviewed and is recommended for approval by¹:

| | | |
|------------------|--|--|
| Signature | | |
| Job Title | | |
| Date | | |

| | | |
|------------------|--|--|
| Signature | | |
| Job Title | | |
| Date | | |

¹ This policy must be reviewed and signed by a) the Head Teacher (or equivalent) and b) the Chair of the School Board of Management.

Handout 2: Specimen School Code of Conduct

This form should be signed by all school employees.

Name of school:

As a member of the senior management team/assistant teacher/other employee working at the school (delete as appropriate):

1. I recognise that children are vulnerable to various types of abuse – physical abuse; emotional abuse; neglect; sexual abuse; exploitation; and exposure to harmful traditional practices. I also recognise that children with disabilities are often particularly vulnerable to abuse. As a school employee, I am committed to ensuring no pupil experiences any type of abuse. I therefore make the following specific commitments.
2. I will not physically abuse any pupil.
3. Recognising physically abusive behaviour can take many forms, including pinching, shoving, hitting, slapping, shaking, throwing, punching and kicking.
4. Recognising also that all forms of corporal punishment are physical abuse.
5. I will not emotionally/mentally abuse any child.
6. Recognising emotional/mental abuse can take many forms, including making hurtful remarks about a pupil – particularly in front of other pupils; encouraging other pupils to make such remarks; unfairly/excessively criticising a pupil; and segregating a child from their peers in the classroom or the playground.
7. I will not neglect any pupil. I will provide the same high standards of pastoral care for all pupils. As a teacher, I will do my utmost to ensure all my pupils are present and participating in lessons. I will make sure all my pupils, including pupils with disabilities, have the maximum possible access to the national curriculum.
8. I will not sexually abuse any children.
9. Recognising that sexual abuse is any kind of sexual activity involving a child, whether or not the child is aware of or consents to what is happening.
10. Recognising also that sexual abuse can take many forms, including talking to a child inappropriately, touching a child inappropriately, and involving children in pornography or any other sexual activity.
11. As a teacher, I will not exploit a child for any personal gain. I will not ask a child to carry out any domestic or classroom tasks that should be performed by myself or others. I will not ask any the child to carry out any task that bring me or others economic benefit.
12. If I believe any teacher or other employee of the school is abusing any child in any of the ways described above, I will immediately report the behaviour to the Designated Child Safeguarding Lead (DCSL), or to whoever is responsible for safeguarding at the school.
13. Recognising that child abuse also involves children abusing other children, I will intervene immediately to stop bullying of children by other children, following established school procedures and irrespective of whatever form this bullying takes (physical; emotional/mental; sexual; exploitation). I will also report any incidents of bullying immediately to the DCSL.

| | |
|----------------------------|--|
| Signed: | |
| Full name: | |
| Position in school: | |
| Dated: | |

Handout 3: Strategies for Preventing Abuse in Schools

Strategies include:

- developing school child safeguarding policies (see specimen School Child Safeguarding Policy in **Handout 1**)
- drawing up codes of conduct that all staff must sign, identifying the types of behaviour expected of all staff (see specimen Code of Conduct in **Handout 2**)
- establishing school safeguarding systems that allow children to report concerns that they are being abused or at risk of being abused
- employing designated child safeguarding leads in the school (at least one of whom will be female) to take responsibility for child safeguarding issues
- developing links with the community and social services
- ensuring that a) all staff are aware that corporal punishment is forbidden and b) students are aware that they should report staff that use corporal punishment
- providing training in child safeguarding for staff, students, and members of school management committees
- discussing safeguarding issues in the community and meetings of the parent teacher association
- organising school assemblies on child safeguarding
- producing posters and other IEC materials on child safeguarding and putting them up in the school
- making sure that teachers are on duty during playtimes and lunchtimes and at the beginning and end of school days (to prevent bullying)
- making sure that teachers are present in classrooms during lesson times
- ensuring good quality guidance and counselling is available to all students and that guidance and counselling for girl students is provided by women teachers
- establishing a buddy system in which selected students look out for and help other students
- ensuring a) child safeguarding issues are regularly discussed at meetings of the school management committee and b) the annual report of the school management committee addresses child safeguarding issues
- ensuring toilets are sex separate, private and secure
- establishing girls' clubs at the school (supervised by a female member of staff) in which girls can express their concerns

The Abuse of Children with Additional Needs and Responding to Abuse – 2

Indicators of achievement

By the end of this session, students will be able to identify:

1. Strategies for responding to abuse in schools

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 60 minutes |
| Activity 2 | 20 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Before the lesson, copy **Handout 1** (see page 32).

Introduction ⌚ 5 minutes

In plenary, remind your students that in the last session they identified groups of students particularly vulnerable to abuse and strategies for preventing abuse. Tell them that in this session they will be identifying strategies for responding to abuse.

Activity 1 ⌚ 60 minutes

Distribute **Handout 1** for your students. This is a case-study of three children.

Adama is eight years old and loves music, dance and reading. She is short of stature (she is 0.65 metres tall). She becomes tired easily and is vulnerable to being knocked over in busy areas of the school. Adama finds it difficult to manipulate small objects and use tools. She is upset because some children in her class have been teasing her because of her physical disability. As a result of this teasing, she is starting to feel inferior to the other children. She is also concerned that her class teacher has done nothing to stop the teasing.

Abubacar is twelve years old and is blind. His father has left home so he lives with his mother and three siblings. He is upset because his uncle has moved into her house. He is an

alcoholic who comes home drunk every night. He makes fun of Abubacar's disability. He has also told Abubacar that it is his fault they don't have more money. He has threatened to remove Abubacar from school and make Abubacar beg on the streets to support his addiction to alcohol.

Fatmata is a thirteen-year old girl who has learning difficulties and cognitive impairment. She tries to be friendly to older boys in the school and you are concerned that some of these boys may take advantage of this to sexually abuse her.

Divide your students into groups of four to six. Ask them to identify:

1. The types of abuse these children in the case study are experiencing or are at risk of experiencing
2. Ways in which the class teacher could prevent further abuse and protect the child
3. Ways in which the school could prevent further abuse and protect the child

Given them 30 minutes to discuss the case-studies.

In plenary, ask the groups to report back. One group can report back on the first child, another group on the second child, etc. After the three groups have presented, other groups can add any points that haven't yet been mentioned.

As students report back, write their answers on the flipchart paper/board (if the answers are appropriate). If students have missed any important points, add those as well. Answers may include the following:

Adama

- Adama is at risk of physical harm by being knocked over.
- Adama is also experiencing emotional abuse.
- The teacher/school should identify the places where the harm is most likely to occur and put in place appropriate safety measures. For instance, all running in corridors should be forbidden, and teachers and prefects should make sure this is enforced.
- The classroom teacher is failing in her safeguarding duties by failing to take action to stop the bullying going on in the classroom. The teachers in the school should work together to implement anti-bullying strategies across the school.
- A trusted teacher (who should be female) should provide Adama with guidance and counselling.
- The school should contact Adama's parents in order to inform them about the bullying. The school should tell Adama's parents that they have taken steps to prevent this bullying happening again. The school should tell Adama's parents that they should contact the school if Adama ever reports again she is being bullied.
- The head teacher, or another senior member of staff, should talk to the children who have been bullying Adama and make it clear that such behaviour is not acceptable. If necessary, they should also talk to the parents of these children.
- The teacher could set up a buddy system in Adama's class – this would involve other girls volunteering to befriend and help Adama. Another student could accompany

Adama around the school and travel with Adama to and from school, if this will increase her sense of security.

- The class teacher should provide opportunities for Adama to demonstrate her skills and capacities inside and outside the classroom, so she becomes more self-confident.

Abubacar

- Abubacar is experiencing emotional abuse and neglect. He is also at risk of experiencing physical abuse and commercial exploitation.
- The school should report this matter to the police and social services. Where appropriate, community leaders and community groups (for instance, Mothers' Clubs) should be involved.
- The school should provide Abubacar with guidance and counselling and do everything they can to support him at this difficult time. The school should make sure police and social services take necessary actions to resolve this problem.
- The teacher could set up a buddy system in Abubacar's class – this would involve other pupils volunteering to befriend and help Abubacar.
- The school should ensure Abubacar has the necessary support in the classroom, so he enjoys schools and becomes happier and more self-confident.

Fatmata

- Fatmata is at risk of sexual and emotional abuse and may already have experienced such abuse.
- A female teacher or school counsellor should explain to Fatmata about appropriate and inappropriate relationships, using simple, clear language. The teacher/counsellor should continue to provide guidance and counselling for Fatmata.
- Teachers should educate older boys in the school about appropriate and inappropriate relationships with other students.
- The girls in school should be encouraged to set up a girls' club (supervised by a female teacher) that works with the mothers' club to promote sexual health, knowledge and wellbeing. Vulnerable girls like Fatmata should be encouraged and supported to participate in this club.
- In cases where sexual abuse is suspected, the relevant authorities (social workers/the police) should be immediately contacted. The school should also inform Fatmata's parents immediately and work closely with them and the authorities to resolve this problem.
- Fatmata should be provided with the necessary classroom support so she performs better in her studies and therefore becomes happier and more self-confident at school.

- Other girls in her class should be encouraged and supported to help and befriend Fatmata.

Activity 2 🕒 **20 minutes**

Ask your students to reflect on the situation at the teacher training college. Do students always treat other students with respect and consideration? What could be done by the student body, the college lecturers, and the college authorities to improve the situation in the college?

Your students could consider forming a small committee that would work with the college authorities to improve the situation.

Wrap up 🕒 **5 minutes**

It is now the end of the session and your students should be able to identify:

- Strategies for preventing abuse in schools.

Extension activities: ideas for collaborative learning/self-study

Tell your students that they want to write their own case study of a child who has experienced abuse and/or is at risk of experiencing abuse. Tell them that they need to identify ways in which the school, the family and the community can resolve this situation.

Handout 1: Case studies of children experiencing or at risk of abuse

Adama

Adama is eight years old and loves music, dance and reading. She is short of stature (she is 0.65 metres tall). She becomes tired easily and is vulnerable to being knocked over in busy areas of the school. Adama finds it difficult to manipulate small objects and use tools. She is upset because some children in her class have been teasing her because of her physical disability. As a result of this teasing, she is starting to feel inferior to the other children. She is also concerned that her class teacher has done nothing to stop the teasing.

Abubacar

Abubacar is twelve years old and is blind. His father has left the family home. He now lives with his mother, three siblings, and an uncle (who has moved into the family home after his mother's departure). Abubacar is upset because his uncle has moved into his house as his uncle is an alcoholic who comes home drunk every night. His uncle makes fun of Abubacar's disability. He has also told Abubacar that it is his fault they don't have more money. He has threatened to remove Abubacar from school and make Abubacar beg on the streets to support his addiction to alcohol.

Fatmata

Fatmata is a thirteen-year old girl who has learning difficulties and cognitive impairment. She tries to be friendly to older boys in the school and you are concerned that some of these boys may take advantage of this to sexually abuse her.

Unit Descriptor: Unit 2 – Inclusive Education Pedagogy

Unit 2: Inclusive Education Pedagogy

1.1 Introduction

2.0 Learning outcomes

3.0 Unit content

3.1 Understanding the range of individual needs

3.2 Supporting children with additional needs in the classroom.

3.3 The Roles of Parents and Communities in the Inclusion Process.

3.4 Supporting children with physical impairments

3.5 Supporting children with hearing impairment

3.6 Supporting children with vision impairment

3.7 Supporting children with long term illnesses

3.8 Supporting children with epilepsy

4.0 Summary and conclusion

5.0 References

1.0 Introduction

Through adopting inclusive pedagogical practices, teachers can not only meet the needs of marginalised learners (such as children with disabilities) but meet the needs of ALL their pupils. In this unit, we will outline what forms these inclusive pedagogical practices can take. We also identify specific approaches that can be used with children with certain impairments and conditions.

2.0 Learning outcomes

By the end of this unit, learners will be able to:

- Identify the range of individual needs in the classroom
- Identify the causes of disability
- Identify effective approaches for supporting children with additional needs in the classroom
- Identify the different ways in which teachers can work with parents of children with disabilities and explain why these ways are important
- Identify the different ways in which schools can work with local organisations to support the education of children with disabilities and explain why these ways are important
- Identify the challenges faced by pupils with physical impairments

- Identify ways in which teachers can overcome the challenges faced by children with physical impairments
- Know some key facts about hearing impairment
- Identify the challenges faced by pupils with different levels of hearing loss
- Identify ways in which teachers can help pupils with hearing loss overcome these challenges
- Know some key facts about visual impairment
- Identify the challenges faced by pupils with visual impairments
- Identify ways in which teachers can help pupils with visual impairments overcome these challenges
- Define long term illnesses and identify some specific conditions that can result in long term illnesses (e.g. sickle cell anaemia)
- Identify ways in which teachers, fellow pupils, and parents can support pupils with long term illnesses
- Provide some key facts about epilepsy
- Describe what happens when a child is having an epileptic seizure
- Identify ways in which teachers can help a pupils who is having a seizure

3.0 Unit contents

3.1 Understanding the range of individual needs

All pupils at some stage in their school careers face challenges and therefore require extra help and support. Some of these challenges may be significant and long-lasting and other challenges may be relatively minor and short-term. There may be many different reasons why pupils face these challenges. For instance:

- They may have problems at home.
- They may be malnourished or have health problems.
- They may have long and difficult journeys to school that leave them exhausted and unable to concentrate on their studies.
- They may be being bullied or teased by the other children.
- They may have problems understanding the language of classroom instruction.
- They may be frightened of, or even dislike, their classroom teacher.

It is the job of the teacher to try find out what these problems are and do the best they can help the child.

Some of these children may also have disabilities. Disabilities are caused by functional difficulties in combination with unaccommodating environments. Functional difficulties include difficulties with moving, hearing, seeing, understanding, reasoning, and communicating. Environments can be unaccommodating because of geographical factors (for instance, mountainous terrain), inaccessible infrastructure, lack of equipment and

resources, non-inclusive teaching and learning practices, negative social attitudes and practices, and poverty (for instance, parents cannot afford to send their children to school).

3.2 Supporting children with additional needs in the classroom

A teacher can use these generic approaches to support children with additional needs:

1. Communicate effectively
2. Manage behaviour effectively
3. Plan lessons carefully
4. Set appropriate tasks
5. Differentiate
6. Adapt classroom environments
7. Monitor and assess inclusively
8. Encourage collaborative learning
9. Counsel and support students
10. Provide necessary learning resources

3.3 The role of parents and communities in the inclusion process

It is important teachers and parents work closely together:

- a) Parents and teachers need to adopt 'joined up' approaches.
- b) Teachers can advise parents how to provide home-based educational support for children with disabilities.
- c) Parents of children with disabilities may feel very isolated and appreciate help and support from their children's teachers.
- d) Teachers may also appreciate the advice that parents can give them about how to help the children.
- e) Children will appreciate the fact that teachers and parents are working together to support them.

Parent-teacher cooperation and communication can take many different forms including:

- i. The writing/receiving of reports
- ii. Participation in parent-teacher meetings
- iii. Participation in Parent Teacher Associations:
- iv. Parents contributing resources (e.g. building materials) to schools:
- v. Parents carrying out work in schools (e.g. to refurbish classrooms):
- vi. Parents helping in the classroom
- vii. Teachers visiting homes to talk to parents about their children

Schools can link with various local organisations, including:

- Community health services
-

- Churches and mosques
- Local firms and businesses
- Community-based organisations: e.g. mothers' clubs, local organisations of people with disabilities
- Local councils.
- Children

3.4 Supporting children with physical impairments

Some physical impairments are relatively 'mild' and have little or no impact on the ability of children to participate in everyday life.

However, some physical impairments can cause considerable difficulties for the child – although these difficulties will be significantly reduced if the child is provided with good quality support.

Physical impairments can affect different parts of the body:

- Monoplegia is when one limb is affected.
- Hemiplegia means one side of the body is affected.
- Diplegia is when two arms or two legs are affected.
- Quadriplegia means all four limbs (and usually the whole body) are affected.

Children with more severe physical impairments can find it challenging to:

- Safely move around classrooms and the wider school environment
- Grasp or use certain learning tools and materials, particularly writing tools
- Take part in certain school and classroom activities – for instance, craft and sports
- Carry out certain self-care tasks such as using the toilet, eating, or changing clothes
- Children can be born with physical impairments

Some physical impairments are the result of children being born with certain conditions. Two of these conditions are discussed below. Alternatively, children can become physically disabled following an illness (such as polio) or from being injured (for instance, during a car accident or from falling from a tree).

Cerebral palsy

Cerebral palsy is a condition which is present from birth and means that the brain has difficulties controlling bodily movements.

Children with cerebral palsy may also have difficulties controlling the muscles in their mouth. This means they may have difficulties with speech.

Some children have 'mild' cerebral palsy. These children experience few difficulties with moving. Other children with more severe forms of cerebral palsy will experience greater difficulties.

There is no 'cure' for cerebral palsy.

Cerebral palsy is a 'static' condition. This means children should not lose any of their skills while they are in school. However, if they experience increasing difficulties, you should refer them to medical services immediately.

It has been estimated by the World Health Organization that 1 in 300 children in Africa has cerebral palsy.

Clubfoot

Clubfoot is a condition that twists the foot inwards, making it difficult or impossible to walk. It can affect one or both feet. The photo below shows the feet of a baby with this condition.

Children are born with clubfoot. It is important that clubfoot is diagnosed soon after birth and children receive the right treatment as soon as possible. With the right treatment, the child should have a nearly normal foot. He or she will be able to run and play without pain and wear normal shoes.

Around the world, it is estimated that 150,000-200,000 babies with clubfoot are born every year. Approximately 80% of these are in developing countries.

Supporting children with physical impairments

Children with physical impairments can benefit from various types of support from local health services:

- Some children with physical impairments can benefit from assistive devices such as crutches, walking frames and wheelchairs.
- Some children with physical impairments can benefit from physiotherapy – physiotherapists are health professionals who use physical methods such as massage and exercise to help people.
- Some children with physical impairments can benefit from occupational therapy – occupational therapists are health professionals who help people acquire the skills to carry out important daily tasks.
- Some children with physical impairments can benefit from various types of treatment, including, sometimes, surgery.

Strategies for supporting children with physical impairments include the following:

- Be flexible! Remember every child and every situation is different!
- Find out as much as possible about the child's physical disability and how it affects the child. Share this knowledge with your colleagues.
- Encourage open communication. Talk to the child and the child's family regularly.
- Some children require assistive devices – e.g. crutches, wheelchairs, walking frames. Make sure they have these devices.
- Is your classroom furniture (chairs/desks) suitable for the child? If not, it will need to be adapted or changed.

- If the child has difficulty travelling to and from schools, work out ways you and others can work together to improve this situation.
- Is the child able to travel easily and safely round your school? Accompany the child around the school and you will get a better idea of the problems the child faces.
- Can the child access/use toilets and hand-washing facilities? If not, what can you and your colleagues do to improve this situation?
- Are there wheelchair ramps in your school? If not, they should be installed.
- Make your classroom as uncluttered as possible. Make sure chairs are pushed under desks and bags stowed away. Corridors and pathways must also be clear.
- If the child has difficulties holding a pen/pencil/ crayon, wrapping fabric around it may help the child. Alternatively, the child may benefit from a thicker writing instrument.
- Felt tips and marker pens may be easier to use for those children with physical disabilities who find it hard to make marks on paper.
- If the child finds it difficult to complete writing tasks, give them more time, shorten the task, or find someone else to write for the child. Alternatively, can the child record his/her work on a mobile phone or some other device?
- If the child finds it difficult to take part in an activity, adapt the activity or replace it with another activity. Alternatively, ensure other children help the child to take part it.
- Can the timetable be changed so it is easier for the child to travel between classes?
- When speaking to someone in a wheelchair for a long period, kneel or crouch in front of them. This will avoid them having to look up which can be tiring and painful.
- Working with the child and the child's caregivers, find out how personal issues can be managed (like going to the toilet).
- Advocate for the child. Otherwise, the child will probably not get the necessary services /support/ equipment.

3.5 Supporting children with hearing impairments

Hearing problems are different for each individual. No child is the same. There are four levels of hearing loss.

Children with mild hearing loss find it difficult to hear soft speech or distinguish sounds when there is background noise.

Children with moderate hearing loss find it difficult to hear conversation when there is background noise.

Children with severe hearing loss cannot hear normal conversations. They may also struggle to hear speech which has been amplified (i.e. made louder)

Some children with profound hearing loss have no hearing at all, but most of these children hear something. Children with profound hearing loss will find it difficult or impossible to understand even amplified speech.

According to World Health Organisation, deaf children are children with profound hearing loss.²

Children can be born with hearing loss. Alternatively, they can develop hearing loss during birth or after birth.

Depending on the level of hearing loss and other factors which influence the development and understanding of spoken language, children with hearing impairments can use various communication methods. These include:

- Speech
- Sign language (national or locally developed)
- Finger spelling
- Gestures and facial expression
- Written language

If a child appears to have hearing loss, they should be referred to local health services for assessment and treatment.

Effective strategies for supporting children with hearing loss in the classroom include:

- Get the child's attention before you start talking to them.
- Do not cover your mouth when speaking.
- Make it clear to the child what you are talking about. When you start talking about something else, make this clear to the child.
- Reduce background noise in the classroom as much as possible. If there is background noise, it will be even harder for the child to hear you. Make sure you face the child and keep eye contact as much as possible.
- Speak clearly and (where appropriate) use facial expression to communicate meaning.
- Do not stand with your back to the window – this can create a shadow on your face and make lip-reading difficult. Stand with your face exposed to the light.
- Use visual clues/aids whenever possible.
- Use your normal rhythm of speech (it is not helpful to mouth words slowly).
- It is important that people speak one at a time during conversations – otherwise, the child will become confused.
- Ask a child how they prefer to communicate. For instance, are they happier using sign language? Regularly talk to the child to find out their problems and identify solutions to these problems.
- Regularly communicate with the child's family. You can then work together to support the children.

² World Health Organization, 2021. Deafness and hearing loss. Retrieved 5 May, 2021, from: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>

- Write important information on the blackboard. If necessary, also provide supplementary notes for the children with hearing loss in your class.
- Find out what local services are available for children with hearing loss. Is there a hearing clinic? Are there teachers of the deaf? These people can help you to include the deaf child in your class.
- If the deaf child in your class communicates through sign language, make sure he/she has plenty of opportunity to demonstrate and develop his/her sign language skills. It would be helpful if you and the other pupils in the class can learn some sign language and use it when you can.

3.6 Supporting children with visual impairments

- Children with visual impairments can be **blind**...or they can have **low vision**.
- Most children who are blind have some sight – some will perceive light and some will see more than this.
- Children with low vision have a significant amount of useful sight. However, they see much less than fully-sighted children. These children are sometimes called '**partially sighted**'.
- Children with low vision can have different eye conditions. These eye conditions can have different effects on their seeing.
- Some eye conditions are **congenital**. Children are born with them...
- Some eye conditions are **acquired** – i.e. children develop them later in life.
- Some eye conditions are **progressive**. This means a child's sight gets worse over time.
- Some eye conditions are not progressive. This means a child's sight will stay the same.
- Some children with visual impairments have sight loss in one eye...Others have sight loss in both eyes.
- Even if children have sight loss in both eyes, one eye may still see better than the other eye.
- Some eye conditions affect **near vision**. Near vision is the ability to see things close to. For instance, pupils use their near vision to read books.
- Some eye conditions affect **distance vision**. Distance vision is the ability to see things further away. For instance, pupils use their distance vision to read the blackboard.
- Some eye conditions can affect near vision AND distance vision.
- Some eye conditions cause **colour blindness**. People cannot see all or some colours.

- Some eye conditions cause **night blindness**. People find it particularly hard to see after sunset.
- Some eye conditions cause **photophobia**...Children with photophobia find bright lights painful. Outside, they often need to wear dark glasses.
- Some eye conditions reduce **central vision**. Without central vision, we cannot see what is right in front of our eyes, unless we turn our heads to one side.
- Some eye conditions reduce **peripheral vision**. Without peripheral vision, we cannot see to one side, But we can see what is right in front of us.
- Lack of peripheral vision is sometimes called **tunnel vision** because it is like looking through a tunnel.
- Some eye conditions cause interrupted or patchy vision.
- Some eye conditions cause **nystagmus** or 'twitchy eye'. The eyes twitch from side to side or up and down. People with nystagmus find it hard to focus on things. To focus is to see clearly and steadily.

Some children with visual impairments are **multiply-disabled**. For instance, they may also have a physical impairment or a significantly problem with hearing.

General strategies for supporting pupils with visual impairments:

- Remember that children with visual impairments are the same as other children. They just see less. As much as possible, treat them the same as other children, although you will also need to respond to their specific needs. This advice applies to all children with disabilities.
- Children with visual impairments will be happy and successful in school if they are treated with respect and consideration. Do everything you can to make sure this happens. Again, this advice applies to all children with disabilities.
- Find out as much as possible about the child's eye condition and its effects. This will help you to assist the child more effectively. Eye health professionals – such as community eye health workers – will be able to advise you, as will specialist teachers of children with visual impairments.
- Regularly communicate with the child and the child's family. Good communication is the key to effective teaching and learning.

Supporting the orientation and mobility of pupils with visual impairments:³

Children with visual impairments may find it difficult travel to and from school. Can travel be made easier for them? For instance, could they travel with a sighted guide? Or could the community pay their bus fares?

³ Orientation is about knowing where you are and where you want to get to. Mobility is actually getting there. Children with visual impairments, particularly children who are blind, need to be taught these skills in a systematic way.

Children with visual impairments need to travel easily and safely around school. Think of ways school grounds and buildings can be made easier to negotiate for them. Make your classroom as uncluttered as possible. For instance, insist bags are stowed away and chairs are pushed under desks.

Children with visual impairments (both children who are blind and children with low vision) will benefit from orientation and mobility training. O&M training will help them get more easily and safely from one place to another. Is there a local O&M specialist who can provide training and advice?

Remember that toilets need to be clean, accessible and easy to use for children with visual impairments.

Providing opportunities for multi-sensory learning for children with visual impairments:

- Children with visual impairments particularly rely on their sense of hearing in order to learn. They need to be able to hear what is being said in the classroom, particularly by the teacher. Try to make sure your classroom is a 'non-noisy' environment. In fact, all the children in your class will benefit from this.
- Children with visual impairments also rely on their sense of touch in order to learn. Can you bring tactile aids into the classroom? For instance, plants, objects and textiles. The other children will also benefit from these tactile aids.
- Remember children with low vision have a significant amount of sight. Many children who are blind also have some residual vision. Encourage children with visual impairments to make the best use of their sight. For instance, if you are showing the class a picture in a book, give the child with low vision the opportunity to hold the book so he/she can see the picture right in front of his/her eyes.
- Children with visual impairments may not be able to read what you have written on the board. When you write on the board, you should therefore tell the class what you have written on the board. Other children in your class will benefit if you adopt this strategy.

Resourcing pupils with visual impairments:

- Children with low vision often benefit from optical aids such as glasses –sometimes for reading print, sometimes for seeing things further away. Do everything you can to make sure these children have these aids.
- Children with low vision may benefit from reading materials in large print. They may also benefit from writing with thick tipped pens so they can read their own handwriting. It may be easier for them to write on wide-lined paper.
- Children who are blind should be given the opportunity to read and write braille (see Handout 3). For this they will need braille writing equipment (Perkins Brailers/ braille writing slates/frames and styluses) and reading materials in braille.
- Seek advice and assistance from relevant agencies/individuals. These could include: itinerant teachers; specialist teachers of children with visual impairments; eye health services; blind people's organisations; and NGOs such as Sightsavers.

Additional strategies for supporting students with visual impairments:

- Children with visual impairments find it particularly hard to read large quantities of text. This is because children with low vision may struggle to see text and children who are blind have to read through touch. Sometimes, you will therefore need to make things easier for them. For instance, someone can read for them. Or they can be given less to read than other pupils. Or reading materials can be recorded for them to listen to.
- Children with visual impairments may also find writing a demanding activity. Children with low vision may struggle to read their own handwriting, and children who are blind will struggle if asked to use to use braille writing frames for long periods of time. Again, praise them for their progress and effort. Also think about ways things can be made easier for them. For instance, could someone do some of the reading for them? Or could they record a piece of work rather than write it?
- As much as possible, children with visual impairments should take part in the same learning activities as the other children. Adapt learning activities so they are accessible as possible for children with visual impairments (see previous page). Focus on what they do, not what they find it difficult or impossible to do.
- Make sure there is sufficient lighting in your classroom so children with low vision can see as well as possible. You must also make sure these children do not face bright lights, as many of these children are 'photophobic'.
- Set up buddy systems in your school. This is when a group of children volunteer to be 'buddies' with the child with visual impairments.
- Organise peer-learning in your classroom. Fully sighted children will be able to help children with visual impairments with certain tasks. In return, they will be able to help fully sighted children with certain tasks as they have their own gifts and talents.
- Remember children with visual impairments, like other children with disabilities, may experience bullying and teasing from the other children. Constantly monitor what is going on in your classroom to make sure this is not happening. Encourage the other pupils to treat them, and other children with disabilities, with respect and consideration.

Remember. Children with visual impairments can do anything other children can do, given early diagnosis and the right support from the start.

3.7 Supporting children with long-term illnesses

Long term illnesses are broadly defined as illnesses that last a year or longer.

Long term illnesses are sometimes called 'chronic illnesses'.

Conditions that can lead to chronic illnesses affecting children include: Type 1 diabetes; asthma; congenital heart problems; childhood cancer; sickle cell anaemia; and depression.

Diseases like malaria, pneumonia, and tuberculosis can also have a long-term impact on children's health.

Sickle cell anaemia is a lifelong condition that affects the blood and makes it hard for oxygen to travel around the body. Sickle cell anaemia is genetic – in the case of sickle cell anaemia,

the gene is passed down from both parents to the child. Children with sickle cell anaemia may have difficulty breathing and they may experience shortness of breath and tiredness. Most children with sickle cell anaemia have few symptoms and lead normal lives most of the time. However, in some cases children may have painful episodes called 'sickle cell crises', which can be very severe and can last up to a week. These children may be absent from school for days or even weeks, and this can badly affect their progress. They may also experience other problems such as delayed growth and lung problems.

To support children with sickle cell anaemia, teachers can:

1. Explain the condition to the children in your class – emphasise it is not contagious and many children in sub-Saharan Africa have it. This will help prevent teasing and bullying of children with the condition.
2. Make sure the children in your class with sickle cell anaemia are having the right medical support.
3. Allow them to take rest breaks in class when they need them.
4. Make sure they take plenty of fluids – so allow them to keep a bottle of water on their desks.
5. Allow them to go to the toilet whenever they want, as they may need to urinate frequently.
6. Visit them at home and give them schoolwork to do at home.
7. Work with their parents to support the child.
8. Encourage the other pupils to make daily visits to their homes and talk about what they have they have learned in school.
9. Encourage classmates to lend them the notes they have taken in class so they can read and copy them.
10. Make them feel very welcome when they come back to school.

Other pupils can:

1. Treat these children with respect and understanding.
2. Where necessary, help them in class.
3. Include them in games and other play-activities.
4. Visit them in their homes when they are not in school.
5. Make them feel welcome when they return to school.

Parents can:

1. Make sure these children have the greatest possible access to health services.
2. Ensure these children are well-nourished and well cared for.
3. Help these children with their studies as much as possible.

4. Liaise with their teachers as much as possible.
5. Assist them to return to school when they are ready.

There may be other children in your class who for various reasons are out of school for extended periods of time. These children too will benefit from similar types of support.

3.8 Supporting children with epilepsy

Epilepsy is a condition that affects the brain and causes recurring seizures.

A seizure is a change in a person's behaviour that comes from abnormal electrical activity in the brain. During a seizure, the person may fall down, shake, stiffen, be sick, drool, urinate, or lose bowel control. Other seizures seem less dramatic. Someone might just stare into space or have jerking movements in one part of the body. When the seizure is over, the person may feel sleepy and not remember what happened.

Epilepsy can start at any age, but usually starts either in childhood or in people over 60.

Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition. It is often a lifelong condition but can sometimes get slowly better over time.

Epilepsy is not contagious. A person with epilepsy cannot transmit it to another person.

The main treatment for epilepsy is epilepsy medicines. Although the medicine doesn't cure epilepsy, it helps to stop or reduce the number of seizures.⁴

It has been estimated that approximately 0.5 percent of school age children (one in every 200) in selected sub-African countries has epilepsy.⁵

If a child is having a seizure:

Do:

- Protect them from injury (remove harmful objects which are near them)
- Cushion their head (for instance, by placing a pillow, cushion, or rolled-up piece of clothing under it)
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position (**see picture below**) once the jerking has stopped
- Be calmly reassuring
- Stay with them until they are fully recovered

⁴ For more information, see: <https://www.who.int/news-room/fact-sheets/detail/epilepsy>

⁵ Paul, A., Adeloje, D., George-Carey, R., Kolčić, I., Grant, L., Yee Chan, K., 2012. An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A systematic analysis. *Journal of Global Health*, 2(2), 1-13.

Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round
- If the seizure lasts for more than five minutes, you need to get the child to a doctor or get a doctor to the child.

4.0 Summary and conclusion

In this unit, student-teachers will look at the range of learning needs that they can expect to find within the classroom. They will learn about general approaches that can help teachers to support the whole range of children in the classroom. They will also look at specific approaches that can be used to support pupils with various impairments and conditions, namely children with physical impairments, children with hearing impairments, children with visual impairments, children with long term illnesses, and children with epilepsy. Finally, they will learn about ways in which parents and various community organisations can be mobilised to support inclusive education provision.

5.0 Reading

Le Fanu G., Myers J., Stapleton R., Tambo, L., 2018. Inclusive Education for Children with Disabilities. Sightsavers and Irish Aid, Haywards Heath.

Sightsavers, 2018. Child Safeguarding Package for Education. Sightsavers, Haywards Heath.

McCall, S., McCall, J., 2017. The Inclusion Champions' Handbook. Sightsavers, Ceford, and the University of Makeni, Makeni.

Paul, A., Adeloye, D., George-Carey, R., Kolčić, I., Grant, L., Yee Chan, K., 2012. An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A systematic analysis. *Journal of Global Health*, 2(2), 1-13.

World Health Organization, 2021. Deafness and hearing loss. Retrieved 5 May, 2021, from: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>

Unit 2: Inclusive Education Pedagogy

2.1 Understanding the Range of Individual Needs

Indicators of achievement

By the end of this session, students will be able to identify:

1. The range of individual needs in the classroom
2. Identify the causes of disability

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 50 minutes |
| Activity 2 | 30 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Before the lesson, copy **Handout 1** (see page 52) and **Handout 2** (see page 53).

Introduction ⌚ 5 minutes

In plenary, tell your students that they will be considering the range of children with additional needs in the classroom. Tell them in future sessions, they will be looking at children with types of needs and identifying ways to support them effectively.

Activity 1: The range of needs in the classroom ⌚ 50 minutes

Distribute **Handout 1** to your students. This is a case-study of seven children.

Divide your students into seven groups. Ask Group 1 to discuss the first child, Group 2 to discuss the second child, etc. Ask them to identify a) the additional needs of the child, and b) ways in which the child can be helped. Give each group ten minutes to discuss their child.

In plenary, ask each group to report back. Where necessary, comment on and add to their contributions. Encourage the other students to contribute their ideas.

You may need to point out to your students that Emerica (Child 2) may have a visual impairment (a significant difficulty with seeing) and Kadie (Child 3) may have a hearing impairment (a significant difficulty with hearing).

Teaching tip!

It is often useful to ask your students to reflect on their own lives and experiences as this will assist them to understand education issues. When students share personal information in plenary class discussions, it is important to emphasise to the other students that this information is confidential and cannot be shared with other people outside the classroom.

In plenary, point out:

All pupils at some stage in their school careers face challenges and therefore require extra help and support. Some of these challenges may be significant and long-lasting and other challenges may be relatively minor and short-term.

There may be many reasons why they experience these challenges. For instance:

- They may have problems at home.
- They may be malnourished or have health problems.
- They may have long and difficult journeys to school that leave them exhausted and unable to concentrate on their studies.
- They may have a disability – for instance, with a significant problem with hearing or seeing – and not be receiving the support they need to manage this difficulty.
- They may be being bullied or teased by the other children.
- They may not be familiar with the language of classroom instruction.
- They may be frightened of and even dislike their classroom teacher.

It is the job of the teacher to try find out what these problems are and do the best they can help the child.

Ask your students if any of them ever experienced difficulties when they were at school. Ask them if they would be willing to tell the rest of the class about these difficulties. Were these problems resolved, or did they continue all the time they were at school? Tell the other students that what they hear in class is confidential and must not be repeated outside the classroom. Praise the students who are willing to talk about these issues for their courage and honesty.

Distribute **Handout 2** to your students.

Activity 2: Causes of disability ⌚ 30 minutes

In plenary, tell your students that they will be now discussing the causes of disability.

Tell your students that children with disabilities have functional difficulties. If a child has a functional difficulty, this means they find it difficult or impossible to perform certain functions.

Show them **Diagram 1: Types of Functional Difficulty**. Discuss it with them, and then ask them to copy it down. (Alternatively you can photocopy and give it to them.)

Diagram 1: Types of functional difficulty

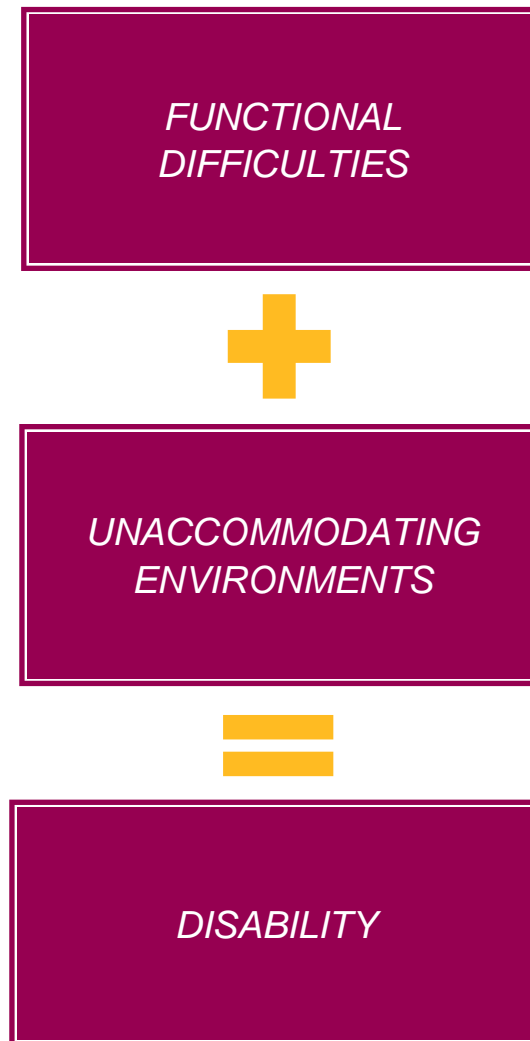
| Children with... | Functional difficulties |
|-----------------------------------|--|
| Physical impairments | Moving certain parts of the body |
| Hearing impairments | Hearing sounds |
| Visual impairment | Seeing the world around them |
| Cognitive impairments | Understanding, reasoning, and remembering |
| Communication difficulties | Understanding what other people are saying (receptive difficulties) or communicating with others (expressive difficulties) |

Tell your students when children with disabilities face challenges, it is not just because of their functional difficulties. It is also because of unsupportive environments. Unsupportive environment can include the following:

- **Geographical locations** – for instance, children with mobility difficulties or visual impairments may find it more difficult to get to school if they live in mountainous terrain.
- **Public infrastructure** – for instance, if effective transport systems are not in place, it may make it hard for children with mobility challenges or visual impairments to get to school.
- **School infrastructure** – for instance, if classrooms are poorly lit, it will prevent children with hearing impairment making best use of their sense of sight and children with low vision making best use of their residual vision.
- **Availability of equipment and resources** – if assistive technology is not available, many children with functional difficulties will struggle.
- **Non-inclusive teaching and learning practices** – if teachers do not adopt inclusive teaching and learning approaches, then all children will struggle in school, particularly children with functional difficulties.
- **Negative social attitudes and practices** – these will discourage children with functional difficulties from going to school, remaining in school, and succeeding in school.
- **Family situation** – for instance, the families of children with disabilities may be unable to afford the costs of sending their children to school.

Ask your students to copy **Diagram 2: Causes of Disability**. This shows how functional difficulties AND unaccommodating environments contribute to disability.

Diagram: Causes of disability



Tell your students they will be discussing this issue in more detail when they discuss children with different types of disability later in the module.

Wrap up 🕒 5 minutes

It is now the end of the session and your students should be able to identify:

- The range of individual needs in the classroom
- Identify the causes of disability

Extension activities: ideas for collaborative learning/self-study

1. Students with disabilities in your class can write a report and/or make a presentation, about their experiences of unaccommodating (disabling) environments. The other students in the class can interview people with disabilities – perhaps fellow students in

the college – about the same subject. They too can then produce a report and/or make a presentation.

2. Working in groups, students in your class can assess the extent to which the teacher training college provides a supportive learning environment for students with disabilities. They can then write a report/make a presentation which identifies the strengths and weaknesses of the colleges and makes recommendations for making the college more disability inclusive. The combined recommendations of the reports could be submitted to the college principal and senior management team for consideration.

Handout 1: Understanding the range of individual needs in the classroom

1. Lysend is six years old and in Grade 1 of primary school. He hates being in school. He is often crying at the start of the school day continues crying when he is in the classroom. Several times, he has run out of your classroom and never come back. You are worried that one day he may leave school and never return.
2. Emerica is also six years old and in Grade 1 of primary school. You notice that she walks slowly and uncertainly, sometimes bumping into objects. You also notice that she screws up her eyes when trying to read from the blackboard. When she reads, she holds the book close to her eyes. She dislikes bright light and often prefers to stay in the classroom during break rather than play outside.
3. Kadie is nine years old in Grade 3 of primary school. She says very little in class and, when she does speak, she struggles to pronounce her words. She also seems unable to understand instructions in class and instead just copies what everyone else is doing. Her written work is very poor, although she is good at doing sums on paper. The other children have started to tease her, imitating the way she speaks.
4. Georgieta is twelve years old and is in Grade 6 of primary school. Georgieta is an intelligent child and is always the first person to put his hand up to answer questions in class. She is also very good at drama, music, and art. However, she struggles with reading and writing. Even reading or writing a few words is very difficult for her. Her spelling is very poor. She also has problems with self-organisation. For instance, she loses her belongings, is late for class, and forgets to do her homework.
5. Emmanuel is also twelve years old and in Grade 6. Emmanuel's work is generally of a satisfactory standard, although he often seems tired and listless in class. He is a very quiet student who sits at the back of the class. He has very few friends and tends to be on his own during playtimes. He always looks very unhappy.
6. Kadie is in Grade 2 of Junior Secondary School. She is 14 years old. She is a very able girl who seems to find everything easy. In the past, she was the top student in her class in most subjects. In lessons, she completes her work before the other students. She then misbehaves, disturbing the other students. She has also started to get in trouble during break-times and lunchtimes. You have also noticed that she is no longer regularly attending school and rarely hands in her homework.
7. Mustapha is also in Grade 2 of Junior Secondary School. He is 15 years old. Mustapha is a very popular student. He is very good at sport. Everyone wants to be his friend. However, his academic work is very poor. During lessons, he likes to sit at the back of the classroom, talking to his friends and disturbing the other students. Outside the classroom, he belongs to a gang who are always getting into trouble. You believe he is an able child but are concerned he will not realise his potential and may soon drop out of school altogether.

Handout 2: The range of needs in the classroom

All pupils at some stage in their school careers have additional needs and therefore require extra help and support.

Some pupils may face minor difficulties and other major difficulties.

There may be many reasons why they experience difficulties. For instance:

- They may have problems at home.
- They may be malnourished or have health problems.
- They may have long and difficult journeys to school that leave them exhausted and unable to concentrate on their studies.
- They may have a disability – for instance, with a significant problem with hearing or seeing – and not be receiving the support they need to manage this difficulty.
- They may be being bullied or teased by the other children.
- They may have problems understanding the language of classroom instruction.
- They may be frightened of, or even dislike, their classroom teacher.

It is the job of the teacher to try find out what these problems are and do the best they can help the child.

2.2 Supporting Children with Additional Needs in the Classroom

Indicators of achievement

By the end of this session, students will be able to identify:

1. Identify effective approaches for supporting children with additional needs in the classroom

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 30 minutes |
| Activity 2 | 50 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Before the lesson, copy **Handout 1** (see page 56) and **Handout 2** (see page 57).

Introduction ⌚ 5 minutes

In plenary, tell your students that they will be discussing effective strategies for supporting children with additional needs in the classroom.

Activity 1: Generic approaches for supporting children with additional needs ⌚ 30 minutes

Distribute **Handout 1** to your students. This is the handout that was originally distributed to students during Module 1, Unit 5, 5.2 – Inclusive teaching: effective whole class approaches. Instead of photocopying this handout, you can therefore ask your students to bring this handout to their session.

Handout 1 lists ten inclusive teaching approaches:

11. Communicate effectively
12. Manage behaviour effectively
13. Plan lessons carefully

14. Set appropriate tasks
15. Differentiate
16. Adapt classroom environments
17. Monitor and assess inclusively
18. Encourage collaborative learning
19. Counsel and support students
20. Provide necessary learning resources

In plenary, explain to your class that these approaches are valuable for all students, including students with additional needs. Ask your students to explain what each of these approaches involves. This will be useful exercise for them as it will refresh their memory.

Activity 2: Additional advice on supporting children with additional needs 🕒 50 minutes

Write these four statements on the flipchart/board. Read them out to the students. **Divide your students into groups of four to six** and ask them to discuss these questions in their groups. Tell them they need a) to decide if each statement is true or false and b) identify reasons for their decision. Give them 15 minutes to discuss each of the questions.

1. Children who have additional needs should be treated differently from other children.
2. Children who have disabilities will be bullied in school.
3. Children with disabilities should be excused from sports and other physical activities.
4. There are some subjects that children with additional needs can't do.

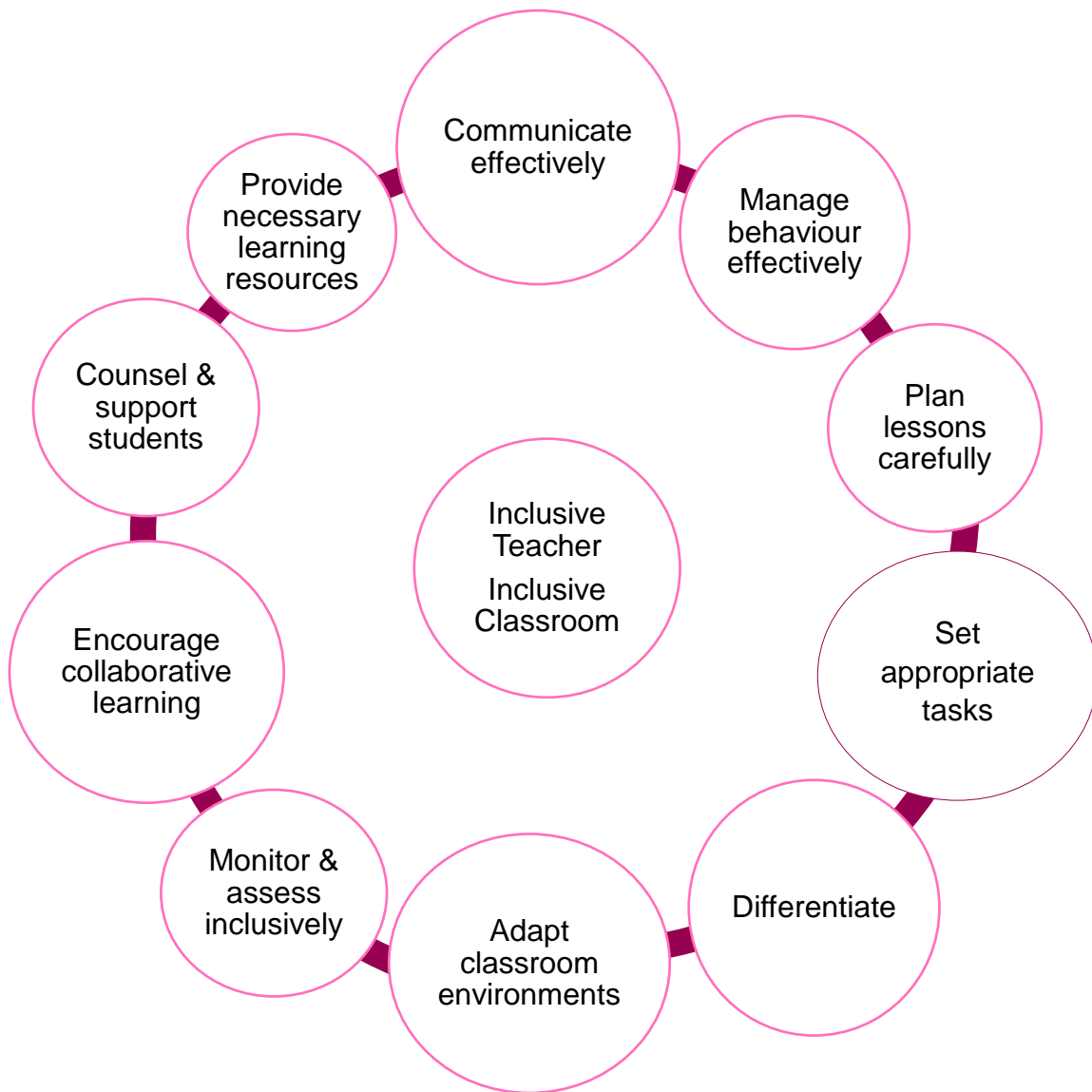
In plenary, ask each group to report back. When the groups have given their feedback, distribute **Handout 2** that answers these questions. Read through the handout with your students. Encourage your students to ask questions and make comments.

Wrap up 🕒 5 minutes

It is now the end of the session and your students should be able to identify:

- Identify approaches for supporting children with additional needs in the classroom

Handout 1: Generic approaches for supporting children with disabilities



Handout 2: Additional advice on supporting children with additional needs

1. Pupils with disabilities should be treated differently from other children.

In most cases, this is FALSE. It is important that you do not make pupils with disabilities feel that they are different from the other pupils. However, there are times when you may need to make allowances or adjustments to enable them to learn. When you do this, you should do it in ways that do not draw attention to them and set them apart from the other children.

2. All children with disabilities will be bullied in school.

FALSE. You can make sure there is very little or no bullying of children with disabilities if the school has effective anti-bullying policies in place. In fact, children can be very supportive and respectful towards one another if they are encouraged to be so. However, if bullying is happening in a school, children with disabilities are often among the first to be picked on. You therefore need to be very watchful and a) do your best to stop bullying happening in them and b) intervene immediately and effectively when bullying happens.

3. Children with disabilities should be excused from sports and other physical activities.

FALSE. Like all children, children with additional needs will enjoy and benefit from participating in sports and other physical activities. However, you may need to adapt some of the rules or equipment so children with disabilities can participate in these activities. For instance, if you are organizing a running race, a child with a severe visual impairment will need to run alongside a partner. You also may need to take some precautions to make sure children are safe. For instance, when you are organising a running race, you will need to make sure there are no obstacles or hazards on the running track – otherwise a child with a visual impairment may be injured. (If you take this precaution, you will not only benefit the child with visual impairment, but the other children in your class.)

4. There are some subjects that children with additional needs can't do.

FALSE. With the right adaptations and the right allowances, children with additional needs can take part in all subjects in the curriculum. However, you may need to modify some classroom tasks so children with disabilities can take part in them. For instance, you can ask another pupil to help the child with additional needs to complete a task they would otherwise find difficult or impossible. Alternatively, you can modify the task, so it is more accessible for the child with additional needs.

2.3 The Roles of Parents and Communities in the Inclusion Process

Indicators of achievement

By the end of this session, students will be able to identify:

1. Identify the different ways in which teachers can work with parents of children with disabilities and explain why these ways are important
2. Identify the different ways in which schools can work with local organisations to support the education of children with disabilities and explain why these ways are important

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 35 minutes |
| Activity 2 | 45 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Introduction ⌚ 5 minutes

In plenary, tell your students that in this session they will be discussing ways in which schools can work effectively with parents and communities to support the education of children with disabilities.

Activity 1: Working with parents ⌚ 35 minutes

In plenary, ask your students to identify ways in which teachers can work with parents of children with disabilities and explain why these ways are useful.

They may come up with the following ideas:

- **Reports:** These are useful because they enable teachers to pass on information about the child's progress to parents.
- **Parent-teacher meetings:** These are useful because it enables parents and teachers to get to know one another and to share ideas.

- **Meetings of Parent Teacher Associations:** These are useful because large numbers of parents and teachers can get together to discuss important issues.
- **Parents contribute resources (e.g. building materials) to schools:** This is useful because schools require these resources
- **Parents help to carry out work in schools (e.g. to refurbish classrooms):** This is useful because schools need this assistance.
- **Parents help in the classroom:** This can be useful because teachers have large classes and require extra assistance.
- **Teachers visit the homes to talk to parents about their children:** This is useful because it provides teachers and parents to share ideas in informal settings.

Explain to your students that it is particularly important that teachers work closely with the parents of children with disabilities as:

- a) Parents and teachers need to adopt 'joined up' approaches.
- b) Teachers can advise parents how to provide home-based educational support for children with disabilities.
- c) Parents of children with disabilities may feel very isolated and appreciate help and support from their children's teachers.
- d) Teachers may appreciate the advice that parents can give them about how to help the children.
- e) Children will appreciate the fact that teachers and parents are working together to support them.

Gender responsive approaches to partnering with parents

When developing partnerships with parents of children with disabilities, it is sometimes more difficult to involve fathers in these partnerships and sometimes more difficult to involve mothers in these partnerships. Why is this, and what strategies can you employ to overcome this problem?

Activity 2: Linking schools with local organisations ⌚ 45 minutes

Write the following organisations on the flipchart paper:

1. Community health services
2. Churches and mosques
3. Local firms and businesses
4. Community-based organisations: e.g. mothers' clubs, local organisations of people with disabilities
5. Local councils

In plenary, ask your students if there any other local organisations that need to be added to this list.

Divide your students **into groups of four to six**. On large pieces of flipchart paper, ask each group to identify the different ways in which schools and local organisation can work together to support the education of children with disabilities. For instance, community health services can help identify if children have difficulties with hearing or seeing and, if necessary, refer them for further assessment to hospitals and clinics.

After twenty minutes, ask each group to present their ideas.

Wrap up ⌚ 5 minutes

It is the end of the session. Students should be able to:

- Identify the different ways in which teachers can work with parents of children with disabilities and explain why these are important
- Identify the different ways in which schools can work with local organisations to support the education of children with disabilities and explain why these are important

Extension activities: ideas for collaborative learning/self-study

1. Students can interview practising teachers to find out how they are working with parents of pupils in their classes. They can then report back to the other students.
2. Students can interview head teachers/deputy head teachers to find out how their schools are working with local organisations. They can then report back to the other students.

2.4 Supporting Children with Physical Impairments⁶

Indicators of achievement

By the end of this session, students will be able to identify:

1. The challenges faced by pupils with physical impairments
2. Ways in which teachers can overcome these challenges

Time allocation

| | |
|---------------------|--------------------------|
| Introduction | 5 minutes |
| Activity 1 | 20 minutes |
| Activity 2 | 30 minutes |
| Activity 3 | 30 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 63), **Handout 2** (page 65), and the **case studies** (page 62).

Introduction 🕒 5 minutes

In plenary, tell your students that in this session they will be discussing ways in which they can include children with physical impairments in their classes.

Activity 1: Understanding physical impairments 🕒 20 minutes

In plenary, read through and discuss Handout 1 with your students. Encourage them to discuss the challenges faced by people with physical impairments in their communities, including children in their schools.

⁶ Sources for this module include: Fox M., 2003. *Including Children 3-11 with Physical Disabilities*. London: David Fulton Publishers. Ministry of Education, New Zealand, 2015. *Physical Disabilities: A Resource for Educators*. Ministry of Education: Auckland.

Activity 2: Supporting children with physical impairments 🕒 30 minutes

In plenary, read through Handout 2 with your students. Encourage them to discuss the challenges faced by children with physical impairments in their schools.

Activity 3: Case studies 🕒 30 minutes

In this activity you will discuss three case studies:

1. Fatmata is twelve. She cannot use her lower limbs (legs). She uses a wheelchair to travel from one place to another. She has full use of her arms and upper torso. She experiences no other difficulties. How would you include Fatmata in your school?
2. Mohamed is fourteen and has mild cerebral palsy. He finds walking tiring which means he is sometimes late for school or tired when he arrives. His balance, strength and fine motor skills can be problematic. He finds it stressful and difficult to write for long periods of time. He also cannot carry out small, detailed tasks as easily as the other children – such as turning the pages of a book. How would you include him in your school?
3. Brima is eight and loves music, dance and reading. She has a short stature (she is 0.65 metres tall). She becomes tired easily and is vulnerable to being knocked over in busy areas of the school. Brima finds it difficult to manipulate small objects and use tools. However, she's an excellent problem solver. How would you include Brima in your school?

Divide your students **into groups of four to six**. Give each group a case study and 20 minutes to discuss the case study. At the end of the 20 minutes, organise a plenary discussion in which the group presents their ideas to the rest of the students.

Wrap-up 🕒 5 minutes

This is the end of the session and students should be able to:

- Identify the challenges faced by pupils with physical impairments
- Identify ways in which teachers can overcome these challenges.

Extension activities: ideas for collaborative learning/self-study

1. Ask students, working in pairs, to identify classroom activities (for instance, specific types of sporting or craft activity) which could be potentially challenging for pupils with physical impairments in their classes. Your students should identify ways in which these activities can be adapted for children with physical impairments. They should then report back to the other students.
2. Your students can identify physiotherapists, occupational therapists and other health professionals. They can then invite these health professionals to give talks at the college about supporting children with physical impairments.

Handout 1: Children with physical impairments

Some physical impairments are relatively 'mild' and have little or no impact on the ability of children to participate in everyday life.

However, some physical impairments can cause considerable difficulties for the child – although these difficulties will be significantly reduced if the child is provided with good quality support.

Physical impairments can affect different parts of the body:

- Monoplegia is when one limb is affected
- Hemiplegia means one side of the body is affected
- Diplegia is when two arms or two legs are affected
- Quadriplegia means all four limbs (and usually the whole body) is affected.

Children with more severe physical impairments can find it challenging to:

- Safely move around classrooms and the wider school environment
- Grasp or use certain learning tools and materials, particularly writing tools
- Take part in certain school and classroom activities – for instance, craft and sports
- Carry out certain self-care tasks such as using the toilet, eating or changing clothes
- Children can be born with physical impairments.

Some physical impairments are the result of children being born with certain conditions. Two of these conditions are discussed below. Alternatively, children can become disabled following an illness (such as polio) or from being injured (for instance, during a car accident or from falling from a tree).

Cerebral palsy

Cerebral palsy is a condition which is present from birth and means that the brain has difficulties controlling bodily movements.

Children with cerebral palsy may also have difficulties controlling the muscles in their mouth. This means they may have difficulties with speech.

Some children have 'mild' cerebral palsy. These children experience few difficulties with moving. Other children with more severe forms of cerebral palsy will experience greater difficulties.

There is no 'cure' for cerebral palsy.

Cerebral palsy is a 'static' condition. This means children should not lose any of their skills while they are in school. However, if they experience increasing difficulties, you should refer them to medical services immediately.

It has been estimated by the World Health Organization that 1 in 300 children in Africa has cerebral palsy.

Clubfoot

Clubfoot is a condition that twists the foot inwards, making it difficult or impossible to walk. It can affect one or both feet. The photo below shows the feet of a baby with this condition.



Children are born with clubfoot. It is important that clubfoot is diagnosed soon after birth and children receive the right treatment as soon as possible. With the right treatment, the child should have a nearly normal foot. He or she will be able to run and play without pain and wear normal shoes.

Around the world, it is estimated that 150,000-200,000 babies with clubfoot are born every year. Approximately 80% of these are in developing countries.

Supporting children with physical impairments

Children with physical impairments can benefit from various types of support from local health services:

- Some children with physical impairments can benefit from assistive devices such as crutches, walking frames and wheelchairs.
- Some children with physical impairments can benefit from physiotherapy – physiotherapists are health professionals who use physical methods such as massage and exercise to help people.
- Some children with physical impairments can benefit from occupational therapy – occupational therapists are health professionals who help people acquire the skills to carry out important daily tasks.
- Some children with physical impairments can benefit from various types of treatment, including, sometimes, surgery.

Handout 2: Supporting children with physical impairments

- Be flexible! Remember every child and every situation is different!
- Find out as much as possible about the child's physical disability and how it affects the child. Share this knowledge with your colleagues.
- Encourage open communication. Talk to the child and the child's family regularly.
- Some children require assistive devices – e.g. crutches, wheelchairs, walking frames. Make sure they have these devices.
- Is your classroom furniture (chairs/desks) suitable for the child? If not, it will need to be adapted or changed.
- If the child has difficulty travelling to and from schools, work out ways you and others can work together to improve this situation.
- Is the child able to travel easily and safely round your school? Accompany the child around the school and you will get a better idea of the problems the child faces.
- Can the child access/use toilets and hand-washing facilities? If not, what can you and your colleagues do to improve this situation?
- Are there wheelchair ramps in your school? If not, they should be installed.
- Make your classroom as uncluttered as possible. Make sure chairs are pushed under desks and bags stowed away. Corridors and pathways must also be clear.
- If the child has difficulties holding a pen/pencil/ crayon, wrapping fabric around it may help the child. Alternatively, the child may benefit from a thicker writing instrument.
- Felt tips and marker pens may be easier to use for those children with physical disabilities who find it hard to make marks on paper.
- If the child finds it difficult to complete writing tasks, give them more time, shorten the task, or find someone else to write for the child. Alternatively, can the child record his/her work on a mobile phone or some other device?
- If the child finds it difficult to take part in an activity, adapt the activity or replace it with another activity. Alternatively, ensure other children help the child to take part it.
- Can the timetable be changed so it is easier for the child to travel between classes?
- When speaking to someone in a wheelchair for a long period, kneel or crouch in front of them. This will avoid them having to look up which can be tiring and painful.
- Working with the child and the child's caregivers, find out how personal issues can be managed (like going to the toilet).
- Advocate for the child. Otherwise, the child will probably not get the necessary services /support/ equipment.

2.5 Supporting Children with Hearing Impairments

Indicators of achievement

By the end of this session, students will be able to identify:

1. Know some key facts about hearing impairment
2. Identify the challenges faced by pupils with different levels of hearing loss
3. Identify ways in which teachers can help these pupils overcome these challenges.

Time allocation

| | |
|------------------------------|--|
| Introduction | 5 minutes |
| Activity 1 | 20 minutes |
| Activity 2 | 30 minutes |
| Activity 3 | 20 minutes |
| Activity 4 (optional) | 40 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes (2 hours 10 minutes with optional activity) |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1: Understanding hearing loss** (page 70), **Handout 2: Top tips for communicating with children with hearing loss** (page 71), **Handout 3: American finger spelling alphabet** (page 72), and **Handout 4: Some useful sign language signs** (page 73).

Introduction ⌚ 5 minutes

In plenary, tell your students that in this session they will be discussing ways in which they can include children with hearing impairments in their classes.

Activity 1: Understanding hearing impairments 🕒 20 minutes

In plenary, distribute **Handout 1** to your students. Read through and discuss. You can ask some quiz questions to test your students' understanding.

1. What are the four levels of hearing loss? Answer (in ascending order of severity): mild; moderate; severe; and profound.
2. What is the difference between these different levels of hearing loss? Answer:
 - i. Children with mild hearing loss find it difficult to hear quiet speech or distinguish sounds when there is background noise.
 - ii. Children with moderate hearing loss find it difficult to hear conversations, especially when there is background noise.
 - iii. Children with severe hearing loss cannot hear normal conversations. They may also struggle to understand speech which has been amplified – i.e. made louder.
 - iv. Children with profound hearing loss have no hearing, but most have some hearing. These children will have difficulty hearing/understanding even amplified speech.
3. Deaf children have what level of hearing loss? Answer: Profound.
4. Identify the different ways in which people with hearing loss communicate with others. Answer: speech; national or local sign language; finger-spelling; written language.
5. If a pupil in your class appears to have hearing loss, what should you do? Answer: Refer them to health services for assessment and treatment.

Activity 2: Effective teaching and learning for children with hearing impairments 🕒 30 minutes

Pupils with hearing loss are likely to require additional support if they are to make the same progress as other pupils of similar age and ability. Adaptations and strategies will need to be put in place that minimise the impact of their hearing loss, develop their learning skills, provide access to the curriculum and encourage learning.

1. Reduce background noise.

Ask your students “Why do these pupils need to be taught in classrooms where there is as little background noise as possible?”

Then ask your students to identify ways they can reduce background noise in the classroom.

2. Make sure these children can read your lips.

Ask your students “Why is this important?”

Then ask them, “What does this mean in terms of: a) the position of the teacher in the classroom and b) in terms of the seating position in the classroom for these pupils?”

Answer: All the children should be seated in the classroom where they can clearly see the teachers, including the pupils with hearing loss who should also be seated close to the teacher.

3. Get the attention of these children (before speaking to them)

Ask your students: “Why is this important?”

Answer: So the children hear the first words spoken by the teacher and therefore clearly understand what the teacher is saying.

4. Ensure these children have plenty of breaks.

Ask your students: “Why is this important?”

Answer: It is very important that these children do not have to listen for long periods of time. This is because listening for long periods of time can be stressful and tiring for them. They need to be provided with breaks from listening. For instance, after listening to the teacher for five minutes, they could then be given opportunities to read or write or draw.

5. Other teaching tips.

Ask your students to identify other teaching ‘tips’ for including children with hearing loss in the classroom. These tips can include:

- Making sure key information is written on the blackboard
- Providing supplementary notes
- Using visual aids
- When addressing the class, speaking in short and simple sentences
- Speaking clearly
- Providing one-to-one support for these children
- Encouraging peer learning in their classrooms (in which children support one another’s learning).

Activity 4: Top tips for teaching children with hearing loss 🕒 20 minutes

Distribute **Handout 2** to your students. Read through the handout with them and discuss any concerns/observations.

Activity 5 (Optional activity) 🕒 40 minutes

People with profound levels of hearing loss often use sign language as a means of communication.

Handout 3 shows the finger spelling alphabet for American Sign Language (ASL). Distribute this handout to your students.

Activity 5a: Ask your students to sit in a circle and give them copies of the handout. With them, practise signing the various letters.

Your students should then work **in pairs**, with one signing particular words while the other tries to identify the words that are being signed. They should then reverse roles.

Handout 4 shows some useful signs. Distribute this handout to your students.

Activity 5b: Get the group to practise each of the signs on the sheet and then repeat the activity above using signs rather than finger spelling.

Wrap-up 🕒 5 minutes

This is the end of the session and students should be able to:

- Know some key facts about hearing impairment
- Identify the challenges faced by pupils with different degrees of hearing loss
- Identify ways in which they can help these children overcome these challenges.

Extension activities: ideas for collaborative learning/self-study

1. In order to increase their knowledge, your students can download additional materials on the education of children with hearing loss. These materials include:

Deaf Child Worldwide (2017) Deaf Awareness Fact Sheet. Downloaded from:

[file:///C:/Users/glefanu/Downloads/DCW_Fact_Sheet_\(October_2015\)_-_low_res.pdf](file:///C:/Users/glefanu/Downloads/DCW_Fact_Sheet_(October_2015)_-_low_res.pdf)

Deaf Child Worldwide (2017) Family Friendly: Working with deaf children and their communities worldwide. Downloaded from:

[file:///C:/Users/glefanu/Downloads/Family_Friendly_Complete%20\(3\).pdf](file:///C:/Users/glefanu/Downloads/Family_Friendly_Complete%20(3).pdf)

Deaf Child Worldwide (2017) Guidelines for Teaching Sign Language. Downloaded from:

http://www.deafchildworldwide.info/publications_and_resources/

World Health Organization (2012) Community-Based Rehabilitation: Promoting ear and health care through CBR. Downloaded from:

<http://www.who.int/pbd/deafness/news/CBREarHearingCare.pdf>

World Health Organization (2016) Childhood Hearing Loss: Strategies for prevention and care. Downloaded from:

http://apps.who.int/iris/bitstream/10665/204632/1/9789241510325_eng.pdf

2. If students teach children with hearing loss in their practicums, they can put the recommendations in this module into practice and report back on their experiences.
3. Students can ensure pupils in their schools/classes are screened for hearing loss. They can invite ear health (audiological) personnel to carry out these screenings. Your students can then provide these pupils with the necessary support.
4. Students can invite experts into the teacher training institute to talk about the education of children with hearing loss – for instance, audiologists and specialist teachers of the deaf.

Handout 1: Hearing problems

Hearing problems are different for each individual. No child is the same. There are four levels of hearing loss.

1. Children with mild hearing loss find it difficult to hear soft speech or distinguish sounds when there is background noise.
2. Children with moderate hearing loss find it difficult to hear conversation when there is background noise.
3. Children with severe hearing loss cannot hear normal conversations. They may also struggle to hear speech which has been amplified (i.e. made louder)
4. Some children with profound hearing loss have no hearing at all, but most of these children hear something. Children with profound hearing loss will find it difficult or impossible to understand even amplified speech.

According to World Health Organisation, deaf children are children with profound hearing loss.⁷

Children can be born with hearing loss. Alternatively, they can develop hearing loss during birth or after birth.

Depending on the level of hearing loss and other factors which influence the development and understanding of spoken language, children with hearing impairments can use various communication methods. These include:

- Speech
- Sign language (national or locally developed)
- Finger spelling (see **Handout 4**)
- Gestures and facial expression
- Written language

If a child appears to have hearing loss, they should be referred to local health services for assessment and treatment.

⁷ World Health Organization, 2021. Deafness and hearing loss. Retrieved 5 May, 2021, from: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>

Handout 2: Top tips for supporting children with hearing loss

Remember! These tips will help all the children in your class!

- Get the child's attention before you start talking to them.
- Do not cover your mouth when speaking.
- Make it clear to the child what you are talking about. When you start talking about something else, make this clear to the child.
- Reduce background noise in the classroom as much as possible. If there is background noise, it will be even harder for the child to hear you. Make sure you face the child and keep eye contact as much as possible.
- Speak clearly and (where appropriate) use facial expression to communicate meaning.
- Do not stand with your back to the window – this can create a shadow on your face and make lip-reading difficult. Stand with your face exposed to the light.
- Use visual clues/aids whenever possible.
- Use your normal rhythm of speech (it is **not** helpful to mouth words slowly).
- It is important that people speak one at a time during conversations – otherwise, the child will become confused.
- Ask a child how they prefer to communicate. For instance, are they happier using sign language? Regularly talk to the child to find out their problems and identify solutions to these problems.
- Regularly communicate with the child's family. You can then work together to support the children.
- Write important information on the blackboard. If necessary, also provide supplementary notes for the children with hearing loss in your class.
- Find out what local services are available for children with hearing loss. Is there a hearing clinic? Are there teachers of the deaf? These people can help you to include the deaf child in your class.
- If the deaf child in your class communicates through sign language, make sure he/she has plenty of opportunity to demonstrate and develop his/her sign language skills. It would be helpful if you and the other pupils in the class can learn some sign language and use it when you can.

Handout 3: The finger-spelling alphabet for American sign language



Handout 4: Sign-language - some useful signs



The poster above shows some basic signs in British sign language. More information can be found on the following websites:

<https://www.british-sign.co.uk/bsl-greetings-signs-british-sign-language/>

http://www.deafchildworldwide.info/publications_and_resources/index.html

2.6 Supporting Children with Visual Impairments

Indicators of achievement

By the end of this session, students will be able to:

1. Know some key facts about visual impairment
2. The challenges faced by pupils with visual impairments
3. Ways in which teachers can help these pupils overcome these challenges.

Time allocation

| | |
|------------------------------|--|
| Introduction | 5 minutes |
| Activity 1 | 30 minutes |
| Activity 2 | 50 minutes |
| Activity 3 (optional) | 40 minutes |
| Activity 4 (optional) | 60 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes (3 hours 10 minutes with optional activity) |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 79), **Handout 2** (page 81), **Handout 3** (page 84).

Introduction 🕒 5 minutes

In plenary, tell your students that in this session they will be discussing ways in which they can include children with visual impairments in their classes.

Activity 1: Understanding visual impairments 🕒 30 minutes

In plenary, distribute **Handout 1** to your students. Read through and discuss. You can ask some quiz questions to test your students' understanding.

Ask your students to talk about their own levels of seeing. This will help them to better understand visual impairment. Ask the following questions:

How many of you have perfect sight?

How many of you have some difficulties with seeing and perhaps needs glasses?

Among those who have difficulties seeing, how many of you are short-sighted (in other words, have no problems seeing things close to their eyes, but have problems seeing things further away)?

And how many you are long-sighted (they can see things further away, but struggle to see things close to their eyes)?

How many of you have had problems with seeing all their lives?

How many of you have developed problems with seeing only in adulthood?

Distribute **Handout 1** to your students. Go through the handout with your students, answering any questions they may raise.

Ask the contestants to put the handouts to one side and divide them into teams for a quiz based on the handout.

Below are some quiz questions you could ask:

1. Are children who are blind never able to see anything? Answer: No. Most children who are blind have some sight – for instance, some light perception.
2. What is the alternative term for children with low vision? Answer: children who are partially-sighted.
3. What is the difference between a congenital and acquired eye condition? Answer: Children are born with congenital eye conditions. Acquired eye conditions are developed by children later in life.
4. What is near vision? Answer: Near vision is the ability to see things close to our eyes.
5. What is photophobia? Answer: Photophobia is a high degree of sensitivity to bright light.
6. What does central vision allow us to do? Answer: Central vision allows us to see what is right in front of our eyes.
7. What is peripheral vision? Answer: Peripheral vision is the ability to see what is to either side of us. Peripheral vision enables us to see 'out of the corners of our eyes'.
8. What is the lack of peripheral vision sometimes called? Answer: Tunnel vision.
9. What is nystagmus? Answer: Nystagmus is an eye condition that causes eye to twitch from side to side or up and down.

10. If a child is multiply-disabled what does it mean? Answer: It means that a child has more than one impairment. For instance, a child may have a severe difficulty with seeing **and** a severe difficulty with hearing.

Teaching tip!

There are many good videos about supporting children with disabilities that can be downloaded from the internet. These videos are often valuable because they contain interviews with children with disabilities and their parents and teachers. They also show real life teaching situations. If you have internet access, you should consider showing these to your students.

Activity 2: Supporting children with visual impairments 🕒 50 minutes

Divide your students **into groups of four to six**.

Half the groups should consider the following scenario. “A child with low vision is enrolled in your school. What challenges might the child face? How would you make sure the child is successfully included in your school?”

The other groups should consider the following scenario. “A child who is blind is enrolled in your school. What challenges might the child face? How would you make sure the child is successfully included in your school?”

Give each group 20 minutes to discuss the situation. Then **in plenary** ask selected groups to present their ‘challenges’ and ‘solutions’ to the other groups.

After this, distribute **Handout 2** to your students – Top tips for teaching children with visual impairments. Read it through with the teachers and discuss it. If there is not enough time for this, they can read it through in their own time.

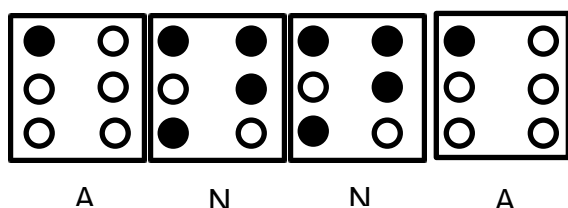
Activity 4: Braille, a reading and writing system for children who are blind 🕒 40 minutes (Optional activity)

In plenary, explain that braille is the reading and writing system used by many children who are blind and also children with very little near vision.

Explain that braille consists of raised dots on the surface of page. Each sequence of dots represents a particular letter (or number or punctuation mark or word). There are between 1 and 6 dots for every letter. These dots can be arranged in different ways. Children who are blind read the dots with the pads of their fingers.

Distribute **Handout 3** (The English Braille Alphabet) to pupils. Ask your students to write their names by drawing squares on paper and using pen/s and pencils to draw sequences of braille dots representing their names.

For instance, the name ANNA is written:



Ask your students to write their names in braille in the same way.



Mbathio, a pupil who is blind, reading braille at a primary school in Rufisque, Senegal. The project is supported by Irish Aid. © Sightsavers/Peter Nicholls

Activity 5: Assisting children with visual impairments with orientation and mobility 🕒 **60 minutes (Optional activity)**

Download the Sightsavers poster showing ways in which sighted people can assist children with visual impairments with their orientation and mobility:

<https://www.sightsavers.org/wp-content/uploads/2018/05/Assisting-children-with-visual-impairments-poster.pdf>

Distribute the poster to your students and discuss it with them. **In pairs**, your students can then practise the various orientation and mobility techniques in the handout, with one student playing the role of a sighted guide and another student playing the role of a person with visual impairments. In plenary, students can then demonstrate techniques for assisting children with visual impairments with their orientation and mobility.

Wrap-up 🕒 5 minutes

This is the **end of the session** and your students should:

- Know some key facts about visual impairment
- Be able to identify the challenges faced by pupils with visual impairments
- Be able to identify ways they can support pupils with visual impairments (both children with low vision and children who are blind)

Extension activities: ideas for collaborative learning/self-study

1. Your students can find out more about particular aspects of the education of children with visual impairments – e.g. orientation and mobility, teaching and learning of braille, low vision – and report back to the other students.

-
2. You can identify a visual impairment specialist living nearby (for instance, a specialist teacher or community eye health worker). You can then invite him/her to your college to talk about children with visual impairment.

Handout 1: Understanding visual impairment

- Children with visual impairments can be **blind**...or they can have **low vision**.
- Most children who are blind have some sight – some will perceive light and some will see more than this.
- Children with low vision have a significant amount of useful sight. However, they see much less than fully-sighted children. These children are sometimes called '**partially sighted**'.
- Children with low vision can have different eye conditions. These eye conditions can have different effects on their seeing.
- Some eye conditions are **congenital**. Children are born with them...
- Some eye conditions are **acquired** – i.e. children develop them later in life.
- Some eye conditions are **progressive**. This means a child's sight gets worse over time.
- Some eye conditions are not progressive. This means a child's sight will stay the same.
- Some children with visual impairments have sight loss in one eye...Others have sight loss in both eyes.
- Even if children have sight loss in both eyes, one eye may still see better than the other eye.
- Some eye conditions affect **near vision**. Near vision is the ability to see things close to. For instance, pupils use their near vision to read books.
- Some eye conditions affect **distance vision**. Distance vision is the ability to see things further away. For instance, pupils use their distance vision to read the blackboard.
- Some eye conditions can affect near vision AND distance vision.
- Some eye conditions cause **colour blindness**. People cannot see all or some colours.
- Some eye conditions cause **night blindness**. People find it particularly hard to see after sunset.
- Some eye conditions cause **photophobia**...Children with photophobia find bright lights painful. Outside, they often need to wear dark glasses.
- Some eye conditions reduce **central vision**. Without central vision, we cannot see what is right in front of our eyes, unless we turn our heads to one side.
- Some eye conditions reduce **peripheral vision**. Without peripheral vision, we cannot see to one side, but we can see what is right in front of us.
- Lack of peripheral vision is sometimes called **tunnel vision** because it is like looking through a tunnel.
- Some eye conditions cause interrupted or patchy vision.

- Some eye conditions cause **nystagmus** or ‘twitchy eye’. The eyes twitch from side to side or up and down. People with nystagmus find it hard to focus on things. To focus is to see clearly and steadily.
- Some children with visual impairments are **multiply-disabled**. For instance, they may also have a physical impairment or a significantly problem with hearing.

Handout 2: Top tips for teaching children with visual impairments (children who are blind and children with low vision)

General

- Remember that children with visual impairments are the same as other children. They just see less. As much as possible, treat them the same as other children, although you will also need to respond to their specific needs. This advice applies to all children with disabilities.
- Children with visual impairments will be happy and successful in school if they are treated with respect and consideration. Do everything you can to make sure this happens. Again, this advice applies to all children with disabilities.
- Find out as much as possible about the child's eye condition and its effects. This will help you to assist the child more effectively. Eye health professionals – such as community eye health workers – will be able to advise you, as will specialist teachers of children with visual impairments.
- Regularly communicate with the child and the child's family. Good communication is the key to effective teaching and learning.

Orientation & mobility⁸

Children with visual impairments may find it difficult travel to and from school. Can travel be made easier for them? For instance, could they travel with a sighted guide? Or could the community pay their bus fares?

Children with visual impairments need to travel easily and safely around school. Think of ways school grounds and buildings can be made easier to negotiate for them. Make your classroom as uncluttered as possible. For instance, insist bags are stowed away and chairs are pushed under desks.

Children with visual impairments (both children who are blind and children with low vision) will benefit from orientation and mobility training (see **Activity 4**). O&M training will help them get more easily and safely from one place to another. Is there a local O&M specialist who can provide training and advice?

Remember that toilets need to be clean, accessible, and easy to use for children with visual impairments.

To find out more about helping children with visual impairments, you can download the poster that Sightsavers has specially prepared on the subject:

<https://www.sightsavers.org/wp-content/uploads/2018/05/Assisting-children-with-visual-impairments-poster.pdf>

Multi-sensory learning

⁸ Orientation is about knowing where you are and where you want to get to. Mobility is actually getting there. Children with visual impairments, particularly children who are blind, need to be taught these skills in a systematic way.

- Children with visual impairments particularly rely on their sense of hearing in order to learn. They need to be able to hear what is being said in the classroom, particularly by the teacher. Try to make sure your classroom is a ‘non-noisy’ environment. In fact, all the children in your class will benefit from this.
- Children with visual impairments also rely on their sense of touch in order to learn. Can you bring tactile aids into the classroom? For instance, plants, objects and textiles. The other children will also benefit from these tactile aids.
- Remember children with low vision have a significant amount of sight. Many children who are blind also have some residual vision. Encourage children with visual impairments to make the best use of their sight. For instance, if you are showing the class a picture in a book, give the child with low vision the opportunity to hold the book so he/she can see the picture right in front of his/her eyes.
- Children with visual impairments may not be able to read what you have written on the board. When you write on the board, you should therefore tell the class what you have written on the board. Other children in your class will benefit if you adopt this strategy.

Resourcing

- Children with low vision often benefit from optical aids such as glasses –sometimes for reading print, sometimes for seeing things further away. Do everything you can to make sure these children have these aids.
- Children with low vision may benefit from reading materials in large print. They may also benefit from writing with thick tipped pens so they can read their own handwriting. It may be easier for them to write on wide-lined paper.
- Children who are blind should be given the opportunity to read and write braille (see Handout 3). For this they will need braille writing equipment (Perkins Brailleurs/ braille writing slates/frames and styluses) and reading materials in braille.
- Seek advice and assistance from relevant agencies/individuals. These could include: itinerant teachers; specialist teachers of children with visual impairments; eye health services; blind people’s organisations; and NGOs such as Sightsavers.

Strategies

- Children with visual impairments find it particularly hard to read large quantities of text. This is because children with low vision may struggle to see text and children who are blind read through touch. Sometimes, you will therefore need to make things easier for them. For instance, someone can read for them. Or they can be given less to read than other pupils. Or reading materials can be recorded for them to listen to.
- Children with visual impairments may also find writing a demanding activity. Children with low vision may struggle to read their own handwriting, and children who are blind will struggle if asked to use to use braille writing frames for long periods of time. Again, praise them for their progress and effort. Also think about ways things can be made easier for them. For instance, could someone do some of the reading for them? Or could they record a piece of work rather than write it?

- As much as possible, children with visual impairments should take part in the same learning activities as the other children. Adapt learning activities so they are accessible as possible for children with visual impairments (see previous page). Focus on what they do, not what they find it difficult or impossible to do.
- Make sure there is sufficient lighting in your classroom so children with low vision can see as well as possible. You must also make sure these children do not face bright lights, as many of these children are 'photophobic'.
- Set up buddy systems in your school. This is when a group of children volunteer to be 'buddies' with the child with visual impairments.
- Organise peer-learning in your classroom. Fully sighted children will be able to help children with visual impairments with certain tasks. In return, they will be able to help fully sighted children with certain tasks as they have their own gifts and talents.
- Remember children with visual impairments, like other children with disabilities, may experience bullying and teasing from the other children. Constantly monitor what is going on in your classroom to make sure this is not happening. Encourage the other pupils to treat them, and other children with disabilities, with respect and consideration.

Remember. Children with visual impairments can do anything other children can do, given early diagnosis and the right support from the start.

BRAILLE Alphabet

| | | | | | | | | |
|---|---|---|---|---|---|---------|---|---|
| A | B | C | D | E | F | G | H | I |
| J | K | L | M | N | O | P | Q | R |
| S | T | U | V | W | X | Y | Z | |
| · | , | ? | ! | ‘ | - | CAPITAL | # | 0 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

2.7 Supporting Children with Long-term Illnesses

Indicators of achievement

By the end of this session, students will be able to:

1. Define long term illnesses and identify some specific conditions that can result in long term illnesses (e.g. sickle cell anaemia)
2. Identify ways in which teachers, fellow pupils, and parents can support pupils with long term illnesses

Time allocation

| | |
|---------------------|---------------|
| Introduction | 5 minutes |
| Activity 1 | 20 minutes |
| Activity 2 | 30 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 88) and **Handout 2** (page 89).

Introduction 🕒 5 minutes

In plenary, tell your students that in this session they will be discussing ways in which they can support children with long term illnesses.

Activity 1: Identifying long term illnesses 🕒 20 minutes

In plenary, tell your students:

Long term illnesses are broadly defined as illnesses that last a year or longer.

Long term illnesses are sometimes called 'chronic illnesses'.

Conditions that can lead to chronic illnesses affecting children include: Type 1 diabetes; asthma; congenital heart problems; childhood cancer; sickle cell anaemia; and depression.

Diseases like malaria, pneumonia, and tuberculosis can also have a long-term impact on children's health.

Still in plenary, ask your students to think about their school days.

Were there some children in their class who had long-term illnesses?

What conditions did they have?

What impact did their illnesses have on their education? Did they miss a lot of school? Did their illnesses affect their performance in the classroom?

Did their teachers try to help them? If so, how did the teachers try to help them?

What happened to them? For instance, did they stay in school or did they drop out of school?

Discuss these questions with your students in plenary.

Activity 2: Supporting children with sickle cell anaemia. 🕒 30 minutes

In plenary, tell your students that you know want to look at one long term childhood condition that is common in sub-Saharan Africa. This illness is sick cell anaemia.

Read through **Handout 1** with your class. This handout describes sickle cell anaemia and its impact on children.

Sickle cell anaemia is a lifelong condition that affects the blood and makes it hard for oxygen to travel around the body. Sickle cell anaemia is genetic – in the case of sickle cell anaemia, the gene is passed down from both parents to the child. Children with sickle cell anaemia may have difficulty breathing and they may experience shortness of breath and tiredness. Most children with sickle cell anaemia have few symptoms and lead normal lives most of the time. However, in some cases children may have painful episodes called ‘sickle cell crises’, which can be very severe and can last up to a week. These children may be absent from school for days or even weeks, and this can badly affect their progress. They may also experience other problems such as delayed growth and lung problems.

Divide your students **into groups of four to six**. Ask them to imagine there are several children with sickle cell in a primary school. Some of them have few symptoms and are not badly affected. However, one or two are severely affected by the illness. Ask your students to discuss the following questions:

1. How can teachers support these children?
2. How can the other pupils support these children?
3. How can parents and other family members support these children?

Give them 20 minutes to discuss these questions in groups.

Then, **in plenary**, ask selected groups to present their ideas. Encourage debate and discussion among your students. Then read through **Handout 2** with your students. This identifies ways in which teachers, pupils, and parents and family members can support children with sickle cell anaemia. Much of the advice is relevant for children with other long-term illnesses.

Wrap-up 🕒 5 minutes

This is the **end of the session** and your students should be able to:

- Define long term illnesses and identify some examples of conditions that can result in long term illnesses (e.g. sickle cell anaemia)
- Identify ways in which teachers, fellow pupils, and parents can support pupils with long term illnesses

Extension activities: ideas for collaborative learning/self-study

Your students can research the various conditions that can lead to long-term illnesses. They can then report back to the rest of the class about these conditions and the ways they can impact on children’s health. They can also identify specific ways in which these children can be supported with their education.

Handout 1: Children with sickle cell anaemia⁹

Sickle cell anaemia is a lifelong condition that affects the blood and makes it hard for oxygen to travel around the body. Sickle cell anaemia is genetic – in the case of sickle cell anaemia, the gene is passed down from both parents to the child. Children with sickle cell anaemia may have difficulty breathing and they may experience shortness of breath and tiredness. Most children with sickle cell anaemia have few symptoms and lead normal lives most of the time. However, in some cases children may have painful episodes called ‘sickle cell crises’, which can be very severe and can last up to a week. These children may be absent from school for days or even weeks, and this can badly affect their progress. They may also experience other problems such as delayed growth and lung problems.

⁹ The material in this handout is adapted from: McCall, S., McCall, J., 2017. *The Inclusion Champions' Handbook*. Sightsavers: Haywards Health, UK.

Handout 2: Supporting children with sickle cell anaemia

Teachers can:

1. Explain the condition to the children in your class – emphasise it is not contagious and many children in sub-Saharan Africa have it. This will help prevent teasing and bullying of children with the condition.
2. Make sure the children in your class with sickle cell anaemia are having the right medical support.
3. Allow them to take rest breaks in class when they need them.
4. Make sure they take plenty of fluids – so allow them to keep a bottle of water on their desks.
5. Allow them to go to the toilet whenever they want, as they may need to urinate frequently.
6. Visit them at home and give them schoolwork to do at home.
7. Work with their parents to support the child.
8. Encourage the other pupils to make daily visits to their homes and talk about what they have they have learned in school.
9. Encourage classmates to lend them the notes they have taken in class so they can read and copy them.
10. Make them feel very welcome when they come back to school.

Other pupils can:

1. Treat these children with respect and understanding.
2. Where necessary, help them in class.
3. Include them in games and other play-activities.
4. Visit them in their homes when they are not in school.
5. Make them feel welcome when they return to school.

Parents can:

1. Make sure these children have the greatest possible access to health services.
2. Ensure these children are well-nourished and well cared for.
3. Help these children with their studies as much as possible.
4. Liaise with their teachers as much as possible.
5. Assist them to return to school when they are ready.

There may be other children in your class who for various reasons are out of school for extended periods of time. These children too will benefit from similar types of support.

2.8 Supporting Children with Epilepsy

Indicators of achievement

By the end of this session, students will be able to:

1. Provide some key facts about epilepsy
2. Describe what happens when a child has an epileptic seizure
3. Identify ways in which teachers can help a pupils who is having a seizure

Time allocation

| | |
|---------------------|---------------|
| Introduction | 20 minutes |
| Activity 1 | 35 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 93).

Introduction 🕒 20 minutes

In plenary, tell your students that in this session they will be discussing ways in which they can support children with epilepsy.

Distribute **Handout 1** to your students. Read through **Part 1 of Handout 1** with your students, explaining any difficult terms and encouraging them to ask questions if they want anything clarified.

Epilepsy is a condition that affects the brain and causes recurring seizures.

A seizure is a change in a person's behaviour that comes from abnormal electrical activity in the brain. During a seizure, the person may fall down, shake, stiffen, be sick, drool, urinate, or lose bowel control. Other seizures seem less dramatic. Someone might just stare into space or have jerking movements in one part of the body. When the seizure is over, the person may feel sleepy and not remember what happened.

Epilepsy can start at any age, but usually starts either in childhood or in people over 60.

Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition. It is often a lifelong condition but can sometimes get slowly better over time.

Epilepsy is not contagious. A person with epilepsy cannot transmit it to another person.

The main treatment for epilepsy is epilepsy medicines. Although the medicine doesn't cure epilepsy, it helps to stop or reduce the number of seizures.¹⁰

It has been estimated that approximately 0.5 percent of school age children (one in every 200) in selected sub-African countries has epilepsy.¹¹

Still in plenary, ask your students if they have ever met someone with epilepsy. It might be someone they were at school with or an adult they encountered. Ask them to provide some information about these people (without providing their names or any other information that will enable them to be easily identified). For instance, if they were a fellow student, what grade were they in and how did they do in school? If they were an adult, what did they do for a living? How often did they have seizures? Were they provided with medicines to control their seizures? How did other people behave towards them before and after they were having seizures?

Ask them if they ever seen a person having a seizure. What happened? How long did the seizure last? How did other people react?

Ask your students about attitudes towards epilepsy. Do people recognise that is a treatable medicine condition or do people have fears and superstitions about epilepsy? If people (including students in schools) have fears and superstitions about epilepsy, what can teachers and other community leaders do about this?

Activity 1: Helping a pupil who is having a seizure ⌚ 35 minutes

Read through **Part 2** of **Handout 1** with your students.

Divide your students into **groups of three**. Tell your students that they will be performing a role play. One person will be the teacher, one person will be a pupil who is having a seizure, a third person will be an observer. The teacher should demonstrate the good practice described in the handout to help the pupil. The observer should provide feedback to the teacher about what they did well and what could be improved. Still working in groups of three, your students should swap roles – so everyone has a chance to be the teacher, the pupil, and the observer.

Observe the class while they are working. Ask the groups who are particularly effective to demonstrate what they are doing to the rest of your class.

¹⁰ For more information, see: <https://www.who.int/news-room/fact-sheets/detail/epilepsy>

¹¹ Paul, A., Adeloje, D., George-Carey, R., Kolčić, I., Grant, L., Yee Chan, K., 2012. An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A systematic analysis. *Journal of Global Health*, 2(2), 1-13.

Wrap-up 🕒 5 minutes

It is now **the end of the session**. Your students should be able to:

- Provide some key facts about epilepsy
- Describe what happens when a child is having an epileptic seizure
- Identify ways in which teachers can help a pupil who is having a seizure.

Extension activities: ideas for collaborative learning/self-study

1. You can ask someone with epilepsy to come in and talk to your students about their experiences living with the condition.
2. Your students can carry out further research to find out more about effective strategies for supporting pupils with epilepsy. They can then write a report and/or deliver a presentation on the subject.

Teaching tip!

At the end of each session, it is always a good idea to check what your students have learned. For instance, you can ask the students to test one another (in pairs or larger groups), organise a quick class quiz, or ask selected students to identify something new they have learned during the session. Try to make these activities light-hearted and enjoyable for your students.

At the beginning of the next session, it is also a good idea to find out what they remember from the previous session.

Handout 1: Supporting children with epilepsy

Part 1: What is epilepsy?

Epilepsy is a condition that affects the brain and causes recurring seizures.

A seizure is a change in a person's behaviour that comes from abnormal electrical activity in the brain. During a seizure, the person may fall down, shake, stiffen, be sick, drool, urinate, or lose bowel control. Other seizures seem less dramatic. Someone might just stare into space or have jerking movements in one part of the body. When the seizure is over, the person may feel sleepy and not remember what happened.

Epilepsy can start at any age, but usually starts either in childhood or in people over 60.

Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition. It is often a lifelong condition but can sometimes get slowly better over time.

Epilepsy is not contagious. A person with epilepsy cannot transmit it to another person.

The main treatment for epilepsy is epilepsy medicines. Although the medicine doesn't cure epilepsy, it helps to stop or reduce the number of seizures.¹²

It has been estimated that approximately 0.5 percent of school age children (one in every 200) in selected sub-African countries has epilepsy.¹³

¹² For more information, see: <https://www.who.int/news-room/fact-sheets/detail/epilepsy>

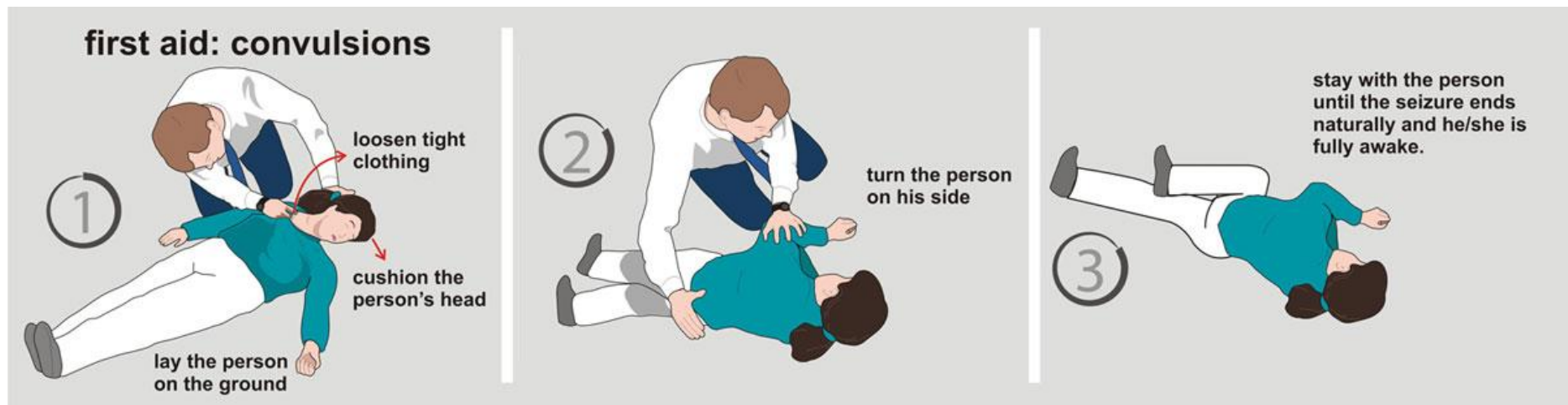
¹³ Paul, A., Adeloje, D., George-Carey, R., Kolčić, I., Grant, L., Yee Chan, K., 2012. An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A systematic analysis. *Journal of Global Health*, 2(2), 1-13.

Part 2: Helping a pupil who is having a seizure

If a child is having a seizure:

Do:

- Protect them from injury (remove harmful objects which are near them)
- Cushion their head (for instance, by placing a pillow, cushion, or rolled-up piece of clothing under it)
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position (**see picture below**) once the jerking has stopped
- Be calmly reassuring
- Stay with them until they are fully recovered



Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round
- If the seizure lasts for more than five minutes, you need to get the child to a doctor or get a doctor to the child.¹⁴

¹⁴ The ideas in this handout are taken from a British website: www.epilepsy.org.uk/info/firstaid

Module 3: Introduction to Communication and Assessment

Unit Descriptor: Unit 2 – Assessment, Record Keeping, and Planning

Unit 2: Assessment, Record Keeping, and Planning

1.2 Introduction

2.0 Learning outcomes

3.0 Unit content

3.1 Defining

3.2 Identifying

3.3 Abuse

4.0 Summary and conclusion

5.0 References

1.0 Introduction

Assessment of learners is an integral component of the teaching and learning process. This unit will show ways in which teachers can use summative and formative assessment to identify pupils' learning requirements. It will also show how teachers can design and implement individual education plans that meet these learning requirements.

2.0 Learning outcomes

By the end of this unit, learners will be able to:

- Identify the differences between formative and summative assessment
- Identify ways in which they can use formative and summative assessment in their classrooms, particularly to support children facing barriers to learning
- Explain the purpose of an IEP
- Identify the elements of an IEP
- Complete an IEP

3.0 Unit contents

3.1 Inclusive assessment

Formative assessment

- a) Formative assessment is an activity that the teacher carries out at all the time.
- b) It is carried out during lessons.

- c) It provides teachers with a continuous flow of information about their pupils' interests, capacities, and rates of progress.
- d) Teachers should respond swiftly to this information – for instance, if a teacher sees a pupil is struggling to carry out an activity, the teacher should provide him/her with the necessary assistance as soon as possible.

Examples of formative assessment:

- The teacher patrols the classroom observing the pupils at work.
- The teacher asks questions in class.
- The teacher organises an end-of-lesson quiz.

Summative assessment

- a) Summative assessment is a 'one-off' activity, carried out only a few times every term.
- b) It is carried out after a series of lessons (for instance, after a topic has been taught or termly or half-termly).
- c) It tells teachers what pupils have learned over an extended period of time.
- d) Information from summative assessments should inform extended termly/ half-termly teaching and learning programmes.

Examples of summative assessment are:

- School tests and exams
- Large-scale assignments
- National examinations and assessments

When carrying out formative assessment, reasonable accommodation should be made for learners with disabilities and/or special educational needs. This can involve:

- Changing the format of tests and examinations – for instance, putting material in large print for children with visual impairments or in braille for children who are blind
- Allowing learners more time to complete assessments
- Providing a scribe for children who find writing difficult or providing a reader for children who find reading difficult
- Spacing tests out over time to give pupils time to prepare/recover
- Testing pupils' ability to carry out practical activities (for instance, dancing, acting, singing, carrying out science experiments) as well as their ability to sit tests involving reading and writing
- Allowing pupils to submit a portfolio of their 'best' work gathered throughout the term/year, rather than only assessing them through timed tests and examinations
- Assessing pupils on their project work (carried out either individually or in groups with other pupils)

- Broadening the range of subjects on which you are assessing pupils in order to give every pupil 'a chance to shine' – for instance, assessing pupils on their artistic abilities, their acting skills, their agricultural skills, and their craft and design skills

Formative assessment methods include:

Thumbs Up; Fist to Five; Tell Your Partner/Check Your Partner; Think-Pair-Share; Small Group Discussion; Whiparound; Got/Need; Summaries; False Statement – Prove Me Wrong!; Poems/Songs/Stories/Drawings; Exit Tickets; Quick Write; Gallery Walk; Presentation; Debate; Role Play/Skits; Class Quiz.

Teacher should think about the girls and boys in your classes. Do girls perform better if they are assessed in certain ways? Do boys perform better if they are assessed in other ways? For instance, do girls tend to perform better if they are provided with plenty of time to complete assignments, and do boys tend to prefer timed tests? If this is the case, you need to make sure that you employ a variety of assessment methods so both girls and boys have the chance to excel.

3.2 Individual Education Plans

An Individual Education Plan (IEP) is a systematic way to plan and implement an educational support programme for a pupil. It is drawn up by the teacher in consultation with the child and the child's parents.

An IEP includes:

- a) Key information about the learner
- b) Description of the difficulties faced by the learner and areas to be developed
- c) Learning goals for each semester in key areas (e.g. literacy, numeracy, communication skills)
- d) A plan for helping the child
- e) The teacher's overall evaluation of the progress made by the child
- f) The learner's comments
- g) The parents' comments

An IEP can be a valuable tool for the inclusive teacher. This is because it makes the teacher think very carefully about a) the needs of the child and b) how he/she can help the child. It also clearly identifies how a teacher will help the child and monitor the child's progress.

When preparing an IEP for a pupil, consider the barriers to learning likely to be faced by girls with disabilities in particular (or boys with disabilities in particular).

4.0 Summary and conclusion

We have explored the meaning, purpose and tools and tools used for assessment in the unit. We have learnt about formative and summative assessment and have looked at how assessments can be made inclusive.

5.0 Reading

Le Fanu, G., Myers, J., Stapleton, R., Tambo, L., 2018. Inclusive Education for Children with Disabilities. Sightsavers and Irish Aid, Haywards Heath.

Teachers in Crisis Contexts Working Group, 2016. Training Pack for Primary School Teachers in Crisis Contexts. Training Session 3 - Pedagogy. TiCCWG, London.

UNESCO, 2001. Understanding and Responding to Children's Needs in the Inclusive Classroom. UNESCO, Paris.

2.1 Inclusive Assessment¹⁵

Indicators of achievement

By the end of this session, students will be able to:

1. Identify the differences between formative and summative assessment
2. Identify ways in which they can use formative and summative assessment in their classrooms, particularly to support children facing barriers to learning

Time allocation

| | |
|-------------------|--------------------------|
| Activity 1 | 20 minutes |
| Activity 2 | 35 minutes |
| Activity 3 | 30 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 103) and **Handout 2** (page 105). Read through **Facilitator's Note** (page 107).

Activity 1: Introducing formative and summative assessment ⌚ 20 minutes

Inform your class that in this session they will be discussing formative and summative assessment and ways in which these forms of assessment can be used to support pupils with disabilities and other learners facing barriers to learning. **In plenary**, distribute **Handout 1** to your students.

Read through **Handout 1** with them, checking for understanding, and if necessary explaining any difficult concepts.

¹⁵ Sources for this module include: UNESCO, 2001. Understanding and Responding to Children's Needs in the Inclusive Classroom. UNESCO: Paris. Teachers in Crisis Contexts Working Group, 2016. Training Pack for Primary School Teachers in Crisis Contexts. Training Session 3 - Pedagogy. TiCCWG: London.

Activity 2: Identifying formative assessment strategies ⌚ 35 minutes

The purpose of this activity is to identify commonly used formative assessment strategies and prepare for using them.

In plenary, read out the description of a lesson in the **Facilitator's note**. Pause at the end of each paragraph in order to ask your students to identify examples of formative assessment.

Distribute **Handout 2** to your students and ask them a) to tick the strategies that they think would work in their classroom and b) to put a question mark against any strategies about which they have concerns. **Still in plenary**, discuss the strategies and identify what is good and bad about them. What other formative strategies could teachers use in their classes?

Activity 3: Identifying summative assessment strategies ⌚ 30 minutes

Divide your students into **groups of 4 to 6**. Ask them to imagine they are setting an end-of-term test and want to make the test as inclusive as possible for the children with disabilities/ special educational needs in their classrooms. In particular ask your students how they would make the test as inclusive as possible for the following learners:

- a) A pupil with a physical impairment who finds it difficult to write, particularly for long periods of time.
- b) A pupil with low vision who finds reading difficult, even if s/he is given large print.
- c) A pupil who is blind and who reads and write braille.
- d) A deaf pupil who only communicates through sign language.
- e) A learner who finds learning particularly difficult and struggles with written communication.

Wrap-up ⌚ 5 minutes

This is the **end of the session** and your students should be able to:

- Identify the differences between formative and summative assessment
- Identify ways in which they can use formative and summative assessment in their classrooms, particularly to support children facing barriers to learning

Extension activities: ideas for collaborative learning/self-study

1. Working in group of four to six, your students can role play formative assessment approaches. In each group, one students will be the teacher and the other students will be pupils. When they have practised these approaches, they can demonstrate them to the rest of the class.
2. Before carrying out their practicums, your students can identify the formative and summative assessment methods they will employ in the classroom. After their practicums, they can write a report, identifying the methods they actually used and assessing their effectiveness.

Handout 1: Formative and summative assessment

Formative assessment

- e) Formative assessment is an activity that the teacher carries out at all the time.
- f) It is carried out during lessons.
- g) It provides teachers with a continuous flow of information about their pupils' interests, capacities and rates of progress.
- h) Teachers should respond swiftly to this information – for instance, if a teacher sees a pupil is struggling to carry out an activity, the teacher should provide him/her with the necessary assistance as soon as possible.

Examples of formative assessment:

- The teacher patrols the classroom observing the pupils at work.
- The teacher asks questions in class.
- The teacher organises an end-of-lesson quiz.

Summative assessment

- e) Summative assessment is a 'one-off' activity, carried out only a few times every term.
- f) It is carried out after a series of lessons (for instance, after a topic has been taught or termly or half-termly).
- g) It tells teachers what pupils have learned over an extended period of time.
- h) Information from summative assessments should inform extended termly/ half-termly teaching and learning programmes.

Examples of summative assessment are:

- School tests and exams
- Large-scale assignments
- National examinations and assessments

When carrying out formative assessment, reasonable accommodation should be made for learners with disabilities and/or special educational needs. This can involve:

- Changing the format of tests and examinations – for instance, putting material in large print for children with visual impairments or in braille for children who are blind
- Allowing learners more time to complete assessments
- Providing a scribe for children who find writing difficult or providing a reader for children who find reading difficult
- Spacing tests out over time to give pupils time to prepare/recover

- Testing pupils' ability to carry out practical activities (for instance, dancing, acting, singing, carrying out science experiments) as well as their ability to sit tests involving reading and writing
- Allowing pupils to submit a portfolio of their 'best' work gathered throughout the term/year, rather than only assessing them through timed tests and examinations
- Assessing pupils on their project work (carried out either individually or in groups with other pupils)
- Broadening the range of subjects on which you are assessing pupils in order to give every pupil 'a chance to shine' – for instance, assessing pupils on their artistic abilities, their acting skills, their agricultural skills, and their craft and design skills

Gender responsive assessment

Think about the girls and boys in your classes. Do girls perform better if they are assessed in certain ways? Do boys perform better if they are assessed in other ways? For instance, do girls tend to perform better if they are provided with plenty of time to complete assignments, and do boys tend to prefer timed tests? If this is the case, you need to make sure that you employ a variety of assessment methods so both girls and boys have the chance to excel.

Handout 2: Formative assessment methods

It is important to use different formative assessment methods as these provide you with more and better information about your pupils.

Below is a list for you to consider. However, please bear in mind that ideas may need to be adapted for learners with disabilities/ special educational needs in your classroom.

Non-verbal/non-written cues

Thumbs Up/Thumbs Down. Learners will give a thumbs up for yes or a thumbs down for no. Learners can also give a thumbs up for being ready to move on or a thumbs down for not being ready. The only drawback is some learners are not good judges of readiness.

Fist to Five. Learners indicate their confidence level with material being presented by displaying a number from zero (fist) to five. The teacher can re-teach learners who are at a 1 or 2, while those at a 4 or 5 can receive a more challenging problem to complete.

Partner/group work

Tell your Partner/Check your Partner. The teacher asks learners to tell their partner the answer or explain the new material. In order for this to be effective, partners should be assigned numbers or letters to take turns. This can work well with buddy systems and learners who are already used to working together.

Think-Pair-Share. The teacher asks learners a question. They think of their answers individually for several minutes then discuss their answers with a partner. After several more minutes ask partners to share what they talked about with the whole class. This is useful for difficult questions.

Small Group Discussion. Give small groups of 4-6 learners questions to discuss. Walk around the room and monitor the learners' discussions to check for understanding. Once learners have finished you can ask one learner from each group to explain to the class what they talked about in their group.

Whiparound. Whiparounds can be used to provide examples, give "I agree" or "I disagree" statements, or list key points. The teacher points at/calls on different learners in quick succession who have to give an immediate answer. Point to/call on as many learners as possible. Time these in order to minimize off-task behaviour.

Written

Got/Need. Learners create a mini chart with two columns in which they list what they have “got” (i.e. completely understood) and what they still “need” (i.e. don’t yet completely understand). This is great for longer lessons.

Summaries. Learners write short summaries of what they have learned. These summaries should be very short – for instance, only 20 words long.

False Statement – Prove Me Wrong! The teacher makes a false statement about a topic they have studied. Learners then have to correct the teachers. For instance, the teacher may say the world is square. The learners then correct the teacher by saying the world is round.

Poems/Songs/Stories/Drawings. Learners produce poems/ songs/ stories/ drawings (whichever they prefer) about a topic they are studying in class. This allows students to be creative while checking for understanding. It also appeals to different learning styles.

Exit Tickets. At the end of a lesson, the teacher can ask learners a few questions about the lesson. They can write their answers on a sheet of paper and hand it to the teacher as they leave the classroom. This is a great way to get instant feedback about what learners learned in the lesson. The teacher can then ensure the following lesson addresses any gaps in learners’ understanding.

Quick Write. This can be a great way to start or conclude class. The teacher gives learners 5-10 minutes to scribble down all of their ideas about a particular topic. Please remember that some learners with disabilities will need to work with a friend to carry out this activity.

Gallery Walk. Learners produce a graphic representation of what they have learned and put these representations up on the walls. Learners can then view these graphics by walking around the classroom. As they walk around the classroom, they can write questions or comments on the graphics.

Verbal

Presentation. Giving learners the opportunity to make presentations or give speeches is a good way to check their understanding of topics.

Debate. The teacher gives learners the opportunity to demonstrate their knowledge by asking them to debate a particularly motion.

Role-play/Skits. The teacher gives learners the chance to create a role play or act out a play based on what they have learned.

Class Quiz. The teacher gives the class a short quiz to see what they have learned and to reinforce learning. This is more enjoyable if the learners are divided into mixed ability groups.

Facilitator's note: Formative assessment in action

Read the description of a lesson to your students and ask them to identify any examples of formative assessment. (A number has been inserted after every example.)

A language teacher begins her lesson by asking her learners to reflect on their last lesson by listing the key features of a story. As they make their lists, she moves around the room to identify if any learners are struggling (1). She then asks on the learners to identify the features one by one until all the features have been identified (2).

The teacher then reads another story to the learners. She asks learners to explain the main idea and supporting details to the person sitting next to them (3). She then asks one or two learners to explain these ideas to the whole class to check for understanding (4). The teacher instructs her learners to work individually to read the story again and answer the questions written on the board (5).

After that the teacher divides the class into small groups. Each group needs to present what they see as the main idea of the story on a poster (6). While learners discuss and prepare the poster in small groups, the teacher walks around and observes them (7). She identifies several groups of learners who are having difficulty understanding the concepts in the story.

Later, one learner from each group presents his/her group's answers (8).

Near the end of the lesson the teacher asks the learners to look at the different groups' answers about the main idea of the story. She invites them to select the one they think is the best answer. They must then write down why they made this choice. She asks learners to write the best answers on an 'exit ticket' – a piece of paper which the learners give to the teacher when they leave the classroom (9).

Adapted from Wylie, E.C., 2008. *Formative assessment: Examples of practice*. Washington, D.C.: Council of Chief State School Officers.

2.2 Individual Education Plans

Indicators of achievement

By the end of this session, students will be able to:

1. Explain the purpose of an IEP
2. Identify the elements of an IEP
3. Complete an IEP

Time allocation

| | |
|-------------------|--------------------------|
| Activity 1 | 30 minutes |
| Activity 2 | 55 minutes |
| Wrap up | 5 minutes |
| Total | 1 hour 30 minutes |

Required teaching and learning materials

Flipchart paper and marker pen/board and chalk

Session preparation

Photocopy **Handout 1** (page 110), **Handout 2** (page 111), **Handout 3** (page 113), and **Handout 4** (page 114).

Activity 1: Introducing IEPs 🕒 30 minutes

The purpose of this activity is to introduce Individual Education Plans to your students.

Plenary. Distribute **Handout 1**. Explain the key components of IEPs to your students and the ways in which IEPs can be useful to teachers, learners, and parents.

Distribute **Handout 2** – a completed IEP for a girl call Lucee – to your students. In **groups of four to six**, ask them to read through and discuss the IEP. Allow 10-15 minutes for the groups to do this. When they are ready, ask the following:

- Is the IEP clear?
- Are the goals appropriate?
- If they had a girl like Lucee in the class, would they be able to complete an IEP like this?

Point out to your students that IEPs should be regularly reviewed (at least once a quarter). This provides the opportunity for changes to be made to the IEP. Tell your students that the IEP should be drawn up and agreed during a meeting of the teacher with the learner, their parents/caregivers and any itinerant or referent teacher.

Activity 2: Writing an IEP 1 ⌚ 55 minutes

Teaching tip!

Your students may need extra-time to complete this task. You can therefore ask them to complete this task as a piece of homework and submit it at the next session. You may need to adopt this strategy for some of the other written assignments in this module.

The purpose of this activity is to practise writing an IEP.

Pair work. Divide your students into pairs and distribute **Handout 3**. Ask your students to read the case study and prepare their own IEP (using **Handout 1**) for one of the learners in the case-study. They can use Lucee's IEP as a guide.

Monitor your students throughout the activity and provide help when needed. Remind them that teaching and learning strategies can be as simple as wrapping tape round a pencil so a child can hold it more securely.

When they have completed their IEPs, ask each pair to exchange IEPs with another pair. Working in groups of four, your students can then discuss the strengths and weaknesses of each IEP.

This is the **end of the module** and the facilitator should now check whether the training module objectives have been achieved.

Wrap-up ⌚ 5 minutes

This is the **end of the session** and your students should be able to:

- Explain the purpose of an IEP
- Identify the elements of an IEP
- Complete an IEP

Extension activities: ideas for collaborative learning/self-study

On their practicums, students can complete IEPs for selected students in their class. They can then monitor the effectiveness of these IEPs. What worked and what was less successful? What would they do differently next time?

Handout 1: Individual Education Plan – template

| INDIVIDUAL EDUCATION PLAN | | |
|--|---|--------|
| Name of student: | Description of difficulties faced by the child: | |
| Age: | | |
| Class level: | | |
| IEP start date (dd/mm/yyyy): | | |
| IEP review date (dd/mm/yyyy): | | |
| Name of class teacher: | | |
| Additional equipment/resources required by child (if any): | | |
| Goals | Plan of action | |
| 1. | 1. | |
| 2. | 2. | |
| 3. | 3. | |
| | 4. | |
| | 5. | |
| | 6. | |
| EVALUATION | | |
| Were the goals achieved? (✓ or X) | | |
| Goal 1 | Goal 2 | Goal 3 |
| Comment of teacher: | | |
| Comment of parents/guardians: | | |
| Comment of child: | | |

Handout 2: Individual Education Plan (IEP) – completed

| INDIVIDUAL EDUCATION PLAN | |
|---|---|
| Name of student: Lucee Ballanta | Description of difficulties faced by the child: Lucee cannot walk well or hold her pencil well. She finds writing very difficult. It is difficult to understand what she says. Other children do not play with her. She often does not participate in class. She may have cerebral palsy. |
| Age: 7 | |
| Class level: | |
| Grade 1 | |
| IEP start date (dd/mm/yyyy): 15/09/2017 | |
| IEP review date (dd/mm/yyyy): 15/12/2017 | |
| Name of class teacher: Foday Tarawalie | |
| Additional equipment/resources required by child (if any): Pencil with tape wrapped round it. | Plan of action |
| Goals 1. Lucee will be more included in class. 2. Lucee will hold her pencil. 3. | |
| | 1. Teacher will talk to the child and tell them to be kind to her. 2. Teacher will ask the class if there are any students who want to be Lucee's friends. 3. Two students who have volunteered to be Lucee's friends will help her in class. 4. Teacher will wrap some tape around Lucee's pencil to make it easier to hold. 5. Teacher will simplify tasks, concentrating on individual letters. 6. Lucee will sit at the front of the class alongside her helpers. 7. Teacher will give Lucee lots of encouragement. |

| EVALUATION | | |
|--|---|--------|
| Were the goals achieved? (✓ or X) | | |
| Goal 1 | ✓ | Goal 2 |
| | | Goal 3 |
| <p>Comment of teacher: Lucee is much happier and making good progress. She has made some good friends and now finds writing much easier. She can write all the letters of the alphabet. She can also read the letters. Next term, I want her to start reading and writing words.</p> | | |
| <p>Comment of parents/guardians: We are so happy about Lucee. She used to cry before going to school. Now she really looks forward to going to school. She is working very hard. Big thanks to the teacher.</p> | | |
| <p>Comment of child: I like school. I have good friends. I can write. I play with the other children.</p> | | |

Handout 3: Case studies

1. Ali is 10 years old. He does not learn like the other children. He cannot write well. He can write a few letters and complete very simple mathematics problems. During class, Ali gets up and wanders around the room. He will only sit down for a few minutes at a time. When asked to write, he wanders about the most. The other pupils often tease Ali and call him 'stupid'. Sometimes Ali wets himself. Then he goes home for the rest of the day.
 - How can Ali learn better at school?
 - What can Ali's parents do to help?
 - How can the other pupils help Ali?
2. Stephanie has not developed like other children. She cannot walk well. She finds it difficult to hold things, like a pencil. When she speaks it is difficult to understand what she says. However, Stephanie can understand what other people say to her. She is 7 years old and started school last year, but she is still in Grade 1. She can recognize letters. She tries to write but becomes frustrated. During play-time she stays in class. Often she seems to stop listening in class and lays her head down on her desk.
 - How can Stephanie be more included in class?
 - Are there any tools available to help Stephanie write?
 - How can the teacher and other pupils help Stephanie to communicate?
3. Cedric is 9 years old and in Grade 2. He had polio when he was two years old; as a result, one of his legs is shorter than the other. Cedric uses a crutch to get around. He sits in the middle of the row at the back in school. It is difficult for him to get in and out. At play-time he stays in the classroom. Cedric is very clever. He usually finishes his work before the others. He says he is bored in school.
 - How can Cedric be included in playtime?
 - How can Cedric's parents be involved?
 - How can the teacher make sure that learning is made more enjoyable for Cedric and other children?

Handout 4: Individual Education Plans

An Individual Education Plan (IEP) is a systematic way to plan and implement an educational support programme for a pupil. It is drawn up by the teacher in consultation with the child and the child's parents.

An IEP includes:

- h) Key information about the learner
- i) Description of the difficulties faced by the learner and areas to be developed
- j) Learning goals for each semester in key areas (e.g. literacy, numeracy, communication skills)
- k) A plan for helping the child
- l) The teacher's overall evaluation of the progress made by the child
- m) The learner's comments
- n) The parents' comments

An IEP can be a valuable tool for the inclusive teacher. This is because it makes the teacher think very carefully about a) the needs of the child and b) how he/she can help the child. It also clearly identifies how a teacher will help the child and monitor the child's progress.

Gender responsive approaches to individual education plans

When preparing an IEP for a pupil, consider the barriers to learning likely to be faced by girls with disabilities in particular (or boys with disabilities in particular). Are there particular strategies you can include in an IEP which will help girls/boys to overcome these barriers?

We work with partners in low-
and middle-income countries to
eliminate avoidable blindness
and promote equal opportunities
for people with disabilities.